



## CRSP/Outpatient Provider Meeting Q&A

Friday, August 18, 2023

Virtual Meeting

10:00am –11:00am

1. When was this ran? Can we get the data pull from expected enrollees vs completed from you all?
  - A. We will be sending out new reports to providers to review.
2. I ask this as our data of today is well over 400, I have run our PCE report based of the codes that would qualify them for 1915 I SPA and the WSA report. The WSA report has more then double the number of members of what I pull from PCE, many of which would not qualify. So, what I am asking can you provide any kind of master list? It is difficult to know where we stand without further guidance.
  - A. The lists we have provided had narrowed down that MDDHS as the looked back almost 2 years and we looked at those persons with a specified service over the last 12 months.
3. What was the rationale for so many HSW withdrawals for PsyGenics?
  - A. Please reach out to us directly ([lwayna@dwihn.org](mailto:lwayna@dwihn.org)) for a specific provider information around HSW.
4. Can you include leadership when your emailing the list?
  - A. Yes, we can.
5. I suspect the workforce shortage is a huge factor. Oakland pays flat monthly rates verse fee for service reimbursement so their payment model has more flexibility related to administrative tasks to absorb unfunded mandates like this.
  - A. We do understand the workforce shortage issues. The clinical information should already be evaluated as a part of the IPOS process. Entry into the actual MDHHS WSA system does not require clinical staff to do entry and can be submitted by other personnel as identified by each provider.
6. Can you email the flyer and referral form please for Complex case management?
  - A. Yes, we can.
7. Is DWIHN implementing an incentive model for IDD CRSPs focused on preventing/diverting hospital admissions?

- A. I believe that is presently being reviewed that was accidentally put in contract and is being pulled back. But we are reviewing that incentive at this point internally.
- 8. If an authorization decision is not made within 14 days (say for Specialized Residential for example), does DWIHN have the responsibility to send the Due Process notice?
  - A. Yes, we do have an "extension" letter that should be sent to indicate there has been a delay in the processing of the authorizations and what the rationale for the delay was. If you have Outpatient authorizations that have gone over 14 days and you are awaiting a response, please email [PIHPAuthorizations@dwihn.org](mailto:PIHPAuthorizations@dwihn.org) and we will look into it. For Specialized Residential services, please send emails to [ResidentialAuthorizations@dwihn.org](mailto:ResidentialAuthorizations@dwihn.org)
- 9. Does DWIHN plan on changing anything related to the MDHHS memo which said a service authorization should still be approved or denied, regardless of provider availability? How should a CRSP submit a service request for DWIHN approval or denial if there is a provider capacity issue (skill building, barrier free Specialized Residential, OT, Psychologist for PSY Testing for examples). It doesn't seem the current system allows for service requests to be submitted without a willing and able provider attached to it.
  - A. We still need a provider as there are other aspects including payments tied to it . We are talking to PCE to see if there are ways both can be accomplished including an option to use provider availability when appointments and auths are put in the system
  - B. OK thanks for this update Manny. Maybe consider a "To Be Determined" provider option so the service request can be entered as required, while DWIHN works on the capacity issue (if needed)?
- 10. For future meetings can the Agenda be emailed prior to the meeting?
  - A. The provider meeting agendas are posted on the DWIHN.org website prior to the meetings. They are listed under the provider section- Provider Resources.
- 11. It would be helpful if all departments at DWIHN were mindful of all of the audits being conducted at an agency at any given time. It seems like some departments don't take in consideration other audits going on when they are scheduling their audit. If we could have at least 2 weeks to 30 days between audits that would be appreciated.
  - A. Are you referring to several DWIHN audits that are occurring at the same time for your organization?
- 12. Access will be sending a memo after the link is added to the DWIHN.org website
- 13. Can we get copies of the PowerPoint and resources from this meeting emailed?
  - A. Yes. we will distribute.



