

## Health Home Participation (Opt Out/Decline Services)

### Further Instructions and Additional Information

**Q:** Who can opt a beneficiary out of Health Homes?

**A:** Only the beneficiary or their legal guardian.

**Q:** What is the rationale that can be given for opting out of the program?

**A:** Listen to the client and select one of the options listed on the form if they apply. If the three options do not apply, or the client gives additional information, use any available space on the form to *summarize their comments. It is important to document the reason the client gives.*

**Q:** In some instances the client will turn down Health Home services but the reason they give does not appear to be a long term situation (more than 12 months). What are some examples of reasons that a client may give that are not reasons for opting a client out? How should they be handled?

**A:** Some of the following statements are **not** reasons for opting out of the program:

- My daughter is visiting for 2 months and she will help me,
- I think I am moving,
- This isn't a good time for me.

The Care Coordinator may be able to keep the door open for follow up calls. The Care Coordinator could offer to call the client in a few months when the client is not so focused on other demands.

**Q:** Can Care Coordinators opt-out a beneficiary?

**A:** No, Care Coordinators may not opt-out a client for any reason, including the client; is unable to be reached, is not in compliance, is argumentative or angry, is planning to move, has passed away or is in jail.

**Q:** Are the Qualified Health Home Leads required to sign the opt-out form?

**A:** No, the Care Coordinator, or allied or affiliated staff who spoke with the client is to sign the opt-out form before sending a copy of the opt-out form to the Qualified Health Home Lead (QHHL) or Managed Care Organization (MCO). Ideally the form would be filled out and signed, the same day that the client opts out.

**Q:** What is the process and timing used for submitting an opt-out form?

**A:** The process for submitting an opt-out form is as follows:

Care Coordinator (or allied or affiliated staff)

1. When the person speaking to the beneficiary is certain that the criteria for opting out or declining services has been met, they are to correctly completing all sections and signs the form:
  - a. If the client is being visited face to face, they (or their guardian) also sign the form.
  - b. If the conversation is held over the phone, only the person speaking to the beneficiary signs the form.
2. The Care Coordination Organization gives or mails a copy of the form to the beneficiary.
3. The Care Coordination Organization then sends a copy to the QHHL. Note that the Care Coordination Organization **does not** send a copy to the HCA Health Home mail box.

Qualified Health Home Lead (QHHL)

1. The QHHL reviews the form for accuracy. The form must:
  - Contain the correct ProviderOne ID and Client Name.
  - Have a valid reason – this can be gleaned from the client’s statements.
  - Be signed and dated by the Care Coordinator, or allied or affiliated staff.
  - Have the correct QHHL listed in the QHHL box.
  - Have the correct MCO listed in the MCO box, when appropriate.
  - Correctly indicate if a HAP had been previously completed.
  - Contain all information related to the opt-out. If necessary use any available white space on the form to give additional information. The forms will be archived for future reference so all information must be on the form.
2. The QHHL will then enter the form into a spreadsheet format designated by HCA. A copy of the spreadsheet containing only forms entered since the previous months submission will be emailed to HCA (healthhome@hca.wa.gov) on or before the 21<sup>st</sup> of each month,

Please refer to the directions on the form for more information.