



Clinically Responsible Service Provider (CRSP) Change Form

(This form is for CRSP change only, not to be used for Program/Disability Designation Change)

Instructions: To change CRSP Provider:

- (1) This form can be completed with the assistance of the current or new CRSP or Member can complete on their own.
- (2) Have the member or legal representative sign to ensure choice.
- (3) In case of disagreement with the proposed change (by the member, legal representative, current or new CRSP) contact DWIHN Customer Service: 313-833- 3232.
- (4) Reach out to new CRSP to inquire about capability to accept new members before submitting a CRSP change request.
- (5) Approved changes will be effective within three business days of date received by the Access Center.

STEP 1: Fill out the boxes below. If you need help, call a **DW IHN Access Center Representative at 1-800-241-4949 or (TDD) 711 for the Hearing Impaired.**

Member's Current Information:

First Name: (Please Print)	Middle Initial:	Last Name:
Street:	City:	Zip Code:
Date of Birth:	Sex: Male____Female____ Other: _____	
Phone Number: ()	Alternate Phone Number: ()	
Work Phone Number: ()	E-mail:	
Social Security Number (last 4 #'s):		
Do you have Medicaid? Yes____No____ If yes, provide your Medicaid ID#:		
Your First Language is: ___English___Arabic ___Chinese___Italian___Polish___Spanish ___Other: Specify _____		

STEP 2: Document reason for change request and select the New CRSP from the list below.

Please consult your Provider Directory for the different locations and addresses. You can receive a Provider Directory from DWIHN Customer Service, on the Website at

www.dwihn.org or at a Provider location. **Populations Served: I/DD=Intellectual/Developmental Disability (Adult/Child), SMI=Severe Mental Illness(Adult), SED=Serious Emotional Disabilities (Child)**

Please list reason for proposed CRSP reassignment (check that which applies):

- Change in disability designation (current CRSP must first complete the Disability Designation Change Request process - submit Dis. Des. Change request form and supporting documentation to DWIHN via smartsheet for review)
- Current CRSP does not have capacity for services needed
- Individual/Legal Representative requested – Reason: (i.e., moved, dissatisfied with staff/agency/services, etc.)
- Other: _____