**Claims Department**  
**Quinnetta Allen-Robinson**  
Claims Manager

# CLAIMS REMINDERS

## Claims Billing and Adjudication

- Providers should be reviewing the comments left on claims by the adjudicator **prior** to sending an email to [pihpclaims@dwihn.org](mailto:pihpclaims@dwihn.org). The comments will identify the issue and steps to take for resolution.
- Providers should be utilizing the valuable resource on the DWIHN website.
  - **Rate Charts** – to identify rates for services rendered
  - **Provider Payment Schedule** – to identify expected payment dates
  - **State FY2023 Behavioral Health Code Charts & Provider Qualifications** – to assist with coding decisions, provides descriptions of services, outlines rules and updates, etc.. This always be used as a reference guide and is a great way to stay abreast of the current updates as they arise.

# Claims Reminders

- Issues should be sent to the appropriate department.
- Authorizations – [pihpauthorizations@dwihn.org](mailto:pihpauthorizations@dwihn.org) / [residentialauthorizations@dwihn.org](mailto:residentialauthorizations@dwihn.org)
- Contract issue – contact your Contract Manager
- System issue – [mhwin@dwihn.org](mailto:mhwin@dwihn.org)
- Finance issue - [tomani@dwihn.org](mailto:tomani@dwihn.org)

DWIHN-Region 7  
1915 (i) spa  
Enrollment



	Region 1 NorthCare	Region 2 NMRE	Region 3 LRE	Region 4 SWMBH	Region 5 MSHN	Region 6 CMHPSM	Region 7 DWIHN	Region 8 OCHN	Region 9 Macomb	Region 10	TOTALS
<b>PIHP Projections - July 2023</b>	810	1500	2658	2792	5779	796	7508	3380	1859	2951	30033
<b>Point in Time Enrollment 8/9/23</b>	744	942	2027	1517	3504	686	3655	2425	848	1641	17989
<b>% of completed enrollments</b>	<b>92%</b>	<b>63%</b>	<b>76%</b>	<b>54%</b>	<b>61%</b>	<b>86%</b>	<b>49%</b>	<b>72%</b>	<b>46%</b>	<b>56%</b>	<b>60%</b>



As of 8/16/23

CMH	Total Open	Total Closed - Disenrolled or Withdrawn	Pending
ACC	22	0	0
ACCESS	33	4	1
ASSURED FAMILY SERVICES	0	0	0
AWBS	144	8	0
BFD	7	5	0
CCIH	38	4	0
CLS	786	15	18
CNS	168	7	6
DCI	111	5	10
ELMHURST	0	0	0
GOODWILL	98	8	0
HEGIRA	78	0	0
JVS	57	1	0
LBS	331	4	12
MORC	202	7	1
NSO	364	17	24
PSYGENICS	541	350	7
RUTH ELLIS	0	0	0
SPECTRUM	4	0	0
STARFISH	0	1	0
STEP	280	23	37
SWSOL	7	0	2
TCC	46	0	17
TEAM	67	16	5
TGC	138	22	4
WAYNE CENTER	358	28	3
*DWIHN	2	36	0
<b>Grand Totals</b>	<b>3882</b>	<b>561</b>	<b>147</b>



# Goals of CCM

- Connect to appropriate community resources
- Develop teams that include family, medical, and behavioral health professionals
- Improve quality of life
- Provide early intervention to prevent crisis

CMM services do not take the place of current services but are integrated with the clinically responsible service provider's case management services.

# Referral Process

The DWIHN CCM staff may receive referrals for services via:

- E-mail
- Fax
- Phone

A referral form is available on the DWIHN website on the Integrated Health Care page.

Referrals can be faxed to 313-989-9529 or e-mailed to [pihpccm@dwihn.org](mailto:pihpccm@dwihn.org).

Along with the referral form please send current bio Psychosocial assessment, LOCUS/SIS assessment and any other relevant clinical documents.

