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DD Health Home Team

Enrollment Form

The DD Health Home (DD HH) Enrollment Form must be completed in full. Please complete the form, save a copy, and submit the form as an attachment using the **State of Missouri's Proofpoint system**. Include "DD HH Enrollment" in the subject line (do not include additional information, especially PHI) and send to the DD Program Manager/DD HH Enrollment Coordinator at DDHHEnrollTransferDischarge@dmh.mo.gov. Forms must be received by the 25th of the month to ensure effective dates. Any forms received after the 25th of the month are not guaranteed to be processed until the next month. Providers can verify enrollment by viewing the DD HH Registry in CIMOR and CyberAccess after five business days or on the anticipated effective date. NOTE: Please verify the individual is currently eligible for Medicaid (EMOMED) and is not currently enrolled in another Healthcare Home (CMHC or Primary Care).

**Part 1**

DD HH Provider Name      DD HH Medicaid Provider #

**Part 2**

Date:       MO HealthNet ID/DCN #:       Date of Birth:

Participant Name

Mailing Address:       City       State       Zip Code

**Part 3**

**Please check and complete all eligibility criteria met:**

**[ ]** 1. Chronic condition of Intellectual and/or Developmental Disability

 [ ]  2. Have or at risk of developing one of the following conditions:

[ ]  Asthma

[ ]  Diabetes

[ ]  Cardiovascular disease or hypertension

[ ]  Chronic Obstructive Pulmonary Disease (COPD)

[ ]  Dementia

[ ]  Dependent on a Ventilator

[ ]  Diagnosis of Autism Spectrum Disorder

[ ]  HRST Level of 3 or greater

[ ]  Overweight (BMI>25)

[ ]  Tobacco use

[ ]  One of the Fatal Five Plus Conditions:

[ ]  Bowel Obstruction

[ ]  Dehydration

[ ]  Gastroesophageal Reflux Disease (GERD)

[ ]  Pulmonary Aspiration

[ ]  Seizures

[ ]  Sepsis

**Part 4**

Enrollment [ ]  Approved [ ]  Denied Date Form Received

Date Approved/Denied       Effective Date of Enrollment

Not currently enrolled in HH: [ ]  Verified Current Medicaid Eligibility: [ ]

Reason Enrollment Denied:

Request Processed By: