

Health Home Incident Reporting Form

30 Day Report

Please submit completed form and required attachments to the assigned reviewer via the Health Commerce System. Any questions regarding the Health Home Incident Reporting Policy or Procedure can be directed to HHRedesignation@health.ny.gov.

Report Information

Incident ID:

Health Home:

Date Submitted:

Final Updates and Findings

Updates Since 5 Day Report:

Health Home Findings:

Quality Assurance Activities:

Supporting Information

Supporting Documents Submitted (Check all that apply):

- DOH 5055
- Comprehensive Assessment
- Care Notes
- Care Plan
- Other