



Department
of Health

Policy and Consent Revisions For Health Homes Serving Children

April 2022

Agenda

- Why revisions to policy, consent, and the use of consent forms
- Policies being Revised and Updated
 - Access to/Sharing of Personal Health Information (PHI) and the Use of Health Home Consents #HH0009
 - Member Disenrollment From the Health Home Program #HH0007
- Consent Form Revisions – Updated
 - Health Home Consent Frequently Asked Questions (FAQ) For Use with Children Under 18 Years of Age
 - Health Homes Serving Children Consent Document Guidance
 - Health Home Enrollment and Information Sharing Consent For Use with Children Under 18 Years of Age DOH- 5201 (Changes and Updates)
 - Tracking Form for DOH 5201-Section 2 (NEW)
- Implementation Timelines
 - Implementation of Revised Forms & Policies
 - Accessing HH Consent Forms and Guidance Document

April 2022

Why revisions to Policy, Consent, and the use of Consent Forms

April 2022

Why revisions to Policy, Consent, and the use of Consent forms

- Based upon requests/feedback provided by Health Homes and Care Management Agencies, as well as consumers
- Reduce administrative burden
- Eliminate the number of forms being used
- Provide clear and more easily understood direction for Parents, Guardians and Legally Authorized Representatives
- Streamline enrollment process
- Streamline disenrollment process

Policies Being Revised and Updated

April 2022

Policy Revisions

- **Access to/Sharing of Personal Health Information (PHI) and the Use of Health Home Consents #HH0009 – REVISIONS**
 - The updated policy supports the changes to the forms.
 - Forms that have been ‘eliminated’ will continue to be referenced in the revised policy, with a disclaimer.

Policy Revisions and Updates

Form Number	Form Title	Used For:
DOH-5059	Health Home Opt-Out NOTE: THIS FORM IS NO LONGER IN USE EFFECTIVE: May 1, 2022.	<ul style="list-style-type: none"> Adults and Children/adolescents
DOH-5055	Health Home Patient Information Sharing Consent	<ul style="list-style-type: none"> Adults Children/adolescent 18 years of age or older, or child/adolescent under age 18 if they are a parent, pregnant or married and able to self-consent
DOH 5058	Health Home Patient Information Sharing Withdrawal of Consent NOTE: THIS FORM IS NO LONGER IN USE EFFECTIVE: May 1, 2022.	
FAQ	Health Home Consent Frequently Asked Questions For Use with Children and Adolescents Under 18 Years of Age	<ul style="list-style-type: none"> Children/adolescents under age 18 who are <i>not</i> a parent, pregnant and/or married and cannot self-consent and need a parent, <u>guardian</u> or legally authorized representative to consent
DOH 5200	Health Home Consent Enrollment For Use with Children and Adolescents Under 18 Years of Age NOTE: THIS FORM IS NO LONGER IN USE EFFECTIVE: May 1, 2022.	
DOH 5201	Health Home Consent - Enrollment and Information Sharing For Use with Children and Adolescents Under 18 Years of Age	
DOH 5202	Health Home Withdrawal of Health Home Enrollment and Information Sharing Consent Form For Use with Children and Adolescents Under 18 Years of Age NOTE: THIS FORM IS NO LONGER IN USE EFFECTIVE: May 1, 2022.	
DOH-5203	Health Home Consent Information Sharing of Educational Records	
DOH 5204	Health Home Consent Withdrawal of Release of Educational Records For All Individuals in Health Home Program	
DOH-5230	Functional Assessment Consent Form For Use with ALL Enrolled Health Home Serving Children's program children/adolescents up to the age of 21 years old for the documentation of the member's CANS-NY information within the Uniformed Assessment System (UAS) NOTE: THIS FORM IS NO LONGER IN USE EFFECTIVE: May 1, 2022.	

April 2022

Access to/Sharing of Personal Health Information (PHI) and the Use of Health Home Consents #HH0009 – REVISIONS

Even though withdrawal of consent forms (DOH 5202 and DOH 5058) have been *eliminated* from use, the requirement for providing notification to the member for disenrollment has not changed.