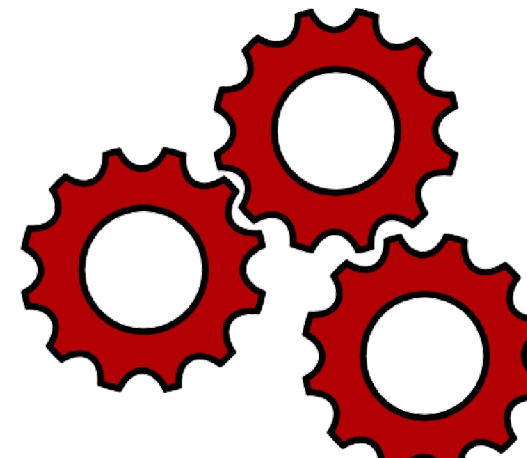


## Detroit Wayne Integrated Health Network

707 W. Milwaukee Street  
Detroit, MI 48202  
313-833-2500  
[www.dwihn.org](http://www.dwihn.org)

### 24-Hour Access Center

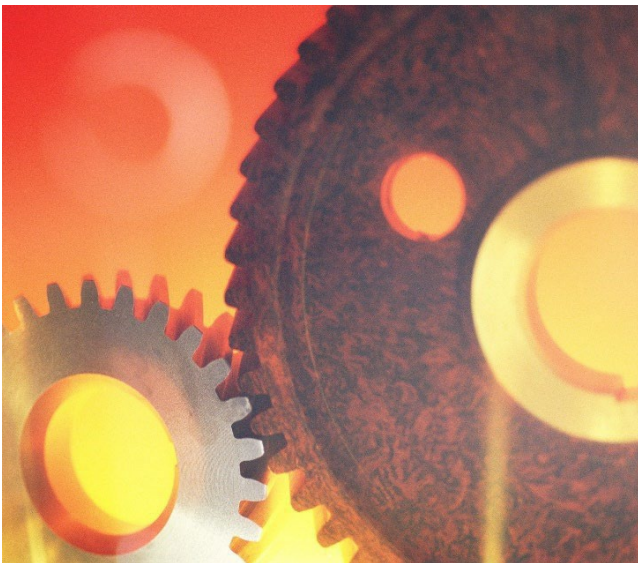
800-241-4949



# What is Complex Case Management (CCM)?

CCM is a collaborative process that includes assessment, planning, facilitation, and advocacy. It explores options and services to meet a person's identified needs with the ultimate goal of promoting high quality, person friendly and cost effective outcomes.

CCM does not take the place of services already being received- it compliments them. Participation is not dependent upon the health benefit available to enrollee.



## CRITERIA TO PARTICIPATE IN CCM

The DWIHN CCM program has general eligibility criteria for adults and children/youth.

### ADULTS

- An active member of outpatient behavioral health services with a disability designation of SMI, DD/IDD, or SUD as evidenced by at least one visit within the quarter with a
  - DWIHN provider AND
  - Evidence of one or more gaps in services, i.e., absence of primary care or specialty medical care visits within the last 12 months, or gaps in medication refills for behavioral health and /or medical chronic conditions AND
  - One or more of the following chronic medical health conditions: hypertension, diabetes, asthma, COPD, heart disease and obesity as well as ten or more visits to the ED
    - in the last six monthsOR
    - Willingness to be an active participant in the program for at least 90 days.

### CHILDREN/YOUTH

- Diagnosed with serious emotional disturbances ( SED) and Autism Spectrum Disorder (ASD) seen for services at a DWIHN provider at least once in the last quarter AND
- Should range between the ages of 2-21 years of age- those enrollees in this cohort that are 18-21 are usually designated as youth with learning disabilities, court wards, I/DD, etc. - AND
- Diagnosed with chronic asthma or other medial health condition AND
- 4 or more ED visits related to medical and/or behavioral health in the last 12 months OR Gaps in service/ care - i .e., absence of primary care visit within the last six months and gaps in refilling medications AND
- Willingness of Legal Guardian & Child/Youth to be an active participant in the program for at least 90 days



## Integrated Health Care Initiatives Complex Case Management Referral Form

Complex Case Management is designed to assess, plan, implement, coordinate, monitor and evaluate options and services needed to meet an enrollee's chronic complex health (behavioral and physical) and human service needs. Enrollees are chosen for Complex Case Management because of frequent inpatient admissions, frequent visits to the Emergency Department, and because they have complex medical and behavioral needs that are not being resolved using traditional means/resources. Along with this referral form, please include the psychosocial assessment, current LOCUS, medication sheet, and any other clinicals that would be useful in managing this enrollee's care.

