

POLICY: 1.018 WITHDRAWAL OF CONSENT AND DISENROLLMENT

A Withdrawal of Consent Form (DOH-5058) must be completed any time a patient becomes disenrolled from Health Home services. Disenrolled patients are no longer considered active Health Home members. Reasons for disenrollment include: (1) the patient withdraws his or her consent to share private health information or receive Health Home (HH) services, (2) the patient becomes ineligible for HH due to Medicaid restrictions or program restructuring, or change in health status (e.g., needing long-term care), (3) the patient dies or becomes incarcerated, (4) the patient transfers to another HH, (5) the patient moves out the catchment area, or (6) the patient has met all goals identified on the care plan and is ready to be linked ongoing resources.

Withdrawal of Consent Forms must be signed by the patient and uploaded into AllScripts Care Director (ACD) in a timely manner. If the CMA is unable to obtain a signed Withdrawal of Consent Form (DOH-5058), provide sufficient documentation of the patient's disenrollment in the HH Disenrollment Note on ACD.

When a patient is disenrolled, confirm that there is a warm hand-off to other supportive services the patient might still need at the time of disenrollment. Provide sufficient documentation that the patient has been linked to other needed services.

PROCEDURES:

Determination of Eligibility / Continuation of Care Coordination Services

1. The Care Manager will review the Care Plan every six months and / or during a care transition as defined by the policy. The CM must review at a minimum:
 - a. Current condition of the patient (review of medical needs and social determinants)
 - b. Health Home and Medicaid Eligibility
 - c. Progress on Care Plan and / or discharge plan
2. The CM will discuss the patient with Supervisor to ensure all major issues are identified and addressed.
3. If the patient has not been engaged, the CM will make every effort to re-engage the patient and follow the Continuity of Care Policy (1.018).
4. The NYPHH, MCOs, and care team members may be contacted for additional information and support to provide quality services.
5. When all efforts to re-engage prove unsuccessful, the patient has met their goals, or another level of care is needed, the CM will work to disenroll the patient from the program.
6. The CM will complete the Withdrawal of Consent and Notice of Determination following the procedures below.

Withdrawal of Consent (DOH 5058)

1. Complete a Withdrawal of Consent Form (DOH-5058) for any patient who becomes disenrolled from Health Home Services. If the patient refuses to sign the form and / or dies, becomes incarcerated, or has any other barrier to signing the form, the Care Management Agency is responsible to clearly document the patient's closure and barriers to completing the form.
2. Confirm that patients understand the Withdrawal of Consent Form (DOH-5058). This includes reading the form to patients if necessary, providing the form in patients' preferred language, and answering any questions. The form is currently available in these languages:

English
French
Russian

Chinese
Italian
Spanish

Haitian Creole
Korean

3. Print the Withdrawal of Consent Form (DOH-5058) and have patients sign the form.
4. All signed Withdrawal of Consent Forms are to be scanned and uploaded into ACD *within 2 business days* of receipt by the CMA.
5. If a patient wishes to re-engage in the Health Home program at any time, he or she needs to complete a new Consent Form (DOH-5055) (see Enrollment policy for more information).

Notice of Determination for Disenrollment from the Health Home Program (DOH 5235)

1. Provide a Notice of Determination for Disenrollment from the Health Home Program (DOH 5235) Form to patients being disenrolled from the Health Home Program.
2. The notice must be provided at least 10 days before the disenrollment date.

Documentation

1. Scan and upload the signed Withdrawal of Consent Form (DOH-5058) into ACD *within 2 business days* of receipt.
2. If a signed Withdrawal of Consent Form (DOH-5058) cannot be obtained, note their efforts to obtain the form and reasons why it could not be obtained in the Withdrawal of Consent Form (DOH-5058).
3. Once a patient becomes inactive on ACD, it confirms that the patient has been disenrolled from the HH program.
4. In addition to the DOH-5058 CMAs are required to document their disenrollment summary within the HH Disenrollment Assessment. Documentation must include:
 - a. Services provided by the CMA
 - b. Additional resources the patients has been linked with
 - c. Any outstanding linkages or referrals
 - d. CMA efforts to ensure a warm hands-off into other programs or services including documenting that the patient was encouraged to continue engagement with other non-HH supportive programs (e.g., food pantry, needle exchange, social support groups) and services (e.g., food stamps, social security, public assistance).