Aging and Long-Term Support Administration
Washington State Department of Social and Health Services

Transforming Lives

Fact Sheet

Health Homes

Overview	The Health Home (HH) program helps to empower clients to take charge of their own health care, bridge the systems of care between providers, and identify potential gaps in care. This is accomplished through health action planning and better coordination between the client and their providers using Care Coordinators (CC). Clients receiving HH services are assigned a CC who will partner with them, their families, and providers to ensure coordination across systems of care. The primary role of a Health Home Care Coordinator is to make in-person visits with the client to develop a Health Action Plan that is person-centered. The state contracts with designated Health Home Lead Entities to provide Health Home services directly, or through contracted Care Coordination Organizations. These organizations hire qualified Care Coordinators who must complete required Health Home training. Health Home benefits are available to Medicaid eligible (and dual eligible) individuals who meet certain eligibility criteria. The six services provided by Health Home Care Coordinators are: • Comprehensive care management • Care coordination • Health promotion • Comprehensive transitional care and follow-up • Individual and family support • Referral to community and social support services Medicaid eligible clients enrolled in both Apple Health and Medicare are known as "dual eligible clients", and many are eligible to participate in Washington's Health Home demonstration project approved by the Centers for Medicare & Medicaid Services (CMS). New analysis from CMS shows the Health Home demonstration has saved the Medicare program more than $293 million over six years through better care coordination while transforming the lives of thousands of Washingtonians.
Eligibility Requirements	Medicaid beneficiaries of all ages are eligible for Health Home services if they: • Are on active Medicaid, includes dually eligible (Medicaid and Medicare); and • Have one identified chronic condition; and • At risk for a second chronic condition (**P**redictive **R**isk **I**ntelligence Syste**M** (PRISM) score of 1.5 or higher)

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Authority	State Plan Amendment Final Demonstration Agreement
Fee for Service Rates	For each client service the following rates will be paid: • When Initial engagement, and Health Action Plan is completed (one time): $884.89 • Intensive HH Care Coordination: per Participant per Month: $319.92 • Low-Level HH Care Coordination: per Participant per Month: $ 204.29 Note: Apple Health managed care services may have a modified rate structure
Oversight	**External** • Centers for Medicare and Medicaid Services **Internal** • Department of Social and Health Services • Health Care Authority

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