Written Notification of Disenrollment:

- HHs must ensure that standard protocol continues to be followed related to the requirement for HHCMs to provide written notification to the member (and/or Parent, Guardian or Legally Authorized Representative) regarding disenrollment from the Health Home Program.
- This must include the ending of consent to share of PHI and other information, obtaining copies of documentation, and how to request consideration for re-enrollment in the future.
- Additional information can be found in the following policy:
 - Member Disenrollment From the Health Home Program #HH0007

Access to/Sharing of Personal Health Information (PHI) and the Use of Health Home Consents #HH0009 - REVISIONS

Every enrolled member must have a completed and signed consent form on file. A member may request limited access:

- If the member requests limited access to/sharing of PHI with certain approved entities, for example: *between* selected healthcare providers; for non-healthcare agencies/services; and, for the member's 'emergency contact', the HHCM must assure these entities are documented on a separate HIPAA compliant consent form to be maintained with the completed and signed HH consent form in the member's record.
- This alternate form can be provided by the CMA or by the agency requesting the information. The document must clearly reflect the member's choice, define the information to be accessed/shared, identify the purpose, indicate if time limited, etc. The process must include appropriate means of communicating limitations between entities as appropriate to the situation.

Access to/Sharing of Personal Health Information (PHI) and the Use of Health Home Consents #HH0009 - REVISIONS

Obtaining Signature:

- In addition to signing consent via wet signature (ink on paper), the practice of obtaining member signature via electronic means is acceptable if the Health Homes and Care Management Agencies follow all applicable New York State and Federal laws.
- Consent forms may be provided to and received back from members/consenters, completed and signed either in person, via regular mail, through email/scan or fax, or through other secured electronic means.

Access to/Sharing of Personal Health Information (PHI) and the Use of Health Home Consents #HH0009 - REVISIONS

- Health Homes requested access to various networks/systems to be able to obtain information pertinent to serving members.
 - Policy and the DOH 5201 consent form has been updated as outlined in upcoming slides

Policy Revisions

Member Disenrollment From the Health Home Program #HH0007

Elimination of the following Health Home Consent forms:

- DOH 5058 Health Home Patient Information Sharing Withdrawal of Consent (Adults and Consenting children/youth who have signed DOH 5055)
- DOH 5202 Health Home Withdrawal of Health Home Enrollment and Information Sharing Consent Form For Use with Children and Adolescents Under 18 Years of Age

April 2022

Member Disenrollment from the Health Home Program #HH0007- REVISIONS

- The elimination of HH withdrawal of consent forms does not change the requirement for HH/CMAs to issue written notification to a member regarding their disenrollment.
- Standard procedures regarding the content and issuance of written notification remain in place and must be followed, per policy.
 - This notification **must** include directions for the member to request consideration for re-enrollment
- *Streamlines the process* - Upon sending the written notification, there will no longer be a requirement for HHCMS/CMAs to receive a response or verification from the member, Parent, Guardian, or Legally Authorized Representative. The member can be disenrolled. There is no longer the need to wait a period of time with no response before closing the case.

Member Disenrollment from the Health Home Program #HH0007- REVISIONS

- In addition to any documentation required for disenrollment, a copy of the written notification must be saved in the member's record.
- The issuance of written notification must be included in quality monitoring activities.

Consent Form Revisions

April 2022

Health Home Serving Children Forms Revised and Eliminated

- The updated and revised (NOT NEW):
 - Health Home Consent Frequently Asked Questions (FAQ) for use with Children and Adolescents Under 18 Years of Age
 - AND**
 - Health Home Consent Enrollment and Information Sharing For Use with Children Under 18 Years of Age (DOH 5201)
 - Assisted with the elimination of the **DOH 5200** - Health Home Consent Enrollment For Use with Children and Adolescents Under 18 Years of Age
 - Assisted with the elimination the **DOH 5230** - Health Home Functional Assessment Consent
- **Please note:** There is not one-to-one language comparison on the updated forms to the eliminated forms

April 2022

DOH 5201 – Health Home Consent Enrollment and Information Sharing For Use with Children Under 18 Years of Age

- **DOH 5201** Health Home Consent Enrollment and Information Sharing For Use with Children Under 18 Years of Age will NOW be used for
 1. Enrollment

AND

 2. Sharing of PHI and other information
(Similar to the DOH 5055 for adults and self-consenting youth)
- The title of this form has been changed to reflect this.

