10/29/2014 AIDS Service Center NYC dba Allied Service Center NYC

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



I. Are you a Medicaid I Answe	yes Yes	on approval.			
II. Appeal Applicant In Organization Nam	yes Yes				
II. Appeal Applicant In Organization Nam	103				
Organization Nam				▼	You have chosen the following category: 1
	itormation				VI. Restricted to 3500 Characters only!
OPTIONAL Joined P	ne: AIDS Service Center NYC dba Alli	ed Service Center NYC			Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
	PS: Select PPS			•	I am hereby requesting approval as a safety net entity as I have been approved by
					OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid service
					the DSRIP attributed patient population.
Provider Typ	pe: OASAS 1915i Provider			▼.	
Provider Type - Oth	ner: DO NOT USE				
	Operating Certificate/Lice	nse # MMIS		NPI	
Unique Identifie		PENDING	PEN	NDING	
	de: PENDING				
Billing Entity	ID: PENDING		1 1		De le la Convole De la Convole de Constant
A didas	Address ss: 2036 Amsterdam Avenue	City New York	State NY	Zip 10032	on behalf of ASCNYC's Board of Directors, staff and clients, we are formally requesting designation as a DSRIP "Vital Access Provider" as is in a pending CMS-approval status category of bulk exceptions as a OASAS1915i provider and is already on the State Pending Safety Ne
Addres Coun		Manhattan	INT	10032	CMH/OASAS 1915i Provider List.
		- Mannattan			ASCNYC has been a licensed Medicaid provider of Health Home Care Management services (formerly Targeted Case Management) for ov
III. Appeal Point of Co					years, and we have been at the forefront of innovation throughout the Medicaid Redesign process. Furthermore, ASCNYC is a member of
Contact Person Sh					uc., and is represented on the governing boards of three Health Homes in New York City: CCMP, QCCP and BHH. At this time ASCNYC ha
Title EC		- Francis		204	Health Home contracts to deliver comprehensive care management services: Brooklyn Health Home (formerly Maimonides Health Home)
Contact Phone 21 Contact Email sh		Extension	<u>n .</u>	304	Community HealthCare Network BrookIn Health Home (CHN Brooklyn HH), Mount Sinai Health Home and New York Presbyterian Health The ASCNYC Health Home Care Management Program is receiving direct referrals from all five HEalth Homes for out-reach and enrollme
<u> </u>					cients who are Medicaid-eligible and living with HIV and other chronic conditions. ASCNYC has applied for and was approved by OASAS
IV. Please choose the	following 1915i Category:				an 822.4 Substance Abuse Outpatient Treatment Program in Washington Heights; license number is pending. Our Health Home Care Ma
1 I am an OMH 1	1915i or OASAS 1915i provider that is	s already on one of the following r	ending DSRIP lists	· Pending	programs and our outpatient substance abuse treatment program are anticipating to serve a large number of HARP-eligible clients who
9	H/OASAS 1915i Providers	an eady on one or the renowing p	criding Doministor	- Citaling	raceive 1915 (i) services, such as crisis intervention, empowerment services and peer support, pre-vocational services, educational support
,					services, and self-directetd care planning. In adddition, ASCNYC is contracted with an onsite satelite Article 31 Mental Health clinic when
O 2 I am a Harm R	Reduction 1915i provider that is on	one the following pending DSRIP	lists: Pending Sat	fety Net Harm	can receive psychiatric evaluations, medication management, and group and individual therapy. It is essential that CMS approves NYSDC request to identify ASCNYC and all converting TCM providers as a "Vital Access Provider". ASCNYC is a vital part of New York State's stra
	5i Providers.			_	achieve the triple aim of improved quality, improved health and reduced costs in New York State.
Reduction 1915					
Reduction 1915	aid & Uninsured members that your	facility serves			
Reduction 1915	aid & Uninsured members that your	facility serves	_		
Reduction 1918 V. Percentage of Medica	aid & Uninsured members that your	facility serves Uninsured	Data Sourc	ce Year	
Reduction 1918 V. Percentage of Medica			Data Sourc	:e Year	

10/29/2014 Anchor House INC

VAP EXCEPTION FORM IS DUE 10/24/2014 - HCBS/1915i SERVICE PROVIDERS ONLY





<u>Vital Access Provider Exception</u>: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval.

be posted for publi	c comment 30 days prior to app	lication approval.				
I. Are you a Medica	aid Provider					
Ar	nswer Not Yet				*	You have chosen the following category: 1
II. Appeal Applican	t Information					VI. Restricted to 3500 Characters only!
Organization N	Name: Anchor House INC					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL Joine	d PPS: Select PPS					I am hereby requesting approval as a safety net entity as I have been approved by
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
						the DSRIP attributed patient population.
D	- · · ·				F	the Dakir attributed patient population.
Provider	Origina Eastai Frontaci				▼.	
Provider Type -	Other: DO NOT USE					
	Operating Certificate	/License #	MMIS		NPI	
Unique Iden						
Agency Billing Ent	Code: 610					
Dilling Ent	iity ib.	I	City	State	Zip	
Add	dress: 1041 Bergen Street	Brook		NY	11216	
C	ounty:	KII	NGS			
III. A Delint of	Combont					
III. Appeal Point of Contact Person						
	Administrator/Executive Director					
	718-771-0760		Extension			
Contact Email	aking@anchorhouseinc.com					
IV. Please choose t	he following 1915i Category:					
	1H 1915i or OASAS 1915i provider t	hat is already on one o	of the following pend	ing DSRIP list	s: Pending —	
Sarety Net C	OMH/OASAS 1915i Providers					
O 2 I am a Har	m Reduction 1915i provider that i	s on one the following	pending DSRIP lists	: Pending S	afety Net Harm	
	1915i Providers.	_			-	
					_	-
V D	dissid 8 11::					
v. Percentage of Me	dicaid & Uninsured members that	your facility serves		_		
	Medicaid (FFS & MC)	Uninsure	ed	Data Sour	ce Year	
-						
Percentage						
	that the information and data pro					1
	t this information may be subject t	o audit and I may be a	sked to provide doc	umentation i	n support of this	
appeal.			Ans	wer		
Name	Simeon Sa	turn		O No		
Title	CFO			•		
On	ly appeals from the CEO, CFO or	comparable will be	accepted			



be posted for pub	olic comment 30 days prior to appl		,	on a case by case .	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
I. Are you a Medi				1	[
	Answer _{Yes}			▼	You have chosen the following category:
II. Appeal Applica	nt Information				VI. Restricted to 3500 Characters only!
Organization	Name: Argus Community, Inc.				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL Join	ned PPS: Bronx-Lebanon Hospital Center			v	I am hereby requesting approval as a safety net entity as I have been approved by OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Provid	er Type: OASAS 1915i Provider			~	
	- Other: DO NOT USE			<u> *</u>	
Flovider Type		/License # MMI	c	NDI	
	Operating Certificate		-	NPI	
Unique Ide		27376	44 1	932241429	
	cy Code:				
Billing E	•	City	Ctata	7in	In the context of the Bronx-Lebanon PPS, for over 44 years we have co-served an overlapping catchment area while providing unique "in-the-
Δ.	Address Address 760 E. 160 Street	City Bronx	State NY	Zip 10456	community" substance use services to adolescents, teens and adults. We are specialists in providing specialized SUD/SU services to the dually a
	County:	Bronx	INT	10430	tliply diagnosed; besides outpatient and court mandated outpatient services, we have one of the only/few OASAS approved MICA residences in
Contact Em V. Please choose 1 am an C Safety Ne 2 I am a H Reduction	ne 718-401-5650 ail dlowy@arguscommunity.org the following 1915i Category: OMH 1915i or OASAS 1915i provider the to OMH/OASAS 1915i providers arm Reduction 1915i provider that is a 1915i Providers. Medicaid & Uninsured members that	hat is already on one of the follo s on one the following pending		-	disconnected from parental oversight or medical care, and; those with mental health issues who self-medicate via illicit substance use/abuse. Bronx-Lebanon values our input and the critical need for our services, the Director, Dr. James G. Schiller, serving on their DSRIP PAC, as well as t Community Needs Assessment committee.
	Medicaid (FFS & MC)	Uninsured	Data So	urce Year	
Percentage	95%	5%)S/Compu	ter Scil 2014	
Yes I Hereby Certi		5% vided on this form is accurate a	nd correct to the best	ter Sci 2014	



vitai Acce	ss Provider	Exception: The state will	consider exce	ptions to the safety net	t definition on a	a case-by-case b	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
	•	ment 30 days prior to appli	cation approv	al.			
I. Are you a	Medicaid Pro	vider					
	Answer	Yes				▼	You have chosen the following category: 1
II. Appeal A	pplicant Infor	mation					VI. Restricted to 3500 Characters only!
Organi	ization Name:	Argus Community, Inc.					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTION	AL Joined PPS:	Mount Sinai Hospitals Group				-	I am hereby requesting approval as a safety net entity as I have been approved by
•						1200	OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
							the DSRIP attributed patient population.
ı	Provider Type:	OASAS 1915i Provider				▼	
Provider	r Type - Other:	DO NOT USE					
		Operating Certificate/	License #	MMIS	ı	NPI	
Uniq	ue Identifiers:	170411505		2737644	1932	2241429	
	Agency Code:						
Bi	illing Entity ID:						
		Address		City	State	Zip	Argus has a 21 year history of working with St. Luke's/Roosevelt (The Continuum), subsumed into the Mt. Sinai Hospitals Group," together serving
	Address: County:	760 E. 160 Street		Bronx Bronx	NY	10456	those with HIV/AIDS and active substance abuse. Currently, our OASAS director serves on their IT committee and their Minimum Data Set (MDS) subcommittee. Additionally, Argus Community is a co-owner of the CCMP HH with Mt. Sinai. Serving the Bronx and upper Manhattan for over 4
	county.			DIUIIX			years, Argus has established a comprehensive substance abuse treatment services base in Harlem, originally supported by OASAS to take control
III. Appeal P	oint of Conta	ct					several OASAS outpatient and residential treatment facilities in an area where adolescent and adult SU treatment is heavily needed. The Argus-
Contact	t Person Danie	el Lowy					Nt. Sinai relationship facilitates the provision of our "in-the-community" substance use services to adolescents, teens and adults. We are
	Title Vice						specialists in providing specialized SUD/SU services to the dually and triply diagnosed; besides outpatient and court mandated outpatient services
	t Phone 718-4			Extension			we have one of the only/few OASAS approved MICA residences. We are an OASAS licensed and approved NYS not-for-profit, providing on-site
	•	y@arguscommunity.org					services to those in the Bronx and Upper Manhattan/Harlem MAI designated neighborhoods. Along with the decreased SUD/SU services noted above, our services impact the community by assisting: persons transitioning from active substance use to independence; transitioning into the
IV. Please cl	hoose the foll	owing 1915i Category:					downwity from the community by assisting, persons transactioning from active sousance use to independence, transactioning into the dominantity from the correctional system; teens and adolescents often disconnected from parental oversight or medical care, and; those with
1 lan	n an OM⊒ 101	5i or OASAS 1915i provider th	at is already on	one of the following non	ding DSDID lists:	Donding	mental health issues who self-medicate via illicit substance use/abuse.
		ASAS 1915i Providers	iat is alleady of	one of the following pen	ullig Dakir lists.	rending]
	,						
		uction 1915i provider that is	on one the foll	owing pending DSRIP lis	ts: Pending Saf	fety Net Harm	
Red	luction 1915i P	roviders.					IJ
V Porcontag	o of Modicaid	& Uninsured members that y	our facility cor	uoc			
v. reiteiltag	e oi ivieuicaiu	& Offinsured members that y	your racinty ser	ves			
	Me	dicaid (FFS & MC)	Un	insured	Data Source	e Year	
Percentage		95%		5%	S/Computer S	Sci 2014	
Yes I Hereby	Certify that th	ne information and data prov	ided on this fo	rm is accurate and correc	t to the best of	my knowledge. I	
		formation may be subject to					
appeal.							
		Dich 184	vice.		swer		
	ime Title	Richard We President &		(• Ye	s O No		
'		eals from the CEO, CFO or		ill he accented			
	Omy app	cais iroill the CLO, CFO OI	comparable w	iii be accepted			

10/29/2014 Astor Services for Children & Families

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

		0 days prior to application ap		,	JC 27 Cu.
	Medicaid Provider	o days prior to application ap	provai.		
I AIC YOU U II	Answer Yes				▼
II. Appeal App	plicant Information	1			
Organiza	ration Name: Astor Se	ervices for Children & Families			
OPTIONAL	L Joined PPS: Select PP	PS .			•
Pr	rovider Type: OMH 191	**************************************			
	Type - Other: DO NOT	15i Provider T USF			~
TTOVIGET		Operating Certificate/License #	MMIS	NPI	
Unique	ue Identifiers:	Sperating certificate/Electise #	2994769	1225009	806
	Agency Code: 18320		233 17 03	1223003	300
Billi	ling Entity ID:				
	6220.14	Address	City	State	Zip
	Address: 6339 M County:	IIII St.	Rhinebeck Dutchess	NY 1	2572
			Duteness		j
	oint of Contact	: I DI D			1
Contact F	Person James McGui Title Executive Dir				
Contact	Phone 845-871-100		Extens	ion	
	t Email jmcguirk@as				
IV. Please cho	oose the following	1915i Category:			
	0141140451	CACADAET Months I	d Cob . Cob . Cob	and the population of	di
	an OMH 1915i or OA ty Net OMH/OASAS 19	SAS 1915i provider that is alread	dy on one of the following	pending DSRIP lists: Per	nding —
, salety	ty Net OWIH/OASAS 15	9131 Providers			
		1915i provider that is on one th	e following pending DSRI	P lists: Pending Safety	Net Harm
Reduc	action 1915i Providers	S.			_
V. Percentage	of Medicaid & Unins	sured members that your facilit	y serves		
ſ	Medicaid (I	FFS & MC)	Uninsured	Data Source	Year
		, , , , , , , , , , , , , , , , , , ,			
Percentage	312	8%		tronic Health Re	2014
	-	•			
		mation and data provided on th			
understan appeal.	na that this informati	ion may be subject to audit and	i i may be asked to provid	e accumentation in sup	oort of this
uppcul.				Answer	
Nam		James McGuirk PhD		Yes O No	
Titl		Executive Director/CEO			
	Only appeals fro	om the CEO, CFO or comparat	ole will be accepted		

10/29/2014 Baltic Street AEH, Inc.

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health **Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form**





Vital Access	s Provider	Exception: The state will	consider exce	ptions to the safety r	et defi	nition on a	case-by-case b	pasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be
posted for pul	blic commer	nt 30 days prior to applicat	ion approval.					
I. Are you a N	ledicaid Pro	vider						
	Answer	Yes	Service V				▼	You have chosen the following category: 1
II. Appeal App	olicant Infor	mation						VI. Restricted to 3500 Characters only!
Organiza	ation Name:	Bowery Residents' Committe	ee (BRC)					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	Joined PPS:	Lutheran Medical Center					~	I am hereby requesting approval as a safety net entity as I have been approved by
								OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Pro	ovider Type:	OMH 1915i Provider					~	
Provider T	ype - Other:	DO NOT USE					"لندينب	
		Operating Certificate/	License #	MMIS		N	PI	
Unique	e Identifiers:	A		02995802		14776	84967	
	gency Code:	and the second	Samuel State	<u> </u>	12.50			
Billi	ng Entity ID:		<u> </u>			Markey .	1,534,535	
		Address		City		State	Zip	RC is listed as a safety net provider according to the OMH and OASAS calculations, and is applying to be included on the 1915i-like service
	Address: County:	131 West 25th Street, 12th f	loor	New York New York		NY	10001	roviders list.
IV. Please cho 1 I am a Net O 2 I am Reduce	email hdon: nose the following	anue@brc.org powing 1915i Category: ii or OASAS 1915i provider the 915i Providers action 1915i provider that is a oviders. & Uninsured members that y	on one the follo	wing pending DSRIP lis	ending [
Г		-			Г	Data Course		
	Med	dicaid (FFS & MC)	Un	insured	F	Data Source	Year	
Percentage		88%		5%	L	BRC records	2014	
Yes I Hereby Counderstand appeal. Name	d that this inf	e information and data prov formation may be subject to Cifief Plogram eals from the CEO, CFO of o	audit and I may	y be asked to provide o	ect to the locument of the loc	ntation in su	v knowledge. I	





Vital Access	Provider	Exception: The state wil	l consider exce	otions to the safety	net d	efinition on a	case-by-case I	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be
posted for pul	blic comme	nt 30 days prior to applicat	tion approval.					
I. Are you a M	ledicaid Pro	vider						
	Answer	Yes				X	▼	You have chosen the following category: 1
II. Appeal App	olicant Infor	mation						VI. Restricted to 3500 Characters only!
Organiza	tion Name:	Bowery Residents' Committe	ee (BRC)					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	Joined PPS:	Mount Sinai Hospitals Group					₩	I am hereby requesting approval as a safety net entity as I have been approved by
	· · · · · · · · · · · · · · · · · · ·							OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services
								to the DSRIP attributed patient population.
Pro	ovider Type:	OMH 1915i Provider					▼	
Provider T		DO NOT USE					-	- 1
	.,	Operating Certificate	/License #	MMIS		l N	IPI	
Unique	dentifiers:	-,		02995802		14776		
	gency Code:	GAT Francis				1		
Billir	ng Entity ID:	entra distributa	atti atti je vrege uze		25.0	et e espectación por pat	real or so	
		Address		City		State	Zip	RC is listed as a safety net provider according to the OMH and OASAS calculations, and is applying to be included on the 1915i-like service
		131 West 25th Street, 12th f	floor	New York		NY	10001	roviders list.
	County:			New York				
III. Appeal Poi	nt of Conta	ct						
	erson Heath							기
		am Development Coordinato	or					
	hone (212)			Extens	ion			
Contact	Email <u>hdon</u> :	ahue@brc.org						
IV. Please cho	ose the follo	owing 1915i Category:						
· •		ii or OASAS 1915i provider th	nat is already on	one of the following p	endin	ig DSRIP lists: P	ending Safety-	
Vet O	MH/UASAS 1	915i Providers						
O 2 Iam	a Harm Redu	iction 1915i provider that is	on one the follow	vina pendina DSRIP li	ists: I	Pending Safety	Net Harm	
	tion 1915i Pr			3. 3				

