For engagement efforts that have resulted in Candidates not enrolling in the Health Home Program:

Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Care Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Engagement Date: \_\_\_\_\_\_\_\_\_\_\_ Opt out date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral Paperwork** – Received/Reviewed .

[ ]  Uploaded to CareManager (Documents: Attachments)

[ ]  **Referral source contacted**

[ ]  Contacted at the start of engagement.

[ ]  Contacted regarding the decision to not enroll.

[ ]  **First outreach attempt was within 5 business days of assignment.**

[ ]  **Engagement activities are clearly documented as being meaningful and progressive in nature.** (more than one attempt, reasonable timeframes between attempts, evidence of alternative means of locating the Candidate, use of MCO, referent, and other resources)

[ ]  **If the Candidate was interested but found to be ineligible after engagement started, is the DOH 5236 form completed and scanned in file.** (It explains that they did not meet the criteria for enrollment and the reason for denial of enrollment). *Page 2 of this form is ONLY filled out if the Candidate wants to contest the decision and request a Fair Hearing through New York State.*