DOH 5201 – Health Home Consent Enrollment and Information Sharing For Use with Children Under 18 Years of Age

- **DOH 5201** Health Home Consent Enrollment and Information Sharing For Use with Children Under 18 Years of Age requirements are the same and follows legal requirements regarding who can consent for which types of services.
- The form have been divided into individual pages and sections so the HHCM can have flexibility regarding how they use the consent form with the member and family.
 - Instructions – is a separate page and can be explained by the HHCM and left with the member and family. Also, send to providers with the consent section, if needed.
 - Section 1 – can be reviewed specifically with the Parent, Guardian, or Legally Authorized Representative and signed.
 - Section 2 A & B – are separate pages from Section 1, to be reviewed alone with the member, if appropriate. If completed, can be sent separately to providers or, if not completed, is not sent and is not part of the file.

DOH 5201 – Health Home Consent *Enrollment and Information Sharing For Use with Children Under 18 Years of Age* - Section 1

Instructions on page 1 have been revised to provide clarification, as follows:

- Instructions for Parent/Guardian/Legally Authorized Representative:
- Section 1 of this form should be completed by the child’s Parent, Guardian, or Legally Authorized Representative. Legally Authorized Representative for the purpose of sharing health information is defined as “a person or agency authorized by state, tribal, military or other applicable law, court order or consent to act on behalf of a person for the release of medical information”. List all of the child’s health providers who can share the child’s health information. The health information they share may be from before and after the date you sign this form. These providers can share this information with each other and with the child’s care management agency listed below. They cannot give the child’s information to other people unless you agree, or the law says they can. The child can keep private any information about services that the child consents for outlined in Section 2, including family planning and emergency contraception, abortion, sexually transmitted infection testing and treatment, HIV testing and treatment, HIV prevention, prenatal care, labor and delivery services, drug and alcohol treatment, or sexual assault services. If you consented for any of these services for the child, then you may have the authority to consent to the release of information regarding these services and can list the providers in this Section. Note: the child may have to consent to the release of this information also.
- *Section 2* of this form is completed separately by the child with the care manager. Children age 10 or older can consent to share or withhold information regarding certain types of protected services. In addition, if the child or adolescent is specifically receiving services for mental health or developmental disabilities and is over the age of 12, the mental health and/or developmental disabilities provider may ask the child or adolescent if they want their information disclosed.

DOH 5201 – Health Home Consent *Enrollment and Information Sharing For Use with Children Under 18 Years of Age* - Section 1

Instructions on page 1 have been revised to provide clarification, as follows:

- Instructions for Participating Provider:
 - If the Parent, Guardian, or Legally Authorized Representative consented to abortion, sexually transmitted infection testing and treatment, HIV testing and treatment, HIV prevention, or drug and alcohol treatment on behalf of the child, information can only be released if the child also consents to the release in Section 2. If you receive a copy of Section 2 of this consent form, please review it carefully to identify permission provided by the child for the Health Home Care Manager to share specific information with you. NOTE: If Section 2 is NOT provided, permission has not been granted by the child and therefore, this information may NOT be released or shared with you.

Key point:

- If Section 2 is not included along with Section 1, then the participating provider has NOT been granted permission to be given or to share this information.

DOH 5201 – Health Home Consent *Enrollment and Information Sharing For Use with Children Under 18 Years of Age* - Section 1

Instructions on page 1 have been revised to provide clarification, as follows:

- Instructions for the Health Home Care Manager:
 - “If the Parent, Guardian, or Legally Authorized Representative consented to abortion, sexually transmitted infection testing and treatment, HIV testing and treatment, HIV prevention, or drug and alcohol treatment on behalf of the child, information can only be released if the child also consents to the release in Section 2. Copy the page below as needed to be able to list all agreed to providers. If this list needs to be updated in the future (to either add or remove a name), please have the Parent/Guardian/Legally Authorized Representative select either ADD or REMOVE, initial and date next to each new entry or omission. The HHCM must also initial next to each change made.”

Key point:

- Language has been added regarding the use of Add and Remove, Date and Initials on the Participating provider page.

