



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of the Secretary

One Davis Square, Suite 100, East
Charleston, West Virginia 25301

Telephone: (304) 558-0684 Fax: (304) 558-1130

Jim Justice
Governor

Bill J. Crouch
Cabinet Secretary

Date

[Firstname] [Lastname]

[address]

[city], [state] [zip]

Dear [Firstname] [Lastname]:

Beginning April 1, 2017, the West Virginia Medicaid Health Homes program for people with a behavioral health diagnosis of bipolar disorder will be available in all 55 West Virginia counties.

A Health Home is not a place where you live, and there is no cost to you for Health Homes Services. It is a team of people who helps you manage your health care needs. A Health Home team helps you:

- Manage your medical conditions and medications
- Remember your appointments
- Find providers and specialists
- Understand your medical test results and explain what the results mean
- Follow and understand provider instructions
- Work with providers and specialists to help you get healthy and stay healthy
- Learn how to prevent illnesses or complications
- Answer health questions and listen to your concerns
- Find transportation to and from medical appointments
- Access community and social support services

You have been enrolled in the Health Homes program and your Health Home is [Provider Name] located at [Provider Phone]. If you want to participate and the Health Home assigned to you is okay, you do not need to do anything.

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

KEPRO
Attn: WV Health Homes Program
100 Capitol Street
Suite 600
Charleston, WV 25301

If you have any questions about this letter or the Health Homes program, you may contact KEPRO toll-free at 1-888-571-0262 OR your selected Health Home OR you can visit this website for more information <http://www.dhhr.wv.gov/bms/WV%20Health%20Homes/Pages/default.aspx> .

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

Sincerely,

Cynthia E. Beane, MSW, LCSW
Acting Commissioner
Bureau for Medical Services

Enclosure

Member	NAME	[firstname] [lastname]
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 for HH2:</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> <p><input type="checkbox"/> Council of the Southern Mountains - <input type="checkbox"/> Welch <input type="checkbox"/> Bluefield</p> <p><input type="checkbox"/> EastRidge Health Systems - <input type="checkbox"/> Berkeley Springs <input type="checkbox"/> Kearneysville <input type="checkbox"/> Martinsburg</p> <p><input type="checkbox"/> FamilyCare Health Centers - <input type="checkbox"/> Barboursville <input type="checkbox"/> Charleston <input type="checkbox"/> Eleanor <input type="checkbox"/> Madison <input type="checkbox"/> Scott Depot</p> <p><input type="checkbox"/> FMRS Health Systems - <input type="checkbox"/> Beckley</p> <p><input type="checkbox"/> Logan Mingo Area Mental Health, Inc. - <input type="checkbox"/> Chattray <input type="checkbox"/> Logan <input type="checkbox"/> Anchor Point Short Term Residential - <input type="checkbox"/> Delbarton</p> <p><input type="checkbox"/> Marshall Health - <input type="checkbox"/> Huntington</p> <p><input type="checkbox"/> Milan Puskar Health Right - <input type="checkbox"/> Morgantown</p> <p><input type="checkbox"/> Minnie Hamilton Health System - <input type="checkbox"/> Glenville <input type="checkbox"/> Grantsville</p> <p><input type="checkbox"/> Pretera Center - <input type="checkbox"/> Branchland <input type="checkbox"/> Charleston <input type="checkbox"/> Clay <input type="checkbox"/> Danville <input type="checkbox"/> Huntington <input type="checkbox"/> Point Pleasant <input type="checkbox"/> Wayne <input type="checkbox"/> Winfield</p> <p><input type="checkbox"/> Preston-Taylor Community Health Center - <input type="checkbox"/> Grafton <input type="checkbox"/> Eglon Clinic - <input type="checkbox"/> Eglon <input type="checkbox"/> Medical Center of Taylor County - <input type="checkbox"/> Grafton <input type="checkbox"/> Mountaintop Health Center - <input type="checkbox"/> Thomas <input type="checkbox"/> Newburg Clinic - <input type="checkbox"/> Newburg <input type="checkbox"/> Rowlesburg Clinic - <input type="checkbox"/> Rowlesburg <input type="checkbox"/> Mt. Storm Health Center - <input type="checkbox"/> Mt. Storm</p> <p><input type="checkbox"/> Process Strategies - <input type="checkbox"/> Charleston</p> <p><input type="checkbox"/> Seneca Health Services - <input type="checkbox"/> Maxwelton <input type="checkbox"/> Marlinton <input type="checkbox"/> Summerville <input type="checkbox"/> Webster Springs</p> <p><input type="checkbox"/> Southern Highlands - <input type="checkbox"/> Princeton</p> <p><input type="checkbox"/> The Family Service of Marion and Harrison Counties - <input type="checkbox"/> Clarksburg <input type="checkbox"/> Fairmont</p> <p><input type="checkbox"/> Tri-State Community Health Center - <input type="checkbox"/> Berkeley Springs <input type="checkbox"/> Morgan County <input type="checkbox"/> Mineral County</p> <p><input type="checkbox"/> Valley Health Care, Inc. - <input type="checkbox"/> Mill Creek <input type="checkbox"/> Valley Health Care, Inc. dba Arbor Community Health Center - <input type="checkbox"/> Elkins</p> <p><input type="checkbox"/> Westbrook Health Services - <input type="checkbox"/> Parkersburg</p> <p><input type="checkbox"/> WV Health Right - <input type="checkbox"/> Charleston</p> <p><input type="checkbox"/> Wheeling Health Right - <input type="checkbox"/> New Martinsville <input type="checkbox"/> Wheeling</p> <p>_____ I choose <u>not</u> to participate in the Health Homes program. (Initial)</p> <p>If your Current Provider is not listed above, please contact us or list your current Provider's name so that we may ask them about becoming a Health Homes Provider. Current Provider: _____</p>	
	<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: **KEPRO**
WV Health Homes Program
100 Capitol Street, Suite 600
Charleston, WV 25301