V. Percentage o	of Medicaid 8	& Uninsured members that y	our facility serv	es				
Γ	Med	dicaid (FFS & MC)	Uni	nsured		Data Source	Year	71
Percentage		88%		5%		BRC records	2014	4
								<u> </u>
Yes Hereby Ce	ertif v?t hat the	e information and data prov	ided on this for	n is accurate and cor	rect to	the best of my	knowledge. I	<u>, </u>
		ormation may be subject to						
appeal.	1 1		-				-	
	\ \ \	1101		- 0.00 × 1.00 · •	Ansv	ver		
Name			Off		Yes	O No		
Title		Chief Program		l ha accented				
	Only appe	als from the CEO, CFO or	comparable Wil	ne accepted				



VAP EXCEPTION FORM IS DUE 10/24/2014 - STATE **DESIGNATED HEALTH HOMES AND DOWNSTREAM CARE MANAGEMENT AGENCIES ONLY**

186	ent 30 days prior to application ap	proval.			
Are you a Madical I B					
. Are you a Medicaid Pr	rovider				
Answei	r Yes			7	You have chosen the following Health Home category: 1
II. Appeal Applicant Info	ormation				VI. Restricted to 3500 Characters only!
Organization Name	Bowery Residents' Committee (BRC	c)			The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS	S: Lutheran Medical Center	A		-	I am hereby requesting approval as a safety net entity as I have been listed by the
				10000	
					department of health as a high volume provider of Medicaid care management services or
Provider Type:	Hea	Ith Home/Care Management Ag	ncy		1
Provider Type - Other	r:				
	Operating Certificate/License	e# MMIS*		NPI*	
Unique Identifiers	e.	2995802	:	477684967	1
Agency Code					
Billing Entity ID					
	Address	City	State	Zip	Character Count: 0
Address	: 131 W. 25th Street, 12th floor	New York	NY	10001	
County	y:	New York			
III. Appeal Point of Cont	act				
	ather Donahue				
	gram Development Coordinator				
	2) 803-5709	Extensio	n		
Contact Email hdo	onahue@brc.org				
	ed Health Home or Health Home provi stream Care Management Agency List		g State-Designa	ated State Health	
If your organization your organization your organization your end of the case Management Agencies pproval. If your Health Hor ut should submit this form on ont need to submit this feet provider list, but your or	ion does not appear on the draft Heal in believes that it should qualify as a Heal in the draft Heal in believes that it should qualify as a Heal in the draft Heal in the dra	th Home list or on another appro- calth Home, please make this sel cited a draft list of State Designat- coved as safety net providers as v croval, you may be granted a VAF ealth Home/CMA already appea pear on the draft Health Home li lify as a Health Home, please co	ved safety net ection. d Health Home rell as those the Exception pen s on another se t or on anothe	provider list, but es and Network at are pending CMS ding CMS approval, fety net list, you r approved safety	
Home and Downs If your organization You are choosing VAP Excetare Management Agencies pproval. If your Health Horsut should submit this form on ont need to submit this feet provider list, but your of the provider of Medicaid	ion does not appear on the draft Heal in believes that it should qualify as a Heapton iii—The Department has submit is (CMAs) that have already been approme appears on this list as pending app. If the organization operating your Heapton iii the organization does not appropriation of the propriet of the organization does not appropriation believes that it should qualication believes that it should qualication believes that your factoriation is supported to the property of th	th Home list or on another appro ealth Home, please make this sel ted a draft list of State Designat oved as safety net providers as v groval, you may be granted a VAF ealth Home/CMA already appea pear on the draft Health Home li liffy as a Health Home, please co	ved safety net section. d Health Home lell as those the Exception pens on another sat or on anothe inplete this forr	es and Network at are pending CMS ding CMS approval, fety net list, you r approved safety n.	
Home and Downs If your organization You are choosing VAP Excetare Management Agencies pproval. If your Health Hor on the need to submit this form on the need to submit this feet provider list, but your of the contract of Medicaid Medical Medicaid	ion does not appear on the draft Heal in believes that it should qualify as a Heal in believes that it should qualify as a Heal in believes that it should qualify as a Heal in the period of the peri	th Home list or on another appro- balth Home, please make this sel eted a draft list of State Designate oved as safety net providers as veroval, you may be granted a VAF alth Home/CMA already appear pear on the draft Health Home li liffy as a Health Home, please co	ved safety net ection. d Health Home ell as those the Exception pen so on another sat or on anothe hoplete this form	es and Network at are pending CMS ding CMS approval, fety net list, you r approved safety n.	
Home and Downs If your organization You are choosing VAP Excecare Management Agencies approval. If your Health Horout should submit this form to not need to submit this fact provider list, but your or of the contract of	ion does not appear on the draft Heal in believes that it should qualify as a Heapton iii—The Department has submit is (CMAs) that have already been approme appears on this list as pending app. If the organization operating your Heapton iii the organization does not appropriation of the propriet of the organization does not appropriation believes that it should qualication believes that it should qualication believes that your factoriation is supported to the property of th	th Home list or on another appro ealth Home, please make this sel ted a draft list of State Designat oved as safety net providers as v groval, you may be granted a VAF ealth Home/CMA already appea pear on the draft Health Home li liffy as a Health Home, please co	ved safety net section. d Health Home lell as those the Exception pens on another sat or on anothe inplete this forr	es and Network at are pending CMS ding CMS approval, fety net list, you r approved safety n.	



VAP EXCEPTION FORM IS DUE 10/24/2014 - STATE DESIGNATED HEALTH HOMES AND DOWNSTREAM CARE MANAGEMENT AGENCIES ONLY

posted for public commer . Are you a Medicaid Pro Answer	nt 30 days prior to application approva			la case-by-case bas	is if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be
		.l.			
Answer	vider				
	Yes			_	You have chosen the following Health Home category:
I. Appeal Applicant Infor	mation				VI. Restricted to 3500 Characters only!
Organization Name:	Bowery Residents' Committee (BRC)				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Mount Sinai Hospitals Group				I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services or
Descrider Types	Honlth He	ome/Care Management Agen			department of fleatin as a fight volume provider of freededid care management services of
Provider Type:	riealtii rio	me/Care ivialiagement Agen	-y		1
Provider Type - Other:					
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		2995802	1	L477684967	
Agency Code:					1
Billing Entity ID:					
	Address	City	State	Zip	Character Count: 0
	131 W. 25th Street, 12th floor	New York	NY	10001	
County:		New York			
II. Appeal Point of Conta	ort .				
Contact Person Heat					
	ram Development Coordinator				
The second secon) 803-5709	Extension			
Contact Email hdon	nahue@brc.org				
	on does not appear on the draft Health Hor believes that it should qualify as a Health H	me list or on another annrow			
	2010100 1110110110111			provider list, but	
are Management Agencies pproval. If your Health Hom out should submit this form. In one the not need to submit this fo	otion iii— The Department has submitted a (CMAs) that have already been approved a ne appears on this list as pending approval, If the organization operating your Health h orm. If your organization does not appear o ganization believes that it should qualify as	draft list of State Designated as safety net providers as we , you may be granted a VAP E Home/CMA already appears on the draft Health Home list	Health Home Il as those tha xception pend on another sa or on another	es and Network at are pending CMS ding CMS approval, ifety net list, you r approved safety	
are Management Agencies in proval. If your Health Hom out should submit this form. It is not need to submit this for et provider list, but your org	otion iii—The Department has submitted a (CMAs) that have already been approved a ne appears on this list as pending approval, If the organization operating your Health b	draft list of State Designated as safety net providers as we , you may be granted a VAP E HOME/CMA already appears on the draft Health Home list s a Health Home, please comp	Health Home Il as those tha xception pend on another sa or on another	es and Network at are pending CMS ding CMS approval, ifety net list, you r approved safety	
are Management Agencies in proval. If your Health Hom out should submit this form. In onot need to submit this foet provider list, but your orgon. Percentage of Medicaid 8	otion iii—The Department has submitted a (CMAs) that have already been approved in a papears on this list as pending approval, If the organization operating your Health form. If your organization does not appear organization believes that it should qualify as a Uninsured members that your facility seedicaid (FFS & MC)	draft list of State Designated as safety net providers as we , you may be granted a VAP E Home/CMA already appears on the draft Health Home list a Health Home, please comperves Uninsured	Health Home II as those tha xception penc on another sa or on another plete this form	es and Network at are pending CMS ding CMS approval, fety net list, you r approved safety n.	
Care Management Agencies in proval. If your Health Hom but should submit this form. It is not need to submit this for net provider list, but your orgon.	otion iii—The Department has submitted a (CMAs) that have already been approved a e appears on this list as pending approval, If the organization operating your Health la brm. If your organization does not appear organization believes that it should qualify as & Uninsured members that your facility se	draft list of State Designated as safety net providers as we you may be granted a VAP E Home/CMA already appears on the draft Health Home list s a Health Home, please comperes	Health Home II as those tha xception penc on another sa or on another	es and Network at are pending CMS ding CMS approval, fety net list, you r approved safety n.	
are Management Agencies in proval. If your Health Hom out should submit this form. In one the need to submit this for et provider list, but your orgon. 7. Percentage of Medicaid & Me	otion iii—The Department has submitted a (CMAs) that have already been approved in a papears on this list as pending approval, If the organization operating your Health form. If your organization does not appear organization believes that it should qualify as a Uninsured members that your facility seedicaid (FFS & MC)	draft list of State Designated as safety net providers as we , you may be granted a VAP E Home/CMA already appears on the draft Health Home list a Health Home, please comperves Uninsured	Health Home II as those tha xception penc on another sa or on another plete this form	es and Network at are pending CMS ding CMS approval, fety net list, you r approved safety n.	

10/29/2014 Capabilities, Inc

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	comment 30 days prior to applica d Provider	αιιστι αμβτοναι.			
	wer _{Yes}			▼	You have chosen the following category:
. Appeal Applicant	Information				VI. Restricted to 3500 Characters only!
Organization Na	ame: Capabilities, Inc				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL Joined	PPS: Finger Lakes PPS			-	I am hereby requesting approval as a safety net entity as I have been approved by
					OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services the DSRIP attributed patient population.
Provider ⁻	Type: OMH 1915i Provider			~	
	ther: DO NOT USE				
	Operating Certificate/Lic	cense # MMIS		NPI	
Unique Identi	fiers: 7560960	2171346		exempt	
Agency (Code: 40790	•			
Billing Enti	ty ID: n/a				
	Address	City	State	Zip	AP Exception being completed per updated guidance from Department of Health. We are a vocational rehabilitation agency for employment of the state o
Add	ress: 1149 Sullivan Street unty:	Elmira Chemung	NY	14901	services for individuals with disabilities.
1 I am an OMI Safety Net O 2 I am a Harn Reduction 19	ajk@capabilities.org e following 1915i Category: H 1915i or OASAS 1915i provider that MH/OASAS 1915i Providers A Reduction 1915i provider that is o 215i Providers.	n one the following pending DSf			
	Medicaid (FFS & MC)	Uninsured	Data So	ource Year	
			1		
Percentage	95%	5%	Self Re	port 2014	
es I Hereby Certify t	95% hat the information and data provide this information may be subject to a	led on this form is accurate and	orrect to the bes	t of my knowledge.	



VAP EXCEPTION FORM IS DUE 10/24/2014 - STATE DESIGNATED HEALTH HOMES AND DOWNSTREAM CARE MANAGEMENT AGENCIES ONLY

Answer Yes	der				
				▼	You have chosen the following Health Home category: 1
I. Appeal Applicant Informa	ation				VI. Restricted to 3500 Characters only!
Organization Name: Cat	tholic Charities of Cortland County				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS: Sele	lect PPS			-	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management service
Provider Type:	Hoolth Hon	ne/Care Management Agen	-		
	nealth non	ie/Care ivianagement Agen	Су		or
Provider Type - Other:					
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		2995435	1	1366597171	
Agency Code:		50760			
Billing Entity ID:		2995435			
	Address	City	State	Zip	Character Count: 0
	-35 Central Avenue	Cortland	NY	13045	
County:					
II. Appeal Point of Contact					
Contact Person Marie L					
Title Executive					
Contact Phone (607)299	9-4164	Extension		1	
Contact Email mwalsh	@ccocc.org				
	Jacon not appear on the droft Health H.	uma list ar an anathar anne	augad coffetu	not neovidor list	
but your organization You are choosing VAP Exceptio Network Care Management Ago pending CMS approval. If your # pending CMS approval, but sho another safety net list, you do no or on another approved safety or	does not appear on the draft Health He n believes that it should qualify as a He on iii— The Department has submitted gencies (CMAs) that have already been Health Home appears on this list as pe puld submit this form. If the organization not need to submit this form. If your o net provider list, but your organization	alth Home, please make thi a draft list of State Designa approved as safety net pro ending approval, you may be on operating your Health Hc rganization does not appear	is selection. Inted Health Heaviders as we granted a Volume/CMA aligner on the draf	Homes and ell as those that are VAP Exception dready appears on ft Health Home list	
but your organization You are choosing VAP Exceptio Network Care Management Age pending CMS approval. If your be pending CMS approval, but show another safety net list, you do no or on another approved safety is complete this form.	on iii— The Department has submitted gencies (CMAs) that have already been Health Home appears on this list as peud submit this form. If the organization to need to submit this form. If your on the to submit this form. If your on the comment of the things are the submit this form.	alth Home, please make thing a draft list of State Designar approved as safety net provending approval, you may be no operating your Health Horganization does not appear to believes that it should quarters.	is selection. Inted Health Heaviders as we granted a Volume/CMA aligner on the draf	Homes and ell as those that are VAP Exception dready appears on ft Health Home list	
but your organization You are choosing VAP Exception Network Care Management Agrophending CMS approval. If your hepending CMS approval, but show another safety net list, you do not or on another approved safety in the complete this form. V. Percentage of Medicaid & U	on iii— The Department has submitted gencies (CMAs) that have already been Health Home appears on this list as peould submit this form. If the organization not need to submit this form. If your o net provider list, but your organization.	alth Home, please make this a draft list of State Designat approved as safety net prounding approval, you may be no operating your Health Horganization does not appeal to believes that it should quaserves	is selection. Inted Health H Interview as we Interview	Homes and ell as those that are VAP Exception ready appears on ft Health Home list alth Home, please	
but your organization You are choosing VAP Exception Network Care Management Agreement agreeme	on iii— The Department has submitted gencies (CMAs) that have already been Health Home appears on this list as peould submit this form. If the organization not need to submit this form. If your o net provider list, but your organization.	alth Home, please make thing a draft list of State Designar approved as safety net provending approval, you may be no operating your Health Horganization does not appear to believes that it should quarters.	is selection. Inted Health Heaviders as we granted a Volume/CMA aligner on the draf	Homes and ell as those that are WAP Exception ready appears on ft Health Home list alth Home, please	
but your organization You are choosing VAP Exceptio Network Care Management Ago pending CMS approval. If your he pending CMS approval, but sho another safety net list, you do n or on another approved safety of complete this form. V. Percentage of Medicaid & U Medica	on iii— The Department has submitted gencies (CMAs) that have already been Health Home appears on this list as peould submit this form. If the organization on need to submit this form. If your o net provider list, but your organization. Juinsured members that your facility aid (FFS & MC)	alth Home, please make thing a draft list of State Designar approved as safety net prounding approval, you may be no operating your Health Horganization does not appear a believes that it should quaserves Uninsured	is selection. Inted Health H Dividers as we gegranted a V Dome/CMA ali In on the draff alify as a Hea	Homes and ell as those that are WAP Exception ready appears on ft Health Home list alth Home, please	
but your organization You are choosing VAP Exceptio Network Care Management Agreement	n believes that it should qualify as a He on iii— The Department has submitted gencies (CMAs) that have already been Health Home appears on this list as peould submit this form. If the organization of need to submit this form. If your onet provider list, but your organization. Juninsured members that your facility aid (FFS & MC) 95% Information and data provided on this tand that this information may be subtreed the submetal.	a draft list of State Designal approved as safety net pro grading approved, you may be on operating your Health Horganization does not appear to be believes that it should qual serves Uninsured 5% Is form is accurate and corroject to audit and I may be	is selection. Ited Health Hoviders as we e granted a Nome/CMA all or on the draf alify as a Heal Data Sc. Agency rect to the be asked to promise the selection of the beasked to promise the selection of the s	Homes and all as those that are VAP Exception ready appears on ft Health Home list alth Home, please purce Year Data 2013	
but your organization You are choosing VAP Exceptio Network Care Management Ago pending CMS approval. If your he pending CMS approval, but sho or on another safety net list, you do n or on another approved safety n complete this form. V. Percentage of Medicaid & U Medica Percentage Yes I Hereby Certify that the i my knowledge. I underst	on iii— The Department has submitted gencies (CMAs) that have already been Health Home appears on this list as peould submit this form. If the organization not need to submit this form. If your o net provider list, but your organization Uninsured members that your facility aid (FFS & MC) 95% Information and data provided on thit and that this information may be sultant that this information may be sultant in the provider of the control	a draft list of State Designal approved as safety net pro grading approved, you may be on operating your Health Horganization does not appear to be believes that it should qual serves Uninsured 5% Is form is accurate and corroject to audit and I may be	is selection. ted Health H oviders as we e granted a \to ome/CMA ali or on the draf alify as a Hea Data So Agency rect to the b- asked to pro	Homes and all as those that are VAP Exception ready appears on ft Health Home list alth Home, please purce Year Data 2013	



