

Health Home Member Opt-out &
Withdrawal of Consent Forms
Key Concepts & FAQs

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- Health Home participation is not mandatory and individuals who do not want to participate can “opt-out” of the program. The **Health Home Opt-out Form** (DOH 5059) should be filled out and signed.
- The Opt-out Form can be filled out in person or over the telephone and signed by either the Health Home eligible Medicaid client or the care manager.
- The form includes a place where the reason for opting out can be listed.
- If a Health Home member who has already consented decides at any time to discontinue receiving Health Home services, the person or their legal representative must sign the **Health Home Patient Information Sharing Withdrawal of Consent Form** (DOH-5058).
- All health information is protected even when the individual decides to discontinue participation in the Health Home program.

1) Q. Am I required to join a Health Home?

- A. No. But we strongly encourage you to participate. The Health Home program will help you with all of your health-related needs, not merely treat a specific chronic condition.

2) Q. How was I selected for this?

- A. You were selected for this new program based on your health needs and the providers that you use.

3) Q. Is there a charge for participating in a Health Home?

- A. No, this service is free.

4) Q. I don't want to be in the Health Home. How can I get out of this program?

- A. The program is voluntary so you can decide not to be in a Health Home. To do so, you must contact your assigned Health Home and an Opt-out Form (DOH-5059) must be completed.

5) Q. If a member no longer wants to be in a Health Home, how do they remove their consent?

- A. To remove consent, a Withdrawal of Consent Form (DOH-5058) must be signed.

6) 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.

7) Q. What if I “opt-out” of the Health Home program or sign a Withdrawal of Consent and then decide that I want the services later?

- A.** If you decide at a later date that you would like to receive Health Home services, you should contact the NYS Medicaid Program by calling the Medicaid Call Center at 1-800-541-2831.