

Health Homes Serving Children (HHSC)

Health Homes Serving Children (HHSC) is a care management services model offering family-driven community-based care, to ensure that children with complex or multiple unmet needs are cared for with a comprehensive program. As of December 2024, over 34,000 children with some of the state's most complex medical, behavioral health, and social care needs were served by the program.

Health Home *Chronic Condition* Eligibility Criteria

The individual must be enrolled in Medicaid and to be eligible to be enrolled in a Health Home must have:

Two or more chronic conditions (e.g., Substance Use Disorder, Asthma, Diabetes*)

OR

One single qualifying chronic condition: `

- ✓ HIV/AIDS (Adults and Children) or
- ✓ Sickle Cell Disease (Adults and Children) or
- ✓ Serious Mental Illness (SMI) (Adults) or
- ✓ Serious Emotional Disturbance (SED) or Complex Trauma (Children)

Health Home Serving Children have higher behavioral health needs and are more medically complex than most other children on Medicaid. The NYS Department of Health (DOH) data confirms that Health Home members achieve substantially better performance across behavioral health and health outcome measures than the overall Medicaid population.

Children Health Home Members-Better Outcomes Across 15 of 15 Measures

The prevalence of **all of the top 10 diagnoses were many times higher** in HHSC population than in the general Medicaid Population.

- **Attention Deficit/Hyperactivity Disorder:** more than **10x higher** in the HHSC population
- **Chronic Mental Health Diagnosis – Minor and Moderate:** more than **10x higher** and **14x higher**, respectively, than in the HHSC population
- **Chronic Stress and Anxiety Diagnosis:** more than **8x higher** in the HHSC population
- **Conduct, Impulse Control, and Other Disruptive Behavior Disorders:** **17% higher** in the HHSC population
- **Autism Spectrum Disorder:** more than **6x higher** in the HHSC population
- **Asthma:** **3% higher** in the HHSA population
- **Depression and Major Depression:** more than **8x higher** and more than **6x higher** than in the HHSC population

Equity Impact: HHSC serve a racially diverse membership, often from disadvantaged communities across New York State.

- 37% of the children's health home population identify as "White-Not of Hispanic Origin", 24% as "Puerto Rican- Hispanic", and 16% "Black- Not of Hispanic Origin."

Member Age and Gender Distribution: Children's Health Home enrollment is highest among 15- and 16- year olds whereas the proportion of children of each age that comprise the general Medicaid population is very stable across the ranges of children. HHSC members are 58% male and 42% female, compared to the general Medicaid population which serves 51% male and 49% female.

HHSC recognizes that ongoing outpatient care helps stabilize conditions and prevent readmissions. National quality measures show HHSC excels at connecting children's health home members to follow-up care after emergency or inpatient treatment for mental health or substance use disorders.

Measure Name	Medicaid	HH	Difference
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (30 Days)	28.3%	67.0%	38.7%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (7 Days)	20.0%	44.7%	24.7%
Follow-Up After Hospitalization for Mental Illness (30 Days)	76.6%	89.9%	13.3%
Follow-Up After Hospitalization for Mental Illness (7 Days)	59.4%	74.2%	14.8%
Follow-Up After Emergency Department Visit for Mental Illness (30 Days)	68.8%	85.7%	16.9%
Follow-Up After Emergency Department Visit for Mental Illness (7 Days)	52.2%	68.3%	16.1%

Measure Name	Medicaid	HH	Difference
Follow-Up Care for Children Prescribed ADHD Medication	57.1%	77.5%	20.4%
Antidepressant Medication Management – Effective Acute Phase Treatment	62.4%	67.1%	4.7%
Antidepressant Medication Management – Effective Continuation Phase Treatment	46.2%	51.3%	5.1%
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	52.5%	55.4%	3.1%
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications	71.8%	75.2%	3.4%

Measure Name	Medicaid	HH	Difference
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	66.8%	85.0%	18.2%
Engagement of Alcohol & Other Drug Abuse or Dependence Treatment (IET)	14.2%	19.5%	5.3%
Initiation of Alcohol & Other Drug Abuse or Dependence Treatment (IET)	32.6%	46.4%	13.8%

These findings show that Health Home members are more engaged in care, experience faster follow-up after critical behavioral health episodes, and have higher screening completion rates, all of which contribute to measurable Medicaid cost savings and improved population health outcomes.

Please [click here for the full DOH 2024 report](#) containing this data. All data, excerpts and conclusions in this Executive Summary were extrapolated from the DOH 2024 report.

For more information:

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