

Health Home Member
Consent Form
Key Concepts & FAQs

Key Concepts

- Health Home participation is not mandatory but individuals are strongly encouraged to participate. The Health Home model is designed to benefit the individual as a whole and not merely treat their chronic condition.
- The member signature must be secured to the Health Home Patient Information Sharing Consent Form (DOH 5055) by a designated Health Home in order for Medicaid members to authorize full access to their personal data on health care for the purpose of the Health Home providing care management.
- Existing Targeted Case Management programs are converting to Health Homes. Members already enrolled in one of these programs (OMH and COBRA TCMs, MATS and CIDPs) must sign this form to continue their care management.
- A member may withdraw their consent at anytime by submitting a Withdrawal of Consent Form (DOH 5058) to one of the Health Home partners.

Frequently Asked Questions (FAQ)

- 1) Q. What does the Consent Form do?**
 - A. A member who signs the consent form (DOH 5055) authorizes all Health Home partners involved in their care to access their personal health information.
- 2) Q. Does a new Consent Form need to be signed if a member changes Health Homes?**
 - A. Yes.
- 3) Q. If a member no longer wants to be in a Health Home, how can they remove their consent?**
 - A. To remove consent, a Withdrawal of Consent Form (DOH 5058) must be signed.
- 4) Q. Is all health information protected?**
 - A. Yes, health information is private and is only used by providers and care managers to provide better care. Under New York State and U.S. laws and rules, it cannot be given to anyone who is not involved in the member's care.
- 5) Q. Is another Consent Form needed if the member goes to a different provider?**
 - A. Health Home assignment does not impact where or from whom members can seek care. But, if a member goes to a provider that is not already one who participates in the Health Home partnership and is not listed on the consent form

then an additional page 3 should be signed so the Health Home can include that provider in the original consent for the purpose of care management.

6) Q. Will this document limit the providers a member can visit?

A. No, as long as a provider participates in the NYS Medicaid program, and for managed care members participates in their plan, a member can receive services from that provider. The Health Home program does not determine the providers a member can visit for services.

7) Q. Must lead Health Homes list all the partners on the Consent Form?

A. Health Homes must gain initial member consent for *core Health Home partners* including care management entities, institutional medical health, and behavioral health providers (not individual providers). Do not include individual prescribing or servicing providers, housing, social support agencies, and criminal justice entities in the initial consent. Additional partners, can be added as needed by creating an additional page to the form. The additional page must include the member's initials and the date the member agreed to share information with the new participating partners. New partners should be added to the Health Home partnership list for incoming new member consents.

8) Q. Can the member select which Health Home partners can share their health information?

A. The member must consent to the entire Health Home, but only Health Home providers authorized to get members' health information are those involved in the members' care.

9) Q. Does this form supersede and replace all of the other consents (OMH-11, DOH-5032, and DOH-2557)?

A. It replaces all but the Medicaid Access NY form.