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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 individual(s) shown below did not receive DD Health Home services in the month(s)

of as described in Missouri’s DD Health Home’s Medicaid State Plan Amendment (SPA) effective July 1, 2024. The individual(s) listed below were enrolled and attested to erroneously as services were NOT provided during the reported time. I understand this will result in the recoupment of the “per member per month” payments on the individual(s) and month(s) noted below.

**Names (L, F) DCN Month(s) of Recoupment**

**Expected**

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

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

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