

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

COCR form (Appendix 10) is used to maintain a current directory of administrative, supervisory and HCC staff. The COCR form is also used to communicate changes to the State Program staff concerning HCC positions. The supervisor must sign COCR Forms before submitting to DMA. A COCR form must be submitted:

1. When a change occurs in the name, address, phone or fax number, or email address of the Network Director, Supervisor, or HCC.
2. When a HCC is hired, terminated, or placed on extended leave
3. To suppress AINS notifications letters or remove a deceased child from the database.
4. To request a MMIS fiscal agent Provider Representative contact or visit to a private provider.

COCR forms must be received by DMA by the 15th of the month in order for requested changes to be implemented during that month's AINS cycle. If the COCR form is received after the 15th of the month, requested changes will not be implemented until the AINS cycle of the subsequent month.

Note: All original COCR forms must be submitted directly to DMA for appropriate action. Faxed forms can be accepted, but the original COCR forms MUST be followed up.