Guide to Edits for *Access to/Sharing of Personal Health Information (PHI) and the Use of Health Home Consents Policy – HH0009*

Summary: As of **July 13, 2026**, the Access to/Sharing of Personal Health Information (PHI) and the Use of Health Home Consents policy now reflects revised language (indicated by text in red) alongside prior language (indicated by text crossed out text in black). The revised policy supersedes all previous policies and reflects an implementation date of **September 1, 2026**. 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
All pages that list these terms	The term *adolescent* has been changed to *youth*	Other than within the title of the DOH 5201 and associated FAQ, the terms *adolescent* has been changed to *youth* throughout this revised policy to align with all other policies.	Revised language
All pages that list DOH-5055	Any reference in prior versions of this policy to completing the DOH-5055 page 3 are now referenced as page 4.	The **DOH-5055 - Health Home Enrollment and Information Sharing Consent** form was revised in June 2026. Due to the revisions made to this form, it was expanded in length from 3 pages to 4 pages. Rather than on page 3 of the prior form, listing healthcare providers, family/supports and other entities approved by the member is now completed on page 4. Therefore, any reference to page 3 in the prior version of this policy will now reference page 4.	Revised language
1 Applicable to:	Clarified statement related to policy updates	Upon the ~~effective~~ last revised date, this policy replaces any information provided in prior versions of this policy, Medicaid Updates and guidance webinars posted on the Department of Health's Health Home website related to this subject matter.	Revised language
1	Added a new Content section	Prior versions of this policy did not include a *Contents* section. This has been added to this revised version, to align with other Health Home policy document formats.	New section added to prior policy

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2	Added a new Definitions section	Prior versions of this policy did not include a *Definitions* section. This has been added to this revised version, to align with other Health Home policy document formats.	New section added to prior policy
3 II. Health Home Consent Forms	Removed **NOTE:**	~~**NOTE**: For information related to previous use of consent forms, refer to the June 6, 2019 version of this policy, which can be accessed via the Health Home Health Home Policy and Updates webpage at: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/greater6.htm - under ARCHIVE~~	Removed prior language
4 IV. Procedures	Added language for members who want to sign their consent but are unable to; Added language for Legal Guardian	3. when appropriate, ask the member if they have any supporting documentation that directs signing of consent to be done by someone other than the member, for instance if the member is unable to sign for themselves due to a physical limitation; 4. identify if the member has a Legal Guardian to sign on behalf of the member;	New language added to prior policy
6 IV. Procedures under: Note regarding AOT:	Added language when an AOT member refuses to sign HH consent	If an individual on Assisted Outpatient Treatment (AOT) refuses to sign the Health Home consent form, the AOT court order acts as the official authorization for enrollment. The care manager should document the refusal and note "AOT order" on the signature line to enable care management and billing.	New language added to prior policy
7 A. Health Home Enrollment/ Continued Enrollment	Added language to clarify that without signed consent, enrollment cannot occur	If during the enrollment process or anytime during enrollment, the individual refuses to sign consent, the HHCM must discuss the purpose of consent for enrollment and the individual's reason/s for refusal. If the individual continues to refuse to sign, enrollment cannot occur.	New language added to prior policy
7 A. Health Home	Clarified **IMPORTANT:** message about the	**IMPORTANT:** ~~HHCMs must assure that members are not asked~~ Health Home and Care Management Agencies may not ask or instruct members to approve an	Clarified language in prior

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Enrollment/ Continued Enrollment	use of pre-filled network lists and monitoring compliance	entire pre-filled network list *in anticipation of* an entity possibly ~~being needed~~ becoming a service provider for the member in the future. Consent must clearly identify ***only*** those entities approved by the member directly involved in the member's care team/plan of care at the time of signing and updating consent to align with member choice and protect the member's Protected Health Information (PHI). Health Homes ~~must continuously~~ monitor and assure that proper protocols are being followed to complete ~~the DOH-5055~~ Health Home consents (for example: DOH-5055, DOH 5201, etc.) and address any issues identified to prevent the potential for misuse of member Protected Health Information (PHI).	policy
8 Note regarding limitations on information sharing	Added UAS as a source through which health information may ne access by HH or CMA	These include: Statewide Health Information Network for New York (SHIN-NY), The Psychiatric Services and Clinical Enhancement System (PSYCKES); TABS/CHOICES (run by the New York State Office for People With Developmental Disabilities OPWDD), The Uniform Assessment System NY (UASNY) and, the Single Point of Access under the authority of the Local Government Unit (SPOA/LGU).	New language added to prior policy
9 2. Homeless Youth to Self-Consent for Health Homes Serving Children and Children's Waiver of Homes and Community Based Services	Added new section for use of the DOH 5055 for children/youth who meet the criteria for Homeless Youth	**Homeless Youth to Self-Consent for Health Homes Serving Children and Children's Waiver of Homes and Community Based Services** In accordance with Public Health Law §2504, as amended by chapter 107 of the Laws of 2023 and further defined in Executive Law § 532-a, children/youth under the age of eighteen (18) who meet the definition of "homeless youth" or youth who are receiving services at an approved "Runaway and Homeless Youth (RHY) Crisis Services Program" or a "Transitional Independent Living Support Program (TILP)" may self-consent for Health Home Serving Children and Home and Community Based Services. In these instances, the DOH-5055 Health Home Enrollment and Information Sharing Consent is used for self-consenting children/youth. Health Homes will follow all steps outlined in the Homeless Youth to Self-Consent for Health Homes Serving Children and Children's Waiver of Homes and Community Based Services policy #HH0019 for children/youth who meet these criteria.	New language added to prior policy

