

Community Health Connections Health Home Health Home Consent Guide

This guide seeks to provide guidance on how to complete the DOH 5055, the one and only consent used for enrollment in the Health Home program in New York State.

In addition to how to complete the form at time of enrollment, this document provides guidance on updating the 5055 and seeks to provide clarification on some common confusions with this unique and prescriptive form as well as answer some frequently asked questions.

If you have any questions on the use, completion, or upkeep of the DOH 5055, please reach out to your supervisor. Any questions that cannot be answered internally at the agency should be brought to the Lead Health Home for further clarification. Every question is worth asking!

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Completing the DOH 5055

Overview of the DOH 5055

Members must sign the DOH 5055 to be considered Enrolled Health Home Members. This is the one and only consent acceptable for Health Home enrollment. The DOH 5055 not only gives consent to enroll the Member, but also gives providers the ability to speak to one another to collaborate on Member care. The only exception to this requirement is Members who are on AOT. If you are not familiar with AOT, please speak to your supervisor.

In addition to consenting to enroll in the Health Home program, the DOH 5055 gives the Health Home and Care Management Agency access to the Member’s information in PSYCKES and Hixny. This must be clearly communicated to Members signing the DOH 5055. If a Member wants to deny Hixny consent, the Hixny Withdrawal of Consent form should be signed and uploaded to CareManager. (See the Hixny Workflow document or the CRHC Policy I3: Hixny Communication for more on Hixny consents and withdrawals; both documents are available on the CRHC Website Resource Page.)

Every enrolled Member will have one and only one copy of the DOH 5055. The 5055 is a “living document” that will be updated over time as providers involved in the Member’s care change. If you come across charts that have more than one DOH 5055 or you accidentally re-consented one of your Members, please reach out to your supervisor for steps to remedy this situation.

NYS has specific instructions on how to fill out the DOH 5055 which will be reviewed in the following paragraphs.

Completing Page 1 of the 5055

Page 1 is not only where the Member will sign to give consent to enroll in the program, but also where the name of the Lead Health Home is indicated, as well as Hixny (the name of our local RHIO).

The top half of page 1 has two places where the Lead Health Home (Community Health Connections) must be specified and one place where the RHIO (Hixny) must be specified. It is highly recommended that these fields be pre-populated on all consents, as this information will never change.

NEW YORK STATE DEPARTMENT OF HEALTH
Medicaid

Health Home Patient Information Sharing Consent

Community Health Connections (CHC)

Name of Health Home

By signing this form, you agree to be in the **Community Health Connections (CHC)** Health Home. To be in a Health Home, health care providers and other people involved in your care need to be able to talk to each other about your care and share your health information with each other to give you better care. While being in a Health Home will help make sure you get the care you need, you will still be able to get health care and health insurance even if you do not sign this form or do not want to be in the Health Home.

The Health Home may get your health information, including your health records, from partners listed at the end of this form and/or from others through a computer system run by the **Hixny**

Similarly, the bottom half of page 1 contains a checkbox to consent to the program, along with the Lead Health Home and RHIO name. Again, it is strongly recommended that these fields be pre-populated. Below that paragraph is where the Member prints and signs their name along with the date and their date of birth. Please review this section before leaving the visit to ensure your Member completed all four fields correctly.

Please read all the information on this form before you sign it.

I AGREE to be in the Community Health Connections (CHC) Health Home and agree that the Health Home can get ALL of my health information from the partners listed at the end of this form and from others through Hixny RHIO and/or through PSYCKES and/or through TABS/CHOICES to give me care or manage my care, to check if I am in a health plan and what it covers, and to study and make the care of all patients better. I also AGREE that the Health Home and the partners listed at the end of this form may share my health information with each other. I understand this Consent Form takes the place of other Health Home Patient Information Sharing Consent Forms I may have signed before to share my health information. I can change my mind and take back my consent at any time by signing a Withdrawal of Consent Form (DOH-5058) and giving it to one of the Health Home partners.

<u>Jane Smith</u>	<u>4/11/76</u>
Print Name of Patient	Patient Date of Birth
<u>Jane Smith</u>	<u>1/14/22</u>
Signature of Patient or Patient's Legal Representative	Date
Print Name of Legal Representative (If Applicable)	Relationship of Legal Representative to Patient (If Applicable)

Completing Page 2 of the 5055

Page 2 provides a lot of important information for Members regarding their consent and confidentiality. While you do not need to read this to Members, it is important they understand the consent and how to ask questions or raise concerns about their protected health information being shared.

