PCHH Staff Contact Profile

Please complete this form for MO HealthNet Division's records regarding your Missouri Primary Care Health Home Initiative team. Please provide the information requested below, print clearly if not completing electronically, and email to Kathy Brown at kathy.brown@dmh.mo.gov or fax to (573) 522-8514. Be sure to retain a copy for your records.

Please select health home team position:

___ Behavioral Health Consultant ___ Health Home Director

___ Nurse Care Manager ___ Care Coordinator

Today's Date: _____

Name:_____Credentials:_____

Company:_____

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

Primary Work Address: _____

_____
City Zip

Email:_____

Direct Work Phone: (____)_____

Fax Number: (____)_____

Position Start Date: _____ Position End Date: _____

Percent Time dedicated to Health Home Duties _____%

___This person should receive the daily hospitalization notification and ER visit reports (check if yes)