

# Health Home Opt-in Form

## Attestation Statement

For use by Children and Youth Evaluation Services (C-YES) for Health Home (HH) eligible Medicaid client

I have met with C-YES Family Support Coordinator or Nurse Evaluator to discuss transferring to Health Home care management. They have explained the Health Home program to me and the Health Home care management services I can get.

I have agreed to be transferred and enrolled in the Health Home program:

\_\_\_\_\_  
Name of Health Home

For use by C-YES Representative:

I have discussed the Health Home program with \_\_\_\_\_  
Name of Medicaid Client Date of Discussion

Name of Parent/Guardian/Legally Authorized Representative, if applicable:  
\_\_\_\_\_

## Reason for Opting In

\_\_\_\_\_  
\_\_\_\_\_

## Signatures

I understand that I will be transferred to the Health Home program for comprehensive care management services.

I also understand that C-YES and Health Home/Care Management Agency will coordinate an official transfer date and my signature below allows the Health Home and or Care management agency to enroll \_\_\_\_\_

Name of Medicaid Client

in Health Home.

\_\_\_\_\_  
Name of Medicaid Client (print)

\_\_\_\_\_  
Original Signature of Medicaid Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Medicaid Client's Parent, Guardian, or  
Legally Authorized Representative, if applicable (print)

\_\_\_\_\_  
Original Signature of Medicaid Client's Parent, Guardian, or  
Legally Authorized Representative, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of C-YES staff (print)

\_\_\_\_\_  
Original Signature of C-YES staff

\_\_\_\_\_  
Date

## NOTE

I understand that C-YES and the Health Home/Care Management Agency will work together to coordinate this transfer and schedule a transfer/introduction meeting with my family. If this meeting does not occur, I understand that the transfer will move forward and a Health Home care manager will be contacting me to follow up with Health Home enrollment.