There are three spots in which contact information for the Lead Health Home needs to be provided to Members in case they do have questions or concerns. Numbers 2, 5 and 7 must all list the main phone line for Community Health Connections (518-271-3301) and number 5 must list the Community Health Connections again as the Lead Health Home name. Much like page 1, agencies are strongly encouraged to pre-populate this information on the form, as it will always be the same.

2. Where does my health information come from?

Your health information comes from places and people that gave you health care or health insurance in the past. These may include hospitals, doctors, drugstores, laboratories, developmental disability providers, health plans (insurance companies), the Medicaid program, and other groups that share health information. You can get a list of all the places and people by calling 518-271-3301 or talking to your care manager.

5. What if a person uses my information and I didn't agree to let them use it?

If this happens, you can:

- call the Medicaid Helpline at 1-800-541-2831, or
- contact the US Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019, or submit a written complaint at: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

You may also want to:

- call one of the providers you have said can see your records,
- call your care manager or health home: Community Health Connections at (518) 271-3301, or
- call your Managed Care Plan if you belong to a Managed Care Plan.

7. What if I change my mind later and want to take back my consent?

You can take back your consent at any time by signing a **Withdrawal of Consent Form (DOH-5058)** and giving it to one of the Health Home partners. If you agree to share your information, all Health Home partners listed at the end of this form will be able to get your health information. If you do not wish the Health Home partners listed on this form to get your health information, you need to take away your consent from the Health Home program. You can get this form by calling **518-271-3301**.
Your care manager will help you fill out this form if you want. Note: Even if you later decide to take back your consent, providers who already have your information do not have to give your information back to you or take it out of their records.

Completing Page 3 of the 5055

Page 3 is the only part of the consent that will change over time. This is where individual providers / entities who are providing care to the Member are listed and consented. The DOH 5055 allows all providers listed on page 3 to speak to one another, essentially building a care team. This must be explained to Members so that only the appropriate providers / entities are listed on page 3. A few important things to remember:

- Your Care Management Agency must be listed on page 3 as a provider, along with Community Health Connections.
- If a Member does not want a provider speaking to others or wants to limit what information can be shared, those providers should be listed on a separate HIPAA consent instead of the DOH 5055 consent. Your agency should have a consent form that can be used in these circumstances.
- Paper copies of the DOH 5055 and any other signed consents (HIPAA, agency-specific) must be uploaded to the Documents Tab of CareManager.

In addition to the providers being listed, the Lead Health Home name must be filled in at the top of the page, and the Member must initial and date the top line. Each line that has a provider listed must also include the Member's initials and the date signed. Care Coordinators can write in the provider names, but Members must initial and date each row themselves.

Community Health Connections (CHC) _____ **Participating Partners**
Health Home Name

Copy this page as necessary to list all participating partners

Patient Initials JS _____ Date 1/14/22

Community Health Connections (CHC) JS 1/14/22

Name of Participating Partner
Care Management Agency (CMA) - Samaritan Care Management - JS 1/14/22

Name of Participating Partner
Managed Care Organization (MCO) - Fidelis - JS 1/14/22

Name of Participating Partner
Social Support Contact - Marcus Smith (son) JS 1/14/22

Name of Participating Partner
Primary Care Provider - Capital Physicians (all staff working on my case) JS 1/14/22

Name of Participating Partner

1. Lead Health Home
2. Care Management Agency

1. Provider
2. Initials
3. Date

When asking Members about providers for consent, consider the following. This is not an exhaustive list of providers /entities for which consent may be granted, but rather suggestions to consider when filling out consents with your Member.

