Embedded Health Home Care Management

The NYS Health Home Care Management program is a Medicaid service model for people with chronic medical and/or behavioral health conditions who are at risk for adverse health, social or economic outcomes.

Our care managers work with adults, including those seeking perinatal care, across care settings to create and support care plans. Some examples include:

- Facilitating collaboration between the care manager, client, and health care providers or specialists, including mental health and substance abuse providers
- Assisting clients with attending appointments and supporting engagement in continuity of care
- Minimizing ED & inpatient utilization
- Linking clients with Social Services (SNAP benefits, DSS, Social Security, medical transportation, etc.)
- Referring clients to community programs (employment, housing, financial, legal) to help grow their social health in the community

ELIGIBILITY CRITERIA

- Active Medicaid
- Two chronic physical health conditions *or* a serious & permanent mental illness *or* HIV/AIDS *or* Sickle Cell Disease
- One risk factor, such as frequent use of ED/hospital, limited medical literacy, lack of social supports, etc.

HOW TO REFER

Scan QR codes below for referral instructions *(also linked)*

Ambulatory

Inpatient Providers

Inpatient Nurses/ Social Workers

Visit the Embedded Health Home intranet site for more info:
bit.ly/embeddedhealthhome

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