



DECERTIFICATION ATTESTATION

MEMBER CONTACT INFORMATION:

Name:	_____	Guardian:	_____
Address:	_____	Address:	_____
	_____		_____
Phone:	_____	Phone:	_____

DECERTIFICATION IS REQUESTED BY (CHECK ALL THAT ARE APPLICABLE – IF AN SMI MEMBER IS REQUESTING DECERTIFICATION THEY MUST SIGN THIS FORM)

SMI Member

Signature of SMI Member: _____

Guardian

Provider / Treating Clinician

REASON FOR DECERTIFICATION REQUEST:

Was this decertification request prompted by a change in your provider(s) related to your integrated health plan?

Yes; Describe _____ No

If yes, has an Opt- out or single case agreement been attempted before decertification request?

Yes; Outcome _____

No; If not, why? _____

CLINICAL RECOMMENDATION:

Name and title of physician/nurse practitioner attesting to this form: _____

Date you last saw the member: _____

The number of times you personally met with member: _____

Is it your opinion that the member meets the criteria for a serious mental illness designation (see attached criteria)? Yes No

Please provide facts which support your opinion:

If a member is decertified, multiple benefits and services may be impacted, leading to possible risk of deterioration. Please comment on each of the items below in the case of SMI decertification:

Plan to address changes in ***Mental Healthcare*** access as a result of NON- SMI status:

Plan to address changes in ***Physical Healthcare*** access as a result of NON- SMI status:



Plan to address changes in ***Housing*** as a result of NON- SMI status:

Plan to address changes/absence of ***Case Management*** support as a result of NON- SMI status:

Plan to address changes in ***Transportation*** as a result of NON- SMI status:

Plan to address changes in ***Treatment options*** (med formulary, etc.) as a result of NON- SMI status:

DOCUMENTATION INCLUDED IN SUBMISSION

- Decertification notice signed by provider and member (Required)
- CRN Assessment/SMI form (Required)
- Most recent year of treatment records
- Original SMI determination
- Annual Reviews

Your Signature

Date

Printed Name

SMI Decertification Notice

Please read/review with all members seeking decertification

The decertification process involves a neutral, independent party, Crisis Response Network (CRN) reviewing your records and determining if you still meet criteria for Seriously Mentally Ill (SMI) designation.

Your clinic will provide CRN with any/ all relevant information to help CRN determine if SMI criteria are met or not.

CRN will make a decision as soon as there is sufficient information to do so.

Decertification is criteria- based **only** (having an SMI diagnosis and a functional impairment as a result of that diagnosis)

Decertification is not influenced by preference, choice, or access to providers or care issues.

Decertification is not a solution to access to care issues. Your clinic can help you address barriers to care.

SMI designation **alone** does not impact firearm ownership.

Decertification means your SMI designation will end, and therefore any/all services that came from SMI status may potentially be affected, including: case management, medical services, transportation, housing, etc.

Your clinical team will work with you to help ensure a safe transition.

FOR PROVIDER

I have read/reviewed this notice to the member

Print / Sign: _____ Date: _____

FOR MEMBER

I understand the process and implications of decertification

Print / Sign: _____ Date: _____

CRN Assessment:

Please select one:

- Comprehensive psych assessment dated from the last 6 months is **attached**
(No further action needed on this form if attached):

---- *OR* ----

- If NOT submitting a comprehensive psych assessment from the last 6 months, please complete below
(typed responses are ok):

1. Original diagnosis and functional impairments that resulted in SMI determination

2. Interval history over the past 12 months (hospitalizations, crisis services, relapses, diagnostic changes, legal issues, functioning, changes in supports, medication, medical or other treatment changes)



3. Comprehensive risk assessment (biopsychosocial risks, static and dynamic risk factors, protective factors)