

CMS NET CHANGE REQUEST

Submit Form: Fax: (916) 440-5346 or
Scan and email: cmshelp@dhcs.ca.gov

Questions? Contact the CMS Net Help Desk
(866) 685-8449 or cmshelp@dhcs.ca.gov

Submitted By		Date Submitted
County	Phone Number	Fax Number
E-Mail Address		
Screen Name	Screen Number or Website Address	

Detailed Description of Request

Requested By	Approved By
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Description of Request

Reason for Change

Benefits of Change

CMS Office Use Only

Request approved Request assigned to: _____

- Request declined Reason request declined:
- Constrained by resources (funds, staff, time)
 - Contrary to CCS policy
 - Does not follow case management protocol
 - Duplicate request
 - Included with implementation of another request
 - Need additional information/clarification
 - Requires further analysis
 - Not technically feasible
 - Other: _____
- _____
- _____