

Questions? Call 602-364-4558 or 800-867-5808

MEMBER INFORMATION

First Name:	Middle Name:	Last Name:
Date of Birth:	AHCCCS ID:	RBHA or TRBHA:
Health Plan Requested::		Date of Last Behavioral Health Service:

REASON FOR THE REQUEST

Please provide the reason you are requesting administrative decertification.

ATTESTATION STATEMENT

Please read each statement carefully. If you agree with the statement please check the box.

I understand that I have been determined eligible for SMI services; however, I have not been getting services from the RBHA or TRBHA for at least 2 years.

I understand that by signing this form I will no longer be eligible to receive services through the SMI program. SMI services might include a case manager, SMI related housing resources and subsidies, and NXIX funded services. I also understand that my decertification may affect my copayment structure and that it could affect my eligibility for AHCCCS if it is based upon the AHCCCS Medical Assistance-Specialty Programs Office (formerly called SSI/MAO Unit).

I understand that if I want to get SMI services in the future that I will have to go through the SMI determination process again.

I understand that I can ask for a new SMI determination at any time by calling my ALTCS E/PD Contractor, Tribal ALTCS, or Tribal or Regional Behavioral Health Authority for my area.

- **ALTCS E/PD**
 - **Mercy Care Plan:** 1-800-624-3879 – Counties: Maricopa, Gila, Pinal & Pima
 - **UnitedHealthcare Community Plan:** 1-800-293-3740 – Counties: Maricopa, Gila, Pinal, Mohave, Coconino, Navaho, Apache & Yavapai
 - **Banner-University Family Care:** 1-833-318-4146 – Counties: Maricopa, Gila, Pinal, Pima, La Paz, Yuma, Santa Cruz, Cochise, Graham & Greenlee
- **TRIBAL ALTCS**
 - **Gila River Indian Community:** 602-528-1200
 - **Hopi Tribe:** 928-734-3551
 - **Navajo Nation/Chinle:** 928-674-2236
 - **Navajo Nation/Fort Defiance:** 928-871-7988
 - **Navajo Nation/Tuba City:** 928-283-3250
 - **Dilkon ALTCS:** 928-657-8036
 - **Pascua Yaqui Tribe:** 520-879-6020
 - **San Carlos Apache Tribe:** 928-475-2138
 - **Tohono O’Odham Nation:** 520-383-6075

- **White Mountain Apache Tribe:** 928-338-1242
- **Regional Behavioral Health Authority**
 - **Mercy Maricopa Integrated Care:** 1-800-564-5465 - County: Maricopa
 - **Cenpatico Integrated Care:** 1-866-495-6738 - Counties: Graham, Greenlee, Santa Cruz, Cochise, Pima, La Paz, Pinal & Yuma
 - **Health Choice Integrated Care:** 1-800-640-2123 - Counties: Mohave, Coconino, Apache, Navajo, Gila & Yavapai
- **Tribal Regional Behavioral Health Authority**
 - **Gila River Tribe:** 602-528-7100
 - **Pascua Yaqui Tribe:** For members located around the Tucson area: 520-879-6060, for members in the Guadalupe area: 480-768-2000 and ask for Centered Spirit
 - **Navajo Nation:** 928-871-6877
 - **White Mountain:** 928-338-4811

MEMBER SIGNATURE		
<i>I understand that I will not be eligible for SMI services after submitting this form.</i>		
Printed Name	Signature	Date

FOR AHCCCS USE ONLY (DO NOT COMPLETE THIS SECTION)		
Date EOC Closed:	AHCCCS ID:	CIS ID:
<i>Signature of designated representative from the AHCCCS Behavioral Health Services Unit</i>		
Name & Credentials	Signature	Date