

**MCO MATERIAL REVIEW
MINIMAL CHANGE ATTESTATION FORM**

Plan Information		Instructions to Plans
Date:	Click to enter date	<ol style="list-style-type: none"> Previous Naming Convention: Enter the previous document name for the material Current Naming Convention: Enter the new naming convention to the updated material (Update the “version” and add “A” for attestation) Minimal changes to the document: Click the Check Box(es) that are included in the minimal change and enter the change in the Text Box Signature: Enter your name (By entering your name, you attest that the information is true and correct for the document) Date: Enter the date of signature Email Minimal Change Attestation Form to the SCDHHS: <ul style="list-style-type: none"> ✓ Marketing Specialist ✓ Contract Monitor
Managed Care Plan Name:	Choose an item.	
Date Materials Uploaded to SharePoint:	Click to enter date	
Submitted By:		
<ul style="list-style-type: none"> • Plan Representative Name • Email Address 		

This is to notify the Agency that the materials listed below have been placed in the SCDHHS SharePoint Material Review and to **attest that the content of the document is not changing.**

Previous Naming Convention	Current Naming Convention	Minimal Changes to the document	Signature	Date
MC-07212023-PR-1-WM-U	MC-07212023-PR-1.1-WM-U-A	<input type="checkbox"/> Fax number: Click or tap here to enter text. <input checked="" type="checkbox"/> Email address: new email address <input type="checkbox"/> Mailing address: Click or tap here to enter text. <input type="checkbox"/> County name: Click or tap here to enter text. <input checked="" type="checkbox"/> Phone number: new phone number <input type="checkbox"/> Other, please explain: Click or tap here to enter text.	Signed Name	Example
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