- Community Health Connections
- Care Management Organization (i.e., Samaritan Care Management Team)
- Managed Care Organization (i.e., CDPHP, MVP, etc.)
- Primary Care Provider
- Behavioral Health Provider
- Substance Use Provider
- Dental Provider
- Supports/Emergency Contacts
- Pharmacy
- Specialist(s) (i.e., neurologist, OBGYN, endocrinologist)
- Legal (i.e., probation, parole, CPS, APS)
- Department of Social Services (County-specific DSS)
- Social Security Administration (SSA)
- Community organizations (i.e., MHEP, Roark Center, Food Pantry, etc.)
- Housing Program

Updating the DOH 5055

As mentioned in the previous section, each Member will have one and only one copy of the DOH 5055 that is updated in real time as providers change. Because this is a fluid and ever-evolving document, it is encouraged to bring a copy of the most recent DOH 5055 to each visit with your Member in case providers need to be added or removed from page 3. If you run out of space on Page 3, you can always add an additional copy of page three to add more providers as needed. Pages 1 and 2 of the DOH 5055 will never change or require any updating.

Adding Providers to the DOH 5055

When new providers need to be added to the DOH 5055, simply write them on page 3 and have the Member initial and date that line of the consent. This will essentially look the same as the initial consents added, but with a different date.

Removing Providers from the DOH 5055

When a Member wants to rescind a consent for any reason, a single line will be drawn through the consent being rescinded and the Member will initial and date again, using the date the consent was rescinded. Much like when providers are added to the DOH 5055, the rescinded consent will need to be end dated in CareManager to reflect that the consent is no longer active (see the next section for more on consents in CareManager).

In the example below the Member rescinded consent for her Managed Care Organization (Fidelis) and her Emergency Contact (her son) on March 12, 2022. This is indicated by the line through each entity and the presence of a second set of dates and initials. On the same date, she gave consent for CDPHP, her new Managed Care Organization. All other consents remained the same.

Copy this page as necessary to list all participating partners

Patient Initials	<i>JFS</i>	Date	<i>1/14/22</i>
Community Health Connections (CHC)	<i>JFS</i>	<i>1/14/22</i>	
Name of Participating Partner	Care Management Agency (CMA) - Samaritan Care Management	<i>JFS</i>	<i>1/14/22</i>
Name of Participating Partner	Managed Care Organization (MCO) - Fidelis	<i>JFS</i>	<i>1/14/22</i> <i>JFS</i> <i>3/12/22</i>
Name of Participating Partner	Social Support Contact - Marcus Smith (son)	<i>JFS</i>	<i>1/14/22</i> <i>JFS</i> <i>3/12/22</i>
Name of Participating Partner	Primary Care Provider - Capital Physicians (all staff working on my case)	<i>JFS</i>	<i>1/14/22</i>
Name of Participating Partner	Preferred Pharmacy -		
Name of Participating Partner	Preferred Hospital - Albany Medical Center (all staff working on my case)	<i>JFS</i>	<i>1/14/22</i>
Name of Participating Partner	Local Department of Social Services (DSS) - Albany County	<i>JFS</i>	<i>1/14/22</i>
Name of Participating Partner	Albany County Mental Health (all staff working on my case)	<i>JFS</i>	<i>1/14/22</i>
Name of Participating Partner	Managed Care Organization - CDPHP	<i>JFS</i>	<i>1/14/22</i> <i>JFS</i> <i>3/12/22</i>

Consents are crossed out (points to the crossed-out MCO and Social Support Contact lines)

Consents are end-dated with second set of initials (points to the second set of initials and dates for the MCO and Social Support Contact lines)

New consent added at visit (points to the new CDPHP MCO line)

Annual Review of the DOH 5055

Although the consent is a living document that is updated in real time, the consent must be reviewed in its entirety with the Member each year. Most staff complete this when updating the Comprehensive Assessment and reviewing the Member Bill of Rights. This review entails looking at the consent in its entirety (and any HIPAA consents) to confirm that all entities listed are still appropriate. If the consent is being updated in real time, there should be limited modifications needed during the annual review. This annual review is simply a safeguard to ensure all consents are up to date. Once this task is completed, have the Member sign off on the Member Acknowledgement Form, checking the box for reviewing the DOH 5055 and any other activities completed during that visit. The completed Member Acknowledgement Form must be uploaded to the Documents Tab in CareManager.



