NYC HEALTH+ HOSPITALS | HEALTH HOME

Health Home Forms & When to Use Them

Form	Form Title	When to Use It	Exclusions	Timeframe	Link
DOH 5059	Health Home Opt Out	Adult member candidates who are located and choose not to enroll in Health Home services		Outreach Only	DOH 5059 Instructions
DOH 5055	Health Home Patient Information Sharing Consent	Member has agreed to enroll in HH services with a CMA. **Required for Health Home enrollment.**		At time of intake	GSI Resource Center for NYCHH 5055 Instructions
DOH 5058	Health Home Patient Information Sharing Withdrawal of Consent	Enrolled member is voluntarily choosing to leave the CMAs Health Home program.	Not to be used with a NOD for Disenrollment	At time of disenrollment	DOH 5058 Instructions
DOH 5234	Notice of Determination for Enrollment	Member has been reviewed and verified eligible for enrollment into a program and assigned to a care coordinator.		With 3 days of member signing consent	DOH 5234 Instructions
DOH 5235	Notice of Determination for Disenrollment	Enrolled member whose discharge is being initiated by the HH or CMA and member is not voluntarily deciding to close their case.	Not to be used with a DOH 5058	10 days prior to the closure of member's case	DOH 5235 Instructions
DOH 5236	Notice of Determination for Denial of Enrollment	Member candidate has been reviewed and does not meet eligibility for the HH program.		Within 2 weeks of outreach intake/evaluation	DOH 5236 Instructions
DOH 2557	Authorization for the Release of Health Information and Confidential HIV-Related Information	Permits individuals to use a single form for the release of general health and/or HIV-related information to single or multiple providers. Cannot be used for mental health & substance use.	Cannot be used in place of the DOH 5055	During an enrollment period	DOH 2557 Instructions
DOH 5032	Authorization for Release of Health Information (including Alcohol/Drug Treatment & Mental Health Information) & Confidential HIV/AIDS-related information	To facilitate sharing of substance use, mental health, medical & HIV related information between multiple providers to discuss and facilitate an individual's care to ensure coordinated & comprehensive treatment.	Cannot be used in place of the DOH 5055	During an enrollment period	DOH 5032 Instructions
DOH 5230	Functional Assessment Consent	Used for non-HH members (SDE project), who are going to have the HARP eligibility assessment completed in the UAS-NY	Not required for those who signed a 5055	Suggested if member is denying the HARP eligibility	DOH 5230