

*For a
better life!*

Your Washington State Health Homes Booklet

Health Homes coordination services
for individuals eligible for both
Medicaid and Medicare



HealthPath
Washington

Washington State
Health Care Authority



Washington State
Department of Social
& Health Services

If the enclosed information is not in your primary language, please call 1-800-562-3022 (TDD/TTY only: 1-800-848-5429)

ENG

Yog tas cov ntaubntawv kws tuaj nrug nuav tsi yog koj yaam lug tes thov hu rua 1-800-562-3022 (TDD/TTY xwb: 1-800-848-5429)

HMG

Afai o lenei faaaliga e le o alu atu i lau gagana masani, faamolemole vala’au mai i le telefoni: 1-800-562-3022 (Mo e e le lelei le faalogo pe gugu, vala’au mai i le telefoni 1-800-848-5429)

SAM

Если прилагаемая информация не на вашем родном языке, позвоните, пожалуйста, по телефону 1-800-562-3022 (телефон только для лиц с плохим слухом (TDD/TTY): 1-800-848-5429)

RUS

Якщо прикладена інформація не на вашій рідній мові, подзвоніть, будь ласка, по телефону 1-800-562-3022 (телефон тільки для осіб з поганим слухом (TDD/TTY): 1-800-848-5429)

UKR

동봉한 안내자료가 귀하의 모국어로 준비되어 있지 않으면 1-800-562-3022 (청각장애자/시각장애자용: 1-800-848-5429)로 연락하십시오.

KOR

Dacă informațiile alăturate nu sunt în limba dumneavoastră natală vă rugăm să sunați la 1-800-562-3022 (numai pentru TDD/TTY: 1-800-848-5429)

ROM

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ይደውሉ።

AM

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TIG

Si la información adjunta no está en su idioma primario, por favor llame al 1-800-562-3022 (Para TDD/TTY solamente, llame al 1-800-848-5429).

SP

ຖ້າຫາກວ່າຂ່າວສານອັນນີ້ບໍ່ແມ່ນພາສາທີ່ທ່ານຮູ້ຈັກ, ກະຮຸນາໂທຣະສັບໄປຫາ 1-800-562-3022 (TTY/TDD ເທົ່ານັ້ນ: 1-800-848-5429).

LA

Nếu tin tức đính kèm không có ngôn ngữ của quý vị, xin gọi 1-800-562-3022 (TDD/TTY mà thôi: 1-800-848-5429)

VN

如果隨附的資料不屬你的母語，請打電話 1-800-562-3022 (TDD/TTY 專線 1-800-848-5429)。

CHI

បើព័ត៌មានដែលភ្ជាប់ទៅនេះមិនមែនជាភាសាដើមរបស់អ្នកទេ, សូមទូរស័ព្ទ 1-800-562-3022, (សំរាប់ TDD/TTY, ដំរីតប្រជុំ: 1-800-848-5429)

CAM

Kung ang nakalalap na impormasyon ay hindi sa inyong pangunahing wika, pakitawagan po ang 1-800-562-3022 (TDD/TTY lamang: 1-800-848-5429)

TA

اگر اطلاعات ضمیمه به زبان شما نمی باشد، لطفا به این شماره 1-800-562-3022 (برای TDD/TTY) (1-800-848-5429)

FA

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How to get more information

By Phone

If it is hard to read or understand this booklet, please call Medicaid Customer Service at **1-800-562-3022**. We can help by providing the information in another format, such as LARGE PRINT or Braille, or have the information read to you in your primary language.

For people who have difficulties with hearing or speech, the TTY/TDD line is **711** or **1-800-848-5429**. Your phone must be equipped to use this line.

Online Client Portal

If you wish to verify your Health Home services coverage, select a different Health Home, or to opt-out of the Health Home program go to **www.WAProviderOne.org**

Interactive Voice Recognition (IVR)

You may call our automated system anytime at **1-800-562-3022** where you may verify your Health Home services coverage, select a different Health Home, or opt-out of the Health Home program.

During business hours, Monday through Friday from 7:30 a.m. to 5 p.m., you may always talk to a live person by following the voice prompts.

Other Languages

You can ask for this guide in other languages by calling **1-800-562-3022**.

On the Web

For more information on Medicaid, visit **www.hca.wa.gov/medicaid**.

For more background on the Health Homes program, visit **www.hca.wa.gov/pages/health_homes.aspx**.

What is a “Health Home”?

A Health Home is not a place. It is a set of new care coordination services, provided by a care coordinator who will work with you to increase coordination of all the services and supports you currently receive.

Participation in Health Home services will make things go more smoothly for you by working to coordinate your various care needs. The result should be fewer unnecessary hospital admissions and fewer avoidable visits to emergency departments. The system is designed to improve your satisfaction through coordinated care.

Health Home services include:

- Comprehensive care management.
- Care coordination and health promotion.
- Comprehensive transitional planning (example: help when you are discharged from a hospital or a care facility).
- Individual and family support services (example: identifying and recognizing the role families, informal supports, and caregivers provide in supporting you to reach your health goals).
- Referral to community and social support services (examples: transportation, food, housing).
- Use of health information technology to link services, if applicable.

Health Home services are designed to support you with your ongoing chronic conditions and assist you in meeting your health goals. Health Home services improve coordination and care for medical and other social service needs, such as long-term services and supports, mental health services, and chemical dependency services. Health Homes are intended to reduce gaps in service and increase coordination between all of your providers.

