

PM FORM ADHS AE-08
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Arizona Department of Health Services
Division of Behavioral Health Services

Decline to Participate in the Screening and/or Referral Process for
AHCCCS (Title XIX/XXI) Health Insurance or Medicare, including Part D Plan Enrollment

Arizona state law (ARS § 36-3408) requires that all persons who request publicly funded behavioral health services shall fully participate in a screening and referral process to determine eligibility for AHCCCS (Title XIX/XXI) health insurance and participate in Medicare, including Part D enrollment, if eligible. Those who do not fully participate in this process shall not be eligible for publicly funded behavioral health services. Refusal to participate shall not be construed to mean the person's inability to obtain documentation required for eligibility. All enrolled Non-Title XIX/XXI consumers shall participate in the AHCCCS (Title XIX/XXI) health insurance screening and referral process at least annually and all persons shall participate in Medicare, including Part D enrollment upon becoming eligible. Persons who have been determined to have a serious mental illness (SMI) or persons who have requested a SMI determination cannot be ineligible for behavioral health services due to their non-participation in the AHCCCS screening and referral process or Medicare enrollment unless the behavioral health provider has followed all procedures outlined in [Provider Manual Section 3.1, Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescription Drug Coverage, and the Limited Income Subsidy Program](#).

I, _____, do not want to participate in the
(Print Name of Person Requesting Behavioral Health Services)

AHCCCS health insurance screening and referral process established by the Arizona Department of Health Services / Division of Behavioral Health Services (ADHS) or enrollment in a Medicare Part D Prescription Drug plan.

_____ New Applicant For Behavioral Health Services

I understand that due to my refusal to participate in the AHCCCS (Title XIX/XXI) health insurance screening and referral process established by ADHS and due to my refusal to enroll in Medicare, including Part D, I am therefore not eligible to receive behavioral health services at this time.

I understand that at any time, I may return to complete the screening and referral process or that I may exercise my option to apply for AHCCCS (Title XIX/XXI) health insurance at the Arizona Department of Economic Security (DES). In addition, I understand that I may enroll in Medicare, including Part D, at any time after becoming eligible, but I may be subject to late enrollment penalties that increase the cost of Medicare coverage. I understand that I can submit documentation to the ADHS, or designee, that demonstrates that I have applied for AHCCCS health insurance at DES and/or that I have enrolled in Medicare, including Part D, and may then be considered for eligibility for behavioral health services.

_____ Annual Review

I understand that due to my refusal to participate in the AHCCCS (Title XIX/XXI) health insurance screening and referral process established by ADHS and due to my refusal to enroll in Medicare, including Part D, I will need to submit a completed medical assistance application to the Arizona Department of Economic Security (DES) within ten days and then submit documentation to the ADHS, or designee, that demonstrates that I have applied for AHCCCS health insurance and/or enrolled in Medicare, including Part D, in order to continue to receive behavioral health services.

_____ Medicare, including Part D Enrollment

I understand that due to my refusal to enroll in Medicare, including Part D, I am therefore not eligible to receive behavioral health services. In addition, I understand that due to my refusal to enroll in Medicare, including Part D, I may not be eligible to receive AHCCCS health insurance. I

understand that I may enroll in Medicare, including Part D at a later time, but I may be subject to late enrollment penalties that increase the cost of Medicare coverage.

Signature of person, parent or legal representative

Date

Witness Signature

Date

Note:

1. An AHCCCS (Title XIX/XXI) health insurance screening and referral is not required at the time an emergency behavioral health service is delivered but must be completed within five days of service in order to continue to receive behavioral health services.
2. Any person who has active AHCCCS (Title XIX/XXI) health insurance is entitled to receive all medically necessary covered behavioral health services, and any person who is actively enrolled in Medicare, including Part D, is entitled to receive medically necessary covered behavioral health services in accordance with [Provider Manual Section 3.13, Covered Behavioral Health Services](#).