DOH 5201 – Health Home Consent *Enrollment and Information Sharing For Use with Children Under 18 Years of Age* - REVISIONS

- Health Homes requested access to various networks/systems to be able to obtain information pertinent to serving members. The following is now included in the DOH 5201, on page 2:
 - A member must be informed of the various means through which his/her health information may be accessed by the HH and assigned CMA/HHCM. These include:
 - Statewide Health Information Network for New York (SHIN-NY)
 - Psychiatric Services and Clinical Enhancement System (PSYCKES)
 - TABS/CHOICES (run by the New York State Office for People With Developmental Disabilities OPWDD)
 - Single Point of Access under the authority of the Local Government Unit (SPOA/LGU)
 - This is the ability for the HHCM to obtain information that the parent/guardian, legally authorized representative has already consented to however, is not allowed to be shared unless the individual or agency is listed on page 3.

April 2022

DOH 5201 – Health Home Consent *Enrollment and Information Sharing For Use with Children Under 18 Years of Age* - Section 1

Reasons to end consent have been clarified and support the elimination of withdrawal of consent forms, on page 2:

- I understand that this consent form takes the place of other Health Home information sharing consent forms I may have signed before on behalf of the child. This consent stays in place until:
 - I withdraw the child, or
 - The child is no longer eligible for a Health Home, or
 - The Health Home is no longer in business, or
 - The child becomes the age or situation to self-consent (complete DOH-5055)
- I can always take back this consent on behalf of the child by contacting the Care Manager, Care Management Agency, or Health Home.

Section 1 – page 2

<small>PRINT NAME OF HEALTH HOME</small>	<small>PRINT NAME OF CHILD</small>
	<small>CHILD'S DATE OF BIRTH</small>

Section 1: This section is completed by the child's Parent, Guardian, or Legally Authorized Representative.

By signing this form, I agree that:

1. It has been explained to me that the child named above is qualified to be in a Health Home.
2. The child listed above is enrolled in the Health Home listed above.
3. I have had the chance to review the Health Home FAQ sheet and have had my questions answered.
4. I understand what the Health Home Program is and how it can help the child. I understand what being enrolled in a Health Home means and why this child's health information will be shared.
5. The Health Home and anyone I have named in the *Section 1* below can share NAME OF CHILD health information, as outlined in the Instructions above with each other for the purposes of care management in the Health Home Program. They may share information from before or after the date I sign this form.
6. The Health Home may get the child's health information, including health records, from partners listed at the end of this form and/or from others through the following electronic systems:
 - The Statewide Health Information Network for New York (SHIN-NY): The SHIN-NY is run by the New York State Department of Health. The SHIN-NY collects and stores health information, including medical records, from their doctors and health care providers;
 - The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES): PSYCKES is run by the New York State Office of Mental Health, collects and stores your health treatment from your doctors and health care providers who are part of the Medicaid program;
 - TABS/CHOICES: TABS/CHOICES is run by the New York State Office for People With Developmental Disabilities (OPWDD). TABS/CHOICES collects and stores information for people with intellectual and/or developmental disabilities (I/DD) served through OPWDD's service system.
7. In addition, the Health Home may need to share the child's information with the local Single Point of Access (SPOA) to help the Health Home Care Manager coordinate access to needed mental health services. The SPOA is able to see data under Mental Hygiene Law Section 41.05 and pursuant to the authority of Sections 41.07 and 41.13. Permission to contact the SPOA can be provided on the Provider page below.

I understand that this consent form takes the place of other Health Home information sharing consent forms I may have signed before on behalf of the child. This consent stays in place until:

- I withdraw the child, or
- The child is no longer eligible for a Health Home, or
- The Health Home is no longer in business, or
- The child becomes the age or situation to self-consent (complete DOH-5055)

I can change this form at any time. If I make changes, I have to initial and date as indicated (or within the designated box). I can always take back this consent on behalf of the child by contacting the Care Manager, Care Management Agency, or Health Home.

If I do not sign this consent form, I understand that the child's information will not be shared.

