



FMS Change Notification

**TO BE COMPLETED BY THE CASE MANAGER
(SEE GUIDELINES FOR COMPLETING FORM ON PAGE 2)**

THIS FORM IS NOT FINAL UNTIL IT HAS BEEN SIGNED BY BOTH THE CASE MANAGER AND FMS

Participant Name _____ Medicaid ID Number _____
Date of Birth ____/____/____ Plan of Care Dates: FROM (MM/YY) ____/____ TO (MM/YY) ____/____

- Change of Case Manager Change of Case Management Agency

Prior Case Manager/Case Management Agency: _____

New Case Manager/Case Management Agency: _____

- Service "on Hold" Remove "on Hold" status

Move to "on Hold" (date): _____ Remove "on Hold" (date): _____

Reason for hold: _____

- T2041 Service Modification (Decrease)

Month (name)													
# of Units													

- Termination of self-direction services (T2040/T2041)

NOTE: If self-direction services are terminated, a new referral and FMS enrollment packet will be required before services can be reinstated.

Termination effective date: _____

Reason for termination of self-direction: _____

**THIS NOTIFICATION DOES NOT AUTHORIZE PAYMENT FOR SERVICES.
NO PAYMENT FOR SERVICES WILL BE PROCESSED WITHOUT A PRIOR AUTHORIZATION (PA).
PLEASE DO NOT USE WHITE OUT, ERASE, OR MAKE CHANGES TO THIS DOCUMENT.**

CM Printed Name _____
Signature _____ Date _____
CM Agency _____
Address _____
Fax # _____ Phone # _____

Fax completed form to ACES\$, Financial Management Services (1-877-226-8836) or email to supportwy@mycil.org.

TO BE COMPLETED BY THE FINANCIAL MANAGEMENT SERVICES (FMS)

PLEASE FAX OR MAIL A SIGNED COPY TO THE CASE MANAGER LISTED ABOVE WITHIN **5 BUSINESS DAYS** FROM RECEIPT

I acknowledge receipt of notification of changes that will impact participant-directed services for:

Participant Name _____

FMS Signature _____ Date _____

Case Manager Guidelines for completing form CCW- 6A:

THIS FORM TAKES THE PLACE OF THE CCW-6 PDS FORM IN NOTIFYING ACES\$ (FMS PROVIDER) OF CHANGES THAT WILL IMPACT FMS SERVICES.

1. This form must be:
 - a. Filled out by the Case Manager
 - b. Faxed or emailed to the FMS for Signature
(fax and email information are found on page 1)
 - c. Returned to the Case Manager for upload into the EMWS record
2. This form is to be completed **prior** to:
 - a. Any change in Case Manager or Case Management Agency
 - b. Any service modification to reduce units for self-direction
 - c. Any service hold or release of hold
 - d. Any termination of a service

*The FMS **does not** require notification of new/renewal plans, or increases in units.
3. One CCW-6a form can be used for multiple notifications if occurring simultaneously (e.g.: service mod, CM change)
4. Complete the form in its entirety based on the information below

Participant Name, Medicaid ID #, Date of Birth, Plan of Care Dates:	Enter information as it appears on the participant screen in the EMWS. Enter dates indicated for the Plan of Care, begin and end dates.
Change of Case Manager/Case Management Agency:	Change of Case Manager can be provided either with the CCW-6a form, or via email from the CM email address on file with the FMS.
“On-Hold” status:	A participant should be placed “on-hold” if admitted to a hospital or nursing facility if it is likely the individual will return to self-direction after being released from the facility. When the individual has been scheduled to return home, the CM should submit a 6a Form to the FMS to remove “on-hold” status.
T2041 Service Modification:	Enter the total number of units to be provided each month after the modification. Enter “0” if no units are to be provided in a month.
Termination of Self-Direction:	Termination of self-direction services will result in the closure of the FMS employer file for that individual. If the participant decides to re-enroll in self-direction after the 6a form is submitted to terminate self-direction, a new enrollment packet will required before services will be authorized.
Case Manager Signature and contact information box:	Signature verifies that the requested changes and dates are correct based on the Plan of Care and subsequent modifications. In the case of a CM change, the “Prior” Case Manager or CM Agency Supervisor is REQUIRED to print, sign and date.