

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 health information for the purpose of the Health Home providing care management.
- ☑ By signing a Patient Consent Form, the Health Home member will be able to receive the full benefit of Health Home services. While the member may be able to work with a care manager without signing a consent, the care manager will not be able to help the member get other services unless the consent is signed.
- ☑ Existing Targeted Case Management programs are converting to Health Homes. Members already enrolled in one of these programs (TCM, COBRA, MATS, CIDP) must sign this form to continue their care management.
- ☑ A member may withdraw their consent at anytime by submitting a Withdrawal of Consent Form 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) officially agrees to allow all Health Home partners involved in their care to access their personal health information only for the purpose of helping the member.

**2) Q. Are all members required to sign this form?**

**A.** No, but in order to get the most help in a Health Home the Consent Form (DOH 5055) must be signed by the eligible Medicaid member.

**3) Q. Does a new Consent Form need to be signed if a member changes Health Homes?**

**A.** Yes.

**4) 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 addendum to the consent form should be signed so the Health Home can include that provider for the purpose of care management.

- 5) **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.
- 6) **Q. When does Health Home active care management start?**
- A. As soon as the member agrees to let it start.
- 7) **Q. Is all health information protected?**
- A. Yes, health information is private and is 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 unless you have consented, or as authorized in emergency medical situations, for the purposes of administration of the Medicaid program, or as reasonably necessary to carry out treatment, payment, or health care operations.
- 8) **Q. Will this document limit the providers a member can visit?**
- A. 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.
- 9) **Q. Must lead Health Homes list all the partners on the Consent Form?**
- A. The partners that are listed on the Consent Form are those core partners from whom the member is receiving care in some form. Partners not involved in a member's care are not listed.
- 10) **Q. Can the member select which Health Home partners can share their health information?**
- A. Yes, in that the partners listed are those that the member already works with or wants to work with.
- 11) **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.