		EXCEPTION: The state wi			et derillition	on a case-by-case
•	•	ment 30 days prior to app	lication approval.			
I. Are you a N	Medicaid Pro Answer					▼
II. Appeal App		Yes				•
		Catholic Charities of Cortlan	d County			
Ü		United Health Services Hospitals, I				-
0	.comea i i o	onted realth services rospitals, I	ne.			[27.]
Pr	rovider Type:	OMH 1915i Provider				-
Provider T	Type - Other:	DO NOT USE				
		Operating Certificate/License # MMIS NPI		NPI		
	ue Identifiers:			2995435 1366597171		366597171
	Agency Code: ling Entity ID:					
DIIII	illig Elitity ID.	Address		City	State	Zip
	Address:	33-35 Central Ave	Co	ortland	NY	13045
	County:		(Cortland		
III. Appeal Po	oint of Conta	ict				
	Person Mari					
		utive Director				
	t Phone (607)	lsh@ccocc.org		Extension	1	1
	•	lowing 1915i Category:				
IV. Flease Clic	loose the fol	lowing 1915i Category.				
		5i or OASAS 1915i provider t	hat is already on on	ne of the following pe	ending DSRIP I	ists: Pending 🕳
\$afety	ty Net OMH/C	ASAS 1915i Providers				
O 2 1 am	n a Harm Red	uction 1915i provider that i	s on one the follow	ving pending DSRIP I	ists: Pending	Safety Net Harm
	uction 1915i F			31.		
						_
V. Percentage	of Medicaid	& Uninsured members that	your facility serves	s		
[edicaid (FFS & MC)	Unins		Data So	ource Year
Percentage		95%	5%	%	Agency	
	<u> </u>				, igency	
Yes I Hereby C	Certify that th	ne information and data pro	vided on this form	is accurate and corr	ect to the bes	t of my knowledge.
understan	-	formation may be subject t				
appeal.						
Nam	me	Marie L W	alsh		Answer res O No	1
Titl		Executive Di				J
	Only app	eals from the CEO, CFO or	comparable will b	be accepted		



State of New York Department of Health **Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form**

		mant 30 days prior to appl		to the surety her		a case by case
I. Are you a M		ment 30 days prior to appl	ication approvai.			
I. Ale you a ivi	Answer	Ves				▼
II. Appeal App		165				
		Catholic Charities of Cortland	1 County			
		United Health Services Hospitals, Ir				
		omeo ream serves rospiais, a				120
Dre	ovider Type:					
		OMH 1915i Provider DO NOT USE				▼
Flovider	ype - Other.	Operating Certificate/License # MMIS NPI				
Unique	e Identifiers:	entifiers: 2995435 1366597171				
	gency Code:	le: 50760				
	Billing Entity ID: 2995435					
		Address		City	State	Zip
	Address: County:	33-35 Central Ave	Cortlar Cortl		NY	13045
	County.		Corti	anu		
III. Appeal Poi						
Contact P	Person Marie					
Contact I	Phone (607)	utive Director 299-4164		Extension		1
		lsh@ccocc.org		Extension	1	<u> </u>
		owing 1915i Category:				
		5i or OASAS 1915i provider th	nat is already on one of	the following pend	ling DSRIP list	ts: Pending -
Safety	Net OMH/C	ASAS 1915i Providers				
2 I am	a Harm Red	uction 1915i provider that is	on one the following	pending DSRIP lists	s: Pending S	Safety Net Harm
	ction 1915i P		3.	-	J	-
						_
V. Percentage	of Medicaid	& Uninsured members that	our facility serves			
Γ			•			
	Me	dicaid (FFS & MC)	Uninsured		Data Sou	rce Year
Percentage		95%	5%		Agency D	ata 2013
Yes I Hereby C	Certify that th	ne information and data pro	vided on this form is ac	curate and correct	to the best	of my knowledge.
	d that this in	formation may be subject to	audit and I may be as	ked to provide doc	umentation	in support of this
appeal.				Δnc	swer	
Name	ie	Marie L Wa	ılsh	Yes		
Title		Executive Dir				
	Only app	eals from the CEO, CFO or	comparable will be a	ccepted		

10/29/2014 Catholic Charities of Steuben

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



Vital Access	s Provider	Exception: The state will	ll consider exceptions t	o the safety ne	t definition o	n a case-by-cas	se ba	sis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for	public com	ment 30 days prior to appl	lication approval.					
I. Are you a N	/ledicaid Pro	vider						
	Answer	Not Yet					•	You have chosen the following category: 1
II. Appeal Ap	plicant Infor	mation						VI. Restricted to 3500 Characters only!
Organiza	ation Name:	Catholic Charities of Steuber	n					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	L Joined PPS:	Finger Lakes PPS				,	•	I am hereby requesting approval as a safety net entity as I have been approved by
						-		OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
								the DSRIP attributed patient population.
Pr	ovider Type:	OASAS 1915i Provider				_	-	
Provider 1	Гуре - Other:	DO NOT USE						
		Operating Certificate	/License #	MMIS		NPI		
Uniau	e Identifiers:	160411779						
	Agency Code:		<u> </u>					
Billi	ing Entity ID:							
		Address		City	State	Zip		ASAS reports indicate our Community Residence and Supportive Living Program serves a significantly higher population of individuals with major
	Address:							health problems and mental health diagnosis compared to 40 other upstate, rural residential programs. The % of population with 2 or more
	County:							diagnosis has been double the median for the last 7-10 years. The majority of referrals come from a State ATC (Dick Van Dyke) and therefore serve
III. Appeal Po	int of Conta	ct						t) Homeless Veterans with chronic dependency, health and mental health problems.
Contact	Person Kim F	Robards-Smith						
		am Director						
Contact		24 0909		Extension				
Contact		:h@dor.org					_	
IV. Please cho	oose the foll	owing 1915i Category:						
		5i or OASAS 1915i provider t ASAS 1915i Providers	hat is already on one of t	he following per	iding DSRIP lis	ts: Pending		
Jaiet	y Net Olvii i/C	ASAS 19131 Floviders						
	a Harm Red ction 1915i P	uction 1915i provider that is roviders.	s on one the following p	ending DSRIP lis	sts: Pending S	Safety Net Harm	1	
								-
V. Percentage	of Medicaid	& Uninsured members that	your facility serves					
	Me	dicaid (FFS & MC)	Uninsured		Data Sou	rce Year		
Percentage		83%	0%		udget calcu	latior 201	14	
	-	ne information and data pro formation may be subject t		ed to provide do	ocumentation			
Now	10	Kim Robards	-Smith		nswer			
Nam Tit		Program Dir			es O No			
110		eals from the CEO, CFO or		cepted				
	- / P-F-		,					

11/10/2014 cayuga counseling

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	s public comment 20 days prior to any		ins to the safety fiet	uemmuon on a	i case-by-case
•	r public comment 30 days prior to app Medicaid Provider	ilication approval.			
i. Are you a iv	Answer VARS				▼
II. Appeal Ap	pplicant Information				
	zation Name: Cayuga Counseling Services				
	AL Joined PPS: Select PPS				-
Dr	Provider Type: OMH 1915i Provider				
	Type - Other: DO NOT USE				▼.
Flovider	Operating Certificate	/License #	MMIS		NPI
Uniqu	ue Identifiers: 7734100A	/ License #	1014075 1194874610		
	Agency Code:	299	94594	113.	57 1010
Billi	lling Entity ID: DB8			1	
	Address	A b .	City	State NY	Zip 13021
	Address: 17 E. Genesee St. County:	Aubı	ayuga	NY	13021
	,		-7-8-		
	oint of Contact				
Contact	Person Heather Petrus LMHC Title Executive Director				
Contact	t Phone 315-253-9795		Extension	1	27
Contact	ct Email hpetrus@cayugacounseling.org			•	
IV. Please cho	noose the following 1915i Category:				
- 1	ONALI 1015; OASAS 1015;id		-f +h - f-ll;d	in a DCDID linte.	Dandina
	n an OMH 1915i or OASAS 1915i provider ty Net OMH/OASAS 1915i Providers	that is already on one	or the following pena	ing dakip lists:	Pending —
	t, net 3, 3.13.13 13 13.1 10 14 15.1				
	n a Harm Reduction 1915i provider that uction 1915i Providers.	is on one the following	ng pending DSRIP lists	s: Pending Saf	ety Net Harm
Redu	uction 1915) Providers.				_
V. Percentage	e of Medicaid & Uninsured members that	your facility serves			
	Medicaid (FFS & MC)	Uninsur	red	Data Source	Year
Percentage	60%	5%		Billing Syster	n 2013
Percentage	60%	5%		Billing Syster	n 2013
Yes I Hereby 0	Certify that the information and data pro	ovided on this form is	accurate and correct	to the best of r	ny knowledge.
	and that this information may be subject	to audit and I may be	asked to provide doc	umentation in	support of this
appeal.			Ans	wor	
Nam	me Heather Po	etrus	• Yes		
Tit					
	Only appeals from the CEO, CFO o	r comparable will be	accepted		

10/29/2014 Center for Behavioral Health Services

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

Vital Access Provider

	edicaid Provi Answer No					▼	You have chosen the following category: 1
Anneal Anni	licant Inform						VI. Restricted to 3500 Characters only!
		enter for Behavioral Health Services	:				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
		faimonides Medical Center	1			~	
o. norwie	30cu 1 7 3	aumonides Medical Center				[// [OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services the DSRIP attributed patient population.
Pro	vider Type: Se	elect One				~	
Provider Ty		O NOT USE					
		Operating Certificate/License	±	MMIS		NPI	
Unique	Identifiers:	operating der timeater, Electrise		.,,,,,,,			
	ency Code: 26	6310					
	g Entity ID:						
		Address		City	State	Zip	
		ne Smith Street, 2nd floor	Brooklyn		NY	11201	
	County:		Kings				
		wing 1915i Category:		- f-lli	dia - Denin li	ista. Dandina	
1 I am a Safety	n OMH 1915i (Net OMH/OAS	or OASAS 1915i provider that is aln SAS 1915i Providers ction 1915i provider that is on one	•			-	
3 I am a Safety 2 I am a Reduct	n OMH 1915i o Net OMH/OAS a Harm Reduc tion 1915i Pro	or OASAS 1915i provider that is aln SAS 1915i Providers tition 1915i provider that is on one oviders. Uninsured members that your fac	the following pe		s: Pending	Safety Net Harm	
3 I am a Safety 2 I am a Reduct	n OMH 1915i o Net OMH/OAS a Harm Reduc tion 1915i Pro	or OASAS 1915i provider that is aln SAS 1915i Providers ction 1915i provider that is on one oviders.	the following pe			Safety Net Harm	
3 I am a Safety 2 I am a Reduct	n OMH 1915i o Net OMH/OAS a Harm Reduc tion 1915i Pro	or OASAS 1915i provider that is aln SAS 1915i Providers tition 1915i provider that is on one oviders. Uninsured members that your fac	the following pe		s: Pending	Safety Net Harm	
1 I am a safety 2 I am a Reduct Percentage o	n OMH 1915i n Net OMH/OAS a Harm Reduction 1915i Pro of Medicaid & Medicaid & ertify that the d that this info	or OASAS 1915i provider that is aln SAS 1915i Providers ction 1915i provider that is on one oviders. Uninsured members that your fac	lity serves Uninsured 10%	rate and correct	Data So Patient Ro	Safety Net Harm urce Year ecords 2014	

10/29/2014 Center for Community Alternatives, Inc.

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



Vital Acce	ess Provider	Exception: The state wi	ill consider exceptions to	he safety ne	et definition on a	case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted f	or public com	ment 30 days prior to app	olication approval.				
I. Are you a	Medicaid Pro	ovider					
	Answer	Not Yet				▼	You have chosen the following category: 1
II. Appeal A	Applicant Infor	rmation					VI. Restricted to 3500 Characters only!
Organ	nization Name:	Center for Community Alte	rnatives, Inc.				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTION	IAL Joined PPS:	Finger Lakes PPS				-	I am hereby requesting approval as a safety net entity as I have been approved by
						7.00	OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
							the DSRIP attributed patient population.
	Provider Type:	OASAS 1915i Provider				-	
Provide	r Type - Other:	DO NOT USE					
		Operating Certificate	e/License #	MMIS	N	IPI	
Unio	que Identifiers:		2	003170	10030	008301	
	Agency Code: #02135 (OASAS Provider Code)						
В	Billing Entity ID:						
		Address		City	State	Zip	a The Rochester/Monroe Recovery Network (RMRN) program of the Center for Community Alternatives, Inc. serves individuals in recovery or
		115 E. Jefferson St., Suite 3			NY	13202	seeking support in their recovery, targeting individuals who also have past criminal history or are reentering the community from incarceration.
County: Onondaga (serving Monroe through a Rochester office)							The RMRN serves Rochester, NY. CCA's RMRN is the only Recovery Center in the area. L. RMRN is a program of the Center for Community Alternatives, not-for-profit corporation with a 33-year history promoting alternatives-to-
III. Appeal I	Point of Conta	act					injuraceration that promote public safety. CCA provides a diverse set of services including substance use treatment, recovery support, employmen
Contac	ct Person Mars	ha Weissman					and health and youth development services. These services help to avert incarceration sentences and help people successfully reenter the
		utive Director					community upon release from prison. RMRN services include recovery coaching, a range of workshops on various life skills, assistance with job
	ct Phone 315-			Extension	2:	18	search, and health and well-being activities. Services also include civic restoration for those facing bars and barrier to civic and community
Cont	act Email mwe	issman@communityalterna	tives.org				participation due to their criminal history, facilitating a participant's application, if appropriate, for a NYS Certificate of Relief from Civil Disabilities
IV. Please o	hoose the fol	lowing 1915i Category:					or Certificate of Good Conduct.
							c For the last four years, RMRN served as the "Upstate NY hub" for NY SOARS (Access to Recovery), a USHHS/SAMHSA program through NYS QASAS. During the past year the RMRN outcomes include a total enrollment of 419 individuals. At enrollment/intake and again after six months of
3		5i or OASAS 1915i provider t	that is already on one of the	following per	nding DSRIP lists:	Pending —	program involvement, a formal assessment is completed. The six-month assessment reported the following findings: 100% were active substance
Sai	ety Net Olvin/C	DASAS 1915i Providers					users at intake, with 79% abstinence after 6 months in the program; 150 had past criminal justice involvement, with 50% reporting no new arrest
O 2 12	ım a Harm Red	luction 1915i provider that	is on one the following pen	dina DSRIP li:	sts: Pending Safe	ety Net Harm	or convictions at 6 months of enrollment; 225 enrollees were in need of employment or education/job training, with 90 (40%) of enrollees
	duction 1915i F		3,1	3			obtaining employment or entering training within 6 months of enrollment; and 356 (85%) of enrollees indicated that by being a part of RMRN and
						_	NY SOARS their quality of life has greatly improved.
V. Percentag	ge of Medicaid	& Uninsured members that	t your facility serves				
		edicaid (FFS & MC)	Uningue		Data Carres	W	
	ivie	dicaid (FF3 & IVIC)	Uninsured		Data Source	Year	
Percentage		unknown	unknown				
v 111		ha infanoation and data					.7
		he information and data pro nformation may be subject t					'
appeal.		normation may be subject t	to addit and i may be asked	to provide di	ocamentation III 3	whhoir or ring	
				A	nswer		
N	ame	Marsha Weissn	•	(a) Y	es O No		
	Title	Executive D					
	Only app	eals from the CEO, CFO or	r comparable will be acce	oted			



oe posted for publi I. Are you a Medica Ar	c comment 30 days prior to appl										
		ication approvai.									
Ar					▼						
Appeal Applicant Information											
I. Appeal Applican	t Information										
Organization N			ene								
OPTIONAL Joine	d PPS: Catholic Medical Partners-Account	able Care IPA INC			-						
Provider	OMIT 19191 Provider				~						
Provider Type -	Other: DO NOT USE	•									
	Operating Certificate/	License #	MMIS		NPI						
Unique Iden	tifiers:		2997928	190	02897374						
Agency											
Billing Ent		1									
	Address		City	State	Zip						
	dress: 7 N Erie Street	May	ville	NY	14757						
	builty.										
Appeal Point of	Contact										
Contact Person	Patricia A Brinkman										
	Director										
	716-753-4104		Extension								
Contact Email	brinkmap@co.chautauqua.ny.us										
Please choose t	he following 1915i Category:										
				li nonin li i							
	IH 1915i or OASAS 1915i provider tl DMH/OASAS 1915i Providers	nat is already on one	of the following per	iding DSRIP list	s: Pending —						
salety Net C	Jivin/OASAS 1915i Providers										
2 I am a Har	m Reduction 1915i provider that is	on one the followin	g pending DSRIP lis	ts: Pending S	afety Net Harm						
	915i Providers.		J. J		,						
					_						
		cour focility comics									
. Percentage of Me	dicaid & Uninsured members that	your facility serves									
. Percentage of Me		•	ed	Data Sou	rce Voor						
. Percentage of Me	dicaid & Uninsured members that Medicaid (FFS & MC)	Uninsur	red	Data Sou	rce Year						
Percentage of Me		•	ed	Data Sou	rce Year 2013-14						



be posted for pu	blic comment 30 days prior to app		ie salety liet (uemmuom	on a case-by-case	· basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and r
I. Are you a Med	icaid Provider Answer Yes				<u> </u>	You have chosen the following category: 1
I. Appeal Applic					▼	VI. Restricted to 3500 Characters only!
		mont of Montal Hugiana				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
	n Name: Chautauqua County Depart				des	i i i i i i i i i i i i i i i i i i i
OPTIONAL JOI	ned PPS: Erie County Medical Center Corpo	pration			▼	
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services the DSRIP attributed patient population.
Provid	der Type: OMH 1915i Provider				~	
Provider Type					27	
	Operating Certificate	/License # N	иміs		NPI	1
Unique Id			97928	1902897374		1
	cy Code:	23		1302037374		1
	Entity ID:					1
<u> </u>	Address		City	State	Zip	
	Address: 7 N Erie Street	Mayville		NY	14757	
	County:					
Contact Pho Contact Em V. Please choose 1 I am an G Safety Ne 2 I am a F Reduction	tle Director ne 716-753-4104 hail brinkmap@co.chautauqua.ny.us e the following 1915i Category: DMH 1915i or OASAS 1915i provider at OMH/OASAS 1915i Providers larm Reduction 1915i provider that n 1915i Providers. Medicaid & Uninsured members that	that is already on one of the f			-	
	Medicaid (FFS & MC)	Uninsured		Data So	urce Year	
Percentage	100%				2013-14	
	ify that the information and data pro nat this information may be subject		o provide doci	umentation		
Name _ Title _	Patricia A Br Director of Comm Only appeals from the CEO, CFO o	unity Services	Anso Yes ted			