Who is eligible for Health Home services?

The services are for individuals with full Medicaid and Medicare coverage. These services support individuals with chronic conditions.

When does the Health Home program start?

This program will begin on July 1, 2013.

Who provides Health Home services?

An individual called a “care coordinator” is the primary person who provides Health Home services. Care coordinators work for Health Home lead organizations that contract with Medicaid. A care coordinator will call you, answer your questions, and set up a time to meet with you.

What is a Health Home care coordinator?

A Health Home care coordinator is an individual who, with your written consent, will work with you to develop a Health Action Plan (HAP) and participate in health home services. The care coordinator will work with you to coordinate your care so you receive the right care, at the right time, and in the right place.

A care coordinator will contact you to describe Health Home care coordination services and answer your questions. When this individual contacts you, you may choose whether you want to participate. If you decide not to participate in the Health Home program, it will not impact your eligibility for other services. You can get more information on Health Homes at www.hca.wa.gov/pages/health_homes.aspx.

How do Health Home services work for you?

Here are some examples of Health Home services. These provide an idea of how the services can work for you if you choose to participate. Although this is not a complete list, it may be helpful.

Health Home Program (If you give permission)	Example of Service
Get coaching from a care coordinator to support your participation in your care.	Assistance in developing your list of questions for your specialist so you have them ready when you go to your appointment.
Ongoing communication between your care coordinator and providers.	A message that alerts your providers if you are admitted to or released from the hospital. A person you can talk with when you are worried your provider does not understand how hard it is to travel to appointments.
Care coordination through a team of providers working with you.	Your personal care provider, primary care doctor, care coordinator, psychologist, and pharmacist meet and make sure your prescriptions work together. They let you know it's ok or if you need to change prescriptions.
24-hour/7-day a week availability to provide information and emergency Health Home service consultation services.	A person you can talk to if you think your medicine is making you sick and don't know if you should seek help or not.

How do you get Health Home services?

It's as easy as 1, 2, 3...

- 1. Be assigned to a Health Home:** Once you are eligible, you will be connected to a Health Home lead organization. Then, you will be contacted by a care coordinator. The care coordinator will answer your questions and you can decide whether or not to participate.
- 2. Complete a *Consent Form for Information Sharing*:** The care coordinator will support you in completing a Health Home Services *Consent Form*. This consent provides your permission to allow sharing of your medical and social service information. The information will only be shared with providers and others you designate.
- 3. Complete a Health Action Plan (HAP):** The care coordinator will support you in completing a Health Action Plan (HAP). The Health Action Plan will include health goals that you choose.

Using the Health Action Plan for guidance, the care coordinator will work with you to see if you need more coordinated or additional services and resources for:

- health care.
- long term services and supports.
- mental health.
- chemical dependency.

You can request and arrange future visits at any time. Whether you meet in person or talk on the phone depends on your needs.

How do you know if you are eligible for Health Home services?

You will get a letter from the Health Care Authority (the Medicaid agency) letting you know that you are eligible. After you receive the letter, your Health Home care coordinator will contact you to talk about Health Home services.

You can also contact Medicaid directly at 1-800-562-3022.

(If your provider has questions about your eligibility for Health Home services, the provider can also contact the Medicaid program on your behalf.)

Do you get to stay with your current health care and other providers?

Yes! They continue as they are now and future services will be authorized the same way they are now. As part of Health Home services, your care coordinator may be in contact with providers about coordinated coverage and transitions in care as your needs change.

How will providers know if you are in the Health Home program and who to contact?

They can tell by accessing Medicaid information.

Do you have to be in the Health Home program?

No, this is a voluntary program. You are not required to participate.

Do you have to pay for Health Home services?

No, there is no cost to you for these services.

What if you are unhappy with your care coordinator?

You can contact the Health Home lead organization.

What if you move to another area of the state?

If you move to an area where there is a different Health Home lead organization, you will be contacted by a new care coordinator about ongoing services.

What if you lose Medicaid or Medicare coverage?

If you lose both your Medicare and Medicaid eligibility, you will no longer be eligible for Health Home services. If you just lose your Medicare eligibility and not your Medicaid eligibility, you will still be eligible to receive Health Home services.

What are your complaint and appeal rights?

You keep your current Medicaid and Medicare complaint and appeal rights.

What if you want to opt out of the Health Home program?

You can call Medicaid at 1-800-562-3022 and say you don't want to be in the Health Home program. The program is voluntary.

What if you change your mind and want to participate in Health Home services again?

You can contact the Medicaid line at 1-800-562-3022 and let them know you want Health Home services again.

For American Indians or Alaskan Natives

If you are a member of a federally recognized Tribe or an Alaskan Native, you may choose to participate in a Health Home. If you decide to go back to your Tribal clinic or fee-for-service, let your Tribal clinic know (they can assist you) or call 1-800-562-3022. You will not have to wait to switch back.

Who to call in the event of a health crisis

- For a life threatening emergency, call **911**.
- For mental health crises, call the Crisis Line at **1-800-584-3578**.
- For the Statewide Domestic Violence Hotline, call **1-800-562-6025**.

Washington State
Health Care Authority

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HCA 22-851 (6/13)