Washington State
Health Home Program

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Background

• Originally launched in July 2013
• Added King and Snohomish counties in April 2017
• Available statewide in all settings
  • In-home
  • Adult Family Home
  • Assisted Living
  • Skilled Nursing Facility
  • Hospital
  • Shelter
Health Home Basics

• Optional Medicaid benefits
• Not to be confused with Home Health
• No cost to the client
• Completely voluntary
• Focuses on high risk clients of all ages
• Does not duplicate, replace, or change any current providers, services, or benefits
What Does the Health Home Program Do?

• Offers community-based care coordination
  • Medical care
  • Social services
  • Long term care service
  • Mental health services
  • Substance use disorder services

• Assigns Care Coordinators who are best able to:
  • Take advantage of available community resources
  • Visit clients in their homes or any location they choose
  • Work with health providers to support a client’s goals
Who is Eligible?

• Must be on active Medicaid
• More likely to need care coordination services
• Not enrolled in the following:
  • Medicare Advantage
  • Hospice
  • PACE (King County Only)
• Identified chronic condition, at risk for another
• Contact Health Home program if necessary
Health Home Goals

• Establish person-centered Health Action Plan (HAP)
• Increase confidence and skills for self-management of health
• Bridge the many systems of care
• Help reduce avoidable costs
• Decrease duplication efforts
• Identify potential gaps in care
• Ensure coordination and care transitions
The Six Health Home Services

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Individual and Family Support
- Referral to Community and Social Support Services
The Health Home Program is Changing Lives

When referred to program

• 56 year old Dx Schizophrenia, Pancreatitis, Diabetes, HTN
• Not taking meds regularly
• At risk of losing benefits
• Delusional
• Considering suicide
• Frequent ED visits

After a year in the program

• Following through with services appointments, and treatment
• Working with Certified Diabetes Educator
• No thoughts of suicide
• Increased social activity
• No ED visits
Lead Entities

• Managed Care Organizations or Community Based Organizations

• King County Leads:
  • Amerigroup
  • Community Health Plan of Washington
  • Coordinated Care of Washington
  • Full Life Care
  • Molina Health Care of Washington
  • United HealthCare
Become a CCO

• Care Coordination Organization
  • Contact Lead entity in your area
  • Email our HH mailbox at healthhomes@hca.wa.gov
Resources

https://www.hca.wa.gov/billers-providers/programs-and-services/health-homes

https://www.dshs.wa.gov/altsa/washington-health-home-program

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