Guide to Edits for Member Disenrollment From the Health Home Program Policy HH0007

Summary: As of November 2026, the Member Disenrollment From the Health Home Program Policy HH0007 now reflects revised language (indicated by text in red) alongside prior language (indicated by text crossed out text in black). The revised November 2026 policy supersedes all previous policies and reflects an implementation date of 01/01/2027. If there are discrepancies between the policy and this guide to edits, please adhere to the language in policy, and notify the Department at via the Health Home BML- subject policy.

Page and Section	Update Made	Update Specifications Language may be completely new or partially reused from earlier policies. Reference "Former Location of Information" column.	Former Location of Information
N/A	Adjustments have been made to the formatting and structure of the policy. These changes, along with any new sections, can be found in the *Content* section of the updated policy.	*Please refer to the policy for these changes.*	N/A
Page 4, **II. Procedures**	Language has been added to include homeless youths to the list of members under the age of eighteen (18) that can self-consent, along with a link to the associated policy.	**NOTE FOR HEALTH HOMES SERVING CHILDREN (HHSC):** If an enrolled member is a child under the age of 18 and not able to self- consent, their parent/guardian/legally authorized representative has the responsibility to act on behalf of the child to authorize both enrollment in Health Home services and disenrollment from the Health Home program. Enrolled members 18 years of age and older, or under 18 but able to self-consent because s/he is a parent, pregnant, or married, or homeless may exercise independent choice to enroll and disenroll in the Health Home Program. For more information on consent form requirements for members under the age of eighteen (18) years absent from their legal residence without the consent of their parent, legal guardian, or custodian, refer to the *Homeless Youth to Self-Consent for Health Homes Serving Children and Children's Waiver of Homes and Community Based Services* policy #HH0019.	New to policy

Page and Section	Update Made	Update Specifications Language may be completely new or partially reused from earlier policies. Reference "Former Location of Information" column.	Former Location of Information
Page 4, II. Procedures	Language added to provide examples of how a member could be found no longer eligible through a CES Tool outcome, along with a footnote containing the associated links.	1. member no longer meets eligibility criteria required for continued enrollment (such as member (Adult) has received the CEST outcome "Recommend Disenrollment" or the member (Children/Youth) is determined to no longer meet eligibility requirements during the Yearly Appropriateness review[1]); [1] For information about continued eligibility requirements, refer to the Guidance for Use of the Continued Eligibility for Services (CES) Tool for Adults or the Yearly Appropriateness (YA) Codes and Criteria for Children.	New to policy
Page 8, IV. Disenrollment Processes	Language has been added to explain which policy has the procedure for members who do not respond during a closure.	Refer to the "Process for Transferring Health Home Enrolled Members to Another Health Home and/or Health Home Care Management Agency" policy #HH0018 for information related to members who are unreachable during the HH closure process, which can be found here.	New to policy
Page 10, IV. Disenrollment Processes	For the *Member Requests Disenrollment* section, a note has been added to clarify that a Notice of Decision/Determination is not provided when the member requests disenrollment.	**Note:** In such cases, no Notice of Decision/Determination is provided to the member. The Health Home (HH) ensures written notification of disenrollment is issued to the member as per the Member Disenrollment From the Health Home Program policy #HH0007. Should an eligible member want to rejoin a Health Home (HH), the member may re-enroll if they meet Health Home (HH) eligibility and appropriateness criteria.	

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Page 11, VI. Training Requirements	Reference to the use of HH consent forms has been removed as there are no additional actions needed regarding consent at the time of disenrollment. Due to the DOH-5058 no longer being in use, the inclusion of consents in this section is no longer relevant.	HH and CMA staff must receive training on protocols related to discharge planning for disenrollment from the Health Home Program including but not limited to: identifying members that no longer require or desire to receive continued HHCM services; determining members appropriate for transitional care and the process to create and manage a transition plan; establishing post disenrollment and safety plans including reengagement of disenrolled members; protections related to member privacy and sharing of PHI; conducting oversight of the CMAs disenrollment process; billing requirements related to member disenrollment; ~~use of HH consent(s)~~ and issuance of the Notice of Determination (NOD) during disenrollment process.	Revision to prior language.
Page 12, VIII. Record Retention	A new section has been added that outlines the record retention requirements for documents associated with the HH program. A non-exhaustive list of resources related to record retention has also been added to section *X. Policies and Resources*	**VIII. Record Retention** Health Homes have the responsibility to maintain policies and procedures for retaining and destroying all Medicaid data and other records related to the Health Home program in their possession pursuant to record retention rules contained in State and Federal law. These retention rules continue to apply to Health Home records should the Health Home cease operations. Generally, adult Health Home member records must be kept for a minimum period of six (6) years after the date of service, and in the case of a minor three (3) years after the age of majority or six (6) years after the date of service, whichever is later. Records relating to payment of insurance claims may need to be retained for up to 10 years due to the False Claims Act lookback period. There may be other laws, policies, or contractual requirements which apply to the records maintained by the Health Home which require the retention of member records for longer than six years, especially if the Health Home serves children/youth. Health Homes must work with their counsel to identify the items for which record retention or destruction is required and the minimum retention periods applicable to their specific operations.	New to policy