



# 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 Debbie Meller at [Debbie.Meller@dss.mo.gov](mailto:Debbie.Meller@dss.mo.gov). Be sure to retain a copy for your records.

**Health Home Organization:** \_\_\_\_\_

Staff Name: \_\_\_\_\_ Credentials/Degree: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## New Staff Only

Position Start Date: \_\_\_\_\_

**Please select health home team position:**

\_\_\_\_ Behavioral Health Consultant, FTE: \_\_\_\_      \_\_\_\_ Care Coordinator, FTE: \_\_\_\_

\_\_\_\_ Health Home Director, FTE: \_\_\_\_      \_\_\_\_ Nurse Care Manager, FTE: \_\_\_\_

\_\_\_\_ Other (Physician Champion, CHW, etc) FTE: N/A

**This person should receive the following PCHH reports (check all applicable):**

- |                                      |                                |
|--------------------------------------|--------------------------------|
| ____ Annual Review Dates             | ____ Financial Reports         |
| ____ Attestation Payment Rejects     | ____ High Utilizers            |
| ____ Cyber Access Activity           | ____ Managed Care Plan Members |
| ____ Daily Hospital/ER Notifications | ____ Personal Care Reports     |
| ____ Enrollment/Discharge            | ____ Potential Enrollee Report |

**Access Needed to:**                      PCHH Website                      SimpleList

## Changes in FTE Only

New FTE allocation: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

## Staff Leaving Only

Position End Date: \_\_\_\_\_

Form submitted by: \_\_\_\_\_

Contact information: \_\_\_\_\_