

**Welcome to Adirondack Health Institute!**

The Adirondack Health Institute’s (AHI) Health Home is a program for NYS Medicaid or Medicaid eligible recipients who have two chronic medical conditions, HIV, or a mental health condition, and live or receive all services in Clinton, Essex, Franklin, Hamilton, Saratoga, St. Lawrence, Warren, and Washington Counties. We will help you and your family, and provide a single contact for healthcare and community service needs.

Your primary care manager is (name of care manager here) with (name of your CMA). (Your CMA) can be reach 24/7 via phone at (number of CMA 24/7 on-call number) or from (CMA hours of operation) in person at (CMA address). We can also be reached via mail at the same address.

We hope our program serves you well. If you have a problem, we can be reached at 1-866-708-2912; office hours are Monday- Friday 9am to 4pm or in writing to AHI Health Home Care Management 101 Ridge St., Glens Falls, NY 12801.

**SOCIAL SERVICES**

The Social Security Administration provides economic protection for Americans of all ages. Social Security programs include retirement benefits, disability, family benefits, survivors’ benefits, and benefits for the aged, blind, and disabled. You can call the Social Security Administration toll free at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also visit [**www.ssa.gov**](http://www.ssa.gov) on the web.

To find out more about Medicaid and its programs, contact your local county department of social services (LDSS):

Please choose the LDSS where your client resides

Clinton County Department of Social Services

13 Durkee Street

Plattsburgh, NY 12901

518-565-3300

Essex County Department of Social Services

7551 Court Street, PO Box 217

Elizabethtown, NY 12932

518-873-3441

Franklin County Department of Social Services

184 Finney Boulevard

Malone, NY 12953

518-481-1888

Hamilton County Department of Social Services

139 White Birch Lane, PO Box 725

Indian Lake, NY 12842

518-648-6131

Saratoga County Department of Social Services

152 West High Street

Ballston Spa, NY 12020

518-884-4148

St. Lawrence Department of Social Services

6 Judson Street Canton, NY 13617

315-379-2111.

Warren County Department of Social Services

1340 State Route 9

Lake George NY, 12845

518-761-6300

Washington County Department of Social Services

383 Broadway

Fort Edward NY, 12828

518-746-2300

If you have any questions or concerns, please call or write to AHI. We will be happy to help you. Or you may call the Medicaid Help Line at 1-800-541-2831.

**We look forward to serving you!**

**CLIENT’S RIGHTS & RESPONSIBILITIES**

**EACH CLIENT\* HAS THE RIGHT TO:**

**Services:**

* Receive a timely response to requests for help and information.
* Receive considerate and respectful services.
* Receive services without regard to race, color, creed, gender, sexual orientation, religion, age, disability, marital status, national or ethnic origin.
* Take an active part in the planning of services.
* Receive accurate and up to date information.
* Refuse services.
* Terminate services at any time.

**Confidentiality:**

* Have all records and information kept private and confidential
* Receive a copy of, and have explained to you, the HIPAA Notice of Privacy Practices.
* Provide written, signed consent if information is to be released.
* Revoke consent at any time.

**Feedback:**

* Provide feedback regarding the services you receive, including the right to make a complaint if warranted
* Utilize the Complaint Procedure if services are not to your satisfaction.
* Participate in surveys to let the agency know how we can better serve you.

**EACH CLIENT\* HAS THE RESPONSIBILITY TO:**

**Services:**

* Schedule appointments before coming in to the office.
* Keep scheduled appointments.
* Develop and work towards agreed upon goals.

**Confidentiality:**

* Maintain confidentiality of other clients.

**Agency Policies:**

* Observe agency policies.
* Abstain from any harassing and/or violent behavior (verbal, written or physical) towards agency staff or clients.
* Treat other clients and staff with courtesy and respect.
* Refrain from being under the influence of alcohol or illegal substances when attending appointments/ events (office visits, home visits, support groups, medical appointments when accompanied by staff, etc.).

**COMPLAINT PROCEDURE**

When you have a problem, issue, or major difference of opinion about treatment through this agency, you have the right to report your complaint. You may follow the below steps:

1. Contact your/ your child’s care manager for assistance in resolving the issue
2. If no resolution can be reached, the client/guardian/designee should inform the care manager that he/she would like to meet with the agency’s supervisor of the Health Home program. This meeting will take place within 10 days of request.
3. If you are not satisfied, you may contact the Director of the agency.

You may also contact the below organizations for grievances related to the Health Home program:

AHI Health Home: 1-866-708-2912

New York State Medicaid Helpline: 1-800-541-2831

You may request a State Fair Hearing. A Fair Hearing is a chance for you to tell an Administrative Law Judge from the New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings, why you think a decision about your/your child’s/your designee’s case made by a local social services agency is wrong. The Office of Temporary and Disability Assistance will then issue a written decision which will state whether the local agency's decision was right or wrong. The written decision may order the local agency to correct the case.

To request a Fair Hearing, you may call 1 (800) 342-3334,

fax the Fair Hearing Request Form to 518-473-6735, or mail it to:

New York State Office of Temporary and Disability Assistance

Office of Administrative Hearings

P.O. Box 1930

Albany, NY 12201-1930

Your/your child’s care manager will provide you a copy of the Fair Hearing Request Form upon request.

Your/ your child’s care manager will assist in connecting you with resources to help you with filing complaints, including requests for Fair Hearings. These resources can include, but are not limited to, hearing and vision assistance and language interpretation.

By signing this form, you understand that you/your child have rights and responsibilities as a Health Home Participant, including the right to make a complaint about the Health Home services received. You will receive a copy of this form once you have signed it.

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Health Home Participant- Print Name Health Home Participant- Sign Name Date

Health Home Participant’s Parent/Guardian Health Home Participant’s Parent/Guardian

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Care Manager- Print Name Care Manager- Sign Name Date