

Org Name:  
 Primary Contact:  
 Address:  
 City State Zip:  
 Phone:

Email:

**We are no longer interested in participating in the AHI PPS**

Signature:  
 Date:

Project	Initial Commitment	Actual Commitment
<b>2.a.i. Integrated Delivery System</b>		
<b>2.a.ii PCMH/NCQA 2014 Level 3</b>		
<b>2.a.iv Medical Village</b>		
<b>2.b.viii Hospital to Home</b>		
<b>2.d.i Patient Engagement</b>		
<b>3.a.i PC/BH Integration</b>		
<b>3.a.ii Crisis Stabilization</b>		
<b>3.a.iv Ambulatory Detox</b>		
<b>3.g.i Palliative Care in PCMH</b>		
<b>4.a.iii MEB Health Promotion</b>		
<b>4.b.ii COPD</b>		



Adirondack Health Institute

For more information, visit [www.ahihealth.org/ahipps](http://www.ahihealth.org/ahipps)