

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:

- Emails should be encrypted when sending requests. See “*Encryption Guidance*” here: [Additional Resources | Missouri Department of Social Services](#)
- Do not submit more than 5 change requests per email.
- Only one change request form should be submitted per participant, even if requesting multiple changes. (refer to Example 2)
- Use the **State ID** when submitting change requests, please do not use the SSN or DCN.
- In the “*Data To Be Changed*” section, put what the system reflects currently.
- In the “*Change Data To*” section, put what you want DSS staff to change in the system to make it correct.
- Make sure to include the reasoning in the “*Documented Justification For Change*” section.
- Change requests not signed and dated by a supervisor will be returned to the sender for the approval signature and date.
- **SkillUP Application un-exit requests do NOT require a change request form. Please see the SkillUP Handbook for the policy on this procedure.**

Services/Activities/Enrollments:

- ❖ Please include:
 - Activity service code (e.g. 101 Orientation)
 - Activity ID # (e.g. 6487721)
 - Actual and projected dates of the services as they are listed in MoJobs
 - What date needs to be changed (e.g. change actual begin date to 4/01/2025 and change actual end date to 4/30/2025).
 - What the completion code should reflect (e.g. successful or unsuccessful)
- ❖ Deletion/Void: Activities/services/enrollments will not be deleted; only voided.
- ❖ Additions/Changes: Activities needing to be backdated must be entered prior to submitting change requests. DSS staff will not enter activities on behalf of case managers. If case is exited, send an email to SkillUP to determine resolution.
- ❖ Provide clear and detailed explanation of change(s) being requested. This includes justifications for changes.
- ❖ Documentation may be requested by DSS staff to verify information for backdating a service/activity/enrollment.

Case Notes:

- ❖ Please include:
 - Case note ID number
 - Subject
- ❖ Deletion/Void: Case notes will only be deleted if they are attached to the incorrect participant or if the note contains confidential information such as PHI.
- ❖ Additions/Changes: It is not necessary to enter a change request to add, change, or correct information in a case note, staff should enter the additional or corrected information in a new case note and reference the original case note (e.g. participant also completed IEP with staff on 4/01/2025 addition to case note #3257).
- ❖ Sometimes it is necessary to request a 'contact date' be changed on a Case Note for clarity. This will have to be on a case-by-case basis, and DSS/OWCI staff will determine if the change is necessary. The 'create date' cannot be changed.

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

- ❖ Please include:
 - IEP and/or OAS number (e.g. OAS 43282)
 - Goal number (for IEP only)
 - Full name of objective (IEP only)
 - Provide the # of the IEP and the # of the goal when requesting changes.
- ❖ Be sure to state in full, what the Goal Description should be when requesting adjustments. (e.g. 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. Staff will need to enter a case note explaining when the IEP, IEP goal, IEP objective or OAS should have been entered in the system.

Documents:

- ❖ Please include:
 - Document Name
 - Document Modify Date
- ❖ Deletion: Documents will only be deleted if they are attached to the incorrect 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 and their benefits lapsed for one month, causing the SNAP application to exit and 361 activity to system close. Belle is still actively participating in the 361 activity and has regained her SNAP benefits.

- ❖ **What do I need:** Case manager will need to submit a current and completed DCN verification and a completed change request form to the SkillUP inbox requesting that 1. The SkillUP application be unexited and 2. That the 361 activity be reopened. The DCN verification needs to be separate from the change request form. Please ensure to follow the guidelines listed in the examples on the following pages.



Situation 2: Johnny Jobseeker began training on 05/01/2024, however his case manager forgot to enter the 361 activity. His SNAP benefits lapsed for one month, causing the SNAP application to exit while he was in training. Johnny regained his SNAP benefits on 07/01/2024; on 7/10/2024 his case manager realizes they did not enter the 361.

