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Community Choices Waiver case managers will use the following standardized naming convention for all documents saved to a participant's file in the Electronic Medicaid Waiver System (EMWS):

- 1. CCW indicates the Community Choices Waiver
- 2. Participant: Last name, First name
- 3. Doc Title Abbreviated: see below
- 4. Date: YYYY.MM.DD this is the date the document is signed and dated by the participant

Example: CCW.Doe.Jane.Appl.20xx.MM.DD

1 2 3

General	
AuthRep	Authorized representative documentation
CMAChange	Change of Case Management Agency Form
GUARD	Guardianship paperwork
MedAD	Medical advanced directives
PlanSum	Participant Service Plan Summary
ΡΟΑ	Power of Attorney documentation (not including POA for participant-directed services)
QVV	Quarterly Visit Verification Form
ROI	Release of information
SNMedNec	Letter of Medical Necessity for skilled nursing services from vendor
SNReq	Skilled Nursing PA Request Form
30DayTerm	30-day termination letter
Participant Direction	
FMSApproval	Notification of Approval letter from the Financial Management Service
FMSChange	Financial Management Service Change Notification Form
PDBudget	Participant Direction Budget Calculator
PDEORPOA	Participant Direction Employer of Record/Power of Attorney Designation Form
PDPlan	Participant Direction Support Plan