**Referral Source:**

\_\_\_ Behavioral Health Provider

\_\_\_ Medical Health Provider/Primary Care Provider

\_\_\_ DWIHN

\_\_\_ Self-Referral

\_\_\_ Other (specify): \_\_\_\_\_

**Name of Facility/Agency/Referral Source:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Enrollee Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Enrollee Telephone #:** \_\_\_\_\_

**Reason for Referral:**

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Please fax completed form to: 313-989-9529

Please send via secure email to: [pihpccm@dwihn.org](mailto:pihpccm@dwihn.org)

For DWIHN USE:

Date Referral Received: \_\_\_\_\_

Case Assigned To: \_\_\_\_\_

Date Referral Assigned: \_\_\_\_\_

# Authorization Time Frames Reminder

Utilization Management



# Items needed in order to request an authorization:

1. Must have completed assessments relating to the appropriate levels of care.
2. Must have completed IPOS or Addendum related to the authorizations being requested.
3. Each service requested should have a corresponding goal, objective and intervention.
4. If requesting services above the SUGs, must provide rationale for the need for this number of units (should be documented in assessments, IPOS, etc. - The Golden Thread).



# THINGS to be aware of

- ▶ When requesting authorizations - check to be sure there are not already authorizations in place for the services you are requesting.
  - ▶ Early Terminate any un-needed authorizations, or begin the new authorizations after the expiration date of the previous ones.
  - ▶ Memo from August regarding how to Early Terminate authorizations so that leftover units are not adding to current requests and causing delays in approvals.
    - ▶ <https://www.dwihn.org/resources/upload/4991/UM%20Provider%20Memo%20-%20Early%20Termination%20Authorization%20Issues.pdf>
- ▶ When requesting authorizations - check to be sure they are not outside of the SUGs, or if there is rationale for requesting above the SUGs, that you've provided that.
  - ▶ SUGs can be found on our website
    - ▶ [https://www.dwihn.org/providers\\_um\\_sugs](https://www.dwihn.org/providers_um_sugs)



# TIMEFRAMES -- UM

- ▶ Utilization Management has 14 days to review and provide a disposition on authorization requests.
  - ▶ Please make sure you are requesting authorizations prior to the needed effective date to allow time for this processing.
  - ▶ When authorizations are returned for corrections/additional information, please review them and correct them in a timely fashion to avoid further delays.
  - ▶ We will make every attempt to prioritize authorizations that have already been “sent back” and are being returned to us with corrections made, however please note we continue to have 14 days from the date of new submission.



# Timeliness

Backdating of authorizations should not occur. All services are prior authorized services and must be requested prior to the start date of the service.

Requests to backdate authorizations are subject to administrative denial.

If there is no active IPOS for the dates of service, then services cannot be authorized.





# Annual Process Can Begin Up To 60 Days Prior

Example: Annual IPOS Due January 1

October  
Monthly  
Contact

Discuss ongoing  
treatment needs and  
services.

Call Ancillary  
Providers for  
Coordination of Care

Schedule Annual IBPS  
for Early November

November  
Monthly  
Contact

Complete Annual  
IBPS

Continue  
Coordination of Care  
with Ancillary  
Providers

Schedule Pre-  
planning Meeting for  
Early December.

December  
Monthly  
Contact

Complete Pre-  
planning Meeting,  
continue  
coordination of care  
with ancillary  
providers

Schedule IPOS  
Meeting for Mid  
December, or  
complete IPOS at  
time of Pre-plan if  
Member prefers

Complete  
Authorization  
Requests by Mid-  
December for  
January 1 Start.

