

State of Wyoming
Department of Health
Division of Healthcare Finance (Medicaid)/ Children's Mental Health Waiver

MMIS Online Add/Change Authorization Form
ECSII or CASII Evaluation

Add (Initial Record) _____ Change (Subsequent Record) _____

Client Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Race (if known): _____

Medicaid Client ID: _____

Date of Birth: _____ County: _____

Date of Death: _____ Sex: _____

Eligibility Begin/End Date of Service: _____

Children's Mental Health Waiver Program specialist, Lisa Brockman (lisa.brockman@wyo.gov)

Program Code: S97 Plan Code: CASI

Provider Name: _____

Medicaid Provider No.: _____

Printed Name of Person Completing the Form: _____

Date: _____
