



Dear Administrator or Staff,

I am a Health Home Care Coordinator with _____.

I am here because one of your residents is eligible for the **Health Home Program**. The program is voluntary and is provided at no cost to eligible Medicaid and Medicaid/Medicare clients. The state identified one or more of your residents who are eligible to receive my services.

The Health Home Program **helps residents** who have one or more chronic diseases. These residents are at risk for other health problems and higher medical costs.

Care Coordinators help your resident(s) create a Health Action Plan, which includes personalized health goals. I can **assist you** by providing Health Home activities such as:

1. **Teaching** your resident about their health
2. **Coaching** family members to support your resident and you
3. **Referring** your resident to services outside of routine care
4. **Helping** you with care transitions when your resident returns from a hospital or nursing facility

Your resident may receive monthly visits and phone calls as part of their Health Home services. I look forward to working with you **to support** your resident in reaching their health goals.



Optional Use by Facility

Resident Name	ID#