**ST PETER'S HEALTH
PARTNERS**
Capital Region Health Connections

Health Home
2212 Burdett Avenue
Troy NY 12180
ph (518) 271-3301
fx (518) 271-5009
sphp.com

Health Home Member Acknowledgement Form

*Complete this form each time one of the four activities listed below is completed.
More than one activity may be checked if more than one activity was completed during the visit.*

Member Name: _____

Date of Acknowledgement: _____

The following annual activities were completed with the Member:
(Note each of these activities must be completed at least once annually)

- Health Home Consent Form Reviewed for Accuracy (DOH 5055)
- Health Home Member Bill of Rights Reviewed
- Comprehensive Assessment Annual Update Completed

Check this box to indicate the consent was reviewed annually

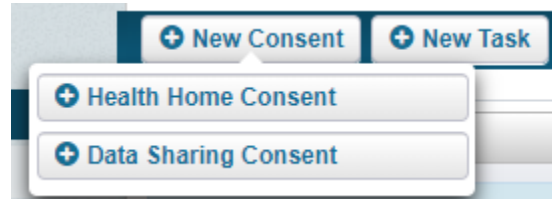


Uploading Paper Consents to CareManager

When any changes are made to the DOH 5055, the revised version must be uploaded to CareManager's Attachments, within the Documents Tab. Older versions should not be removed from the Attachments, as historical copies will need to be preserved. Each time the DOH 5055 changes and the revised version is uploaded, be sure to upload all three pages so it is a complete document in the Attachments.

Consents in CareManager

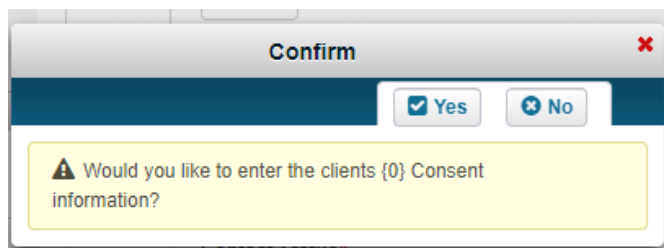
Two consents must be entered electronically in the Consents Tab in CareManager. One is a Health Home Consent and the other is a Data Sharing Consent. Both are described below.



Health Home Consent

The Health Home Consent in CareManager is completed once and only once at time of enrollment.

When you click to enroll someone via a Client Search Note, you will be asked if you want to enter the

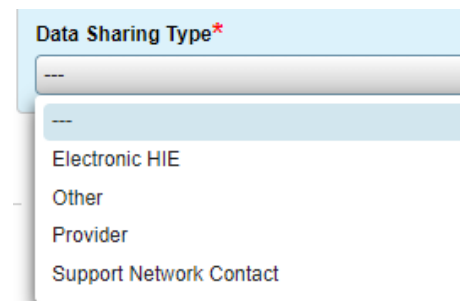


Health Home Consent. Click 'Yes' and enter the consent information that pops-up. This indicates that the Member signed Page 1 of the DOH 5055, consenting to be in the Community Health Connections Health Home. Once that consent is entered, you will not use this consent type again in

CareManager.

Data Sharing Consent

The only Data Sharing Consent that must be entered into CareManager is the Electronic HIE consent for Hixny consenting purposes. Without this electronic consent entered, alerts will not be received for the Member nor will access be granted to Hixny's Provider Portal for that Member. The only time this should not be entered is if the Member signs the Hixny Withdrawal of Consent form.



Ending Consents in CareManager

Effective February 2023, additional provider consents (Provider, Support Contact, Other) are no longer required for entry. This means that CareManager will include consents for providers entered prior to February 2023. To help ensure data integrity, those previously entered consents should be ended in CareManager when they are end dated on paper. Below are the steps to end a consent in CareManager.

1. Open the Consent in the Consents Tab.
2. Click Edit in the top right corner.
3. Change the "Client Opt-in/Out" drop down to Client Opt-out.

- The end date will automatically populate to today's date.

Client Opt-In/Out

The client has provided the following status of consent for the sharing of their information with the listed entity.*

Client Opt-in

Client Opt-in

Client Opt-out

A screenshot of a software interface showing a dropdown menu. The menu is titled "Client Opt-In/Out" and contains the text "The client has provided the following status of consent for the sharing of their information with the listed entity.*". The dropdown is currently open, showing three options: "Client Opt-in", "Client Opt-out", and "Client Opt-in". The first "Client Opt-in" option is highlighted in blue.