# Questions?





# DETROIT WAYNE INTEGRATED HEALTH NETWORK

800-241-4949

[www.dwihn.org](http://www.dwihn.org)

# ORR New Hire Recipient Rights Training

## Updates:

- ❑ \*ORR Training dept-MDHHS Triennial Assessment in 10/2023, to assess compliance w/training requirements.
- ❑ \*ORR Conference-**NO** NHRRT this week-09/19-09/22/23
- ❑ \*NHRRT-seats available increased to accommodate increase # of attendees.
- ❑ \*ORR Trainer-Jacqueline Frazier leaving ORR-08/18/23
- ❑ \*Register staff for NHRRT during the onboarding/orientation process. NH vs. ARRT- currently updating ARRT on DWC
- ❑ If Providers need to **cancel/reschedule** their staff, notify ORR Trainers at [orr.training@dwihn.org](mailto:orr.training@dwihn.org). Please **do not** mark the person as cancelled in MHWIN.
- ❑ NHRRT conducted Mon-Wed each week from 10am-12pm. **Evening** NHRRT-2nd Tuesday of the month from 4pm-6pm. Check MHWIN for available training dates.
- ❑ If your staff experiences any issues with NHRRT, you may contact us via email at: [orr.training@dwihn.org](mailto:orr.training@dwihn.org) no later than ½ hour prior to the class start time.
- ❑ \*Participants must be present online, with working cameras, and remain **visible** and available to communicate with us throughout the course.
- ❑ \*NHRRT is held via the Zoom App, therefore participants need a strong Wi-Fi signal to participate. Participants be aware of your Wi-Fi strength prior to training or request to use employer's office computer/laptop to take the training.
- ❑ \*If your staff are OBSERVED DRIVING OR OTHERWISE NOT ENGAGED DURING THE TRAINING, they **WILL** be removed from the training and will need to be rescheduled.
- ❑ NHRRT must be completed **w/in 30 doh** for new staff.
- ❑ Please go on the DWIHN website and/or review MHWIN newsflash for updates re: NHRRT.

# OFFICE OF RECIPIENT RIGHTS: MONITORING (SITE REVIEWS)

## Updates:

- ▶ ORR Monitoring dept. continues to prepare for MDHHS Triennial Assessment-10/16.23-10/20/23; to assess monitoring compliance;
- ▶ Continue to see an Increase in staff *not* attending NHRRT; found w/ site reviews and complaints-Providers please adhere to the requirement of the MMHC mandate
- ▶ Any violation(s) found requires a Corrective Action Plan. Provider has 10-business days from the date of the site visit to remedy violation
- ▶ End of site review visit, Site Rep **required** to sign & date page #4 of site review tool

## Site Review Process:

- ▶ ORR Site Visit conducted onsite (in person). Covid 19 Questionnaire-If +exposure, an alternative site review will be arranged
  - ▶ Review new staff hired since the previous site review-**NHRRT must be completed w/i 30 doh**
  - ▶ ORR accepts NHRRT obtained from *different* counties w/ evidence provided/verification
  - ▶ ORR Reviewer looks for: required postings, confidential items stored, health/safety violations, interior/exterior of facility, interviews staff & members re: rights
- ## Important Reminders:
- ▶ Provider contact info and staff records should be kept current, as required in MHWIN

# ORR Prevents Rights Violations

## Prevention Unit Primary Responsibilities

- ▶ Develop and implement prevention-related training initiatives & provide input with updating specific DWC trgs, ex: IRs
- ▶ Review Policies and Procedures & provide recommendations to address Recipient Rights-related matters
- ▶ Review substantiated complaint investigations and address concerns identified for prevention opportunities
- ▶ Ensure remedial action trainings & recommendations related to RR violations are in adherence to the Michigan Mental Health Code and MDHHS Administrative Rules.
- ▶ Goal is to decrease the number of complaints by ensuring providers and staff are equipped with the required trainings & knowledge of RR policies & procedures, to assist in preventing/decreasing # of RR violations



# DETROIT WAYNE INTEGRATED HEALTH NETWORK

800-241-4949

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# MHWIN STAFF FILE MAINTENANCE

- DWIHN is making sure that it's members have choice of practitioners based on several factors with race and ethnicity being two of them
- The MHWIN staff record has been revised to include both of those elements
- The staff that your organization has assigned the responsibility of maintaining the staff directory will have a month to add these element(s)
- They will go to staff setup on the MHWIN menu
- Select Staff Directory
- Go to the appropriate staff record and there are two drop downs Race/Ethnic Origin and Hispanic or Latino Ethnicity in which the correct information will be added
- The completion deadline is Monday 9/18/2023
- Additional questions about this can be sent to [pihpcredentialing@dwihn.org](mailto:pihpcredentialing@dwihn.org)



1. Select System Setup from the menu

Home Logout Help

Quality Management

Reports and Downloads

SUD

School Based Services

Service Activity Logs

Site Reviews and Monitoring

Staff To-Do List

System Administration

**System Setup**

2. Select Staff Directory

Home Logout Help

System Setup

You have documents to sign

**Staff Directory** Update Staff and System User information including user name, address, and system function authorization.

