

Change Request Guidance

DSS provider staff should submit change requests to SkillUP.Missouri@dss.mo.gov, after supervisor approval. **Do not send these requests to DHEWD directly.** Most change requests can be completed by DSS/OWCI staff. Those that cannot be completed will be sent to DHEWD for completion by DSS/OWCI staff.

Change requests must be submitted by the 15th of the month following quarter end. It is imperative that requests are submitted timely to ensure accurate data is reported to the Food and Nutrition Service (FNS). It might be helpful to set a calendar reminder to review cases for possible changes prior to the end of the quarter.

Federal Fiscal Year Quarters and Change Request Due Dates:

Quarter	Months	Due Date
Q1	October, November, December	January 15 th
Q2	January, February, March	April 15 th
Q3	April, May, June	July 15 th
Q4	July, August, September	October 15 th

Important information to note:

- Encrypt all emails when sending change requests. For help, refer to the [DSS email encryption document](#).
- Do not include more than 5 change requests per email.
- Submit only one change request form per participant, even when multiple changes are needed (see Example 2).
- Use the participant's State ID; do not include SSNs or DCNs.
- In the "Data To Be Changed" section, list the information currently shown in the system.
- In the "Change Data To" section, list the corrections needed.
- Provide the reason for the change in the "Documented Justification For Change" section.
- Change requests must be signed and dated by a supervisor; unsigned forms will be returned for completion.
- SkillUP Application un-exit requests do not require a change request form. Refer to the SkillUP Handbook for policy details.



Services/Activities/Enrollments:

When submitting changes please include:

1. The activity service code (e.g., 101 Orientation).
2. The Activity ID number (e.g., 6487721).
3. The actual and projected service dates as listed in MoJobs
4. The specific date(s) that need to be corrected (e.g., change actual begin date to 4/01/2025 and change actual end date to 4/30/2025).
5. The appropriate completion code (e.g., successful or unsuccessful).

Deletion/Void: Activities, services, and enrollments will not be deleted; they may only be voided.

Additions/Changes: Activities that need to be backdated must be entered before submitting a change request. DSS staff cannot enter activities on behalf of case managers. If the case is exited, email SkillUP for guidance on how to proceed. Provide a clear and detailed explanation of the requested change(s), including justification.

DSS staff may request documentation to verify information when backdating a service, activity, or enrollment.

Case Notes:

When submitting change requests related to case notes, please include:

1. The case note ID number.
2. The case note subject.

Deletion/Void: Case notes will only be deleted if they were entered under the wrong participant or if they contain confidential information such as PHI.

Additions/Changes: A change request is **not** required to add, update, or correct information in a case note. Staff should enter a **new** case note with the additional or corrected information and reference the original note (e.g., “Participant also completed IEP with staff on 4/01/2025, addition to case note #3257”).

In some situations, a change to the “contact date” may be needed for clarity. These requests are reviewed individually, and DSS/OWCI staff will determine whether the change is appropriate. The “create date” of a case note **cannot** be changed.

Individual Employment Plan (IEP) and Objective Assessment Summary (OAS):

When submitting changes, please include:

1. The IEP and/or OAS number (e.g., OAS 43282).
2. The goal number (for IEP only).
3. The full objective name (IEP only).



4. Both the IEP number and the goal number when requesting changes.

When requesting updates to a goal, clearly state the full, corrected Goal Description.

Example: “Goal Description should read: Submit application for CMT course with State Fair Community College.”

The IEP and OAS will not be backdated if the participant is not actively working with a provider. In these cases, staff must enter a case note explaining when the IEP, IEP goal, IEP objective, or OAS should have been entered.

Documents:

When requesting document changes, please include:

1. The document name.
2. The document modify date.

Deletion: Documents will only be deleted if they were uploaded to the wrong participant or if they contain confidential information such as PHI.

How to navigate different scenarios:

Situation 1:

Belle Beauty is participating in a 361 activity. Her SNAP benefits lapsed for one month, causing her SNAP application to exit and the 361 activity to system-close. Belle has since regained SNAP benefits and continues to participate in the 361 activity.