10/29/2014 Chautauqua County Health Homes(1)

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

		ment 30 days prior to app			ec deminion	on a case by case
I. Are you a N			iication approvai	•		
ii za c you u ii	Answer					▼
II. Appeal Ap		163				
	•	Chautauqua County Health	Homes			
		Erie County Medical Center Corpo				
						1/000
Pi	Provider Type:					
		OMH 1915i Provider DO NOT USE				
11011461	Operating Certificate/License # MMIS NPI					
Uniqu	ue Identifiers:	Operating certificate,	/ Electrise #	3520990	1	477807097
	Agency Code:					
Bill	lling Entity ID:					
	Addross	Address 7 N Erie Street		City Mayville	State NY	Zip 14757
	Address: County:	/ N Elle Street		viayville	INT	14/5/
		•				
III. Appeal Po		act icia A Brinkman				
Contact	Title Direct					
Contact	t Phone 716-			Extension	n	
Contac	ct Email brink	kmap@co.chautauqua.ny.us				
IV. Please ch	noose the fol	llowing 1915i Category:				
6 1 lam	a an OM⊔ 101	.5i or OASAS 1915i provider t	hat is already on a	ano of the following p	anding DCDID I	sts: Bonding
		DASAS 1915i Providers	inat is already on t	one of the following pe	enuing Dakir i	sts. Perioring =
l Janes	.,	57.57.5 13131 1 TOVIGETS				
	n a Harm Red uction 1915i F	duction 1915i provider that i	s on one the follo	wing pending DSRIP	lists: Pending	Safety Net Harm
Redu	uction 191511	Providers.				_
V. Percentage	e of Medicaid	& Uninsured members that	your facility serve	es		
	Me	edicaid (FFS & MC)	Unin	sured	Data So	urce Year
Daveautes						2042.44
Percentage		100%				2013-14
v 111t	Camilla Harris	ha information and des	udalad au ibri f			afamila 197
		he information and data pro nformation may be subject t				
appeal.		subject t	o addit und i may	ac asked to provide t		support or tills
		Datais: A.D.:	-1		Answer	•
Nan Tit		Patricia A Bri Director of Commu			Yes O No	
110		peals from the CEO, CFO or		be accepted		ı
	- ,		p	p		

10/29/2014 Chautauqua County Health Homes

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	public comment 30 days			ty net definition o	in a case-by-case
	Nedicaid Provider	prior to application appro			
	Answer Yes				▼
II. Appeal App	plicant Information				
	ation Name: Chautauqua Co				
OPTIONAL	L Joined PPS: Catholic Medical I	Partners-Accountable Care IPA INC			~
Pro	ovider Type: OMH 1915i Provid	ier			~
Provider T	Type - Other: DO NOT USE				154
	Operation	ng Certificate/License #	MMIS		NPI
	Unique Identifiers: 3520990 1477807097		77807097		
	ngency Code: ing Entity ID:				
DIIIII	ing Entity ID.	Address	City	State	Zip
	Address: 7 N Erie Street		Mayville	NY	14757
	County:				
III. Appeal Poi	int of Contact				
	Person Patricia A Brinkman				
	Title Director		Ι		
	Phone 716-753-4104 t Email brinkmap@co.chaut	audua ny us	Exten	sion	
	oose the following 1915i (
IV. Please Cilo	Jose the following 1915i	Lategory.			
	an OMH 1915i or OASAS 19		on one of the followin	g pending DSRIP lis	ts: Pending
Safety	y Net OMH/OASAS 1915i Pro	oviders			
O 2 I am	a Harm Reduction 1915i p	rovider that is on one the fo	ollowing pending DSF	RIP lists: Pending S	Safety Net Harm
	ction 1915i Providers.			··· ·· · · -·· · ·	,
					_
V. Percentage	of Medicaid & Uninsured m	embers that your facility se	erves		
Г		1		D-4: 5:	V
	Medicaid (FFS & N	ncj U	ninsured	Data Sou	irce Year
Percentage	100%				2013-14
Yes I Hereby C	Certify that the information	and data provided on this f	orm is accurate and c	correct to the best	of my knowledge.
	nd that this information may	be subject to audit and I m	ay be asked to provi	de documentation	in support of this
appeal.				Answer	
Name		Patricia A Brinkman			
Title		or of Community Services		_	
	Uniy appeals from the	CEO, CFO or comparable	will be accepted		

10/29/2014 Circulo de la Hispanidad

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	Answer Not Yet				▼	You have chosen the following category:
Annesi Anni					▼	VI. Restricted to 3500 Characters only!
	cant Information					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
	on Name: Circulo de la Hispanidad				4.50	
OPTIONAL	oined PPS: Select PPS				~	I am hereby requesting approval as a safety net entity as I have been approved by
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services the DSRIP attributed patient population.
Prov	rider Type: Select One				▼	
	pe - Other: DO NOT USE					
	Operating Certificat	e/License #	MMIS		NPI	
Unique	dentifiers:					
	ency Code: 13030					
	Entity ID:					
	Address		City	State	Zip	
	Address: 26 West Park Avenue County:		ng Beach	NY	11561	
	County:		Nassau			
. Please choo	se the following 1919, eategory.					
1 I am ar Safety I 2 I am a Reducti	OMH 1915i or OASAS 1915i provider Net OMH/OASAS 1915i Providers Harm Reduction 1915i provider that on 1915i Providers.	is on one the follow	ing pending DSRIP li		-	
Safety I 2 I am a Reducti	OMH 1915i or OASAS 1915i providers Net OMH/OASAS 1915i Providers Harm Reduction 1915i provider that on 1915i Providers. Medicaid & Uninsured members that	is on one the follow	ing pending DSRIP li	sts: Pending	Safety Net Harm	
1 I am ar Safety I 2 I am a Reducti	OMH 1915i or OASAS 1915i providers Net OMH/OASAS 1915i Providers Harm Reduction 1915i provider that on 1915i Providers. Medicaid & Uninsured members that Medicaid (FFS & MC)	is on one the follow	ing pending DSRIP li	Data Sou	Safety Net Harm	
1 I am ar Safety I 3 2 I am a Reducti	OMH 1915i or OASAS 1915i providers Net OMH/OASAS 1915i Providers Harm Reduction 1915i provider that on 1915i Providers. Medicaid & Uninsured members that	is on one the follow	ing pending DSRIP li	sts: Pending	Safety Net Harm	



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

T. CO. 7 (CCC)	3 O ac.	Execption: The state wi		tric surcey	net aci	micion on c	a cube by cub	basis in this decimed in the best interest of interioris members. This exceptions that are considered must be approved by civis and must
be posted for	r public com	ment 30 days prior to app	lication approval.					
I. Are you a N	Medicaid Pro	ovider						
	Answer	Not Yet					•	You have chosen the following category: 1
II. Appeal Ap	plicant Infor	mation						VI. Restricted to 3500 Characters only!
Organiz	ation Name:	Community Awareness Net	work for a Drug-free Life a	nd Environm	nent			Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONA	L Joined PPS:	Montefiore Medical Center					,	I am hereby requesting approval as a safety net entity as I have been approved by
								OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
								the DSRIP attributed patient population.
							-17	The Dakir attributed patient population.
	rovider Type:	Origina 1919) (Toride)						↓
Provider	Type - Other:	DO NOT USE						4
		Operating Certificate	/License #	MMIS			NPI	1
	e Identifiers: Agency Code:	1227						4
	ing Entity ID:	1337						1
		Address		City		State	Zip	community Awareness Network for a Drug-Free Life and Environment is an OASAS provider of prevention services to both general populations a
	Address:							selected (high-risk) populations of children, youth and young adults. Among the populations we serve are lesbian, gay, bisexual and transgender
	County:							idividuals who often face challenges and barriers to accessing needed health services and, as a result, can experience worse health outcomes.
III. Appeal Po	int of Conta	nct						are the only organization to work with this population in Rockland County and in neighboring communities. Despite growing societal acceptance and understanding, some young people still suffer discrimination at the hands of their family and friends and in their schools and communities,
Contact	Person Joan	ne Goodman						experiences which can lead to serious challenges, such as housing problems, that affect health. There is growing awareness about bullying and
		utive Director		1				volence affecting LGBT youth. These include efforts to promote greater attention to fostering inclusive school climates, teaching youth about
	Phone 845-	634-6677		Extensi	on		11	Indine safety, establishment of reporting processes in schools and communities when violence or bullying occur, and referring young people for
Contac								professional mental and behavioral health services when needed. Key statistics include the following: Like their adult counterparts, youth who identify as a sexual and/or gender minority experience higher rates of mental illness, substance abuse
IV. Please cho	oose the foi	lowing 1915i Category:						olence, and discrimination compared to the general population. Additionally, LGBT youth are more likely to be homeless and live in poverty that
1 am	an OMH 191	5i or OASAS 1915i provider t	that is already on one of th	e following	pending	DSRIP lists:	Pending -	ron-LGBT youth. Research has found that parental rejection can increase the likelihood that an LGBT youth will suffer from depression, attempt
Safet	y Net OMH/C	ASAS 1915i Providers						suicide, use illegal drugs, and/or engage in risky sexual behaviors.65 • Approximately 40% of homeless youth are LGBT, and the leading reasons for homelessness among this group are due to family rejection.66
		4045:						• Almost two thirds (64%) of LGB students and 4 out of 10 (44%) transgender students report feeling unsafe at school because of their sexual
	i a Harm Red iction 1915i F	uction 1915i provider that i Providers.	is on one the following per	naing DSRIF	IISTS: F	ending Sar	ety Net Harm	orientation or gender identity.67
								LGB youth are four times more likely to attempt suicide than heterosexual youth.68
								• Three times as many LGB youth report ever being raped compared to their heterosexual peers (16% vs. 5%).68. Our extensive experience with this high risk population and strategies for working with substance abuse and bullying prevention offer a unique opportunity to
								collaboarte with and join the PPS networks in Rockland County, including Westchester County Medical Center and Refuah. We have extensive
V. Percentage	of Medicaid	& Uninsured members that	your facility serves					experience working with
	Me	dicaid (FFS & MC)	Uninsured			Data Source	Year	the DPOH on smoking cessation abnd contributing to smoke free campuses throughout Rockland.
Percentage	1	N/A at this time						
Yes I Hereby (Certify that tl	ne information and data pro	ovided on this form is accu	rate and cor	rrect to 1	he best of r	my knowledge	
	nd that this ir	nformation may be subject t	to audit and I may be aske	d to provide	docum	entation in	support of thi	
appeal.					Answei			
Nam	ne	Joanne Goo	odman	(Yes C	No No		
Tit		Executive Di						
	Only app	eals from the CEO, CFO or	r comparable will be acce	epted				







be posted for public comment 30 days prior to application approval.	
I. Are you a Medicaid Provider	
Answer Ves You have chosen the following category: 1	
II. Appeal Applicant Information VI. Restricted to 3500 Characters only!	
Organization Name: Community Maternity Services Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.	
OPTIONAL Joined PPS: Albany Medical Center Hospital I am hereby requesting approval as a safety net entity as I have been approve	d by
	•
OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medica	ia services to
the DSRIP attributed patient population.	
Provider Type: OMH 1915i Provider	
Provider Type - Other: DO NOT USE	
Provider Type - Other: DO NOT USE Operating Certificate/License # MMIS NPI And Though Charles Duplice And Thoug	
Unique Identifiers: 3001498 1689820920	
Agency Code:	
Billing Entity ID:	
Address City State Zip Community Maternity Services also has the following MMIS and NPI numbers: MMIS: 03001503 and 00353475; NPI: 17808	
Address: 27 North Main Avenue Albany NY 12203 Community Maternity Services, an agency of Catholic Charities of the Diocese of Albany, has been serving pregnant and pa	,
County: Albany valinerable childrern and families at risk since 1971. CMS has an excellent reputation in the community especially for the whealthy women, infants and children. The services we provide to this population effectively encourage healthy lifestyles are	•
III. Appeal Point of Contact greening hospitalizations. Our case management services are designed to help each mother have a healthy pregnancy re	
Contact Person Anne Marie Couser birth, and ensure that infants receive continuous health care throughout their first year. We have a very strong success rec	
Title Associate Executive Director Administration premature births. Last year, 92% of infants born to our clients living in the community and 99% of infants born to our clients.	
Contact Phone 518-482-8836 Extension Extension programs were born full-term at healthy birth weights and had no medical issues. Our services also help clients address the	
Contact Email annemarie@cccms.org face in raising children and becoming healthy, self-sufficient adults. Our uniques services are vital to the initiatives develop	
IV. Please choose the following 1915i Category: York State's Health Improvement Plan, and Community Maternity Services will be an important player in the DSRIP project:	s it nas joined.
am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending safety Net OMH/OASAS 1915i Providers	
Salety Net Civili/OASAS 15131 Floviders	
2 I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm	
Reduction 1915i Providers.	
V. Percentage of Medicaid & Uninsured members that your facility serves	
Medicaid (FFS & MC) Uninsured Data Source Year	
Description of the second of t	
Percentage 90% 10%	
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I	
understand that this information may be subject to audit and I may be asked to provide documentation in support of this	
appeal. Answer	
Name Sister Mary Ann LoGiudice, RSM Pes No	
Title Executive Director	
Only appeals from the CEO, CFO or comparable will be accepted	

11/10/2014 Compeer Inc VAP service

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	er Exception: The state will on the mile will on the mile with the mile will on the mile with the mile will be state will on the mile will be state will be stated with the stated will be s		o the safety net d	efinition on a	case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
. Are you a Medicaid P	rovider					
Answe	Not Yet				▼	You have chosen the following category: 1
I. Appeal Applicant Info	ormation					VI. Restricted to 3500 Characters only!
Organization Name	: Compeer Inc					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL Joined PP:	Finger Lakes PPS				•	I am hereby requesting approval as a safety net entity as I have been approved by
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Provider Type	OMH 1915i Provider				_	
Provider Type - Othe						
	Operating Certificate/L	icense #	MMIS	N	PI	
Unique Identifier						
Agency Code						
Billing Entity II):					
·	Address		City	State	Zip	Compeer is a respected, established nonprofit organization with 40 years experience delivering positive client outcomes at lower costs for
Address				NY	14620	individuals with a spectrum of mental disorders—at \$2,000 per client annually. The Compeer Model, the basis for services, is a SAMHSA evide
County	/: <u></u>	Monro	oe			based program and is twice-recognized this decade as a "best practices model for mental health recovery" by the APA. Compeer's 20 NYS
. Appeal Point of Con	tact					community-based locations serve on average 3,000 individuals yearly, plus their families. Screened, trained, monitored volunteers are match Compeer professional staff with referred clients in 1:1 supportive relationships based on gender, age, interests; additionally a match can sup
Contact Person Joh						better physical health outcomes. Compeer, an adjunct to therapy, is an effective intervention for people who want to live in the community to
	O and Managing Director					achieve a high quality of life. Matches meet weekly for one year in safe environments using natural supports, sharing decision-making around
Contact Phone 800)-836-0475		Extension			activities, place, and time. Compeer relationships occur in the community, so we work directly to mitigate stigma reduction, social connectivit
Contact Email jan	brose@compeer.org					inclusion, reintegration into family, home, faith, community. This reduces isolation for one of society's most vulnerable populations, which in
1 I am an OMH 19 Safety Net OMH,	ollowing 1915i Category: 15i or OASAS 1915i provider the /OASAS 1915i Providers eduction 1915i provider that is a Providers.	·			-	decreases use of higher, more expensive levels of care. Compeer Inc/NYS administers an annual survey to collect data, service statistics, and go customer satisfaction. Adult respondent constituencies include clients, volunteers, mh professionals. Compeer serves SMI adults, 40% of whas os MICA and Dual Diagnosis. Programs are driven to positive outcomes for the client. Our largest improvements since 2011 have been in decreasing the need for crisis services (49.8% decrease in 2011 to 63.1% decrease in 2013) and increasing stable housing status (from 25.4% i 2011 to 68.6% in 2013), 2 key areas which will contribute to a successful DSRIP. Additional client outcomes since/while participating in the Compeer Program: 65-80% of adult consumers' report at least some improvement in their comfort in social situations; 65-80% of adult consu lid dependence in their living situation will remain stable or improve; 65-80% of adult consumers will remain stable and/or experience a reduct the number of hospitalizations or usage of crisis services. Customer satisfaction across 6 focus areas ranges from 77-99%. Compeer is a quality value-add to the mh services delivery system. We connect people and originated the Client-Centered Planning concept-the first to operational
	d & Uninsured members that yo	•				in the U.S. Ingrained within this concept is the focus on Peer Support/Outreach. Compeer uses evidence-based practices/policies to meet the diverse needs of communities through cost-effective volunteer services. Compeer NYS sustains quality assurance through best practice management, technical assistance, training, marketing/communications, partnership facilitation, recruitment strategies. Acting as a liaison to changing healthcare landscape, Compeer can function as a key partner to assist PPS initiatives. Compeer NYS by Sponsor Agency-County: Com
N	ledicaid (FFS & MC)	Uninsured		Data Source	Year	Buffalo-Erie; Rochester-Monroe, RSS-Albany; Cty MH Services-Livingston; Cty Community MH-Steuben; Family Services-Chemung; STEL-
Percentage						Chautauqua; NAMI-Sullivan; CFLR-Herkimer/Oneida; Jewish Community Svcs-Westchester; MHAs in Allegany, Broome, Cattaraugus, Dutchess, Fulton, Montgomery, Nassau, Niagara, Orange, Rockland, Ulster.
						rututi, wunigunery, wassau, wagara, Orange, wuxuanu, oister.
	the information and data provi information may be subject to					
Name	Johanna Ambi CEO and Managing peals from the CEO, CFO or c	Director	Answ Yes			