ADTs

Access Center

Assessments

**Teams** Click here to work with ORR Teams

3. Go into the applicable staff record and locate the 2 data fields and select from the dropdown accordingly, then select Save at bottom of screen

First Name \*

Middle Initial

Last Name \*

Date of Birth \*

Gender  Male  Female  Non-Binary  N/A

**Race** \* Select Race

**Hispanic or Latino Ethnicity** \* Select Hispanic or Latino Ethnicity

- Race / Ethnic Origin
- Arab American
  - \* Select Race / Ethnic Origin
  - Alaskan native (Aleut, Eskimo)
  - American Indian (non-Alaskan)
  - Black or African American
  - White
  - Asian
  - Other race
  - Native Hawaiian or other Pacific
  - Refused to Provide
  - Arab American
  - Not applicable

- Hispanic or Latino Ethnicity
- Not of Hispanic or Latino origin
  - \* Select Hispanic or Latino Ethnicity
  - Puerto Rican
  - Mexican
  - Cuban
  - Other Hispanic or Latino
  - Not of Hispanic or Latino origin
  - Specific origin not specified
  - Unknown





# HCBS Remediation and Validation

# WHAT'S GOING ON?

- ▶ MDHHS gave DWIHN a list of Survey Responses from the 2020 HCBS Survey.
- ▶ DWIHN is required to work with all of you to validate and or remediate the responses from this list.
- ▶ The validation and remediation process begins now and ends Sept. 15, 2023

# WHAT IS VALIDATION?

- ▶ **Validation** is used when your response to a question on the HCBS Survey supported your compliance with HCBS requirements.
- ▶ This means you will now provide evidence that you are doing what you said you are doing. The evidence you provide will validate your answers on the survey.

# How do we VALIDATE?

- ▶ The Evidence you need to provide to Validate your answers can be one or more of the following
  - ▶ Policies and procedures that are in place to support an HCBS Setting,
  - ▶ Progress Notes
  - ▶ Case Notes
  - ▶ Individual Plans of Services (IPOS)
  - ▶ Activity Calendars
  - ▶ Appointment Calendars
  - ▶ Community Meeting Notes
  - ▶ Staff Meeting Notes
  - ▶ House Logs
  - ▶ Pictures of HCBS Required Equipment (Bedroom and Bathroom Locks)
  - ▶ Interviews with Member(s), Guardian(s), and Supports Coordinator(s), etc.

# WHAT IS REMEDIATION?

- ▶ **Remediation** is used when your response to a question on the HCBS Survey did NOT supported compliance with HCBS requirements.

The remediation process will go as follows:

- ▶ 1. Did you answer the survey question wrong by mistake?
  - ▶ If yes, you will provide evidence that you have been and continue to follow the HCBS requirements.
  - ▶ If no, you will correct (i.e., remediate) the non-compliance and provide evidence of the correction (i.e., remediation).

# How do we REMEDIATE?

- ▶ The Evidence you need to provide to Remediate your answers can be one or more of the following:
  - ▶ Individual Plans of Services (IPOS)
  - ▶ Activity Calendars
  - ▶ Appointment Calendars
  - ▶ Community Meeting Notes
  - ▶ Staff Meeting Notes
  - ▶ House Logs
  - ▶ Pictures of HCBS Required Equipment (Bedroom and Bathroom Locks)
  - ▶ Interviews with Member(s), Guardian(s), and Supports Coordinator(s), etc.

# Validation and Remediation Process

The Provider will receive a notice by email from DWIHN. It will include the following:

- ▶ A notification letter briefly outlining the Validation and Remediation process
- ▶ HCBS Validation/Remediation Attestation Form with the member's MH-WIN ID # and the list of survey questions that need validating and / or remediating
  - ▶ You will receive a separate checklist for each member
  - ▶ Each member may have the same survey questions that need validating and or remediating
- ▶ Guidelines instructing you on what evidence you need to submit for each survey question.