What is needed:

1. The case manager must submit:
 - A current and completed DCN verification, and
 - A completed change request form
2. These items should be emailed to the SkillUP inbox with a request to:
 - Unexit the SkillUP application, and
 - Reopen the 361 activity.

The DCN verification must be attached separately from the change request form. Please ensure all guidelines in the examples on the following pages are followed.

Situation 2:

Johnny Jobseeker began training on 05/01/2024, but his case manager forgot to enter the 361 activity. His SNAP benefits then lapsed for one month, causing his SNAP application to exit while he was still in training. Johnny regained his SNAP benefits on 07/01/2024, and on 07/10/2024 his case manager realized the 361 activity had not been entered.



What is needed:

1. The case manager must submit:
 - A current and completed DCN verification, and
 - An unexit request.
2. The unexit request should be the body of an email to the SkillUP inbox including:
 - Participant last name:
 - SNAP application number:
 - Has the participant been actively participating within 90 days of the exit date:
 - If Yes, have any services been provided within 90 dates of the exit date:
 - If Yes, what where the activities and actual begin dates for those provided:
 - Justification for un-exit:
3. Wait for confirmation that the SkillUP application has been reopened.
4. After confirmation, enter the 361 activity with the dates the system allows.
5. Once the activity is entered, submit a change request to the SkillUP inbox requesting that the 361 activity dates be backdated to the correct dates.

Please ensure all guidelines in the examples on the following pages are followed.

Situation 3:


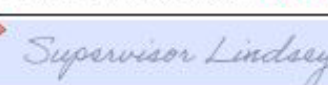
A case manager entered a case note about participant Mandi Cooper's dependents, but later learned the information provided was incorrect.

What is needed:

1. A change request is **not** required. The case manager should enter a new clarifying case note explaining the error and referencing the original Case Note ID number.





Example 1 (single change):

<input type="button" value="Save"/> <input type="button" value="Print"/> <input type="button" value="Reset"/>		Instructions: 1. COMPLETE ALL RELEVANT FIELDS 2. SIGN DIGITALLY, RENAME, RESAVE 3. Complete IQ Webform, then upload this form into MoJobs case note. 4. FSD CONTRACTORS SEND TO: Skillup.Missouri@des.mo.gov		
 <h2 style="margin: 0;">RECORD CHANGE REQUEST</h2>				
TO BE COMPLETED BY SENDING AGENCY				
PROGRAM		LOCAL WORKFORCE DEVELOPMENT AREA		
MISSOURI JOB CENTER SNAP		JEFFERSON CITY CENTRAL		
CUSTOMER NAME		STATE ID	EMPLOYER SITE ID	
Johnny Jobseeker		3123949801	3323	
CASE MANAGER/STAFF NAME		PHONE NUMBER	EMAIL	
Bailey Cooper		(573) 123-4567	email@gmail.com	
TYPE OF DATA TO BE CHANGED				
<input type="checkbox"/> Program Application <input type="checkbox"/> Case Note <input type="checkbox"/> IEP/OAS <input checked="" type="checkbox"/> Activities/Enrollments				
<input type="checkbox"/> Other:				
DATA TO BE CHANGED (include dates, services, enrollments, etc.) CONTINUE ON PAGE 2 IF ADDITIONAL SPACE IS NEEDED.		CHANGE DATA TO (include dates, services, enrollments, etc.) CONTINUE ON PAGE 2 IF ADDITIONAL SPACE IS NEEDED.		
PROGRAM		APPLICATION NUMBER		
SNAP		6927653		
Activity 361 - FSD SkillUP Training, ID # 6450427. Actual begin date entered incorrectly as 7/25/2024.		Activity 361 - FSD SkillUP Training, ID # 6450427. Correct actual begin date to 8/25/2024.		
DOCUMENTED JUSTIFICATION FOR CHANGE - CONTINUE ON PAGE 2 IF ADDITIONAL SPACE IS NEEDED.				
Client did not begin training until 8/25/2024, this needs to be changed to the correct date for clarity and monitoring purposes.				
<input checked="" type="checkbox"/> Functional Leader, Regional Manager, or local authorized representative has reviewed. REQUIRED FIELD		<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED (If "Denied" is checked, complete "Reason for Denial" on page 2 of this form. Do not forward/ email denied request to OWD, but keep on file in local office.) REQUIRED FIELD		
FL, RM OR REPRESENTATIVE SIGNATURE (Click to sign, sign digitally only with your Acrobat Reader Digital Signature)				
INTERNAL USE ONLY				
DATE RECEIVED	<input type="checkbox"/> OWD Central Office Programs and Services reviewer has reviewed this change	<input type="checkbox"/> APPROVED <input type="checkbox"/> PARTIAL APPROVAL <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DENIED (If partially approved or denied is checked, complete Reason for Denial on this form. Return copy of denied or partially approved signed form to originating email address.) Forward approved change to OWD Customer Support Unit.		
OWD CENTRAL OFFICE PROGRAMS AND SERVICES APPROVAL/DENIAL SIGNATURE		DATE REVIEWED	URGENT <input type="checkbox"/>	
DATE RECEIVED	CHANGE COMPLETED BY	OPC TICKET NUMBER	DATE CHANGE(S) Cmpl.	CSU TIME SPENT
DATE RECEIVED	ADDITIONAL SIGNATURE	DATE CHANGED	<input type="checkbox"/> Approved <input type="checkbox"/> Partial Change <input type="checkbox"/> Withdrawn <input type="checkbox"/> Denied	
DWD-ADM-2 (03-2022)				
PAGE 1 RECORD CHANGE REQUEST				



