



Health Homes Webinar Series
Health Homes: A Member's Experience
Questions & Answers
May 20, 2014

- Q1: Does everyone assigned to a Health Home initially undergo a Health Risk Assessment?
A1: Yes.
- Q2: Is there a standardized instrument being used across the state?
A2: There is not a standardized tool. It could be a Health Risk Assessment, it could be some other sort of assessment. It just needs to be a tool that will give you the best picture of that individual's behavioral, physical, and social support needs.
- Q3: Is it "double-dipping" when the Care Coordinator takes "Earleen" to the PCP or attends to her in the hospital?
A3: No. Health Home services are billed separately from Primary Care appointments or hospital care.
- Q4: In regard to members currently receiving HCBS Services, if the MCO has already conducted a Health Risk Assessment (HRA), or their version of it, will this suffice in being in compliance with the HRA requirement? Many of our folks, if not all that we serve, will have had a thorough health assessment of some sort already completed by July, or could we, as the Health Home Partner utilize the information in that document to complete another HRA?
A4: The HHP must have sufficient information from whatever recent assessment information they have or can gather to identify the member's physical and behavioral health care needs, as well as their social support needs. If the MCO makes their HRA information available and it is current, the HHP still needs to determine if that is sufficiently broad to cover all physical, behavioral and social needs.