Decline to Participate in the Screening and/or Referral Process for
AHCCCS 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 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
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
Policy and Procedures Section 101, , 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 for medical insurance via the federal
Health Insurance exchange and/or 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 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 complete a 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 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 Policy 201, Covered Health Services.