INTEGRATED HEALTH HOMES for individuals with serious mental illness and serious emotional disturbance.

An Integrated Health Home (IHH) is a team of professionals working together to provide whole-person, patient-centered, coordinated care for adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED). Care coordination is provided for all aspects of the individual’s life and for transitions of care the individual may experience.

IHH is responsible for:

- Providing an accessible, single point of coordination for an individual’s health care.
- Ensuring individuals and their families have access to timely, quality, and appropriate services and supports they need.
- Building alliances with various professionals that provide supports and services to the individual and their family.
- Providing different levels of care coordination that meet the different levels of need for individuals and their families.
- Involving multiple agencies and other partners to provide needed services and supports.
- Providing whole-person care coordination across medical, behavioral, and social services and supports.
- Continuous quality improvement that improves measured effectiveness of services based on established outcomes.

Children: System of Care

Children with a Serious Emotional Disturbance and their families will receive IHH services using the principles and practices of a System of Care model.

Who is eligible for IHH Services?

Individuals are eligible for IHH care coordination if the individual is:

- Enrolled in Medicaid and;
- An adult with a serious mental illness (SMI) – SMI includes a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, major depression, or other serious mental health conditions that cause significant impairment in daily functioning; or,
- A child or youth with a serious emotional disturbance (SED) – SED includes a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current Diagnostic and Statistical Manual of mental disorders (DSM) that results in a functional impairment.
**Integrated Health Homes**

**Members in the following programs are not eligible for the IHH:**
- Iowa Health and Wellness Plan (IHAWP)*
- Hawki
- Family Planning Program (FPP)
- Qualified Medicare Beneficiary
- Special Low-Income Medicare Beneficiary
- Program of All-Inclusive Care for the Elderly (PACE)
- Presumptive Eligibles

* Members on the IHAWP are eligible when the member has been determined to be Medically Exempt.

**How the IHH Model Expands Care Coordination:**
- Provides an entire team of professionals to assist with comprehensive care coordination.
- Includes the individual and family, as appropriate, as an equal partner in decision making.
- Includes Peer Support and Family Support Services.
- Provides care coordination using a whole-person, patient-centered approach which removes silos of care and supports an integrated system.
- Assures effectiveness based on health care indicators and quality of life performance and outcome measures.

**Do Targeted Case Managers have a role in the IHH?**

IHHs will provide all care coordination directly or by contract. However, the IHH is fully responsible for the management of the individual’s care, with the goal to provide care coordination that leads to better overall health outcomes for the individual.

**Who can refer individuals for Health Home services?**

Individuals may be referred to Health Home services by providers or other entities and individuals, such as physicians, MCOs, other healthcare and behavioral health providers, emergency departments, hospitals, schools, community-based providers, shelters, family members, self-referrals, etc.

**What is the process for referring an individual to an IHH?**

To refer an individual to an IHH contact them directly. A current list of IHHs and the counties they serve can be found on the Iowa HHS Integrated Health Home (for Providers) webpage: hhs.iowa.gov/ime/providers/integrated-health-home