Enrollment Form

MISSOURI DEPARTMENT OF MENTAL HEALTH

The CMHC Healthcare Home Enrollment Form must be completed in full. Please complete the form, save a copy, and submit the form as an attachment in an **encrypted email** or submit the **password protected** form to CMHCHCH@dmh.mo.gov . Indicate "CMHC HCH ENROLLMENT" in the subject line of the email. Any forms received after the 25th of the month are not guaranteed to be processed until the next month.

PART 1

Healthcare Home: _____ HCH Medicaid Provider #: _____

PART 2

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

Participant Name: _____
First MI Last

Mailing Address: _____
Street

_____
City State Zip Code

PART 3

Does the participant have a Guardian/Parent? ☐ Yes ☐ No

If yes, Name of Guardian/Parent: _____
First MI Last

Guardian/Parent Address: (if different from participant) _____
Street

_____
City State Zip Code

Has the Guardian/Parent agreed to enrollment? ☐ Yes ☐ No

Was participant identified as Disease Management? ☐ Yes ☐ No

PART 4

Please check and complete all eligibility criteria met:

☐ 1. Serious and Persistent Mental Illness/Serious Emotional Disturbance/ Enrolled in CPR

☐ 2. Mental Health Condition AND Substance Use Disorder:

Mental Health Primary Diagnosis: _____ (DSM diagnostic code)

Substance Use Primary Diagnosis: _____ (DSM diagnostic code)

☐ 3. Mental Health OR Substance Use Disorder AND Chronic Health Condition(s): (Check all conditions that apply)

Mental Health Primary Diagnosis: _____ (DSM diagnostic code)

Substance Use Primary Diagnosis: _____ (DSM diagnostic code)

☐ Diabetes ☐ COPD/Asthma ☐ Tobacco Use

☐ Cardiovascular Disease ☐ Developmental Disability ☐ Overweight (BMI > 25)

MO HealthNet/DMH USE ONLY:

Enrollment: ☐ Approved ☐ Denied Date Form Received: _____

Date Approved/Denied: _____ Effective Date of Enrollment: _____

Not currently enrolled in HCH: ☐ Verified current Medicaid Eligibility: ☐

Verified in DM 3700: ☐ Expansion: ☐ Foster Care: ☐

Reason Enrollment Denied: _____

_____

Request Processed by: _____