<small>PRINT NAME OF CHILD'S PARENT, GUARDIAN OR LEGALLY AUTHORIZED REPRESENTATIVE</small>	<small>RELATIONSHIP OF PARENT, GUARDIAN OR LEGALLY AUTHORIZED REPRESENTATIVE TO CHILD</small>
<small>DATE</small>	
<small>SIGNATURE OF CHILD'S PARENT, GUARDIAN OR LEGALLY AUTHORIZED REPRESENTATIVE</small>	<small>DATE</small>

For ease of use:

- Form has an autofill component for the child's name
- Form has an autofill component for name of Health Home
- Form has an option for electronic signature

DOH 5201 – Health Home Consent *Enrollment and Information Sharing For Use with Children Under 18 Years of Age* - Section 1

Making Changes to the Participating Partner page:

- On page 2 it reads:
 - “I can change this form at any time. If I make changes, I have to initial and date as indicated (or within the designated box).”
- The Participating Partner’s page has been redesigned to provide a clearer and cleaner path for adding or removing providers/services/others, approved by the member’s Parent, Guardian or Legally Authorized Representative.

DOH 5201 – Health Home Consent *Enrollment and Information Sharing For Use with Children Under 18 Years of Age - Section 1*

NAME OF HEALTH HOME _____ MEMBER NAME _____

Copy this page as necessary to list all participating partners and others approved by the member's Parent, Guardian or Legally Authorized Representative

List all of the child's health providers who can share the child's health information below. The health information they share may be from before or after the date you sign this form. These providers can share this information with each other and with the child's care management agency listed below.

If at ANY time there are changes to this page, the Parent, Guardian, or Legally Authorized Representative MUST select whether the change is to ADD or REMOVE provider, and DATE and INITIAL next to the change(s) made in the box below. The Health Home Care Manager (HHCM) must also INITIAL all changes.

	Add or Remove	Date of Change	Initials of Parent, Guardian, or Legally Authorized Representative	Initials of HHCM
Health Home Care Management Agency:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Medicaid Managed Care Plan:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Primary Care Physician:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Hospital:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Foster Care Agency:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Behavioral Health Provider:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of SPOA/LGU:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Provider:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Provider:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Provider:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Provider:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Provider:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Provider:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Provider:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Provider:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Provider:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Provider:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Provider:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Provider:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
Name of Provider:	<input type="checkbox"/> Add <input type="checkbox"/> Remove			

Continuing page 2-3:

- Left column is used at enrollment to list participating partners and others approved by the member's Parent, Guardian or Legally Authorized Representative.
- Any changes made to the originally approved list of partners/others must be documented using the Add/Remove, Date of Change, and Initials columns.

DOH 5201 – Health Home Consent *Enrollment and Information Sharing For Use with Children Under 18 Years of Age* - Section 2

- Children and youth at a certain age (age 10 and older) can self-consent for services without their Parent, Guardian, or Legally Authorized Representative.
- In these cases, the HHCM must ask to discuss the items on page 3 Section 2, only with the child/youth, unless the child/youth indicates to the HHCM that the Parent, Guardian, or Legally Authorized Representative has consented for these services and / or aware of the services.
- The HHCM should share with the Parent, Guardian, or Legally Authorized Representative why the HHCM would like to speak alone with the child/youth and properly document why the HHCM did or did not meet with the child/youth alone.

DOH 5201 – Health Home Consent *Enrollment and Information Sharing For Use with Children Under 18 Years of Age* - Section 2

- **For protected information to be shared** with providers and/or Parent, Guardian or Legally Authorized Representative, **permission must be provided** by the child/youth through completion of Section 2 for specific health care services that a child/youth can self-consent.

Permission for Providers to share information, on page 3:

- If Section 2, Parts A and B are not completed for any of the reasons listed, permission has *not* been granted by the child and therefore this part of the consent will not be provided with Section 1 (Refer to Section 1 Instructions to *Participating Providers*).
- The HHCM must:
 - document the reason(s) in the member's record
 - complete the Health Home Care Management Tracker For Section 2

DOH 5201 – Health Home Consent *Enrollment and Information Sharing For Use with Children Under 18 Years of Age* - Section 2

Permission for Providers to share information, on page 3 (continued):

- The HHCM must continue to approach the child as appropriate to complete Section 2 (e.g.; child turns 10; child is receiving minor protected, MH, DD services; child is able/willing; Parent/Guardian/Legally Authorized Representative gives permission for HHCM to meet alone with child; etc.). The HHCM must document each attempt in the member's record and complete the *Health Home Care Management Tracker For Section 2*, until such time Section 2 can be completed.
 - Periodically, attempt to revisit section 2 when reviewing and updating the Plan of Care, significant life event, and if there is a change in services or added protective services

DOH 5201 – Health Home Consent *Enrollment and Information Sharing For Use with Children Under 18 Years of Age* - Section 2

Section 2: The child/youth must be age 10 or older to review and complete this section.

