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

<table>
<thead>
<tr>
<th>Name of Medicaid Beneficiary</th>
<th>Birth Date</th>
<th>Beneficiary’s ProviderOne Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Health Home Lead</td>
<td>Care Coordination Organization</td>
<td>Managed Care Organization (MCO) if applicable</td>
</tr>
</tbody>
</table>

**Care Coordinator Instructions**

- Document the beneficiary’s request to opt-out or decline services, on this form.
- Sign on the **Signature of the HH Care Coordinator or Allied Staff** line after the form has been completed. If the beneficiary’s request to opt-out or declines services is made over the phone, the beneficiary does not need to sign this form, however the Care Coordinator must document the request, on this form.
- Provide the Beneficiary with a copy of the form, either in person or by mail.
- Insure that the Qualified Health Home Lead/MCO is provided with a copy of the form.

**Qualified Health Home / MCO Instructions**

Qualified Health Home Lead/MCO must maintain the form and document it on the Health Home Opt-Out Form Registry, for monthly submission to HCA.

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