



**SENIOR & LONG TERM CARE DIVISION  
COMMUNITY SERVICES BUREAU**

**COMMUNITY FIRST CHOICE  
Policy Manual**

**Section: FORMS**

**Subject: Agency Based Change in  
Demographics  
SLTC-157**

**PURPOSE:**

The Change in Demographics form is used by the provider agency to notify Mountain Pacific Quality Health (MPQH) of a change in demographics.

**PROCEDURE:**

The Change in Demographics form is completed by the provider agency and faxed to MPQH. It is not necessary to fill out this form in entirety. The provider agency should only complete the information that needs to be changed.

**INSTRUCTIONS:**

Provider agency needs to copy the form. The department will not supply the form.

1. The following information should be completed for all changes:
  - a. Check whether this change is relative to the AB-CFC, SD-CFC, AB-PAS or SD-PAS program.
  - b. Enter date faxed to Mountain Pacific Quality Health.
  - c. Current information: List the member's last name, first name and Medicaid ID number.
  - d. Requestor--List name of person completing this form, agency name, and telephone and fax numbers.
2. Once the identifying information is completed, list **ONLY** the member's current information that needs to be changed. It is **NOT** necessary to fill out the entire top section.
3. List anticipated changes to the member's demographics in the bottom section of the form.
4. **Leave blank any information that remains unchanged.**