While Data Sharing Consents will be end dated as consent status changes for those entities, the Health Home Consent should NEVER be end dated. This will result in the Member being discharged from CareManager, as the system will interpret this as the Member withdrawing their consent to be in the Health Home program. If a Member is requesting discharge from the program, please speak to your supervisor to ensure all required steps are followed for the discharge process.

Best Practices and Common Mistakes

Best Practices

- Community Health Connections and your Care Management Agency should be the first two consents listed on the DOH 5055 and should be pre-populated on consent forms.
- Instead of listing individual providers, list the facility or practice name. Listing an individual provider will limit you to speaking to only that person which could be troublesome if that person leaves the practice or is not usually available to coordinate.
- In addition to specifying the facility or practice name write in “and all staff working on my case.” This narrows provider consent down significantly but also allows you to speak to anyone who is actively involved in the Member's care.
- Complete a HIPPA form (Release of Information) for individuals who should not communicate with other providers listed on 5055 (per Member's discretion).
- Prior to discharging Members, be sure to 'opt-out' Hixny consent. This is done by clicking on the Consents Tab, then clicking on 'view' next to the Electronic HIE, then edit, and choosing 'Client opt-out' in the drop-down box, then save.
- To keep documents clean and professional, Care Coordinators are encouraged to write in the providers the Member is consenting to and then have Members simply initial and date each line (make sure you discuss each consent with the Member).
- Review the consent before leaving your visit to ensure the Member completed everything necessary. Make sure all of page 1 is completed and that the Member initials and dates the top of page 1 along with every line that has a provider / entity listed.

Common Mistakes

- Most agencies have pre-filled prompts for providers on lines that are sometimes initialed and dated by Member without specification. For example, if your agency's consent has a typed in prompt for "DSS," be sure you are indicating what county DSS is being consented (Albany, Rensselaer or Schenectady). Similarly, a typed in prompt for "Managed Care Organization" should list CDPHP, MVP or Fidelis next to the prompt, if applicable. If there is no MCO or no need for a DSS consent, be sure the Member does not initial and date that line.
- Sometimes the DOH 5055 is not reviewed annually if there have not been changes to the Member's consents in a while. Please be sure you are reviewing the consent regularly, but also formally reviewing the document in its entirety annually. Don't forget to note you did this in your visit documentation and via the Member Acknowledgement Form.
- Page 2 of the DOH 5055 is not always uploaded along with the other pages. When you upload a new or revised paper copy of the form to the Documents Tab because consents were updated, be sure to upload all three pages of the document, not just the pages that changed. The attachment should always be the complete document.

Below is an example of how the DOH 5055 should *not* look: ❌

This provider's name is incomplete and too specific.

Capital Region Health Connections (CRHC) Participating Partners
Health Home Name

Copy this page as necessary to list all participating partners

Patient Initials _____ Date 8/30/2022

Capital Region Health Connections (CRHC)
Name of Participating Partner
Primary Care Provider - Dr. Smith

Name of Participating Partner
Dental Provider - _____

Name of Participating Partner
Managed Care Organization (MCO) - Fidelis

Name of Participating Partner
Local Department of Social Services (DSS) - _____

Name of Participating Partner
Preferred Pharmacy - CVS

Name of Participating Partner
Emergency Contact - Gary - 444-1234

Name of Participating Partner
SHOP

Name of Participating Partner

This is too vague, needs an address to specify which CVS.

JW 8/30
JW 8/30
JW 8/30
JW 8/30
JW 8/30
JW 8/30

Acronyms are discouraged.

This name is too short and should include the relationship to the Member.

This Member initialed and dated a consent that is not specified (they either consented to 'nothing' or every dental provider in the world).

Below is an example of how the DOH 5055 *should* look: ✅

Patient Initials _____ Date 8/30/2022

Capital Region Health Connections (CRHC)
Name of Participating Partner
Primary Care Provider - Dr. Bill Smith (& All staff working on my case) - 518-555-4321 - Troy Internal medicine

Name of Participating Partner
Dental Provider - Dr. Emily Johnson (& All staff working on my case) - 518-777-1234 - Aspen Dental

Name of Participating Partner
Managed Care Organization (MCO) - Fidelis - 518-222-9876

Name of Participating Partner
Local Department of Social Services (DSS) - Albany Office

Name of Participating Partner
Preferred Pharmacy - CVS - 153 Central Ave.

