

Submit Completed Form To: OutofServiceAreaPlacement@azahcccs.gov

What is an Out of Service Area Placement: When an existing member is positively being placed to an out of area/GSA (based on member's home address in the PMMIS system) facility. Please fill out this form and submit it to the email address above for processing.

Forms not filled out completely will be returned.
If an email is sent without the form, it will be returned for submission of the form.

RBHA ~~or~~ TRBHA Information

*RBHA ~~or~~ TRBHA Name: _____

*Contact Name: _____

*Contact Phone Number: _____

*Contact Email: _____

*Effective Date of Transfer _____

NOTE: The effective date will be that of notification, no retroactive dates will be performed.

*End Date of Transfer: _____

NOTE: The end date is required

*Member DOB: _____

*Member AHCCCS ID: _____

*Member CIS ID: _____

*Member Home
Address: _____

Benefit: Submitting prior to any other transactions will result in a quicker turnaround time, as well as, preventing the member's RBHA ~~or~~ TRBHA¹ assignment from automatically reverting back to the incorrect RBHA ~~or~~ TRBHA, resulting in additional coordination with the incorrect RBHA ~~or~~ TRBHA.²

¹ POST BIDDER'S LIBRARY CHANGE: removed TRBHA throughout attachment as they do not utilize PMMIS system protocol

² POST BIDDER'S LIBRARY CHANGE: Revised for clarity