

AMPM POLICY 320-P, AMPM 320-P, EXHIBIT 320-P-35, ADMINISTRATIVE SERIOUS MENTAL ILLNESS DECERTIFICATION FORM
¹

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

Member Information		
First Name:	Middle Name:	Last Name:
Date of Birth:	AHCCCS ID:	CIS ID (if known) <u>RBHA or TRBHA</u> : ²
<u>Health Plan Requested</u> : ³ <u>Current Health Insurance</u> :		Date of Last Behavioral Health Service:

Reason for the Request
<i>Please provide the reason you are requesting administrative decertification.</i>

Attestation Statement
<i>Please read each statement carefully. If you agree with the statement please check the box.</i>
<input type="checkbox"/> I understand that I have been determined eligible for SMI services; however, I have not been getting services from the RBHA <u>or TRBHA</u> for at least 2 years.
<input type="checkbox"/> 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).
<input type="checkbox"/> 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.
<input type="checkbox"/> I understand that I can ask for a new SMI determination at any time by calling the Tribal or Regional Behavioral Health Authority for my area. <ul style="list-style-type: none"> • 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 • Gila River Tribe: <u>602-528-7100</u>; • Pascua Yaqui Tribe:- <u>For members located around the Tucson area: 520-879-6060, for members in the Guadalupe area: 480-768-2000 and ask for Centered Spirit</u>; • Navajo Nation: <u>-928-871-6877</u>;

¹Post APC, title of Exhibit has been revised for formatting.

²Members do not know their CIS ID and this information is not relevant. Adding to distinguish current RBHA and enhance data collection.

³Adding to clarify information being requested and enhance data collection.

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• White Mountain:- 928-338-4811⁴

All of the above items were discussed with me when I spoke with the AHCCCS customer service representative about my decertification.⁵

Member Signature

I understand that I will not be eligible for SMI services after submitting this form.

 Printed Name

 Signature

 Date

For AHCCCS use only (do not complete this section)

Date EOC Closed:

AHCCCS ID:

CIS ID:

Signature of designated representative from the AHCCCS Behavioral Health Services Unit

 Name & Credentials

 Signature

 Date

⁴ Post APC Change to add TRBHA contact information

⁵ Post APC Change Duplicative.