10/30/2014 Compeer of Greater Buffalo

VAP EXCEPTION FORM IS DUE 10/24/2014 - HCBS/1915i SERVICE PROVIDERS ONLY



	der Exception: The state will comment 30 days prior to applications.	·	safety net definition	on a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be approve
I. Are you a Medicaio	d Provider				
Ansı	wer Not Yet			•	You have chosen the following category: 1
II. Appeal Applicant I					VI. Restricted to 3500 Characters only!
Organization Na	me: Compeer of Greater Buffalo				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL Joined	PPS: Erie County Medical Center Corpor	ration		-	I am hereby requesting approval as a safety net entity as I have been approved by
					OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Provider T	ype: OMH 1915i Provider			~	
Provider Type - Ot					
	Operating Certificate/	License # MM	IIS	NPI	
Unique Identif					
	ode: 25260				
Billing Entity					
	Address	Cit	y State	Zip	The Compeer Model is a SAMHSA evidence-based program and has been twice recognized this past decade alone as a "best practices model fo
Addre			NY	14202	recovery". Compeer matches screened, trained, monitored-monthly community volunteers in one-to-one supportive relationships with referre
Cou	ınty:	Erie			aults, including veterans and older adults, and youth in mentoring relationships. These Compeer matches meet for a minimum of 4 hours a
III. Appeal Point of C	ontact				nonth (one hour a week) for one year in safe environments using natural supports to achieve greater social inclusion and community connecti
Contact Person					cur stories of personal success are full of hope, healing, inspiration. With client-choice as a basis for matching, a Compeer match can support better physical health outcomes – i.e., a client with diabetes can choose to be matched with a volunteer with diabetes to support each other in
	Assistant Executive Director				healthier living choices.
Contact Phone			Extension	308	reduced wing closecs.
Contact Email	daniel@compeerbuffalo.org	<u> </u>			compeer originated the client-centered planning concept and was the first to operationalize it nationally. Ingrained in this concept is the focus
V. Please choose the	e following 1915i Category:				peer support and outreach. We work directly to mitigate stigma reduction, social connectivity and inclusion, and reintegration, reducing isolati
Safety Net ON 2 I am a Harm	1915i or OASAS 1915i provider ti MH/OASAS 1915i Providers Reduction 1915i provider that is 15i Providers.				for a vulnerable population and decreasing use of higher, more expensive levels of care. Because of our volunteer base, cost-effectiveness is builto our service model.
V. Percentage of Medi	caid & Uninsured members that	your facility serves			
	Medicaid (FFS & MC)	Uninsured	Data So	ource Year	
Percentage					
	nat the information and data pro his information may be subject t				
understand that the appeal. Name Title	Michele Bro Executive Dir		Answer Yes O No		



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

	3 O ac.	Execption. The state will	i consider exec	phono to the surety	nct u	Cilinicioni on a c	case by case	busis in this deciried in the best interest of interest and interest of interest of the distributions that are considered must be approved by civis and ma
be posted for	r public com	ment 30 days prior to appl	lication approv	al.				
I. Are you a N	Medicaid Pro	vider						
	Answer	Not Yet					▼	You have chosen the following category: 1
II. Appeal Ap								VI. Restricted to 3500 Characters only!
Organiz	ation Name:	Compeer Rochester, Inc						Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONA	L Joined PPS:	Finger Lakes PPS					-	I am hereby requesting approval as a safety net entity as I have been approved by
							[2.00]	OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
P	rovider Type:	OMH 1915i Provider					~	
	Type - Other:							
TTOVIGET	Type Other.	Operating Certificate	/License #	MMIS		NP	DI .	
Uniqu	ue Identifiers:	Operating Certificate,	Licerise #	IVIIVII3		INF	-1	Compeer Rochester services provide Psychosocial Rehabilitation Support, Family Support and Training, and Empowerment services. i. a Compeer Rochester is located in Monroe County, NY, and has been providing one to one supportive services in our community for
	Agency Code:	46040						40 years. Currently, Our program participants are referred to our agency by therapists and case managers at licensed mental health fac
	ling Entity ID:							The participant has identified our services as a desired strategy to promote their recovery goals. No one else in our community provide volunteer based one to one support service like ours. The idea of a volunteer who willingly spends their time and is not paid, and is not paid.
	<u> </u>	Address		City		State	Zip	trying to fix or evaluate is very powerful. Our services provide a safe environment for our "matches" to practice social skills and deve
	Address:	259 Monroe Avenue		Rochester		NY	14607	interests in integrated community venues. Compeer addresses the isolation brought on by mental illness and the barriers to community
	County:			Monroe				interaction. We stress consistency and dependability to our volunteers-the best way to develop trust. The result is that our programs caboth preventative and restorative. Our community based services combat the stigma and build awareness of mental health recovery.
III. Appeal Po	nint of Conta	ct						our preventance and restorance. Our community based services combat the stignia and band awareness of mental recovery.
	Person Dana							Our programs include:
Contact		dent/Executive Director						 One to One Adult Supportive Friends Our core program for adults with SMI who want to engage with a Compeer Friend. Thi community and peer volunteer based.
Contact	Phone 585 5	46-8280		Extensi	on	20	3	One to One Supportive Partners for Recovery Developed for people transitioning levels of care whose need is immediate and
Contac	t Email dfram	e@compeer.org						challenging. Trained per diem staff and peers provide this service. • ComperCORPS: Veterans helping Veterans- serves returning military, Veterans and their families. The program uses the evice.
1 I am Safet	an OMH 191 ty Net OMH/C	owing 1915i Category: 5i or OASAS 1915i provider t ASAS 1915i Providers uction 1915i provider that is roviders.	•				_	based Compeer Model to provide peer mentoring for Veterans. The goals are: to foster a positive return to civilian life after m service, broaden interests, create a spirit of service to the community; bridge generational gaps among Veteran eras and encor overall wellness. One to One Youth Mentoring Program; Screened, trained and monitored adult caring Mentors matched with youth in mental healthcare, with emotional and behavioural challenges. Peer Family Mentor certified Peer staff with lived family experience. She provides outreach and information, engagement, transition support advocacy and empowerment supports. Engagement Programs: These are programs and group events designed to keep our referred participants connected to Compee before and after their one to one services.
V. Percentage		& Uninsured members that		ves	ĺ	Data Source	Year	Compeer staff screens, trains, and monitors community volunteers and peers to provide face to face intentional and friendship based relationships with adults, children, and families in mental health care. We communicate at least once a month with our referral source. These relationships happen in community settings and provide opportunities to practice social and interpersonal skills. Once a trusted relationship is established, they work on individualized recovery goals and build up the positive social networks and natural supports family, faith communities, and recovery networks. We stress the identification and exposure to personal interests such as physical activation and creative opportunities, culinary and nutritional, and community service. Our staff and volunteers are trained in Cultural
								Competence and are representative or experienced with the populations we serve.
Percentage		66%		13%		eferrals/databa	s 2014	
	nd that this in	ne information and data pro formation may be subject t Dana P. Fr President/Executi	o audit and I ma ame ve Director	be asked to provide		mentation in su ver		
	Only app	eals from the CEO, CFO or	comparable w	ill be accepted				





State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

<u>Vital Access Provider Exception</u>: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval

Like pose Medical of Provider Medical Content Medical Service Medical Serv	be posted for	public comment 30 days prior to app	plication approval.				
II. Appeal applicant Information Unique depressed Made Easy, Inc.	I. Are you a N	Medicaid Provider					·
Provider Type: Description		Answer Not Yet				▼	You have chosen the following category: 1
OPTIONAL Joined PPS Provider Type: onat 1918 Provider Provider Type: Onat 1918 Provider Type: O	II. Appeal Ap	plicant Information					VI. Restricted to 3500 Characters only!
Provider Type: Open 1915 Provider Pr	Organiza	ation Name: Housing Options Made Eas	sy, Inc.				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
Provider Type: Cost 1915 Provider Provider Cost 1915 Provider Provider Cost 1915 Provider Provider Cost 1915 Provider Provider	OPTIONAL	L Joined PPS: Erie County Medical Center Corpo	oration			-	I am hereby requesting approval as a safety net entity as I have been approved by
Provider Type: Cotter: DO NOT USE Provider Type: Cotter: DO NOT USE MAINS NP1		·					, , , , , , , , , , , , , , , , , , , ,
Provider Type - Other: Do NOT USE Unique Identifiers Agency Cote: Billing Entity to 18-13/0989 Address Contry Country Countr							
Provider Type - Other Do NoT USE Digrating Certificate/License # MMIS NPI		and down Tree and					the Dakir attributed patient population.
Unique Identifiers Agency Code Billing Entity Di 16-1370945 Billing Entity Di 16-1370945 Address Country Address Sounds NV 100 Address 23 Jamestown Street Sounds NV 100 Address Country (Main Office - serves 6 countries) III. Appeal Point of Contact Contact Promi Diseigh M. Woodward Title (250 Lam and NRM 1915 or OASKS 1915) provider that is already on one of the following pending DSRIP lists: Pending Safety Net Harm Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Vear Client database 2014 Vse I Neelby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge, I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Joseph M. Woodward Title CSO		OWIN 1913I PROVIDER					
Unique Identifiers: Agency Code: Billing Entity (b) It 5-1370349 Address: County St. Jamestown Street Gowanda NY 14070 County St. Jamestown Street Gowanda NY 14070 Contact Entity County (Main Office - serves 6 counties) III. Appeal Point of Contact Contact Princip (1905) 523-5088 Contact Princip (1905) 523-5088 Extension 14 Contact Princip (1905) 523-5088 Extension 15 III. am an OMH 1915 or OASAS 1915 i provider that is already on one of the following pending DSRIP lists: Pending safety Net OMH/OASA 1915 Providers III. am an OMH 1915 or OASAS 1915 i provider that is on one the following pending DSRIP lists: Pending safety Net OMH/OASA 1915 Providers III. am an Earm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Medicald & Uninsured members that your facility serves Medicald (FFS & MC) Uninsured Percentage of Medicald & Uninsured members that your facility serves Medicald (FFS & MC) Uninsured The Counter of the Coun	Provider				1		
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Billing Entity (D) 15-1370949 Address: Samestown Street Gowanda NY 14070 County: Cattaraugus County (Main Office - serves 6 counties) III. Appeal Point of Contact Contact Person Joseph M. Woodward Mr 14070 Tile (ECO Main Ma							
Address: [75 Jamestown Street Gowanda NY 14070 County Cattaraugus County (Main Office - serves 6 counties) III. Appeal Point of Contact Contact Formal Joseph M. Woodward Title (EQ Contact Employed Photosphosotions.org IV. Please choose the following 1915 (Category: III. am an OMH 1915 or OASAS 1915) provider that is already on one of the following pending DSRIP lists: Pending safety Net OMH/OASAS 1915) providers that is on one the following pending DSRIP lists: Pending safety Net OMH/OASAS 1915) providers V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Medicaid (FFS & MC) Uninsured Data Source Year Client database 2014 Ves I Herreby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that his information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name							
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Habilitation Services Habi			Gowand				
Ministry		County: Car	ttaraugus County (Main O	ffice - serves 6 cou	unties)		
Contact Person Dissept M. Woodward Title (ESD Contact Phone (716) 532-5508 Extension 14 IN Please choose the following 1915i Category: In am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i providers I am an OMH 1915i providers after that is an one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i providers V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Year Client database 2014 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Joseph M. Woodward Title CED		int of Courtout					1
Title [CEO Contact Phone (716) 522-5508 Extension 14 The Contact Phone (716) 522-5508 Extension 14 The Contact Flami Isoe@Housingoptions.org IV. Please choose the following 1915i Category: 1 am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i Providers 2 l am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC)							
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I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending safety Net OMH/OASAS 1915i Providers I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Year Client database 2014 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name Joseph M. Woodward Title CEO	IV. Please cho	oose the following 1915i Category:					Navigation
Safety Net OMH/OASAS 1915i Providers I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Percentage 100% Ves I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Joseph M. Woodward Title CEO No							
V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC)			that is already on one of t	he following pend	ling DSRIP lists: Pe	ending —	-
Reduction 1915i Providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC)	Safet	y Net OMH/OASAS 1915i Providers					
Reduction 1915i Providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC)	a 2 Lam	a Harm Reduction 1915i provider that	is on one the following pe	endina DSRIP list	s: Pending Safety	v Net Harm	
Medicaid (FFS & MC) Percentage 100% Uninsured Data Source Year Client database 2014 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Joseph M. Woodward Title CEO No					·	,	
Medicaid (FFS & MC) Percentage 100% Uninsured Data Source Year Client database 2014 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Joseph M. Woodward Title CEO No	1					_	
Medicaid (FFS & MC) Percentage 100% Uninsured Data Source Year Client database 2014 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Joseph M. Woodward Title CEO No							
Medicaid (FFS & MC) Percentage 100% Uninsured Data Source Year Client database 2014 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Joseph M. Woodward Title CEO No							
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Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name Joseph M. Woodward Title CEO No		Medicaid (FFS & MC)	Uninsured		Data Source	Year	
understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name Title CEO No No No No No No No No No N	Percentage	100%			Client database	2014	
Name Joseph M. Woodward Title CEO Yes O No	understar	-		ed to provide do	cumentation in su	_	1
Title CEO	No.~	ne losenh M. We	oodward				
				—— • res	O NO		
Only appeals from the CEO, CFO or comparable will be accepted				cepted			





State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

	public comment 30 days prior to app		. surcey net		a case 2, cas	and the december in the dest interest of interest of interest services of the index
•	Medicaid Provider	meation approvai.				
you a n	Answer Not Yet				•	You have chosen the following category: 1
II. Appeal Ap	plicant Information					VI. Restricted to 3500 Characters only!
	ation Name: Housing Options Made East	v. Inc.				Please put any additional notes below that you feel are relevant. This section is optional for 1915i providers.
	Joined PPS: Finger Lakes PPS				,	
	Tinger Eures 113					
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
						the DSRIP attributed patient population.
Pr	ovider Type: OMH 1915i Provider				-	
	Type - Other: DO NOT USE					
	Operating Certificate	/License # MN	ΛIS		NPI	
Uniqu	e Identifiers:					
	gency Code:					
Billi	ing Entity ID: 16-1370949				71.	Design Coding will provide the fellowing 1015 Weissen size
-	Address 75 Jamestown Street	Ci Gowanda	ty	State NY	Zip 14070	Housing Options will provide the following 1915i Waiver services Empowerment Services - Peer Supports
		taraugus County (Main Office -	serves 6 cou		14070	Habilitation Services
<u></u>	•			,		Residential Supports/Supported Housing
	int of Contact					ludividual Employment Support Services
Contact I	Person Joseph M. Woodward Title CEO					Self-Directed Services
Contact	Phone (716) 532-5508		Extension		14	Peer Respite Peer Bridger
Contact			Exterision	1		Peer Wellness and
IV. Please cho	oose the following 1915i Category:					Navigation
	,					
	an OMH 1915i or OASAS 1915i provider t	that is already on one of the fo	llowing pend	ling DSRIP lis	ts: Pending -	
Safet	y Net OMH/OASAS 1915i Providers					
O 2 I am	a Harm Reduction 1915i provider that	is an one the following pendin	a DSDID liete	e: Donding 9	Safety Net Harm	
	ction 1915i Providers.	is on one the following pendin	g Dokir iist.	s. rending .	barety Net Hairii	
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V. Percentage	of Medicaid & Uninsured members that	t your facility serves				
	Medicaid (FFS & MC)	Uninsured		Data Sou	rce Year	
Percentage	100%			Client data	base 201	
						' 4
Yes I Hereby	Certify that the information and data pro	ovided on this form is accurate	and correct	to the best	of my knowledge	. 1
	nd that this information may be subject	to audit and I may be asked to	provide dod	umentation	in support of thi	
appeal.			Ans	wer		
Nam	ne Joseph M. Wo	oodward	_ Yes			
Tit	· ·					
	Only appeals from the CEO, CFO or	r comparable will be accepte	ed			



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

	public comment 30 days prior to app		saicty net	ue	a case sy ca	a design in the december in the destinations of the design in the design in the design in the destination of the design in the destination of the design in
•	Medicaid Provider	meation approvai.				
you u ii	Answer Not Yet				•	You have chosen the following category:
II. Appeal Ap	plicant Information					VI. Restricted to 3500 Characters only!
	ation Name: Housing Options Made East	v. Inc.				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
	L Joined PPS: Niagara Falls Memorial Medical C				,	
	magara rais menional medical c	circi				
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
						the DSRIP attributed patient population.
Pr	rovider Type: OMH 1915i Provider				-	
	Гуре - Other: DO NOT USE					
	Operating Certificate	License # MM	IS		NPI	
Uniqu	e Identifiers:					
	Agency Code:					<u> </u>
Bill	ing Entity ID: 16-1370949					
	Address	City	/	State NY	Zip 14070	Housing Options will provide the following 1915i Waiver services
	Address: 75 Jamestown Street County: Cat	Gowanda ttaraugus County (Main Office -	serves 6 cou		14070	Empowerment Services - Peer Supports Habilitation Services
	edit.	ttaraagas county (Main Office	301 403 0 000	irreiesj		Residential Supports/Supported Housing
III. Appeal Po	oint of Contact					lindividual Employment Support Services
Contact	Person Joseph M. Woodward					Self-Directed Services
Combont	Title CEO Phone (716) 532-5508		xtension	1	14	Peer Respite
Contact			xtension		14	Peer Bridger Peer Wellness and
	oose the following 1915i Category:					Navigation
IV. Please Chi	oose the following 1915: Category:					
● 1 I am	an OMH 1915i or OASAS 1915i provider	that is already on one of the foll	owing pend	ing DSRIP list	ts: Pending -	
Safet	y Net OMH/OASAS 1915i Providers					
	a Harm Reduction 1915i provider that ction 1915i Providers.	is on one the following pending	DSRIP lists	s: Pending S	Safety Net Harm	
l lead	ettori 1713/110viders.					_P
V. Percentage	of Medicaid & Uninsured members that	t your facility serves				
	Medicaid (FFS & MC)	Uninsured		Data Sou	rce Year	
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10/29/2014 Council on Addiction Recovery Services Inc