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9 4.DOH-5201 Health Home Enrollment and Information Sharing For Use with Children Under 18 Years of Age - Under **IMPORTANT**:	Consolidated this language, referencing the DOH-5201, with language for the DOH-5055, into one paragraph on page 7 – see above: **7** A. Health Home Enrollment/ Continued Enrollment	~~**IMPORTANT:**~~ ~~Health Homes and Care Management Agencies may not ask or instruct members to approve an entire pre-filled network list in Section 1 and Section 2 *in anticipation of* an entity possibly becoming a service provider for the member in the future. Consent must clearly identify ***only*** those entities approved by the member directly involved in the member's care team/plan of care at the time of signing and updating consent to align with member choice and protect the member's Protected Health Information (PHI).~~	Removed prior language
11 Section 2 of the DOH 5201	Clarified that children/adolescents who complete Section 2 of the DOH 5201 do so in the presence of the Health Home Care Manager only	***Section 2:*** ~~To be completed~~ Children/adolescents must be afforded the opportunity to complete Section 2 in the presence of the Health Home care manager and not with the parent, guardian or legally authorized representative. Children must be age 10 and older to complete Section 2 – Part A; age 12 and older for Section 2 – Part B.	Revised language
11 Section 2 of the DOH 5201	Clarified bullet requiring HHCMs to continue approaching child/youth to complete Section 2	o ~~As the child continued to mature~~ tThe HHCM ~~must~~ continues to approach the child/youth throughout providing Care Management services to complete Section 2 (e.g. child turns 10; child is receiving minor protected, mental health, development disabilities services; child is able/willing; parent/guardian/legally authorized representative gives permission for HHCM to meet alone with child; etc.). All attempts must be documented in the member's record and on the *Health Home Care Management Tracker For Section 2.*	Revised language

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13 4. Updating Consent	Clarified when consents are updated	Consents ~~must be~~ are updated when there is a change in: healthcare provider, family/consenter, significant other(s) or supports; emergency contact; service agency; care management agency; the member's Plan; Behavioral Health Organization (BHO); etc. ~~This includes updates needed to any~~ All other HIPAA compliant forms also on file for the member are to be updated when there is a change in applicable providers.	Revised language
14 C. When a New Consent Must Be Obtained	Expanded reasons for obtaining new consent to include Homeless Youth criteria and when a member is changing HH/CMA or both	• ~~if~~ the child/~~adolescent~~ youth under age 18 gets married, becomes pregnant, or becomes a parent, or meets the Homeless Youth criteria; • a member changes Health Homes, Care Management Agency, or both. Health Homes must follow guidelines outlined in the Process for Transferring Health Home or Children's Waiver Enrolled Members to Another Health Home and-or Health Home Care Management Agency policy HH0018;	New language added to prior policy
15 C. When a New Consent Must Be Obtained	Removed two **Notes:**	• ~~Note: When a new consent form is needed due to the circumstances listed above, the new consent form to enroll and information sharing MUST occur within the month of the event, to ensure continuity of care management services and the ability to bill for such services.~~ • ~~Note: When the member changes Health Homes, record sharing is not an automatic process. Member consent must be obtained by the CMA/HH to allow for the transfer of member records from current to receiving HH to assure PHI is protected in the process. If new consent is not obtained at the time of transfer, then it must be completed no later than the member's next review cycle or, if there is a change that requires consent updates (e.g. providers, services, or others requested and approved by the member).~~	Removed prior language

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15 E. Training	Added additional training	3. managing member refusals to sign consent forms;	New language added to prior policy
16 F. Quality Monitoring	List updated to include new quality monitoring activities	~~b. individuals that chose to opt out of HH program enrollment;~~ c. proper management of member enrollment under AOT order if member refuses to sign consent; i. meet required timelines for ensuring consents were signed for Health Home structure/network changes; j. meet required timelines if a member/s changes Health Homes, Care Management Agency, or both.	Removed prior language New language added to prior policy
17 X. Policies and Resources References	Clarified links	This section was updated to ensure each resource link is current and active.	Revised language