



Care Coordination for Better Health *The Health Home Program is a Partnership between the Health Care Authority and the Department of Social and Health Services*

Frequently Asked Questions

1. What is the Health Home Program?

The Health Home Program is not a place. The Health Home Program is a new set of Medicaid benefits designed to coordinate medical, behavioral health and long term services and supports, and other social services for eligible clients. To receive health home benefits, eligible clients must agree to participate in the Health Home Program.

2. Who is eligible for the Health Home Program?

To be eligible for the Health Home Program, Apple Health clients of all ages, including Medicaid/Medicare dual eligible clients, must:

- Have at least one chronic condition and
- Be at risk of poor health outcomes in the future based on age, gender and diagnoses.

3. How do clients get Health Home Services?

- **For fee-for-service clients:**
 - The State enrolls eligible fee-for-service clients with Qualified Health Home Lead Organizations;
 - The Qualified Health Home Lead either contacts the client to offer health home services directly or refers the client to a Care Coordination Organization (CCO).
- **For managed care enrollees:**
 - The State informs the client's health plan that (s)he is eligible for health home services;
 - The client's health plan either contacts the client to offer health home services directly or refers the client to a CCO.
- A Care Coordinator working for the Qualified Health Home Lead or the CCO contacts the client to explain the program and offer services. ○ This is a voluntary program. Declining Health Home services does not impact a client's other Medicaid or Medicare benefits.

4. What is a Care Coordinator?

A Care Coordinator is an individual who works with eligible clients to:

- Coordinate services for clients with chronic and complex medical and social needs
- Identify gaps in care and help remove barriers
- Connect clients to a broad range of benefits and community resources

- Support successful transitions from hospitals to other levels of care
- Help establish primary care relationships

5. Where do I find more information about the Health Home Program?

More information is available at: <https://www.hca.wa.gov/billers-providers-partners/programs-and-services/health-homes>