Example 2 (multiple changes):

		<p>RECORD CHANGE REQUEST</p>		<p>Instructions:</p> <ol style="list-style-type: none"> 1. COMPLETE ALL RELEVANT FIELDS 2. SIGN DIGITALLY, RENAME, RESAVE 3. Complete IQ Webform, then upload this form into MoJobs case note. 4. FSD CONTRACTORS SEND TO: Skillup.Missouri@dss.mo.gov 	
<p>TO BE COMPLETED BY SENDING AGENCY</p>					
PROGRAM		MISSOURI JOB CENTER		LOCAL WORKFORCE DEVELOPMENT AREA	
SNAP		JEFFERSON CITY		CENTRAL	
CUSTOMER NAME		STATE ID		EMPLOYER SITE ID	
Belle Beauty		3125388606			
CASE MANAGER/STAFF NAME		PHONE NUMBER		EMAIL	
Amanda Oppy		(573) 123-4567		email@gmail.com	
TYPE OF DATA TO BE CHANGED					
<input type="checkbox"/> Program Application <input type="checkbox"/> Case Note <input type="checkbox"/> IEP/OAS <input checked="" type="checkbox"/> Activities/Enrollments					
<input type="checkbox"/> Other:					
DATA TO BE CHANGED (include dates, services, enrollments, etc.) CONTINUE ON PAGE 2 IF ADDITIONAL SPACE IS NEEDED.			CHANGE DATA TO (include dates, services, enrollments, etc.) CONTINUE ON PAGE 2 IF ADDITIONAL SPACE IS NEEDED.		
PROGRAM		APPLICATION NUMBER			
SNAP		693317			
SNAP Application date AND SNAP Participation date Entered incorrectly as 1/17/2025			SNAP Application date AND SNAP Participation date Correct date to 08/21/2024		
Activity 213 - Comprehensive Assessment Actual begin date is entered incorrect 01/17/2025			Activity 213 - Comprehensive Assessment Correct actual begin date to 08/21/2024		
Activity 205 - Develop Service Strategies (IEP/ISS/EDP) Actual begin date is entered incorrect 01/17/2025			Activity 205 - Develop Service Strategies (IEP/ISS/EDP) Correct actual begin date to 08/21/2024		
DOCUMENTED JUSTIFICATION FOR CHANGE - CONTINUE ON PAGE 2 IF ADDITIONAL SPACE IS NEEDED.					
Corrected dates required for clarity and monitoring purposes. Late entry enrollment.					
<input checked="" type="checkbox"/> Functional Leader, Regional Manager, or local authorized representative has reviewed. REQUIRED FIELD		<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED (if "Denied" is checked, complete "Reason for Denial" on page 2 of this form. Do not forward/ email denied request to OWD, but keep on file in local office.) REQUIRED FIELD			
FL, RM OR REPRESENTATIVE SIGNATURE (Click to sign, sign digitally only with your Acrobat Reader Digital Signature)					
INTERNAL USE ONLY					
DATE RECEIVED	<input type="checkbox"/> OWD Central Office Programs and Services reviewer has reviewed this change		<input type="checkbox"/> APPROVED <input type="checkbox"/> PARTIAL APPROVAL <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DENIED (If partially approved or denied is checked, complete Reason for Denial on this form. Return copy of denied or partially approved signed form to originating email address.) Forward approved change to OWD Customer Support Unit.		
OWD CENTRAL OFFICE PROGRAMS AND SERVICES APPROVAL/DENIAL SIGNATURE			DATE REVIEWED		URGENT
					<input type="checkbox"/>
DATE RECEIVED	CHANGE COMPLETED BY	OPC TICKET NUMBER	DATE CHANGE(S) CMPL	CSU TIME SPENT	
DATE RECEIVED	ADDITIONAL SIGNATURE	DATE CHANGED	<input type="checkbox"/> Approved <input type="checkbox"/> Partial Change <input type="checkbox"/> Withdrawn <input type="checkbox"/> Denied		