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



			ons to the safety fiel t	ieminion on	a case-by-case i	basis in it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS
•	public comment 30 days prior to ap	plication approval.				
i. Are you a N	ledicaid Provider Answer				▼	You have chosen the following category: 1
II. Annoal Ans	165				▼.	VI. Restricted to 3500 Characters only!
	licant Information tion Name: Council on Addiction Reco	yon, Conject Inc				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
		very services inc			1	
OPTIONAL	Joined PPS: Finger Lakes PPS				▼	I am hereby requesting approval as a safety net entity as I have been approved by
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid service
						the DSRIP attributed patient population.
Pr	ovider Type: OASAS 1915i Provider				~	
	ype - Other: DO NOT USE					
110414611	Operating Certificat	o/Liconco #	MMIS		NPI	
Union	, ,		933817		4395054	
	e Identifiers: 17091070 gency Code: 38160	12	933817	1144	4395054	
	ng Entity ID: 161160187					
5	Address		City	State	Zip	Additional residential case management services would qualify.
	Address: 201 South Union Street	Ole		NY	14760	[]
	County:	Cat	taraugus			
	nt of Contact					
Contact I	Person Laura Elliott-Engel Title Executive Director					
Contact	Phone 716 373 4303		Extension		502	
	Email admin@councilonaddiction.org		Extension	l	302	
	ose the following 1915i Category:					
v. i lease cite	ose the following 1913: category.					
1 l am :	an OMH 1915i or OASAS 1915i provider	that is already on one	e of the following pendi	ng DSRIP lists	: Pending	
Safety	Net OMH/OASAS 1915i Providers					III
						III
	a Harm Reduction 1915i provider that	is on one the following	ng pending DSRIP lists	: Pending Sa	afety Net Harm	III
- Reduc	tion 1915i Providers.				_	<u> </u>
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Г		1				
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	ertify that the information and data po d that this information may be subject					'
appeal.	a that this information may be subject	to addit and I may be	e askeu to provide doct	mientation in	i support or this	
abbeau			Ansv	ver		
Nam	e Laura Ellio	tt-Engel	Yes	O No		
Titl	e Executive I	Director				
	Only appeals from the CEO, CFO of	or comparable will b	e accepted			

10/29/2014 EAC Inc

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



be posted for p					definition on a	
		nent 30 days prior to applica	tion approval.			
I. Are you a Me						
<u> </u>	Answer					▼
II. Appeal Appl						1
	tion Name: E					
OPTIONAL .	Joined PPS: 5	Select PPS				~
Pro	vider Type:					- 12
		DASAS 1915i Provider				▼.
Provider Ty	/pe - Other: D		1		1	
		Operating Certificate/Lic	ense #	MMIS		PI
	Identifiers:	160511510		2249145	13463	02346
	gency Code: ng Entity ID:					
Dillili	. Endly ID.	Address		City	State	Zip
	Address: 5	50 Clinton St, Ste 107	Hemps		NY	11550
	County:		Nass	au		
III. A						
III. Appeal Poin	erson Angie					1
		Promotion Program Coordina	tor			
	hone 516-53			Extension	10)9
Contact I	Email angela	ı.malone@eacinc.org				
IV. Please chor	ose the follo	wing 1915i Category:				
		i or OASAS 1915i provider that	is already on one of	the following pend	ling DSRIP lists:	Pending —
Sarety	Net OMH/OA	ASAS 1915i Providers				
ı		-ti 40451id tht-i	n one the following p	ending DSRIP list	s: Pending Safe	ty Not Harm
A 2 I am a	a Harm Redu	ction 1915) provider that is o				
	a Harm Redu tion 1915i Pro		3.			ity Net Hailii
			0.			
			0.			
Reduct	tion 1915i Pro	oviders.				ey Net Halli
Reduct	tion 1915i Pro					
Reduct	tion 1915i Pro	oviders. Luninsured members that you			Data Source	_
Reduct	tion 1915i Pro	oviders.	ur facility serves		Data Source	_
Reduct	tion 1915i Pro	oviders. Luninsured members that you	ur facility serves		Data Source	_
V. Percentage o	tion 1915i Pro	a Uninsured members that you	ur facility serves Uninsured			Year
V. Percentage o	of Medicaid &	a Uninsured members that you	ur facility serves Uninsured	curate and correct	stats	Year 2014
V. Percentage o	of Medicaid & Med	t Uninsured members that you licaid (FFS & MC)	ur facility serves Uninsured 5% ed on this form is acc		stats	Year 2014
V. Percentage o	of Medicaid & Med	t Uninsured members that you licaid (FFS & MC) 80%	ur facility serves Uninsured 5% ed on this form is acc	ed to provide do	stats to the best of numentation in s	Year 2014
V. Percentage of Percentage Yes I Hereby Ce understand appeal.	of Medicaid & Med ertify that the	L Uninsured members that you licaid (FFS & MC) 80% Information and data provide ormation may be subject to a	ur facility serves Uninsured 5% ed on this form is acc	ed to provide do	stats to the best of numentation in s	Year 2014
V. Percentage o Percentage Yes I Hereby Ce understand	of Medicaid & Med ertify that the d that this info	t Uninsured members that you licaid (FFS & MC) 80%	ur facility serves Uninsured 5% ed on this form is acudit and I may be asl	ed to provide do	stats to the best of numentation in s	Year 2014



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

be posted	for public com	ment 30 days prior to applica	ition approval.	,		,
I. Are you	a Medicaid Pr					
<u> </u>	Answer	1401 161				▼
	Applicant Info			d Cultura		
	anization Name:	Erie County Council for the Pre		d Substance Abus	se	
OPIIO	ONAL Joined PPS:	Erie County Medical Center Corporation	on			▼
	Provider Type:	OASAS 1915i Provider				▼.
Provid	der Type - Other:	DO NOT USE				
		Operating Certificate/Lic	ense #	MMIS		NPI
Un	nique Identifiers:					
	Agency Code: Billing Entity ID:					
	Billing Entity ID.	Address		City	State	Zip
	Address:	1625 Hertel Avenue	Buffalo	c.c,	NY	14216
	County		Eri			
III Anneal	l Point of Cont	art				
	act Person And					
		utive Director				
	tact Phone 716.			Extension		101
		nat@eccpasa.org				
IV. Please	choose the fol	lowing 1915i Category:				
0 1	am an OMH 191	5i or OASAS 1915i provider that	is already on one of	the following pen	iding DSRIP list	ts: Pending
		DASAS 1915i Providers	•	0.	· ·	J
	=					
	am a Harm Red eduction 1915i	duction 1915i provider that is o Providers.	n one the following p	ending DSRIP lis	sts: Pending S	Safety Net Harm
		10110015.				_
V. Percenta	age of Medicaid	& Uninsured members that yo	ur facility serves			
	Me	edicaid (FFS & MC)	Uninsured		Data Sou	rce Year
		saleala (110 al 1110)				rear
Percentag	ge					
		l .				·
Yes I Here	by Certify that t	he information and data provid	led on this form is ac	curate and correc	ct to the best o	of my knowledge.
		nformation may be subject to a	udit and I may be as	ed to provide do	cumentation	in support of this
appea	ıl.			۸۳	nswer	
1	Name	Andrea J. Wan	at			
	Title	Executive Direc				
	Only app	eals from the CEO, CFO or co	mparable will be a	cepted		

10/29/2014 Every Person Influences Children Inc. (EPIC)

VAP EXCEPTION FORM IS DUE 10/14/2014 - NO **EXTENSIONS WILL BE GRANTED**

Only appeals from the CEO, CFO or comparable will be accepted



		will consider exceptions to the safety n pplication approval. Three allowed rea			basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus are shown in Section IV.
•	ledicaid Provider	, p			
	Answer No			▼	You have chosen the following VAP Exception: i
II. Appeal Apr	plicant Information				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	ation Name: Every Person Influences	Children Inc			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Organiza	Joined PPS: Erie County Medical Center Co	77		-	The Will Exception relies heavily or the statement you provide, so preude be considered and thorough
ΛΛ The V/ΛΡ Evo		he PPS you are joining. If you are joining m	ore than one E	10.00	
	-	as well (if applicable). Please see the "VII_			
	See Section II and VII of the instruction		· taareronar - r c	s tab to select	
	ovider Type: Other			▼	
	Type - Other: 1915 OMH/OASAS				
Flovider		. //: "		NO.	
	Operating Certifica	ate/License # MMIS*		NPI*	
	e Identifiers:				
	Agency Code: 38180 ing Entity ID:				Character Count: 3271
БІІІІ	Addres	City.	State	Zip	a. Based on the Prevention Gaps and Barriers Analysis for Erie County completed by the Center for Human and Social Research, at Buffalo State
	Address 1000 Main St	SS City Buffalo	State NY	14202	College, there is a high need for prevention related services including parenting in specified ZIP codes within Erie County. Three of EPIC's
	Address 1000 Main St	Bullalo	IVI	* REQUIRED	program, Ready Set Parent, Families in Transition (FiT) and Just for Teers (JFT) participants (85%) are residents of those ZIP codes, specifically:
III. Appeal Poi	int of Contact				(Highest participation frequency to lowest) 14215, 14213, 14211, 14210, 14206, 14207, 14214, 14218 (Lackawanna), 14209, 14043 (Depew),
Contact I	Person Jennifer Majeski				14224 (West Seneca), and 14150 (Tonawanda). These programs have also served high need parents in outlying high need, low service ZIP codes
	Title Interim President				including: Akron, Alden, Amherst, Williamsville, Cheektowaga, Maryvale, Grand Island, Lancaster/Depew, and Orchard Park. Participants in EPIC
	Phone 716-332-4122	Extension	n		FiT parenting workshops are parents ages 18 and older who are "at risk" for a variety of personal and familial problems including substance abus
Contact	t Email majeskij@epicforchildren.org				or continued use of substances, domestic violence, and child abuse and neglect, resulting in loss of custody of their children. EPIC is a preferred
IV. Please cho	ose the following VAP Exception:				source of parenting education for judges from many Erie County and Buffalo City Courts. It is also important to note that our ongoing work in thi community has indicated to us that prevention-oriented parenting programming is also a need across the entire city and county. Currently most
of set Any M comr ii Any S When choosing indicate what P Information – S When choosing care Managem CMS approval approval and di safety net list, y another approv complete this f Fo	rving the community. nospital is uniquely qualified to serve to munity, and/or clear track record of substate-designated health home or group g VAP Exception i & ii – Please indicate PPS you intend to join, then you will be Section II". If you are part of multiple P g VAP Exception iii – The Department hent Agencies (CMAs) that have already If your Health Home appears on this lion to need to submit this form. If the you do not need to submit this form. If ved safety net provider list, but your orm. List is available on the DSRIP web	e what Performing Provider System (PPS) y e denied. Please indicate the name of the F PPS, see section VII tab. has submitted a draft list of State Designate y been approved as safety net providers as st as pending approval, you will be granted organization operating your Health Home/ f your organization does not appear on the reganization believes that it should qualify a soite. han one PPS, use second tab (Section VII) t	rou plan on joint plan on join	os within the ning. If you do not neal Applicant es and Network that are pending on pending CMS ppears on another some list or on ne, please nal PPSs.	parenting education is funded and offered via treatment programming in a clinical setting as opposed to our work which is free, group based and educational versus clinical. Another indication of the need for EPIC's FiT program is the fact that, despite gaining efficiencies in our operation for increased service numbers (which currently average 350 per year), we have a two—three month waiting time to access this program. b. EPIC - Every Person Influences Children, Inc. is a not-for-profit organization dedicated to helping families, schools, and communities raise children to become responsible and capable adults. Founded in Buffalo in 1980, EPIC supports parents (male and female) ages 18 and older in both Erie and Niagara counties. We are the only agency of our kind in Erie or Niagara County solely dedicated to parenting education and family engagement. We own our curricula and also have developed a delivery system to implement our curricula which includes training and certifying facilitators to do our work. Additionally, we can provide the workshops directly to our participants or train other agency personnel to do this work. Our key parenting education services include Ready Set Parent which provides educational services to parents in the Buffalo birthing hospitals within 48 hours of delivery (Ready Set Parent) and community based parenting workshops for parents of children ages 0-18, as well as curriculum for pregnant and parenting teens ages 14-19 (Just for Teens). Our services enhance this network by 1) being a high quality agency the can provide one stop shopping for parenting education for all parents 2) Serving high risk parents in the zip codes of highest need, 3) offering a continuum of services from the birth of their child through age 18. 4) alignment with NYS OASAS Prevention guidelines
	Medicaid (FFS & MC)	Uninsured	Data So	urce Year	
Percentage	unknown	unknown	NA	NA	
	nd that this information may be subje			-	
Tit	le Interim F	President		1	

10/29/2014 Families Child Advocacy Network

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



be posted for public comment 30 days prior to application approval. I. Are you a Medicaid Provider Answer Not Yet II. Appeal Applicant Information Organization Name: Families Child Advocacy Network OPTIONAL Joined PPS: Select PPS VIA Restricted to 3500 Characters only! Please put any additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. The option of the provided in the pro	
Answer Not Yet II. Appeal Applicant Information Organization Name: Families Child Advocacy Network OPTIONAL Joined PPS: Select PPS You have chosen the following category: 1 VI. Restricted to 3500 Characters only! Please put any additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent. This is a many additional notes below that you feel are relevent.	
II. Appeal Applicant Information VI. Restricted to 3500 Characters only! Organization Name: Families Child Advocacy Network Please put any additional notes below that you feel are relevent. This is a perfect pps OPTIONAL Joined PPS: Select PPS ▼ I am hereby requesting approval as a safety ne	
Organization Name: Families Child Advocacy Network OPTIONAL Joined PPS: Select PPS Please put any additional notes below that you feel are relevent. This is a property of the property of t	
OPTIONAL Joined PPS: Select PPS I am hereby requesting approval as a safety ne	
ram nerely requesting approval as a surely ne	is section is optional for 1915i providers.
ram nerely requesting approval as a surely ne	
OMH/OASAS/DOH as a likely agency to particip	
	pate in delivering 1915i Medicaid service
the DSRIP attributed patient population.	
Provider Type: OMH 1915i Provider ▼	
Provider Type - Other: DO NOT USE	
Operating Certificate/License # MMIS NPI	
Unique Identifiers: Agency Code: 48540	
Agency Code: 46340 Billing Entity ID:	
Address City State Zip	
Address: 135 Delaware Ave Ste 210 Buffalo NY 14202	
Aduless, 133 Delawate Ave Ste 210 Editato N1 14202 County: Erie	
III. Appeal Point of Contact	
Contact Person Vicki McCarthy	
Title Executive Director	
Contact Phone 716-884-2599 Extension 302	
Contact Email v.mccarthy@fcanwny.org	
IV. Please choose the following 1915i Category:	
am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending	
Safety Net OMH/OASAS 1915i Providers	
2 I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm	
2 I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.	
P	
V. Percentage of Medicaid & Uninsured members that your facility serves	
Medicaid (FFS & MC) Uninsured Data Source Year	
Percentage	
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I	
understand that this information may be subject to audit and I may be asked to provide documentation in support of this	
appeal.	
Answer	
Name Vicki McCarthy	
Title Executive Meeting	
Only appeals from the CEO, CFO or comparable will be accepted	

10/29/2014 Families First in Essex County Inc.