# Validation and Remediation Process: Step 1

- ▶ Review the notice to ensure DWIHN has the correct contact information for you or your designated representative.
  
- ▶ Email correct contact information immediately, if needed

# Validation and Remediation Process: Step 2

- ▶ Begin reviewing the information right way and start collecting needed information.
- ▶ Someone from the DWIHN HCBS team will call you within 3 business days of sending you the notice to review instructions and answer questions.

# Validation and Remediation Process: Step 3

- ▶ Begin sending in the required documentation right away
- ▶ All PHI needs to be sent via secure email, MH-WIN message box, or fax (313-833-2086)
- ▶ Additional follow up calls can be arranged as needed.

# Validation and Remediation Process: Step 4

- ▶ In order to ensure all evidence strongly demonstrates HCBS compliance, evidence, such as policies / procedures, may be returned to you for edits. You may also be required to submit additional documentation.
- ▶ This must all be completed by the close of the validation and remediation process on Sept. 15, 2023

# Post Validation and Remediation Phase

- ▶ DWIHN will report the completion of the validation and remediation process to MDHHS
- ▶ MDHHS will make the final assessment as to HCBS Compliance
- ▶ Further information or evidence may be requested by MDHHS. DWIHN will follow up with you with further instructions if needed.

# Validation and Remediation: Follow Up

- ▶ MDHHS may request a follow-up review by Michigan State University's Institute for Health Policy to further validate the evidence provided during the review. This is conducted by the Health Policy Unit.
- ▶ If found 100% HCBS Compliant to MDHHS' Satisfaction, Provider will be fully deemed an HCBS Compliant Home until next round of reviews (Survey, Audit, Spot Review)
- ▶ If found non-compliant, MDHHS may designate home as on Heightened Scrutiny and the respective sanctions will be imposed and enforced as directed by MDHHS.

# SUMMARY

- ▶ Receive checklist of survey questions that need to be validated and / or remediated.
- ▶ Collect and submit evidence of compliance with HCBS requirements.
- ▶ Consult with DWIHN for technical assistance as needed
- ▶ GOAL: Receive HCBS Compliance from MDHHS and retain the ability to provide and be funded for the provision of HCBS service

**Thank you for your support  
of our Members and  
Community!**

**Questions?**

Contact the Quality Residential/HCBS Team:

[HCBSInforPIHP@dwihn.org](mailto:HCBSInforPIHP@dwihn.org)





# DETROIT WAYNE INTEGRATED HEALTH NETWORK

800-241-4949

[www.dwihn.org](http://www.dwihn.org)

# Disability Change Requests

- Request will now be submitted via SmartSheet at:  
<https://app.smartsheet.com/b/form/a713f14ee3ca4463ad67b1fb88b80467>

**CRSP Name \***

**MHWIN # \***

**Current Disability Designation \***

**Request to Change Disability Designation to \***

**Upload Parent/Guardian Signed Form & Supporting Documentation \***

Drag and drop files here or [browse files](#)

# Disability Change Requests

## ► Requirements

### **Instructions: To change Disability Designation/Program:**

- (1) Program changes must be completed by a Mental Health Clinically Responsible Service Provider (CRSP) only.
- (2) Provide Clinical documentation to support change request, i.e., psychological/psychiatric evaluations, biopsychosocial assessments, etc.
- (3) Requests will be reviewed within seven (7) business days.
- (4) Form **MUST** be signed by consumer or legal guardian.

**SED Definition:** A diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year and has resulted in functional impairment that substantially interferes or limits the minors role in functioning in the family, school, or community.

**I/DD Definition:** A severe chronic condition that is attributable to a mental or physical impairment or both, and is manifested before the age of 22 years; is likely to continue indefinitely; and results in substantial functional limitations in three or more areas of the following major life activities: **self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration.**

**SMI Definition:** A diagnosable mental, behavioral, or emotional disorder that exists or has existed during the past year and has resulted in functional impairment that substantially interferes or limits one or more major life activities.