RECORD CHANGE REQUEST

PROGRAM	MISSOURI JOB CENTER	LOCAL WORKFORCE DEVELOPMENT AREA	
SNAP	JEFFERSON CITY	CENTRAL	
CUSTOMER NAME		STATE ID	EMPLOYER SITE ID
Belle Beauty		3125388606	
CASE MANAGER/STAFF NAME		CASE MANAGER/STAFF PHONE NUMBER	EMAIL
Amanda Oppy		(573) 123-4567	email@gmail.com
CON'T FROM PAGE 1 - DATA TO BE CHANGED OR REASON FOR DENIAL			
		CHANGE DATA TO	
PROGRAM	APPLICATION NUMBER		
SNAP	693317	Activity 101 - Orientation Correct actual begin date to 08/21/2024	
Activity 101 - Orientation Actual being date is entered incorrect 01/17/2025		Activity/Funding source S10 - SkillUP TANF Correct actual begin date to 08/21/2024	
Activity/Funding source S10 - SkillUP TANF Actual being date is entered incorrect 01/17/2025		Activity 103 - Provision of Information on Training Providers Correct actual begin date to 08/21/2024	
Activity 103 - Provision of Information on Training Providers Actual being date is entered incorrect 01/17/2025			
PROGRAM	APPLICATION NUMBER		
SNAP	OAS 48103	Assessment Create Date Correct date to 08/21/2024	
Assessment Create Date Date entered incorrectly as 01/17/2025		Staff Completed Date Correct date to 08/21/2024	
Staff Completed Date Date entered incorrectly as 01/17/2025			
PROGRAM	APPLICATION NUMBER		
SNAP	IEP 408673	620463 Training - ST-Complete NCCER training (Goal) Correct date established to 08/21/2024	
620463 Training - ST-Complete NCCER training (Goal) Date established entered incorrectly as 01/17/2025		620464 Schooling - LT- Obtain HISET (Goal) Correct date established to 08/21/2024	
620464 Schooling - LT- Obtain HISET (Goal) Date established entered incorrectly as 01/17/2025		Objective - Show up to class everyday and show initiation Objective - Attend AEL Correct both date established to 08/21/2024	
Objective - Show up to class everyday and show initiation Objective - Attend AEL Date established entered incorrectly for both as 01/17/2025			

