## New York State Health Home Model for Children

## **Managed Care Organizations (MCOs)**

## **Health Home**

Administrative Services, Network Management, HIT Support/Data Exchange

**HH Care Coordination** Lead Health Home ✓ Comprehensive Care Management Care Care ✓ Care Coordination and Health **Managers Managers** Promotion **Serving** Serving ✓ Comprehensive Transitional Children **Adults** Care (Will support \*\*Foster Care ✓ Individual and Family Support transitional care) Agencies ✓ Referral to Community and Provide Care **Social Support Services** Management for ✓ Use of HIT to Link Services Children in Care Manager Partners Foster Care ownstream & **OMH Waivers** OCFS Foster **DOH** OASAS/ **Pediatric** Care **TCM** (OMH SED, Health Care AI/COBRA **MATS** Agencies and (SCM & CAH & **Providers** Foster Care ICM) B2H)System\*\* **Access to Needed Primary, Community and Specialty** Services(Coordinated with MCO) Pediatric & Developmental Health, Behavioral Health, Substance Use Disorder Services, HIV/AIDS, Housing, Education/CSE, Juvenile Justice, Early and Periodic Screening Diagnosis and Treatment (EPSDT) Services, Early Intervention (EI), and HCBS /Waiver Services (1915c/i) January 27,

Note: While leveraging existing Health Homes to serve children is the preferred option, the

State may consider authorizing Health Home Models that exclusively serve children.

2014

Network Requirements

and Specialty Services Primary, Community