

## **COUNTY OPTIONS CHANGE REQUEST FORM (COCR)**

### **General Overview**

The COCR Form is used by the Project to notify the State staff of any changes. These changes may include adding or deleting Project staff such as an HCC, supervisor, or director of the agency. COCR forms should be sent to DMA as soon as a change has occurred. This includes HCCs on extended leave. The State Program Staff also uses this form to determine the number of FTE HCC position(s) to pay in counties funded by DMA.

### **Procedural Overview**

- ◆ The HCC Supervisor will submit the COCR Form to DMA within 10 days of the change.
- ◆ DMA approves the request for a change.
- ◆ DMA will forward the request to the Program Consultant and MMIS fiscal agent Health Check Consultant(s).

### **Instructions for Completing the COCR Form**

The instructions for completing the COCR Form are outlined below. They are numbered as the items appear on the COCR form.

Enter the following information in the spaces given:

- ◆ County or Health District name and the name of the agency
- ◆ Date of request
- ◆ Supervisor's signature; **The HCC Supervisor must sign all COCR forms**
- ◆ The supervisor's telephone number
- ◆ DMA staff will enter the Approver name and date

#### **1. Change to County HCC Information**

All changes relating to the HCC are recorded in this section. Indicate whether the change is to ADD, DELETE, or CHANGE an HCC's name, address, phone/fax number or email address. The agency name, HCC's name, address, phone/fax number and email address are always required when adding an HCC to your agency.

The name and phone number of the HCC should be entered on the COCR Form as you would like it to appear on the AINS letters sent to Health Check eligibles.

**Note: Only one phone number can appear on the notifications.**

If an HCC is on leave without (w/o) pay, the dates must be entered on the “effective date” line.

**Note: A COCR Form must be submitted to ADD an HCC once s/he has returned to work.**

If the change is deleting an HCC, the last day on the agency’s payroll must be indicated on the “Last date on agency payroll” line.

**Note: The effective date of the change must be enter on the form.**

## **2. Change Information for Other Project Staff on the Health Check Outreach Project Contact List:**

All changes relating to county project staff (i.e., Health Director, Supervisor) are recorded here. Indicate whether the change is to ADD, DELETE, or CHANGE a name/title, address, and phone/fax number or email address of project staff other than HCCs

Enter the effective date of the change.

## **3. To Suppress AINS Letters or Remove a Deceased Child**

Indicate on the COCR Form if the request is to suppress AINS letters or removing a deceased child. Include the child’s name, MID number and the reason for suppressing the notifications, if the child is not deceased.

Please note the name of the person requesting that the notifications be suppressed.

## **4. To Request a MMIS fiscal agent Provider Representative Contact or Visit a Private Provider**

Indicate the provider’s name, address, and phone number with the reason for your request. Note whether the request was written or via telephone call.

**The “County Options Change Request”** Form is found on page 10-3 and 10-4.