



Healthcare Home Team

Contact Profile

Please complete this fillable PDF form, save a copy, and email to Brin Ballard, Integrated Care Liaison, at Brin.Ballard@dmh.mo.gov.

Please indicate your role on the Healthcare Home Team:

- | | |
|--|---|
| <input type="checkbox"/> Primary Care Physician Consultant | <input type="checkbox"/> Nurse Care Manager |
| <input type="checkbox"/> Healthcare Home Director | <input type="checkbox"/> Care Coordinator |

Effective Start Date: _____

Name: _____

Credentials: _____

Agency: _____

Site/Location(s): _____
(If applicable)

Primary Work Address:

_____ Street

_____ City _____ Zip

Email: _____

Direct Work Phone: (_____) _____ ext. _____

Fax Number: (_____) _____

***Do you need to be placed on the email list to receive hospital notification alerts?**

- Yes No

Please make sure that you have a user account for the following online tools. Please contact the appropriate program representative if you need to create a user account.

- | | |
|---------------------------|--|
| CyberAccess | Your agency CyberAccess Practice Administrator or Melissa Bishop, DMH CyberAccess Representative, Melissa.Bishop@xerox.com |
| ProAct | ProAct Customer Support Center, support@cmthealthcare.com |
| Essential Learning | Your agency human resources or training department |

