

Health Homes provide:



Comprehensive care management



Care coordination and health promotion



Transition planning



Individual and family support



Referral to relevant community and social support services



Member Services
(800) 869-7165

24 Hour Nurse Advice Line
(888) 275-8750

34796WA0913
MRC Part #13-1326
Approvals: MHW - 9/23/13 HCA 11/12/13

Health Home

Improving your quality of life
by coordinating medical and
social services



What is a Health Home?

A Health Home is not a place. It is a set of services to support you if you have serious chronic conditions and more than one medical or social service need.

Health Home services can make things go more smoothly between your medical and social service support. This may help reduce visits to hospitals and emergency rooms and support your health, overall well-being, and self-care.

How do the services work?

Health Home services are managed through a care coordination agency.

- The care coordinator meets with you to assist you in developing your Health Action Plan
- The care coordinator stays in touch with you and the agencies that support you.
- If you go in and out of the hospital, the care coordinator will assist in planning your transition
- If you have trouble getting the support you need, the care coordinator can assist you in working with health care providers and mental health or chemical dependency agencies to get care

Are these services for you?

You are eligible if you:

- Have Medicaid
- Have one or more serious chronic conditions
- Have a serious health issue that typically requires more than one service provider

How much will this cost?

Nothing—we provide it to you free as part of your Medicaid benefit!

What will this do for you?

- Provide support to help you manage your health and social service needs
- Provide help to find and get long-term services in your community

Will this change the people you work with now?

You can continue to work with the same people—the program will just add a person to help you develop and follow up on your Health Action Plan. You can continue to work with:

- Your current caregivers
- Your current Molina Healthcare case managers
- Others you work with (for example, providers, nurses, physical therapists, mental health counselors and chemical dependency staff)

How can I sign up?

- When a care coordinator contacts you, tell them you want to participate in the Health Home
- Schedule a time you can meet with your care coordinator at a location of your choice
- Work with your care coordinator to develop a Health Action Plan
- Remember – You can continue to work with the current providers you work with now – the Health Home will just add a person to help you when you need the help!