- **Instructions:** Section 2 should be completed after Section 1 has been completed and signed by all necessary parties. To complete Section 2, the child/youth must be age 10 or older. **Section 2 of this form should be completed by the Health Home Care Manager with the child.** Completion of this form should be done in private, without the child's Parent, Guardian, or Legally Authorized Representative, to allow for confidentiality of the information.
- **Section 2 – Part A:** Children age 10 or older can consent to share or withhold information regarding certain types of protected services as follows: Family Planning; Emergency Contraception; Abortion; HIV Testing and Treatment Provider(s); HIV Prevention Pre-exposure and Post-exposure Prophylaxis (PrEP/PEP); Sexually Transmitted Infection Testing and Treatment; Prenatal Care, Labor/Delivery; Drug and Alcohol Treatment; Sexual Assault Services.
- **Section 2 – Part B:** Children age 12 or older can consent to share or withhold information regarding mental health or developmental disabilities services they are receiving. The mental health and/or developmental disabilities provider may ask the child or adolescent if they want their information disclosed.

April 2022

DOH 5201 – Health Home Consent *Enrollment and Information Sharing For Use with Children Under 18 Years of Age* - Section 2

Completion of Section 2 is clarified, as follows:

- Section 2 – Parts A and B MUST be completed unless:
 - the child does not meet the specified age requirement (age 10 or age 12);
 - the child is unwilling or unable to complete this section;
 - the child does not identify any protected services;
 - the child does not identify any mental health or developmental disabilities services; OR,
 - permission is denied by the child's Parent/Guardian/Legally Authorized Representative to have the HHCM meet alone with the child for review of Section 2.
- If any of these reasons apply, the HHCM MUST clearly document the reason(s) in the child's record and complete the **Health Home Care Management Tracker For Section 2** and continue with attempts to obtain this information later to assist the member with coordinating these services.

DOH 5201- Section 2A

- Left columns are used when the child/youth gives permission for services/providers to share information with their Parent, Guardian, or Legally Authorized Representative, and/or with the named Providers.

It is okay to share information about these services with my Parent, Guardian or Legally Authorized Representative named below.

Types of Services and Name(s) of Provider and/or Agency	Date	Name of Parent, Guardian or Legally Authorized Representative	Child's Initials	Date	HHCM Initials	Date

Any changes made in this section must be initialed and dated by the child and the Health Home Care Manager (HHCM) below.

I take away my permission to share information about these services with my Parent, Guardian or Legally Authorized Representative, as follows:

- The right columns are used when the child/youth removes permission to continue sharing information with Parent, Guardian, or Legally Authorized Representative, and/or Providers.

It is okay to share information about these services with my Provider(s) named below.

Types of Services and Name(s) of Provider and/or Agency	Date	Name of Provider(s)	Child's Initials	Date	HHCM Initials	Date

Any changes made in this section must be initialed and dated by the child and the Health Home Care Manager (HHCM) below.

I take away my permission to share information about these services with the Provider, as follows:

DOH 5201- Section 2B

- Left columns are used when the child/youth gives permission for Mental Health or Developmental Disabilities services to be shared with the Parent, Guardian, or Legally Authorized Representative and/or named Providers.
- Right columns are used when the child/youth removes permission to continue sharing information with the Parent, Guardian, or Legally Authorized Representative, and/or named Providers.

SECTION 2 - PART B: If you are receiving mental health and/or developmental disabilities services, and are over the age of twelve, your provider may ask you if you want your information shared with others. If you object, your provider may: deny the request entirely, send only part of the record, or send a summary of your clinical record.

It is okay to share information about these services with my Parent, Guardian or Legally Authorized Representative named below:

Types of Services and Name(s) of Provider and/or Agency	Date	Name of Parent, Guardian or Legally Authorized Representative	Child's Initials	Date	HHCM Initials	Date
Mental Health Services:						
Developmental Disability Services:						

Any changes made in this section must be initialed and dated by the child and the Health Home Care Manager (HHCM) below.

