



Disability Designation/Program Change Form

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.

STEP 1: Please Print

CRSP: _____ **Staff Completing Form:** _____

Email: _____ **Phone #:** _____ **Fax#** _____

Member Name: _____ **Birthdate:** _____ **MHWIN ID#:** _____

Member Address: _____ **Phone:** _____

STEP 2: Complete section below to request changes to Disability Designation

Current Disability Designation	New Disability Designation
<input type="checkbox"/> Intellectual/Developmental Disabilities (I/DD)	<input type="checkbox"/> Intellectual/Developmental Disabilities (I/DD)
<input type="checkbox"/> Severe Emotional Disturbances (SED)	<input type="checkbox"/> Severe Emotional Disturbances (SED)
<input type="checkbox"/> Serious Mental Illness (SMI)	<input type="checkbox"/> Serious Mental Illness (SMI)
List clinical documentation supporting this change request and upload in MH-WIN:	

STEP 3: A brief rationale for proposed change (this does not substitute the clinical documentation requirements):

STEP 4: Member/Guardian Signature to acknowledge agreement of requested program change

My signature below, acknowledges I agree with the program change request.

Signature of Member/Guardian: _____

Step 5: Attach form to SmartSheet at:

<https://app.smartsheet.com/b/form/a713f14ee3ca4463ad67b1fb88b80467>



Disability Designation/Program Change Form

*****DWIHN PROCESSING ONLY*****

The Disability Designation/Program change request and supporting clinical documentation has been reviewed. Please Check box below:

The Designation Disability change has been approved and will be effective on: _____

The Designation Disability change has been denied due to:

Access Center Authorized Representative

Date