

Community Health Connections Health Home DOH Required Forms

Form	Use of Form	Completion
Forms that are signed by Members because THEY are making decisions about their case.		
DOH 5055: Health Home Patient Information Sharing Consent	Required for enrollment; no exceptions	Page 1 – Health Home Name Page 2 – Health Home Name, Member signature, name, date of consent and date of birth Page 3 – Health Home Name and Phone Number Page 4 – Member Name and Health Home Name; complete provider consents
Notification forms signed by Care Coordinator because WE are deciding on their case status based on eligibility/appropriateness. These forms tell Members of their rights to contest the decision (Fair Hearings)		
DOH 5236: Notification of Denial of Enrollment	Candidate is interested in services and it is determined that they are not eligible or appropriate for the program	<ul style="list-style-type: none"> • All of page one gets filled out – date, CIN, Member information, reason ineligible (checkbox) • Staff sign this form and send to Candidate – <u>no Candidate signature required!</u>
DOH 5234: Notification of Enrollment	When someone is enrolled in the Health Home program; often given with Member Bill of Rights	<ul style="list-style-type: none"> • All of page one gets filled out – Health Home information (pre-populated), Member information, date enrolled • Staff sign this form and give to Member – <u>Member does not sign!</u>
DOH 5235: Notification of Disenrollment	When case is being closed because Member is not eligible or appropriate; Not sent if Member requests the discharge!	<ul style="list-style-type: none"> • All of page one gets filled out – date, CIN, Member information, reason for closure (checkbox). If the reason for closure is not on the form – this form is likely not appropriate! • Staff sign this form and give to Member TEN DAYS prior to closing case – <u>Member does not sign!</u>