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	nublic comment 20 days a	rior to application asses	aval.			
I Ama	public comment 30 days p	rior to application appro	JVdI.			
i. Are you a Mo	edicaid Provider Answer Ves				▼	You have chosen the following category:
II. Annoal Ann	103				▼.	VI. Restricted to 3500 Characters only!
	licant Information	Faran Canada Iara			1	•
	tion Name: Families First in					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL.	Joined PPS: Adirondack Health I	Institute			~	I am hereby requesting approval as a safety net entity as I have been approved by
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid servi
						the DSRIP attributed patient population.
Pro	ovider Type: OMH 1915i Provide	,			_	
	ype - Other: DO NOT USE					
,		Certificate/License #	MMIS		NPI	
Unique	Identifiers:	oc. tilledic/ Literise #	2997428		190663	
	gency Code: 18590		233/420	1011	.1.70003	
	ng Entity ID:					
	Ŭ ,	Address	City	State	Zip	V/e are the only 1915i Medicaid provider in Essex County.
	Address: 196 Water St. /	PO Box 565	Elizabethtown	NY	12932	
	County:		Essex			
III. Appeal Poir	erson JoAnne Caswell				1	
Contact Pe	Title Executive Director					
Contact P	Phone 518 873 9544		Extension		23	
	Email jcaswell@familiesfirst	essex.org	II.	•		
IV. Please choo	ose the following 1915i Ca	itegory:				
IV. Please cho	ose the following 1915i Ca	ategory:				
	-	• .	on one of the following pend	ing DSRIP lists:	Pending	
1 I am a	-	5i provider that is already o	on one of the following pend	ing DSRIP lists:	Pending	
1 I am al Safety	in OMH 1915i or OASAS 1915 Net OMH/OASAS 1915i Prov	5i provider that is already or oriders				
1 I am a Safety 2 I am a	in OMH 1915i or OASAS 1915 Net OMH/OASAS 1915i Prov a Harm Reduction 1915i pro	5i provider that is already or oriders	on one of the following pend			
1 I am a Safety 2 I am a	in OMH 1915i or OASAS 1915 Net OMH/OASAS 1915i Prov	5i provider that is already or oriders				
1 I am a Safety 2 I am a	in OMH 1915i or OASAS 1915 Net OMH/OASAS 1915i Prov a Harm Reduction 1915i pro	5i provider that is already or oriders				
1 I am a Safety 2 I am a	in OMH 1915i or OASAS 1915 Net OMH/OASAS 1915i Prov a Harm Reduction 1915i pro	5i provider that is already or oriders				
I I am all Safety I I am all Safety Reduct	in OMH 1915i or OASAS 1915 Net OMH/OASAS 1915i Prov a Harm Reduction 1915i pro	Si provider that is already or riders ovider that is on one the f	ollowing pending DSRIP lists			
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I am all safety I am all safety Reduct	in OMH 1915i or OASAS 1915 Net OMH/OASAS 1915i Prov a Harm Reduction 1915i pro tion 1915i Providers.	si provider that is already or iders vider that is on one the f	ollowing pending DSRIP lists		fety Net Harm	
I am all safety I am all safety Reduct	in OMH 1915i or OASAS 1915 Net OMH/OASAS 1915i Prov a Harm Reduction 1915i pro tion 1915i Providers.	si provider that is already or iders vider that is on one the f	ollowing pending DSRIP lists	s: Pending Saf	e Year	
a lam a safety 2 lam a Reduct V. Percentage o	on OMH 1915i or OASAS 1915 Net OMH/OASAS 1915i Provider Albert Providers. of Medicaid & Uninsured me	si provider that is already or iders vider that is on one the f	ollowing pending DSRIP lists erves Jninsured	Data Source	e Year	
am a safety 2 I am a Reduct V. Percentage o	in OMH 1915i or OASAS 1915 Net OMH/OASAS 1915i Provider Albert Providers. of Medicaid & Uninsured me Medicaid (FFS & MC)	si provider that is already orders evider that is on one the fundamental state of the state of	erves Uninsured 5%	Data Source	e Year	
am a Safety am a Reduct V. Percentage o Percentage Yes I Hereby Ce	nn OMH 1915i or OASAS 1915 Net OMH/OASAS 1915i Providers. a Harm Reduction 1915i protion 1915i Providers. of Medicaid & Uninsured me Medicaid (FFS & MC 85% ertify that the information a	si provider that is already orders evider that is on one the fundamental state of the second state of the	ollowing pending DSRIP lists erves Jninsured	Data Source medicaid billi	e Year ing 2013 my knowledge.	
am a Safety am a Reduct V. Percentage o Percentage Yes I Hereby Ce	nn OMH 1915i or OASAS 1915 Net OMH/OASAS 1915i Providers. a Harm Reduction 1915i protion 1915i Providers. of Medicaid & Uninsured me Medicaid (FFS & MC 85% ertify that the information a	si provider that is already orders evider that is on one the fundamental size of the size	erves Uninsured 5% form is accurate and correct	Data Source medicaid billi	e Year ing 2013 my knowledge.	
I am a safety I am a safety I am a Reduct V. Percentage of Percentage Yes I Hereby Ce understand appeal.	nn OMH 1915i or OASAS 1915i Net OMH/OASAS 1915i Providers a Harm Reduction 1915i protion 1915i Providers. of Medicaid & Uninsured me Medicaid (FFS & Mo 85% ertify that the information as did that this information may be	provider that is already or iders avider that is on one the fundamental in the second of the second	erves Uninsured 5% form is accurate and correct nay be asked to provide documents.	Data Source medicaid billi to the best of umentation in	e Year ing 2013 my knowledge.	
l am a safety 2	in OMH 1915i or OASAS 1915i Providers. a Harm Reduction 1915i protion 1915i Providers. of Medicaid & Uninsured me Medicaid (FFS & MO 85% ertify that the information as did that this information may be	si provider that is already orders evider that is on one the fundamental size of the size	erves Uninsured 5% form is accurate and correct may be asked to provide documents.	Data Source medicaid billi to the best of umentation in	e Year ing 2013 my knowledge.	

10/29/2014 Families On The Move of New York City, Inc.

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



					deminition on	a case-by-case	basis in it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
'	•	ment 30 days prior to app	lication approva				
i. Are you a	Medicaid Pro					▼	You have chosen the following category: 2
II Annoal A	pplicant Infor	1101 101				▼.	VI. Restricted to 3500 Characters only!
		Families On The Move of Ne	ow York City Inc			1	Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
_	AL Joined PPS:		ew fork city, inc.				
OPTIONA	AL Joined PPS:	Select PPS				~	I am hereby requesting approval as a safety net entity as I have been approved by
							OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
							the DSRIP attributed patient population.
F	Provider Type:	Harm Reduction 1915i Provider				~	
Provider	r Type - Other:	DO NOT USE					
		Operating Certificate	/License #	MMIS		NPI	
Uniq	ue Identifiers:						
	Agency Code:						
Bi	illing Entity ID:						
		Address		City	State	Zip	Families On The Move of New York City, Inc. (FOTM) is a family and youth peer support provider that is currently contracted with the New York
	Address: County:						State Office of Mental Health. Services currently contracted include: Family Peer Support, Youth Peer Support, Young Adult Supported and Education, trainings, Parenting classes, Anger Management classes and substance use prevention, screening brief intervention referral to
	County.						treatment (SBIRT), Motivational Interviewing, technical assistance, advocacy and educational workshops for youth, and families of youth that have
III. Appeal P	oint of Conta	ect					behavioral, mental health, emotional, and/or substance abuse challenges with behavioral systems and juvenile justice involvement or at risk of
Contact		emia S. Adams					involvement. FOTM promotes and has demonstrated the facilitation of systems change/transformation and culture change in the childrens
	Title CEO	CO2 4070		I			behavioral health systems. FOTM is also in the process of becoming Peer Respite Care Providers.
	ct Phone 347-	ms@fotmnyc.org		Extension			
IV. Please cr	noose the foi	lowing 1915i Category:					
O 1 lan	n an OMH 191	5i or OASAS 1915i provider t	that is already on	one of the following pend	ling DSRIP lists:	Pending	
		DASAS 1915i Providers	, , , , , , , , , , , , , , , , , , , ,	0 1 1 1 1 1 1 1 1 1	0		
	m a Harm Red luction 1915i F	luction 1915i provider that i	is on one the follo	wing pending DSRIP list	s: Pending Sa	fety Net Harm	
l Red	luction 19151F	roviders.				_	₩
V. Percentage	e of Medicaid	& Uninsured members that	your facility serv	es			
			l				
	Me	edicaid (FFS & MC)	Unir	sured	Data Sourc	e Year	
Percentage							
Percentage							
	-	he information and data pro					<u>'</u>
appeal.	anu mat mis ii	nformation may be subject t	to audit and i may	be asked to provide do	umentation in	support of this	
appedi.				Ans	swer		
Na	me	Euphemia S.	Adams	O Yes	● No		
Т	itle	CEO					
	Only app	eals from the CEO, CFO or	r comparable wil	l be accepted			



State of New York Department of Health **Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form**

					ou.cey nee		on a case by		s in this decimed in the best interest of interest and interest single state and the considered industries depending and in
	•	ment 30 days prior to appli	ication approvi	dI.					
I. Are you a f								_	
	Answer	Not Yet						•	You have chosen the following category:
II. Appeal Ap	plicant Infor	mation							 I. Restricted to 3500 Characters only! ne mission of the Family Help Center is to provide free support to families and safety to children when parenting gets tough,
Organiz	zation Name:	Family Help Center							the mission of the rainily neip center is to provide tree support to families and safety to children when parenting gets tough,
OPTIONA	AL Joined PPS:	Erie County Medical Center Corpora	ation					-	I am hereby requesting approval as a safety net entity as I have been approved by
									OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services t
									the DSRIP attributed patient population.
P	rovider Type:	OMH 1915i Provider						•	
Provider	Type - Other:								
		Operating Certificate/I	Licansa #	MM	ıs		NPI		
Union	ue Identifiers:	Operating certificate/i	LICEII3E #	10110	13		1411		
	Agency Code:								
	lling Entity ID:								
		Address		Cit	v	State	Zip		
	Address:	60 Dingens St.		Buffalo	,	NY	14206		
	County:	- J		Erie				\neg	
Contact	Person Debo Title Execu t Phone 716-8	orah A. Merrifield utive Director			extension		237		
1 I am Safet 2 I an	n an OMH 191! ty Net OMH/C	owing 1915i Category: 5i or OASAS 1915i provider th ASAS 1915i Providers uction 1915i provider that is roviders.						rm	
V. Percentage		& Uninsured members that y		ves		Data S	ource Yea	_	
	ivie	` '						_	
Percentage		77%		11%		intake	data	2013	
	and that this in	ne information and data prov Iformation may be subject to Deborah A. Me	audit and I ma		Provide do	cumentationswer	•	•	
Ti		Executive Dire			• Ye	o No	1		
"		eals from the CEO, CFO or		ill be sees:	:		J		

11/10/2014 Family service_providers_exception_form (1)

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health **Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form**

be posted for	public comment 30 days prior to app	plication approval.	,		,	
I. Are you a N	ledicaid Provider					
	Answer _{Yes}				▼	You have chosen the following category: 1
II. Appeal App	olicant Information					VI. Restricted to 3500 Characters only!
Organiza	ation Name: Family Service League, Inc.					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	Joined PPS: Stony Brook University Hospital				~	I am hereby requesting approval as a safety net entity as I have been approved by
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
						the DSRIP attributed patient population.
D-	a sida a Tomas				-11	the Dakir attributed patient population.
	ovider Type: OMH 1915i Provider				▼	
Provider T	ype - Other: DO NOT USE			1		
	Operating Certificate	e/License #	MMIS	NI		
	e Identifiers:		02996069	152809	93242	
	gency Code: 50440 ng Entity ID:					
BIIII	Address		City	State	Zip	I do not believe we have to fill this out, since our Agency is already a designated safety net provider (OMH and OASAS-not pending list), but given
	Address: 790 Park Avenue		ıntington	N.Y.	11743	the confusion surrounding this issue we are sending as an extra precautionary step. Thank you. Any questions, please let me know.
	County:					
III. Anneal De	int of Contact					
	Person Dr. Jeffrey Steigman					
Contact	Title VP for Integrated Healthcare					
Contact	Phone 631-470-6790		Extension			1
Contact	Email jsteigman@fsl-li.org		•			
IV. Please cho	oose the following 1915i Category:					
	an OMH 1915i or OASAS 1915i provider	that is already on on	e of the following pend	ing DSRIP lists: F	ending —	
Sarety	Net OMH/OASAS 1915i Providers					
O 2 I am	a Harm Reduction 1915i provider that	is on one the follow	ing pending DSRIP lists	s: Pending Safe	ty Net Harm	
	ction 1915i Providers.					
1						T
V 8		6				
v. Percentage	of Medicaid & Uninsured members tha	t your facility serves	•	_		
	Medicaid (FFS & MC)	Uninsu	ured	Data Source	Year	
Percentage	44%	159	%	PM System	2013	
						.
	Certify that the information and data pr and that this information may be subject					'
appeal.	id that this information may be subject	to addit and i may b	e asked to provide doc	umentation in st	apport or tims	
			Ans	wer		
Nam			● Yes	O No		
Tit						
	Only appeals from the CEO, CFO of	or comparable will b	oe accepted			

10/29/2014 Family Ties of Westchester, Inc.

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	public comment 30 days prior to ap			uemillon o	ii a case-by-case
	ledicaid Provider	рисации арргоч	/dl.		
	Answer Not Yet				▼
II. Appeal App	olicant Information				
	ation Name: Family Ties of Westchester	r, Inc.			
	Joined PPS: Select PPS				~
					200
Dre	ovider Type: OMH 1915i Provider				
	Type - Other: DO NOT USE				▼.
Flovider	Operating Certificat	a/licansa#	MMIS		NPI
Unique	e Identifiers:	e/ Licerise #	IVIIVIIS		IVI
	gency Code: 43530				
Billi	ng Entity ID:				
	Address		City	State	Zip
	Address: 112 East Post Road, 3rd flo	oor	White Plains Westchester	NY	10601
	county.		Westchester		
III. Appeal Poi					
Contact P	Person Carol Hardesty Title Executive Director				
Contact I	Phone 914-995-5238		Extension		
	Email chh2@westchestergov.com		Execusion		
IV. Please cho	ose the following 1915i Category:				
	an OMH 1915i or OASAS 1915i provider	that is already or	n one of the following pen	ding DSRIP list	s: Pending —
Safety	Net OMH/OASAS 1915i Providers				
O 2 I am	a Harm Reduction 1915i provider that	is on one the fol	llowing pending DSRIP list	ts: Pending S	afety Net Harm
Reduc	ction 1915i Providers.				
					_
V. Percentage	of Medicaid & Uninsured members tha	nt your facility ser	rves		
Г		1			
	Medicaid (FFS & MC)	Un	ninsured	Data Sou	rce Year
Percentage	70%		30%		
		<u></u>			
Yes I Hereby C	ertify that the information and data pr	rovided on this fo	orm is accurate and correc	t to the best o	of my knowledge.
	d that this information may be subject				
appeal.			_		
Nam	e Carol Har	rdestv		swer No	
Titl				0 10	
	Only appeals from the CEO, CFO of		vill be accepted		





	icaid Providor				
. Are you a Med	Answer Yes			7	You have chosen the following category: 1
I. Appeal Applic					VI. Restricted to 3500 Characters only!
and the second second second second second second	Name: FEGS Health & Human Service	es			Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
and the second s	ned PPS: Bronx-Lebanon Hospital Center			v	I am hereby requesting approval as a safety net entity as I have been approved by
					OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid to the DSRIP attributed patient population.
Provid	er Type: OMH 1915i Provider		-	•	
Provider Type	- Other: DO NOT USE			· · · · · · · · · · · · · · · · · · ·	
	Operating Certificate/	License # MN	/IIS	NPI	
Unique Id	entifiers:				
	cy Code:				
Billing I					
	Address	Cit		Zip	
·	ddress: 315 Hudson Street County:	New York	NY	10013	
Net OMH 2 I am a H Reduction	MMH 1915i or OASAS 1915i provider th /OASAS 1915i Providers arm Reduction 1915i provider that is of 1915i Providers.	on one the following pending D			
	Medicaid (FFS & MC)	Uninsured	Data Sour	ce Year	
D					
Percentage	85%	7%	IMA	2014	
	fy that the information and data prov at this information may be subject to				





	icaid Providor				
. Are you a Med	Answer Yes			7	You have chosen the following category: 1
I. Appeal Applic					VI. Restricted to 3500 Characters only!
and the second second second second second second	Name: FEGS Health & Human Service	es			Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
The second secon	ned PPS: Bronx-Lebanon Hospital Center			v	I am hereby requesting approval as a safety net entity as I have been approved by
					OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid to the DSRIP attributed patient population.
Provid	er Type: OMH 1915i Provider		-	•	
Provider Type	- Other: DO NOT USE			· · · · · · · · · · · · · · · · · · ·	
	Operating Certificate/	License # MN	/IIS	NPI	
Unique Id	entifiers:				
	cy Code:				
Billing I					
	Address	Cit		Zip	
·	ddress: 315 Hudson Street County:	New York	NY	10013	
Net OMH 2 I am a H Reduction	MMH 1915i or OASAS 1915i provider th /OASAS 1915i Providers arm Reduction 1915i provider that is of 1915i Providers.	on one the following pending D			
	Medicaid (FFS & MC)	Uninsured	Data Sour	ce Year	
D					
Percentage	85%	7%	IMA	2014	
	fy that the information and data prov at this information may be subject to				

VIII.



VAP EXCEPTION FORM IS DUE 10/24/2014 - STATE DESIGNATED HEALTH HOMES AND DOWNSTREAM CARE MANAGEMENT AGENCIES ONLY

State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

<u>Vital Access Provider Exception</u>: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval.

posted for public confiner	it 30 days prior to application approval.				
I. Are you a Medicaid Pro	vider				
Answer	Yes			•	You have chosen the following Health Home category: 1
II. Appeal Applicant Infor	mation				VI. Restricted to 3500 Characters only!
Organization Name:	FEGS Health & Human Services				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Stony Brook University Hospital			7	
Of HOMAL-Joined 113.	Story Brook Officerate Prospical				I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Home	/Care Management Agency			or
Provider Type - Other:					
Trovider Type Other.	Operating Contificate / Leaves #	L NAMES		NOIX	
	Operating Certificate/License #	MMIS*	ļ	NPI*	
Unique Identifiers:		1371571	19	912164120	
Agency Code:					
Billing Entity ID:		E0162796			
	Address	City	State	Zip	Character Count: 0
Address :	315 Hudson Street	New York	NY	10013	
County:					
III. Appeal Point of Conta	of .				
Contact Person Steve			***************************************		
	ciate Vice President		***************************************		
Contact Phone 516-	505-2003	Extension		211	
Contact Email srutt	er@fegs.org				
If your organization If your organization You are choosing VAP Except Care Management Agencies CMS approval. If your Health approval, but should submit list, you do not need to subm	Health Home or Health Home provider that tream Care Management Agency List. In does not appear on the draft Health Home believes that it should qualify as a Health Hore tion iii— The Department has submitted a dra (CMAs) that have already been approved as s Home appears on this list as pending approved this form. If the organization operating your lait this form. If your organization does not ap list, but your organization believes that it sh	list or on another approved me, please make this selection of the list of State Designated Harafety net providers as well a al, you may be granted a VA Health Home/CMA already a pear on the draft Health Ho	ealth Home as those the P Exception appears on me list or o	provider list, but es and Network it are pending in pending CMS another safety net in another	
V. Percentage of Medicaid 8	Uninsured members that your facility serve	es			
Me	dicaid (FFS & MC) Un	insured	Data Sou	irce Year	
Percentage	85%	7%	IMA	2014	
knowledge. I understa documentation in supp	e information and data provided on this for nd that this information may be subject to a port of this appeal. M. Woodlock/	udit and I may be asked to	provide	f my	

tle Chief Operating Officer

Only appeals from the CEO, CFO or comparable will be accepted

Vital Access Provider Exception Form

10/29/2014 Fountain House, INC.

