

NOTIFICATION OF MEDICAID/HCBS/WORKING HEALTHY SERVICES  
CHANGES / UPDATES

ES-3161  
Rev. 7-07

TO: \_\_\_\_\_ FROM: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**I. CONSUMER INFORMATION:**

Name: \_\_\_\_\_  
Case Number (If Known): \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_  
Address Change: \_\_\_\_\_ Date: \_\_\_\_\_  
Responsible Person or Alternate Contact Change: \_\_\_\_\_ Date: \_\_\_\_\_

**II. FEHMEDICAID INFORMATION CHANGES: (to be completed by EES Specialist or Social Worker)**

Review Complete:  Approved / Denied  Working Healthy/WORK - Temporary Unemployment Plan Needed.

Eff Date: \_\_\_\_\_ Next Review: \_\_\_\_\_ Date Last Employed \_\_\_\_\_

HCBS Obligation Change: \$ \_\_\_\_\_ Eff: \_\_\_\_\_ Reason for Unemployment \_\_\_\_\_  
\$ \_\_\_\_\_ Eff: \_\_\_\_\_

Medicaid Case Close Eff: \_\_\_\_\_ Reason: \_\_\_\_\_

HCBS Client Employed (possible Working Healthy/WORK eligible): \_\_\_\_\_

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**III. HCBS SERVICE CHANGES: (to be completed by Case Manager/IL Counselor/WORK Manager)**

HCBS/WORK Services Review: Approved/Denied \_\_\_\_\_ Effective Date: \_\_\_\_\_

Level of Care Waiver Change To: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Monthly Cost of Services Change To: \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

HCBS/WORK Services Terminated -Effective Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Medical Bills for Obligation (Bills Attached)

NF Entrance: Date Entered: \_\_\_\_\_ Facility: \_\_\_\_\_ Anticipated Length of Stay \_\_\_\_\_

Check one:  HCBS-Covered Respite  Temporary Care  Permanent/Undetermined

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**IV. WORKING HEALTHY INFORMATION (to be completed by Benefits Specialist)**

Temporary Unemployment Plan Info:  Client Failed to Comply, Reason  Plan Developed

Premium Repayment:  Agreement Signed, Date Received \_\_\_\_\_

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 YES  NO  
EES SPECIALIST/SOCIAL WORKER SIGNATURE DATE ATTACHMENTS:

\_\_\_\_\_  
CASE MANAGER/IL COUNSELOR/BENEFITS SPECIALIST SIGNATURE DATE