Name of Participating Partner
Emergency Contact - Gary James - 444-1234

Name of Participating Partner
Sanjour Hospital Outpatient Mental Health (& All staff working on my case)

Name of Participating Partner

JW 8/30
JW 8/30
JW 8/30
JW 8/30
JW 8/30
JW 8/30

It is clear who is consented and where these providers are from.

It is clear which CVS has consent.

This consent has been written out.

This pre-filled consent had been specified.

Consent FAQs

Consent Forms

1. There are several copies of the DOH 5055 used at my agency. Which one is correct?

At this point, you should only be using the DOH 5055 that states, "DOH-5055 (03/18)" in the bottom left corner. This is the most recently revised consent form and includes PSYCKES and OPWDD language, whereas older versions do not include this entity. The Form can be accessed in eight languages via the [NYS DOH website](https://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/forms/index.htm).

(https://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/forms/index.htm)

Re-consenting Members

2. Should we be re-consenting Members each year with a new DOH 5055?

No, each Member must only have one copy of the 5055 and that must be the 03/18 version referenced in Question 1 above. The DOH 5055 is meant to be a fluid document that is updated as providers (and their consent status) change. If a Member wants to rescind consent for a previously consented provider listed on the 5055, the Member needs to cross out the provider's name and initial and date the line.

Completing the 5055

3. Can we pre-populate information on the 5055?

Yes, information such as "Community Health Connections" and "Hixny" on Page 1 can and should be populated as well as the phone numbers on page 2 (see FAQ #4). On page three, "Community Health Connections" can be populated in the very top left box and your agency should be listed as an entity requiring individual consent on page 3. Other provider prompts may also be populated on page 3.

4. Whose phone numbers should be listed on Page 2 in numbers 2, 5 and 7?

The Community Health Connections general number/ referral number (518-271-3301) should be listed in all three spaces. It is highly recommended that this information be pre-populated in the consent form used by your agency.

5. Can I write the providers the Member is giving consent to on Page 3?

Yes, to help keep consents clean and ease the burden on Members, staff are permitted to write in providers and dates and simply have Members initial each line. The consent process must still be informed, meaning the Member and staff must discuss each initial they are providing and what that means.

6. Is the Member supposed to sign and date each line and the top of the Page 3?
Yes, Members should initial and date the top of Page 3 and each individual line on which a provider is listed and the Member chooses to give consent. Please do not forget to list Community Health Connections at the top of Page 3 as well in the Health Home Name field.
7. We have Member's sign and date all lines, even those not filled out. Is that okay?
This should not be happening. This practice essentially leaves it up to the Care Coordinator to add providers and it looks like the Member consented. There should be no initial or date for lines that do not list a provider.
8. If Page 3 is filled up, what do we do? Should we start a new consent?
No, each Member may only have one consent. If page 3 is full, print out another copy of page 3 and add that to the consent. There is no limit to how many copies of page 3 a consent can have attached.
9. We have a few Members with physical impairments or disabilities that make it strenuous or very difficult to initial and date each line (i.e. arthritis where it is painful to initial and date each line or Members who are visually impaired). Is the expectation still that each line is initialed and dated?
In the rare situations in which a Member is unable to sign but clearly understands the document and its purpose, there are two alternatives permitted to obtain consent.
- If the person can make an "X" or some marking, this would be acceptable as long as it is accompanied by the signature of a witness other than the Care Coordinator.
 - If the Member is unable to sign at all, it would be acceptable for the Care Coordinator to write a notation on the patient signature line to the effect, "Unable to sign. Verbal consent provided" and then support this with a witness signature other than the Care Coordinator.
10. When I update the Consent with my Member, do I have to use the original?
NYS DOH policy does not specify that the original consent must be maintained or updated. It is a best practice to keep original copies, but it is not required.

Listed Providers on the 5055

11. Which providers go on the 5055 and which should be listed on an agency-specific consent or a HIPAA consent?
The 5055 is a unique consent form in that it gives everyone listed on page three the permission to speak to one another. Essentially, page three of the 5055 should reflect the Member's Care Team. Anyone who is not a part of the Care Team should be listed on a separate consent form. While this will be case-by-case and ultimately the Member's decision, some entities that might not belong on the 5055 include a landlord or National Grid. Keep in mind too that when a Care Coordinator provides the 5055 to a consented provider, they can see all other providers working with the Member, which is why it should be limited to those on the Care Team only.

