



Waiver of 3 Day SMI Eligibility Determination  
Form 3.10.3

Magellan’s goal is to make a correct decision regarding your SMI eligibility and to inform you of your rights in the decision making process. Additional time may be necessary to evaluate your situation and to make an informed decision regarding your SMI eligibility.

**Please check one of the following:**

- A.  I want to allow additional time for Magellan Health Services to request and receive my previous medical records and/or conduct a face-to-face evaluation with an SMI Eligibility Reviewer (Psychiatrist, Psychologist, or Psychiatric Nurse Practitioner). If the Reviewer decides that additional information is necessary to help them make a decision, I understand that a final determination will be made within 20 days. If the Reviewer decides that the information currently available is sufficient, they will make a determination within 3 business days.
  
- B.  I want to allow additional time for Magellan Health Services to refer me to the Extended Evaluations Program (EEP) to assess how my substance use affects my mental health symptoms and functioning. If the Reviewer decides that additional information is necessary, the records will be collected, and a final determination will be made within 90 days. If the Reviewer decides that the information currently available is sufficient, they will make a determination within 3 business days.
  
- C.  I decline both options listed above and I want my eligibility for SMI benefits to be determined within 3 business days using the information currently available.

The above options have been fully explained to me so that I can make an informed decision about my care. The option I have selected is the best choice for my situation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian or  
Designated Representative

\_\_\_\_\_  
Signature of Evaluator

[This form must be completed on ALL assessments submitted for SMI eligibility determinations. If the recipient is unable/unwilling to sign, please indicate the reason.]