



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**Bureau for Medical Services
350 Capitol Street – Room 251
Charleston, West Virginia 25301-3706
Telephone: (304) 558-1700 Fax: (304) 558-4398**

**Earl Ray Tomblin
Governor**

**Karen L. Bowling
Cabinet Secretary**

Date

[firstname] [lastname]
[address]
[city], [state] [zip]

Dear [firstname] [lastname]:

West Virginia Medicaid has a new Health Home program. This program is for members who have a behavioral health diagnosis. In a Health Home, a team of professionals will coordinate and provide your health care. Your Health Home is [providername] located at [provphone]. If you want to participate and the Health Home assigned to you is okay, you do not need to do anything.

Your Health Home team will work with the doctors who treat you now. For example, your Health Homes team will be able to help you:

- Remember your doctor appointments.
- Manage all your medical conditions and medications.
- Understand your medical tests and what the results mean.
- Work with all your doctors, counselors and specialists to support your recovery.
- Learn ways to get well and stay healthy.
- Prevent other illnesses or complications.
- Answer any health questions you have and listen to your concerns

If you do not want to participate in the Health Home program or if you want to change your Health Home provider listed above, please fill out the attached form and return it to:

APS Healthcare
100 Capitol Street
Suite 600
Charleston, WV 25301

If you have any questions about this letter or this new program, you can contact APS Healthcare toll-free at 1-888-571-0262 OR your Health Home OR you can visit this website for more information <http://www.dhr.wv.gov/bms/HH/Pages/default.aspx>.

After you have had time to participate in this new Health Home program, Medicaid will be interested in learning how well it helps you.

Sincerely,

Nancy V. Atkins

Nancy V. Atkins, MSN, APRN, WHNP-BC
Commissioner
Bureau for Medical Services

NVA/pah

Enclosure

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| Member | NAME | [firstname] [lastname] | ID NUMBER | [MEMBERID] | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Home Choice of Enrollment | <p>You have been assigned to participate in the [provider] Health Home, you have the right to choose to remain with this Health Home, enroll in a different Health Home, or opt out of participating in the Health Homes program. If you wish to stay with your currently assigned Health Home, you do not need to return this form.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Please initial the one option you choose:</p> <p>_____ I choose to enroll in a different Health Home. (Initial) The Health Home I choose to enroll in is (check <u>one</u> below):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 45%;">FamilyCare FQHC (Hills Plaza)</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 45%;">Prestera Center - Charleston</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Process Strategies</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Family Care-West Side Elementary</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>WV Health Right - Charleston</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>FamilyCare FQHC (Children's Medicine)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Cabin Creek Health Systems - Cabin Creek</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>FamilyCare St. Albans</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Southern Highlands CHC - Princeton</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Marshall Health - Huntington</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>WomenCare, Inc. (Scott Depot)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prestera Center - Huntington</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>FamilyCare FQHC (Eleanor)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>FMRS Health Systems, Inc. - Beckley</td> </tr> </table> <p>_____ I choose <u>not</u> to participate in the Health Homes program. (Initial)</p> | | | | <input type="checkbox"/> | FamilyCare FQHC (Hills Plaza) | <input type="checkbox"/> | Prestera Center - Charleston | <input type="checkbox"/> | Process Strategies | <input type="checkbox"/> | Family Care-West Side Elementary | <input type="checkbox"/> | WV Health Right - Charleston | <input type="checkbox"/> | FamilyCare FQHC (Children's Medicine) | <input type="checkbox"/> | Cabin Creek Health Systems - Cabin Creek | <input type="checkbox"/> | FamilyCare St. Albans | <input type="checkbox"/> | Southern Highlands CHC - Princeton | <input type="checkbox"/> | Marshall Health - Huntington | <input type="checkbox"/> | WomenCare, Inc. (Scott Depot) | <input type="checkbox"/> | Prestera Center - Huntington | <input type="checkbox"/> | FamilyCare FQHC (Eleanor) | <input type="checkbox"/> |
| <input type="checkbox"/> | FamilyCare FQHC (Hills Plaza) | <input type="checkbox"/> | Prestera Center - Charleston | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Process Strategies | <input type="checkbox"/> | Family Care-West Side Elementary | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | WV Health Right - Charleston | <input type="checkbox"/> | FamilyCare FQHC (Children's Medicine) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Cabin Creek Health Systems - Cabin Creek | <input type="checkbox"/> | FamilyCare St. Albans | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Southern Highlands CHC - Princeton | <input type="checkbox"/> | Marshall Health - Huntington | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | FamilyCare FQHC (Eleanor) | <input type="checkbox"/> | FMRS Health Systems, Inc. - Beckley | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>You have the right to end your participation in Health Homes at any time. You also have the right to select a different Health Home. If you choose not to participate in Health Homes at this time, you may choose to enroll in one at a later date as long as eligibility requirements are met.</p> <p>_____ I have been made aware of my rights regarding enrollment in Health Homes. (Initial) I understand that I may make this decision at any time.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Member Signature and Date

Legal Representative Name, Signature and Date

Return completed form to: **APS Healthcare**
WV Health Home Program
100 Capitol Street, Suite 600
Charleston, WV 25301