

MEDICAID HEALTH HOME DECLINE TO PARTICIPATE FORM

I understand that I may choose not to participate in the Health Home Program. Please complete this form and return it to the Division of Medical Services, 700 Governors Dr., Pierre, SD 57501. Form can also be faxed to 605.773.5246.

I choose not to participate in the Health Home Program

Please complete the statement below and return it to the Division of Medical Services, 700 Governors Drive, Pierre, SD 57501, or call (605) 773-3495.

I, _____, do not want to participate in Health Homes at this time.
(Name, Please Print)

I know that I can choose to participate in Health Homes at any time if I am eligible for the program.

Signature

Medicaid Number

Reason for declining to participate (Please check all that apply)

My provider is not a Health Home Provider

I don't understand the program, please call me at _____

Other (please explain) _____