

Information for Behavioral Health Providers

Improving clients' health and independence, reducing their health care costs, and helping them become more engaged in their own health care—these are the goals of the Health Home Program. This program offers opportunities to coordinate all health services including behavioral health services for eligible clients.

The Health Home Care Coordinators will contact you to discuss ways to assist your clients in meeting their health goals. Clients will receive initial health screenings to identify other risk factors that may require early intervention. Care Coordinators will help your clients be more engaged in managing their care. The Health Home Program reduces gaps in services and increases coordination between their providers (medical, behavioral health, long term services and supports, and other social services).

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.

Care Coordinators do more than just support clients in identifying and achieving personal health goals. They also support providers, like you, in ensuring that care is well-coordinated to meet client needs. Care Coordinators provide:

- **Transition planning** to ensure appropriate follow-up services for those transitioning from settings such as a hospital, nursing facility, or behavioral health treatment centers.
- **Health education and care coordination** to increase client and family knowledge of care needs, promote engagement, and self-management capabilities. Care coordinators will help clients determine appropriate use of health care services.
- **Social service connections** for which your client may be eligible (e.g., housing, transportation, education, supported employment, recovery services, peer supports, etc.).
- **Appointment assistance** to help clients learn and better understand how to get the most out of their time with physicians and other providers. If needed, care coordinators may accompany clients to their provider appointments.

We appreciate anything that you can do to support clients in their choice to enroll and participate in the Health Home Program.

For more information about the Health Home Program, visit the Health Home website at: <http://hca.wa.gov/billers-providers/programs-and-services/health-homes>

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