

What is a Health Home?

A health home — as defined in Section 2703 of the Affordable Care Act — offers coordinated care to individuals with multiple chronic health conditions, including mental health and substance use disorders. The health home builds linkages to community supports and resources as well as enhances coordination and integration of primary and behavioral healthcare to better meet the needs of people with multiple chronic illnesses. The model aims to improve healthcare quality while also reducing costs.

Health home services include: comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings; individual family support; referral to community and social support services; and the use of HIT to link services. The Centers for Medicare and Medicaid (CMS) expects health homes to provide quality-driven, cost-effective, and culturally appropriate person- and family-centered health home services.

Who is eligible for health home services?

Adults and children who receive benefits from Medicaid and who have at least two chronic conditions, including asthma, diabetes, heart disease, obesity, mental health condition, and substance abuse disorder; one chronic condition and be at risk for another; or one serious and persistent mental health condition. Individuals who are dually eligible for Medicaid and Medicare cannot be excluded.

Why health homes?

Healthcare for individuals with multiple chronic conditions represent our nation's most costly and complex healthcare. Of individuals with a mental illness, 68% have a physical health condition such as cardiovascular disease, diabetes, or hypertension¹. These high-need individuals often receive uncoordinated care that results in higher costs and poorer health outcomes.

People with mental illnesses and substance use disorders typically receive most of their care in community behavioral healthcare settings. And many are unable or unwilling to receive care in a primary care setting. Even when they do, coordination between behavioral health and medical services may be poor. For those individuals who have relationships with behavioral health organizations, care may be best delivered by bringing primary care, prevention services, and wellness activities onsite at behavioral health settings (i.e., integrated healthcare).

How are health homes financed?

Twelve states now offer a health home option through Medicaid². States can decide if they will pay for health home services on a fee-for-service or capitated basis, or may propose an alternate payment model for CMS's approval. All states seeking to provide a health home program, regardless of the targeted chronic illness, must consult with the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) on how it proposes to provide these services.

¹ National Comorbidity Survey Replication, 2001-2003.

² As of July 2013

For more information on health homes financing and policy, check out the CIHS report, *Financing and Policy Considerations for Medicaid Health Homes for Individuals with Behavioral Health Conditions: A Discussion of Selected States' Approaches*.

What is the difference between a medical home and a health home?

Initially, the term “medical home” described a model for addressing the complex health needs of children with multiple medical conditions. With its adoption by the larger healthcare field, the medical home has come to signify a care model in which a person needing care designates a primary care provider that leads a care team responsible for coordinating their overall healthcare needs.

| Medical Homes | Health Homes* |
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| Serve all populations | Serves individuals with approved chronic conditions |
| Typically defined as physician-led primary care practices, but also mid-level practitioners and health centers | May include primary care practices, community mental health centers, federally quality health centers, health home agencies, etc. |
| In existence for multiple payers (e.g., Medicaid, commercial insurance) | Medicaid-only construct |
| Focus on the delivery of traditional medical care (referral and lab tracking, guideline adherence, electronic prescribing, provider-patient communication) | Strong focus on whole health (including substance abuse, mental health, and primary care), social support, other services (nutrition, home health, coordinating activities) |
| Use of IT for traditional care delivery | Use of IT for coordination across continuum of care, including in-home (e.g. wireless monitoring) |

*as defined in Section 2703 of the Affordable Care Act

Where can I learn more about health homes?

The SAMHSA-HRSA Center for Integrated Health Solutions compiles [resources and information on health homes](#), including reports on building and financing a health home, webinars, and the latest information.

[Behavioral Health Homes for People with Mental Health & Substance Use Conditions: The Core Clinical Features](#) helps prepare behavioral health provider organizations to become health homes by outlining the essential clinical features and introduces real-world examples of successful implementation.

CMS’ webpage provides information on [health homes](#) and links to related resources and technical assistance for states.

SAMHSA’s dedicated [health homes and integration web page](#) includes models, research and outcomes, and screening tools related to health homes.