Objective

The AHI Health Home is a partnership with primary care providers, hospitals, community-based organizations and several behavioral health organizations.

Care managers oversee client care, ensuring they stay healthy by providing access to all needed services.

The care management agencies are assigned clients based on capacity, geography, and specialty area:

- Alliance for Positive Health
- Behavioral Health Services North
- Citizen Advocates/North Star Behavioral Health
- Community Maternity Services
- Essex County Mental Health Services
- Glens Falls Hospital
- HCR Home Care
- Hudson Headwaters Health Network
- Mental Health Association in Essex County
- United Helpers Mosaic
- University of Vermont Health Network – Champlain Valley Physicians Hospital
- Warren-Washington Association for Mental Health

How the AHI Health Home works

Individuals are referred to the AHI Health Home in one of three ways:

1. Assigned by NYS Department of Health (DOH)
2. Referral by agency providing care
3. Self-referral or referral from outside agency

AHI Health Home's Role

The AHI Health Home coordinates referrals, hosts regular meetings for partner care management agencies to review NYS DOH policies and procedures, gathers areas for improvement, and shares best practices.

Costs

The AHI Health Home program is funded by Medicaid and Medicaid Managed Care. AHI Health Home participants do not pay out of pocket for this service.

Contact Us

for more information call

1-866-708-2912

or visit our website

www.ahihealth.org/healthhome

AHI HEALTH HOME

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Adirondack Health Institute

AHI Health Home

A Health Home is not a physical location; it is a care management service that expands on the traditional medical home model by placing a greater emphasis on linking community and social supports with health care, while providing enhanced coordination of medical and behavioral health care.

A Health Home ensures that all caregivers involved with an individual communicate with one another so that needs are addressed.

AHI Health Home is a New York State Department of Health designated lead Health Home and serves all ages.

Qualifying Criteria

The AHI Health Home provides enhanced coordination of medical and behavioral health care by linking community and social supports with health care for high-risk Medicaid members with:

- HIV/AIDS or
- a serious persistent mental illness, or
- two or more other chronic conditions (e.g., mental health condition, substance use disorder, asthma, diabetes, heart disease, BMI greater than 25, or other chronic conditions).

Additionally, any one or more of the following risk factors must be a component of the individual's situation. These factors include, but are not limited to:

- Homelessness or risk of homelessness;
- Lack of social/family supports;
- Deficits in activities of daily living;
- Non-adherence to treatments;
- Learning or cognition issues.

AHI Health Home operates in eight Adirondack/ North Country counties – some of the most rural counties in New York:

Clinton, Essex, Franklin, Hamilton, St. Lawrence, Warren, Washington, and parts of Saratoga County

When asked about her AHI Health Home program, a participant said,

"In early recovery you feel very isolated and lonely... I am so, so grateful for this program. It opened so many doors for me. I don't know where I would be without you."

Visit our website for more information and our referral form:

www.ahihealth.org/healthhome