

Financial Management Services (FMS) Change Notification Form



HOME AND
COMMUNITY-
BASED
SERVICES
WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

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 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: _____

Signature: _____ Date: _____

New Case Manager/Case Management Agency: _____

Signature: _____ Date: _____

Termination of participant-directed services

Termination effective date: _____

Reason for termination of self-direction: _____

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

**THIS NOTIFICATION DOES NOT AUTHORIZE PAYMENT FOR SERVICES.
PLEASE DO NOT USE WHITE OUT, ERASE, OR MAKE CHANGES TO THIS DOCUMENT.**

Case Manager Printed Name _____
Signature _____ Date _____
Case Management Agency _____
Address _____
Fax # _____ Phone # _____
Fax completed form to ACES\$, Financial Management Services (1-877-226-8836) or email to supportwy@mycil.org.



Case Manager Guidelines for Completing FMS Change Form Notification:

1. This form must be:
 - a. Completed 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 termination of a service
3. 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 service plan begin and end dates.
Change of Case Manager/Case Management Agency:	Form must include the signature of the incoming and outgoing case manager.
Termination of Participant-Direction:	Termination of participant-direction services will result in the closure of the FMS employer file for that individual. If the participant decides to re-enroll in participant-direction after services have been terminated, a new enrollment packet will required before services will be authorized.
Case Manager Signature and Contact Information:	Signature verifies that the requested changes and dates are correct based on the service plan and subsequent modifications. If the form is submitted for a change in case manager, the incoming case manager must verify, sign, and submit.

TO BE COMPLETED BY THE 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 _____