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| |  |  |  | | --- | --- | --- | | **MIKE KEHOE**  GOVERN**O**R  **VALERIE HUHN**  DIRECTOR | STATE OF MISSOURI  DEPARTMENT OF MENTAL HEALTH  **DIVISION OF DEVELOPMENTAL DISABILITIES**  PHONE: (573) 751-4054  Fax: (573) 751-9207  <https://dmh.mo.gov/dev-disabilities> | **SHEILA WUNNING**  DIVISION DIRECTOR | |  |  |

Re: DD Health Home Attestation Verification

I attest the individuals shown below received one or more DD Health Home service in the month(s) of shown below, as described in Missouri’s DD Health Home’s Medicaid State Plan Amendment (SPA) effective July 1, 2024. This individual was not enrolled, but should have been, due to errors outside of the agency’s control; therefore, leading to our inability to attest for the month indicated.

I also attest that services received are documented and verifiable.

**Names (L, F) DCN Month(s) Attesting To**

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Authorized Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD Health Home Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_