



650 - ATTACHMENT A – DECLINE TO PARTICIPATE IN THE SCREENING AND/OR REFERRAL PROCESS FOR HEALTH INSURANCE OR MEDICARE, INCLUDING PART D PLAN ENROLLMENT

The 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. All persons who have been determined to have a Serious Mental Illness (SMI) or persons who have requested an 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 AMPM Policy 650.

I, \_\_\_\_\_  
(Print Name of Person Requesting Behavioral Health Services)

do not want to participate in the AHCCCS screening and application process for Title XIX/XXI or other Public Program eligibility or enrollment in a Medicare Part D Prescription Drug plan, including the Part D Extra Help subsidy.

\_\_\_\_\_ I understand that due to my refusal to participate in the AHCCCS (Title XIX/ XXI) health insurance screening and application process, 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 application 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 AHCCCS 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.

Medicare, including Part D Enrollment

\_\_\_\_\_ I understand that due to my refusal to enroll in Medicare, including Part D, I am 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 TITLE XIX/XXI 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*