

# CMS NET CHANGE REQUEST

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

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

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Reason for Change

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Benefits of Change

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### 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: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_