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PROPOSED CRSP	
Adult Mental Health (SMI)	Child Mental Health (SED)
<input type="checkbox"/> All Well Being Services (AWBS)	<input type="checkbox"/> Arab Community Center for Economic and Social Servs (ACCESS) (this is a CCBHC)
<input type="checkbox"/> American Community Council (ACC)	<input type="checkbox"/> America's Community Council (ACC)
<input type="checkbox"/> Arab Community Center for Economic and Social Services (ACCESS) / (this is a CCBHC)	<input type="checkbox"/> Assured Family Services
<input type="checkbox"/> Central City Integrated Health	<input type="checkbox"/> Centers for Family Development
<input type="checkbox"/> Detroit Recovery Project	<input type="checkbox"/> Community Network Services (CNS) / (this is a CCBHC)
<input type="checkbox"/> DWIHN Outpatient Clinic (D.O.C.)	<input type="checkbox"/> Development Center (MiSide) / (this is a CCBHC)
<input type="checkbox"/> Centers for Family Development	<input type="checkbox"/> DWIHN Outpatient Clinic (D.O.C.)
<input type="checkbox"/> Central City Integrated Health	<input type="checkbox"/> Hegira (this is a CCBHC)
<input type="checkbox"/> Community Network Services (CNS) Healthcare (this is a CCBHC)	<input type="checkbox"/> Judson Center
<input type="checkbox"/> Development Centers (MiSide) / (this is a CCBHC)	<input type="checkbox"/> Lincoln Behavioral Services
<input type="checkbox"/> Elmhurst Home (Male only) / Naomi's Nest (Female only) (this is a CCBHC)	<input type="checkbox"/> Neighborhood Service Organization (NSO)
<input type="checkbox"/> Hegira Health, Inc. (this is a CCBHC)	<input type="checkbox"/> Pulse Community
<input type="checkbox"/> Judson Center	<input type="checkbox"/> Ruth Ellis Center
<input type="checkbox"/> Lincoln Behavioral Services	<input type="checkbox"/> Southwest Counseling (MiSide) / (this is a CCBHC)
<input type="checkbox"/> Neighborhood Service Organization (NSO)	<input type="checkbox"/> Starfish Family Services
<input type="checkbox"/> Psygenics	<input type="checkbox"/> Team Wellness Center
<input type="checkbox"/> Pulse Community Health	<input type="checkbox"/> The Childrens Center
<input type="checkbox"/> Ruth Ellis Center	<input type="checkbox"/> The Guidance Center (this is a CCBHC)
<input type="checkbox"/> Southwest Counseling Services (MiSide) / (this is a CCBHC)	<input type="checkbox"/> Vital Health Management
<input type="checkbox"/> Starfish Family Services	<input type="checkbox"/>
<input type="checkbox"/> Team Wellness Center	<input type="checkbox"/>
<input type="checkbox"/> The Guidance Center (this is a CCBHC)	<input type="checkbox"/>
<input type="checkbox"/> Vital Health Management	<input type="checkbox"/>
Adult I/DD (Intellectual-Developmental Disability)	Child I/DD (Intellectual-Developmental Disability)
<input type="checkbox"/> All wellbeing Services (AWBS)	<input type="checkbox"/> Community Living Services (CLS) (also ABA SC CRSP)
<input type="checkbox"/> Community Living Services	<input type="checkbox"/> Community Network Services (CNS) (also ABA SC CRSP)
<input type="checkbox"/> Community Network Services (CNS)	<input type="checkbox"/> Development Centers (MiSide)
<input type="checkbox"/> Development Center (MiSide)	<input type="checkbox"/> Easter Seals / MORC (also ABA SC CRSP)
<input type="checkbox"/> Easter Seals / MORC	<input type="checkbox"/> Hegira (also ABA SC CRSP)
<input type="checkbox"/> Gesher (JVS)	<input type="checkbox"/> Judson Center
<input type="checkbox"/> Goodwill Industries	<input type="checkbox"/> Neighborhood Services Organization
<input type="checkbox"/> Judson Center	<input type="checkbox"/> Psygenics
<input type="checkbox"/> Neighborhood Services Organization	<input type="checkbox"/> Starfish Family Services (also ABA SC CRSP)
<input type="checkbox"/> Psygenics	<input type="checkbox"/> Team Wellness Center (also ABA SC CRSP)
<input type="checkbox"/> Services to Enhance Potential (STEP)	<input type="checkbox"/> The Childrens Center (also ABA SC CRSP)
<input type="checkbox"/> Team Wellness Center	<input type="checkbox"/> The Guidance Center (also ABA SC CRSP)
<input type="checkbox"/> The Guidance Center	<input type="checkbox"/> Vital Health (also ANA SC CRSP)
<input type="checkbox"/> Vital Health	<input type="checkbox"/> Wayne Center (also (ABA SC CRSP)
<input type="checkbox"/> Wayne Center	<input type="checkbox"/>



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STEP 3: Member Signature. My signature below confirms I have requested to change my CRSP as indicated above. My options have been fully explained to me as well as my right to dispute and appeal as needed. (All verbal consents must include the name and phone number of the person giving verbal consent)

Signature:	Date:
Print Name:	Phone:
Signature of the person assisting member to complete this form (as applicable):	
Print Name, Title and Organization:	Phone:

STEP 4: Fill out the box below if you are the legal guardian or an appointed power of attorney for the member. If you need help, call a DWIHN Access Center Representative at:1-800-241-4949 or (TDD) 1-866-870-2599 for the Hearing Impaired.

Signature:	Date:
Print Name:	
Address:	
Phone Number: ()	E-mail:
Relationship: ___ Parent: ___ Family Member ___ Spouse ___ Other ___ Legal Representative	

STEP 5: Mail, Email or Fax your application to DWIHN Access Call Center using the information below:

DWIHN Access Call Center
707 Milwaukee
Detroit, MI 48202

Email: crspProvider@dwihn.org

Fax: 877-909-3950

You will receive a confirmation letter of your enrollment in the email/mail within 14 days of the effective date.

***This section to be completed by the Access Center only

This document will be uploaded into member chart in mhwhin ones the request has been processed by assigned access call center staff.

The CRSP change has been discussed with the individual receiving services and the new CRSP and will be effective on: _____

Access Center Authorized Representative

Date