

Health Home Incident Reporting Form 5 Day Report

Please submit completed form and required attachments to the assigned reviewer via the Health Commerce System. Any questions regarding the Health Home Incident Reporting Policy or Procedure can be directed to HHRedesignation@health.ny.gov.

Report Information

Incident ID:

Health Home:

Date Submitted:

Incident Updates

Member's Current Location:

Updates Since Initial Report:

Findings based on HH Standards and Requirements compliance review:

Supporting Information

Supporting Documents Submitted (Check all that apply):

- DOH 5055
- Comprehensive Assessment
- Care Notes
- Care Plan
- Other