Health Home Program
Washington

# Information for Nursing Facilities and Hospitals

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 care services for eligible clients. Clients who participate in the program will receive initial health screenings to identify risk factors that may require early intervention.

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.

Clients in the Health Home Program have Care Coordinators who help coordinate their medical, behavioral health, long-term services and supports, and other social services. Health Home services are provided by organizations qualified by the Health Care Authority and the Department of Social and Health Services.

The Care Coordinators assigned to eligible clients will visit them in the nursing facilities or hospitals where they are receiving care to educate them about the program. Care Coordinators will work with clients to identify their individual health goals and develop a plan to reach them. Care Coordinators will contact you or someone from your facility to discuss services and transitions in care for eligible clients who participate in or who are considering enrolling in the Health Home Program.

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

- **Transition planning** to ensure that appropriate follow-up services are in place for those discharging from a hospital, nursing facility, or other institutional care setting.
- **Coordination of individual and family support services** to increase health knowledge, promote engagement and self-management capabilities.
- **Social service connections** for which your client may be eligible (e.g., housing, transportation, education supported employment, heating assistance, etc.).
- **Appointment assistance** to help clients learn and better understand how to get the most out of their time with physicians and other providers.

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**