Iowa Department of Health and Human Services

**Integrated Health Home**

**Assessment Request Cover Sheet**

**Instructions**: Complete coversheet when submitting assessment documentation to the Managed Care Organization (MCO) for determination for Children’s Mental Health Waiver and/or Habilitation services Integrated Health Home (IHH) will complete:

**Health Home Information:**

|  |  |
| --- | --- |
| IHH Name |       |
| Staff Contact Name |       |
| Staff Email |       |
| Staff Phone |       |

**Service Requested (Only select one):**

|  |  |
| --- | --- |
| [ ]  | Habilitation Only |
| [ ]  | Children’s Mental Health Waiver Only |
| [ ]  | Habilitation & Children’s Mental Health Waiver |

**Type of Assessment Review Needed (*Only select one*):**

|  |  |
| --- | --- |
| [ ]  | Initial  |
| [ ]  | Annual |
| [ ]  | Change in Member’s Needs |
| [ ]  | Other (explain)       |