



Dear Provider,

We are excited to inform you our mutual patient, \_\_\_\_\_, DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ recently accepted our invitation to be enrolled in the DOH Health Home Care Management Program through Venture Forthe's Care Management Agency.

- ☐ **Finger Lakes Office**  
75 Lafayette Ave  
Canandaigua, NY 14424  
Phone: 315-651-6970  
Fax: 315-220-8044
- ☐ **Rochester Office**  
687 Lee Rd. Suite C-185  
Rochester, NY 14606  
Phone: 585-413-3752  
Fax: 585-484-2810
- ☐ **Niagara Falls Office**  
3900 Packard Rd.  
Niagara Falls, NY 14303  
Phone: 716-285-8070  
Fax: 716-285-8250
- ☐ **Olean Office**  
343 North Union St.  
Olean, NY 14760  
Phone: 716-376-9996  
Fax: 716-379-8408
- ☐ **Jamestown Office**  
421 E. 2<sup>nd</sup> St., Suite 2F  
Jamestown, NY 14701  
Phone: 716-870-8857  
Fax: 716-483-1613

Health Home is a Care Management program offered to patients who meet the criteria established by the New York State Department of Health. The major goal of the Health Home program is to improve the quality of life for clients with medical needs and to empower self-management of their condition. This is done through education and reinforcement of the plan of care created by the client, the care manager, and any provider working with the client for optimal wellness. A critical component in successful care management is collaboration with the client's key health care providers and support systems. With your collaboration, we can succeed in accomplishing these goals.

Enclosed you will find a copy of the New York State Health Home consent form (DOH5055) signed by the patient, indicating that you are allowed to collaborate with Venture Forthe, as well as the providers listed on the form. In order to ensure the clients' needs are being met, we will need to update his/her medical record in our system. Please fax the following information to Venture Forthe:

- ☐ Problem List
- ☐ Medication List
- ☐ Allergy List
- ☐ Recent Hospitalizations, if applicable
- ☐ Recent Provider Note

Additionally, as a member of this patient's Care Team, we are requesting your feedback and input for a Case Review to be held with the patient. This will ensure that all of this patient's needs are being met across the board, and that any concerns that you may have regarding their health and care are being addressed.

As the Care Manager, I will be providing you with periodic updates regarding your patient's participation and progress in the program. If you have any questions or concerns, please do not hesitate to contact Venture Forthe.

Sincerely,

Health Home Care Manager