



Health Home Disenrollment Summary

Member Name:		Date of Disenrollment:	
Client ID:			

Status/Reason for Disenrollment:	
<input type="checkbox"/> Transfer to another Lead Health Home	<input type="checkbox"/> Lost to Service/Disengaged
<input type="checkbox"/> Transfer to another setting/facility/program	<input type="checkbox"/> Member Withdrawal/No longer wants services
<input type="checkbox"/> Moved out of area	<input type="checkbox"/> Member deceased
<input type="checkbox"/> No longer requires HH services	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> No longer eligible for HH services	

Referrals Made: (List all referrals made to new services in preparation for disenrollment)		
Organization	Contact Person	Phone Number

Unmet Goals/Objectives & Summary of Progress: (List all open Care Plan Goals/Objectives at time of disenrollment and progress made toward achievement.)	

A past Member may re-enroll in Health Home services at any time if still eligible.
For information on re-enrolling, contact the Bassett CHN Referral Line at (607) 547-4887 or (877) 547-1753.

Completed By:		Date:	
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