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

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: _____