12. Can I keep consented providers general, such as “Albany Medical Center?”

Listing an entire hospital system, like in the question, is not a good practice. This essentially allows the Care Coordinator to speak to anyone at Albany Medical Center about the Member’s case, which may not be appropriate. Some agencies use more general providers but limit the consent to anyone who works on the case. (i.e., “Albany Medical Center Endoscopy, all staff working on my case.”). Consents should be more specific, but not too specific. Specific names (i.e., Dr. Smith) limits you to only being able to talk to that specific provider. Instead, use the practice name (i.e., Upstate Physicians) so you can speak to anyone at the practice who works on the Member’s care team, again using the "all staff working on my case language."

13. Do specific inpatient units at hospitals have to be listed on the DOH 5055 if a Member is inpatient. For example, does “Samaritan Inpatient MICA Unit” need to be listed, or would the providers on the unit accept the consent if just “Samaritan Behavioral Health Services” is listed?

You should list Samaritan Behavioral Health Services on the DOH 5055 form. This would cover any units within Samaritan Behavioral Health.

14. Do I have to list the address and phone number of any entities listed on the consent?

No, you do not have to but in some instances, it may be appropriate. For example, if a Member is providing consent for a pharmacy such as CVS, just writing “CVS Pharmacy” technically gives the Care Coordinator consent to talk to any CVS Pharmacy regarding the Member. In reality, the consent is only meant for the CVS Pharmacy the Member uses. Adding the address or phone number of the consented CVS pharmacy will limit the ability to speak with any CVS Pharmacy. In addition, it may be best to list the phone number for the identified emergency contact simply for ease of access.

15. Some agencies are noticing Members do not like the 5055 due to the list of providers (i.e., some Member’s may not want others to know other services they are receiving such as methadone, etc.).

Members should always be made aware that they have the ability to limit the information shared on the consent. Care Coordinators should be reviewing the form with Members to make sure PHI shared should not be limited with certain providers. If a Member chooses to limit the PHI shared with a consented provider, that provider should not be listed on the 5055. Instead, a consent between the CMA and that provider should be used (such as an agency-specific consent or a HIPAA consent form).

16. What should we do if a provider is not accepting the 5055 as a valid consent?

Please inform the Lead Health Home if you come across providers of any sort that do not recognize the 5055. If the Member is willing, fill out the provider’s request ROI/Consent Form so that care coordination can take place.

17. Policy indicates that I need to complete a separate (non-5055) consent for any referrals I am making. What if I know that the providers are going to be working with the Member and part of the Care Team?

If you are confident that the provider is accepting the referral and will be part of the Care Team, it is okay to add that provider to the 5055 right away. On the other hand, if you are sending referrals but are unsure if the provider will even be accepting the Member for services, we should wait to add them to the 5055 until they are an active part of the Care Team.

Consents in CareManager

18. Do I have to save the paper consent after it is scanned into CareManager?

It is recommended that original copies of the consent be kept even after they are uploaded to CareManager. Keeping the paper copy makes it easier to have the Member update the consent at each visit, if necessary.

19. When I make changes to Page 3 (or add a new Page 3), do I need to scan the entire document into the record, or just the page that was edited?

Yes, staff should always upload all three completed pages of the 5055 to a Member's record when changes are made. This is for quality monitoring purposes as well as for auditing and ease of locating current documents. No one wants to go into a record and have to find every single Page 3 and print them out individually to piece together a full consent. Auditors likely will not go through the extra efforts to piece together documents and agencies could be left vulnerable.

20. When consent status changes (new or rescinded consents via the 5055 or an agency-specific consent) do we need to make those changes in the CareManager Consents Tab?

No new Provider consents will be added to CareManager after February 2023. As consents are ended on paper, those consents should be end dated in CareManager to support data integrity, but no new consents will be entered except for the initial Health Home consent and the Electronic HIE consent.

Withdrawing Consent

21. How do we indicate that a Member has withdrawn consent for an individual provider?

If a Member wants to rescind consent for a previously consented provider listed on the 5055, the Member needs to cross out the provider's name and initial and date the line. Don't forget to make this change under the Consents tab in CareManager as well if that consent was entered post-February 2023.