I take away my permission to share information about these services with my Parent, Guardian or Legally Authorized Representative, as follows:

It is okay to share information about these services with the Provider(s) named below:

Types of Services and Name(s) of Provider and/or Agency	Date	Name of Provider(s)	Child's Initials	Date	HHCM Initials	Date
Mental Health Services:						
Developmental Disability Services:						

Any changes made in this section must be initialed and dated by the child and the Health Home Care Manager (HHCM) below.

I take away my permission to share information about these services with the Provider, as follows:

DOH 5201 - Health Home Care Management Tracker For Section 2

- **Purpose:** To provide HHCMs an easy, streamlined method of tracking when Section 2 cannot be completed. It provides easy access to historical information and can be used as a reference point to locate documentation that supports the absence of Section 2.
 - This tracking form was developed as an *internal* tool for HHCMs to use to document ongoing attempts when Section 2 – Parts A and B cannot be completed due to the reason(s) identified in policy/consent.
 - Eliminates the need to complete a new form.
 - Reason(s) must also be documented in the child's record.
 - This Tracker must be maintained in the CMAs EHR along with the child's HH consents.

DOH 5201 - Health Home Enrollment and Information Sharing Consent For Use with Children Under 18 Years of Age
Health Home Care Management Tracking Form For Section 2

DOH 5201, Section 2 – Parts A and B **MUST** be completed unless: the child does not meet the specified age requirement (age 10 or 12); permission is denied by the child’s Parent/Guardian/Legally Authorized Representative to meeting alone with the child; the child is unwilling or unable to complete this section; the child does not identify any protected services; the child does not identify any mental health or developmental disabilities services. The HHCM must continue to make attempts to complete Section 2. If any of the reasons apply prohibiting completion of Section 2, the HHCM **MUST** ensure the appropriate reason is selected below, sign and date. Additionally, all attempts made must be documented in the child’s record.

Child’s Name: _____ CIN: _____

DOH 5201, Section 2 cannot be completed due to the following reason(s):

- Child states they are not currently receiving minor protected services
- Child does not meet age requirement (10 or 12)
- Permission denied to meeting alone with the child by the Parent/Guardian/Legally Authorized Representative
- Child not able/willing to complete

HEALTH HOME CARE MANAGER DATE



DOH 5201, Section 2 cannot be completed due to the following reason(s):

- Child states they are not currently receiving minor protected services
- Child does not meet age requirement (10 or 12)
- Permission denied to meeting alone with the child by the Parent/Guardian/Legally Authorized Representative
- Child not able/willing to complete

HEALTH HOME CARE MANAGER DATE



DOH 5201- Health Home Care Management Tracking Form for Section 2

FOR INTERNAL USE ONLY - BY HEALTH HOME CARE MANAGER/MANAGEMENT AGENCY

Implementation Timelines

April 2022

Implementation of Revised/New Forms

The revised DOH 5201, FAQs and new Tracker go into effect: by May 1, 2022

- For newly enrolled HHSC members, the revised DOH 5201 consent form and FAQs, and the new Tracker must be used for enrollment.
 - For currently enrolled HHSC members, the revised consent form and Tracker must be used at a minimum;
 - upon completion of the member's CANS-NY or at six months, whichever comes first; **or**,
 - for a significant life event which requires a new CANS-NY and or review of the member's Plan of Care; **or**,
 - when any changes to consent information occurs (e.g., child moves from DOH 5201 to DOH 5055; to add/remove providers or other entities; change in signatories; change in HH, etc.)
- HHCMs who feel comfortable and or trained prior to May 1st can utilize the new forms for new members.

Accessing HH Consent Forms and Guidance Document

Health Home Serving Children (HHSC) Consent Forms and Templates page

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/consent_forms-templates.htm

Lead Health Home Resource page

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/lead_hhc.htm

– under: Forms and Templates

Implementation of Revised Policies

- Health Homes will have until **June 1, 2022** to update policies and procedures and implement changes.
- Newly revised policies will be posted as follows:
 - Health Home Policy and Updates
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/greater6.htm - under: 'Consent' and 'General Health Home'
 - Policies being replaced will be posted on the above webpage under *ARCHIVE*.

Questions and Answers (Q & A)

- Q & As will be developed after this webinar based on questions and feedback received and will be posted on the website.

All Children's Health Home questions and concerns, should be directed to the NYS Department of Health at HHSC@Health.ny.gov mailbox.