- ❖ **What do I need:** Case manager will need to submit a current and completed DCN verification with an unexit request to the SkillUP inbox, making sure to include all the information in the unexit request example found in the SkillUP Handbook. After receiving confirmation that the application has been reopened, the case manager will then enter the 361 activity with the dates the system allows. Once entered, the case manager will then submit a change request to the SkillUP inbox, requesting the dates for the 361 to be backdated to the correct dates. Please ensure to follow the guidelines listed in the examples on the following pages.

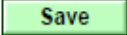





Situation 3: Case manager entered a case note regarding participant Mandi Cooper's dependents. However, the information initially given to the case manager was not correct.

- ❖ **What do I need:** Case manager does not need to submit a change request to have case note deleted. Case manager should enter a clarifying case note to explain the error and reference the previous 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@dss.mo.gov		
 <h2 style="text-align: center;">RECORD CHANGE REQUEST</h2>				
TO BE COMPLETED BY SENDING AGENCY				
PROGRAM: MISSOURI JOB CENTER SNAP		LOCAL WORKFORCE DEVELOPMENT AREA: JEFFERSON CITY CENTRAL		
CUSTOMER NAME: Johnny Jobseeker		STATE ID: 3123949801	EMPLOYER SITE ID: 3323	
CASE MANAGER/STAFF NAME: Bailey Cooper		PHONE NUMBER: (573) 123-4567	EMAIL: 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: SNAP APPLICATION NUMBER: 6927653				
Activity 381 - FSD SkillUP Training, ID # 6450427. Actual begin date entered incorrectly as 7/25/2024.		Activity 381 - 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	<input type="checkbox"/> URGENT	
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	
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Example 2 (multiple changes):

  		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@dss.mo.gov		
 <p>A proud partner of the  network</p>				
<h2>RECORD CHANGE REQUEST</h2>				
TO BE COMPLETED BY SENDING AGENCY				
PROGRAM SNAP		MISSOURI JOB CENTER JEFFERSON CITY	LOCAL WORKFORCE DEVELOPMENT AREA CENTRAL	
CUSTOMER NAME Belle Beauty		STATE ID 3125388606	EMPLOYER SITE ID	
CASE MANAGER/STAFF NAME Amanda Oppy		PHONE NUMBER (573) 123-4567	EMAIL 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.) <small>CONTINUE ON PAGE 2 IF ADDITIONAL SPACE IS NEEDED.</small>		CHANGE DATA TO (include dates, services, enrollments, etc.) <small>CONTINUE ON PAGE 2 IF ADDITIONAL SPACE IS NEEDED.</small>		
PROGRAM SNAP		APPLICATION NUMBER 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 <small>(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</small>		
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 <small>(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.</small>	<input type="checkbox"/>	
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	
<small>DWD-ADM-2 (03-2022)</small>				
			<small>PAGE 1 RECORD CHANGE REQUEST</small>	

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 Actual being date is entered incorrect 01/17/2025 Activity/Funding source S10 - SkillUP TANF Actual being date is entered incorrect 01/17/2025 Activity 103 - Provision of Information on Training Providers Actual being date is entered incorrect 01/17/2025			Activity 101 - Orientation Correct actual begin date to 08/21/2024 Activity/Funding source S10 - SkillUP TANF Correct actual begin date to 08/21/2024 Activity 103 - Provision of Information on Training Providers Correct actual begin date to 08/21/2024		
PROGRAM		APPLICATION NUMBER			
SNAP		OAS 48103			
Assessment Create Date Date entered incorrectly as 01/17/2025 Staff Completed Date Date entered incorrectly as 01/17/2025			Assessment Create Date Correct date to 08/21/2024 Staff Completed Date Correct date to 08/21/2024		
PROGRAM		APPLICATION NUMBER			
SNAP		IEP 408673			
620463 Training - ST-Complete NCCER training (Goal) Date established entered incorrectly as 01/17/2025 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 Date established entered incorrectly for both as 01/17/2025			620463 Training - ST-Complete NCCER training (Goal) Correct date established to 08/21/2024 620464 Schooling - LT- Obtain HISET (Goal) Correct date established to 08/21/2024 Objective - Show up to class everyday and show initiation Objective - Attend AEL Correct both date established to 08/21/2024		