VAP EXCEPTION FORM IS DUE 10/24/2014 - HCBS/1915i SERVICE PROVIDERS ONLY



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

<u>Vital Access Provider Exception</u>: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 20 days prior to application approved.

be posted for	public com	ment 30 days prior to app	olication approval.			•	
I. Are you a N	Medicaid Pro	vider					
	Answer	Yes				▼	You have chosen the following category: 1
II. Appeal Ap	plicant Infor	mation					VI. Restricted to 3500 Characters only!
Organiza	ation Name:	Fountain House, INC.					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	L Joined PPS:	Select PPS				~	I am hereby requesting approval as a safety net entity as I have been approved by
							OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services
							to the DSRIP attributed patient population.
	1						to the Bakir attributed patient population.
		OMH 1915i Provider				_	
Provider I	Type - Other:				1		
		Operating Certificate		MMIS		NPI	
	e Identifiers:	6110503 (CSS-PSYCHOSOC	CIAL CLUBHOUSE)	1303502	157	78642054	
	gency Code: ing Entity ID:	10140					
DIIII	ing Littley ID.	Address		City	State	Zip	Fountain House meets the safety net definition because it is a non-hospital based provider, not participating as part of a state-designated health
	Address:	425 West 47th Street		New York	NY	10036	home, that has 86.5 percent of all
	County:			New York			patient volume in its primary lines of business associated with Medicaid, uninsured and Dual Eligible individuals. Fountain House has been
III. Anneal De	int of Court						serving individuals with serious mental illness in New York City for 66 years. The data used was reported to the DOH for Fiscal Year 2012, which
III. Appeal Po		EW SCHONEBAUM					ran from July 1, 2011, until June 30, 2012.
Contact		FINANCIAL OFFICER					
Contact	Phone 212-5	82-0340		Extension		230	
Contact	t Email aschor	nebaum@fountainhouse.org					
IV. Please cho	oose the foll	owing 1915i Category:					
		5i or OASAS 1915i provider t	that is already on o	ne of the following pendir	g DSRIP lists:	Pending Safety—	
Net C	JIVIH/UASAS 1	915i Providers					
O 2 I am	a Harm Redi	uction 1915i provider that i	is on one the follow	ring pending DSRIP lists:	Pending Safe	ety Net Harm	
	ction 1915i P			0. 0		,	
						_	-
V D	-6 84111 -1	0.11-1					
v. Percentage	oi iviedicaid	& Uninsured members that	your facility serves	•			
	Med	dicaid (FFS & MC)	Unin	sured	Data Soul	rce Year	
		, ,					
Percentage		83.11%	3.3	38%	AWARD	S 2014	
			Į.			L .	<u>'</u>
Yes I Hereby (Certify that th	e information and data pro	ovided on this form	is accurate and correct to	the best of r	my knowledge. I	
	nd that this in	formation may be subject t	to audit and I may b	e asked to provide docur	nentation in s	support of this	
appeal.				Λn	swer		
Nam	ne	ANDREW SCH	ONEBAUM	Yes			
Tit		CHIEF FINANCIA	AL OFFICER		•		
	Only anno	eals from the CEO, CEO or	r comparable will	he accented			

10/29/2014 Goddard Riverside Community Center

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



				ions to the safety n	et deim	ition on a t	tase-by-case	aasis ir tis deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
•	'	nent 30 days prior to appl	lication approval.					
I. Are you a N								You have chosen the following category: 1
II. Ammaal Am		Yes					▼	
II. Appeal App			:				1	VI. Restricted to 3500 Characters only!
		Goddard Riverside Commun	nity Center				100	Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	L Joined PPS:	Mount Sinai Hospitals Group					~	I am hereby requesting approval as a safety net entity as I have been approved by
								OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
								the DSRIP attributed patient population.
Pr	ovider Type:	OMH 1915i Provider					~	
Provider T		DO NOT USE						
		Operating Certificate	/License #	MMIS		NP	PI	
Uniqu	e Identifiers:	7296471A (for ACT s	services)	02995733		145744	14234	
	Agency Code:							
Billi	ing Entity ID:							
		Address		City		ate	Zip	Goddard Riverside Community Center serves individuals with mental illness and histories of homelessness through two 1915i-like programs: The
		593 Columbus Avenue		ew York	١	NΥ	10024	Cther Place (TOP) and TOP Opportunities (TOPOP). TOP, which began in 1988, is a psychosocial rehab, using a clubhouse model. TOPOP, which
	County:			New York				began in 1999 as an outgrowth of TOP, is an Assisted Competitive Employment program. There are very few providers of these vital services in the community. Without this designation, many people recovering from significant mental health issues would be without these important and long
III. Appeal Po	int of Contac	ct						s, anding supportive services in the community. The organization is partnering with the following Health Homes as a downstream provider:
Contact I	Person Karen	Smith-Moore						Pathways to Wellness (CBC), NYC Health and Hospitals Corporation, Community Care Management Partners, and Mt. Sinai Health Home.
		iate Director of Programs						
	Phone 212-8			Extension		30-	4	
		n-moore@goddard.org						
IV. Please cho	oose the follo	owing 1915i Category:						
a 1 lam	an OMH 1915	i or OASAS 1915i provider t	hat is already on o	ne of the following ne	nding D	SRIP lists - P	ending	
		ASAS 1915i Providers	ilat is alleady on o	ne of the following pe	nuing D.	JI(II 113C3. 1	enuing —	7I
	,							
		uction 1915i provider that is	s on one the follow	ving pending DSRIP I	sts: Pe	nding Safet	ty Net Harm	
Redu	ction 1915i Pr	roviders.						μ
V. Percentage	of Medicaid 8	& Uninsured members that	vour facility serve	s				
г д.			,		_		1	
	Med	dicaid (FFS & MC)	Unins	sured	Da	ata Source	Year	
Davisantana		070/	20	· ·	<u> </u>		2014	
Percentage		87%	39	%	ca	se records	2014	
	-	e information and data pro						'
understan appeal.	nd that this in	formation may be subject t	o audit and i may i	oe asked to provide d	ocumen	itation in su	ipport of this	
appeal.				A	nswer			
Nam	ne	Stephan Ri		(a)	es O	No		
Tit		Executive Di						
	Only appe	eals from the CEO, CFO or	comparable will	be accepted				



					et definition (on a case-by-cas	asis if it is deemed in the best interest of Medicald members. Any exceptions that are considered must be approved by C	15 and must
	•	ment 30 days prior to app	lication approv	al.				
I. Are you a N								
	Answer	Not Yet				•	You have chosen the following category: 2	
II. Appeal App							VI. Restricted to 3500 Characters only!	
		Village of Haverstraw DAPC					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.	
OPTIONAL	L Joined PPS:	Select PPS					I am hereby requesting approval as a safety net entity as I have been approved by	
							OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid ser	vices to
							the DSRIP attributed patient population.	
Pr	ovider Type:	OASAS 1915i Provider						
Provider T	Гуре - Other:	DO NOT USE						
		Operating Certificate,	/License #	MMIS		NPI		
Unique	e Identifiers:			n/a		n/a		
A	gency Code:	90015			•			
Billi	ing Entity ID:							
		Address		City	State	Zip	The Village of Haverstraw DAPC/Haverstraw Center is the only licensed prevention counseling program in Rockland County, and on	
		Haverstraw Center, 50 West	t Broad Street	Haverstraw	NY	10927	in New York State. We provide assessments, individual, group, family and crisis counseling services to youth ages 8-21 and their far	
	County:			Rockland			especially those who are affected by someone with a substance use problem, and/or who may be at risk of becoming addicted the Services are currently provided on a sliding scale- no insurance is accepted at present, but this is something now under considerati	
III. Appeal Po	int of Conta	nct					is currently funded by the local municipalities, grants and NYSOASAS. In addition to the services described, the Center offers positive	
Contact F	Person Mari	on E Breland, LCSW, CASAC,	CPP				activities, recreation (a full-sized gymnasium), and other prevention education programs for the participants and the community at	
		utive Director			1			
	Phone 845-			Extension	1	11		
		on.E.Breland@vohny.com						
IV. Please cho	oose the fol	lowing 1915i Category:						
0 1 lam	an OMU 101	5i or OASAS 1915i provider t	hat is already on	one of the following pe	nding DSDID li	rte: Donding		
		DASAS 1915i Providers	ilat is alleady of	Tone of the following pe	nuing Dakir ii	sts. Feriuling		
	,							
		luction 1915i provider that i	s on one the fol	lowing pending DSRIP I	ists: Pending	Safety Net Harm		
Reduc	ction 1915i F	Providers.					Ŭ	
V Percentage	of Medicaid	& Uninsured members that	your facility ser	VAC				
r	or ivicultulu	a oministrea members that	your ruentry ser	100		1		
	Me	edicaid (FFS & MC)	Un	insured	Data So	urce Year		
Percentage		35%		40%	icipant Ca	se Rec 20:		
						•		
Yes I Hereby C	Certify that tl	he information and data pro	vided on this fo	rm is accurate and corr	ect to the best	of my knowledg		
	nd that this in	nformation may be subject t	o audit and I ma	y be asked to provide o	ocumentation	in support of th		
appeal.				,				
Nam	ne	Marion E. Breland, LCS	SW. CASAC. CPP		es o No			
Titl		Executive Di			es O No			
		eals from the CEO, CFO or		ill be accepted				



				,	iennition or	
	comment 30 days prior to appl	ication approval	l.			
you a Medicaid						
	TWO TEE					▼
		ervice SBPC Comn	munity Advisory	Board, Inc	<u>. </u>	
PTIONAL Joined	PPS: Select PPS					▼
Provider T	ype: OMH 1915i Provider					~
rovider Type - Ot						
	Operating Certificate	License #	MMIS			NPI
Unique Identifi	ers: N/A					
Billing Entity						
Addr		R				Zip 11217
			•		INT	11217
	· •					
			Ext	ension		
		3				
ease choose the	following 1915i Category:					
		nat is already on o	one of the follow	ving pendir	ng DSRIP list	s: Pending -
\$afety Net ON	1H/OASAS 1915i Providers					
2 I am a Harm	Reduction 1915i provider that is	s on one the follow	wina pendina D	SRIP lists:	: Pendina S	afety Net Harm
			31 - 3		3	
						_
centage of Media	raid & Uninsured members that	vour facility serve	ec .			
centage of Wedn	tala & Olillisurea members that	your racinty serve		_		
	Medicaid (FFS & MC)	Unin	sured		Data Sour	ce Year
	000/					
	90%	1	L%		survey	2014
entage						•
Hereby Certify th	at the information and data pro					
Hereby Certify th	at the information and data pro nis information may be subject to					
Hereby Certify th					ımentation i	
Hereby Certify th	nis information may be subject to Christian Huyge	o audit and I may en, Ph.D.		ovide docu	ımentation i	
Hereby Certify th nderstand that th ppeal. Name Title	nis information may be subject to	en, Ph.D.	be asked to pro	ovide docu Answ	ver	
por Co	Provider Trovider Type - Ot Unique Identifi Agency Co Billing Entity Addre Cou Title Contact Person Title Contact Email Lam an OMH Safety Net OM I am a Harm Reduction 19	Answer eal Applicant Information Organization Name: Heights-Hill Mental Health S TIONAL Joined PPS: Select PPS Provider Type: OMH 1915i Provider ovider Type - Other: DO NOT USE Operating Certificate/ Unique Identifiers: N/A Agency Code: 42860 Billing Entity ID: Address Address: 25 Flatbush Ave Third Floor County: October Of Contact Ontact Person Title Christian Huygen, Ph.D. Executive Director Ontact Phone T18 852 5212 Contact Email Christianhuygen@rainbowheights.org ase choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider the Safety Net OMH/OASAS 1915i provider that is Reduction 1915i Providers.	Answer Pal Applicant Information Organization Name: Heights-Hill Mental Health Service SBPC Committed PPS: Select PPS Provider Type: OMH 1915i Provider Ovider Type - Other: OP NOT USE Operating Certificate/License # Unique Identifiers: N/A Agency Code: 42860 Billing Entity ID: Address Address: 25 Flatbush Ave Third Floor County: Peal Point of Contact Ontact Person Christian Huygen, Ph.D. Title Executive Director Contact Phone 718 852 5212 Contact Email Christianhuygen@rainbowheights.org asse choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider that is already on of Safety Net OMH/OASAS 1915i Providers I am a Harm Reduction 1915i provider that is on one the followed Providers.	Answer Pot Vet eal Applicant Information Organization Name: Heights-Hill Mental Health Service SBPC Community Advisory Frovider Type: OMH 1915i Provider Ovider Type - Other: DO NOT USE Operating Certificate/License # MMIS Unique Identifiers: N/A Agency Code: 42860 Billing Entity ID: Address City Address: 25 Flatbush Ave Third Floor Brooklyn County: Kings Peal Point of Contact Ontact Person Christian Huygen, Ph.D. Title Executive Director Ontact Phone 718 852 5212 Contact Email christianhuygen@rainbowheights.org asse choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider that is already on one of the follow Safety Net OMH/OASAS 1915i provider that is on one the following pending D	Answer Pal Applicant Information Organization Name: Heights-Hill Mental Health Service SBPC Community Advisory Board, Inc. TIONAL Joined PPS: Select PPS OMH 1915i Provider Organization Name: Heights-Hill Mental Health Service SBPC Community Advisory Board, Inc. TIONAL Joined PPS: Select PPS OMH 1915i Provider Operating Certificate/License # MMIS Unique Identifiers: N/A Agency Code: 42860 Billing Entity ID: Address City Address: City Executive Director Ontact Person Christian Huygen, Ph.D. Title Contact Phone 718 852 5212 Extension Contact Email Christianhuygen@rainbowheights.org asse choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pendis Safety Net OMH/OASAS 1915i Providers I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists Reduction 1915i Providers.	Answer Real Applicant Information Organization Name: Heights-Hill Mental Health Service SBPC Community Advisory Board, Inc. OTIONAL Joined PPS: Select PPS Provider Type: OMH 1915i Provider Ovider Type - Other: OP NOT USE Operating Certificate/License # MMIS Unique Identifiers: N/A Agency Code: 42860 Billing Entity ID: Address City State Address: 25 Flatbush Ave Third Floor Brooklyn NY County: Kings Provider Type: OP NOT USE Operating Certificate/License # MMIS Address: N/A Address: City State Address: Executive Director Contact Person Christian Huygen, Ph.D. Title Executive Director Contact Phone 718 852 5212 Extension Contact Ph

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

	public comment 30 days prior to appl		the surety her						
	Medicaid Provider	reaction approvan							
	Answer Yes				▼				
II. Appeal App	I. Appeal Applicant Information								
Organiza	ation Name: Hillside Children's Center								
OPTIONAL	L Joined PPS: Finger Lakes PPS				▼				
Pr	ovider Type: Select One				▼				
	Type - Other: DO NOT USE				•				
	Operating Certificate	License #	MMIS		NPI				
Unique	e Identifiers: We have many- avail o		969333	163	9267933				
	gency Code: EIN: 16-1453581	•							
Billi	ing Entity ID: 1639267933			1 1					
	Address Address: 1183 Monroe avenue	Rocheste	City	State NY	Zip 14620				
	County:	Monro			14020				
III. Anneal De	int of Courtout								
	int of Contact Person Pamela Ayers								
Contact	Title Director of Service Development								
	Phone (585) 766-1265		Extension						
	t Email payers@hillside.com								
IV. Please cho	oose the following 1915i Category:								
1 am :	an OMH 1915i or OASAS 1915i provider ti	hat is already on one of th	e following pend	ding DSRIP lists	s: Pending				
	y Net OMH/OASAS 1915i Providers	,							
	a Harm Reduction 1915i provider that is ction 1915i Providers.	s on one the following pe	nding DSRIP list	s: Pending S	afety Net Harm				
					_				
V 5	factorial and the second and the sec	6.29							
V. Percentage	of Medicaid & Uninsured members that	your facility serves							
	Medicaid (FFS & MC)	Uninsured		Data Sour	ce Year				
Percentage	56%	1%		Iside Busine	ss In 2014				
Tercentage	30%	170		iside busine	33 111 2014				
Voc I Hereby (Certify that the information and data pro	vided on this form is accu	rate and correct	t to the hest o	f my knowledge				
	nd that this information may be subject to								
appeal.									
Nam	ne Clyde Coms	tock		swer					
Titl		NO CIN	(© Yes	S O No					
	Only appeals from the CEO, CFO or	comparable will be acc	ented						

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



he nected for	public comment 30 days prior to appl	ication approv	al			
•	public comment 30 days prior to appl edicaid Provider	ication approv	aı.			
i. Are you a ivi	Answer Ves				▼	You have chosen the following category:
II Anneal Anr	licant Information					VI. Restricted to 3500 Characters only!
	tion Name: Hillside Children's Center					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
	Joined PPS: Erie County Medical Center Corpor				1_1	
OFFICINAL	Erie County Medical Center Corpor	ration			•	
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid servi
						the DSRIP attributed patient population.
Pro	ovider Type: Select One				4	
Provider T	ype - Other: DO NOT USE					1
	Operating Certificate/	License #	MMIS		NPI	1
Unique	Identifiers: We have many- avail o		969333	16	39267933	7
	gency Code: EIN: 16-1453581	•		ı		
	ng Entity ID: 1639267933]
	Address		City	State	Zip	
	Address: 1183 Monroe avenue		Rochester	NY	14620	
	County:		Monroe			
III. Appeal Poi	nt of Contact					
Contact F	erson Pamela Ayers					
20						
	Title Director of Service Development					
Contact F	Title Director of Service Development Phone (585) 766-1265		Extension			
Contact F	Title Director of Service Development Phone (585) 766-1265 Email payers@hillside.com		Extension			
Contact F	Title Director of Service Development Phone (585) 766-1265		Extension			
Contact F Contact V. Please cho	Title Director of Service Development Phone (585) 766-1265 Email payers@hillside.com ose the following 1915i Category:	hat is already on			te: Ponding	
Contact I Contact IV. Please cho	Title Director of Service Development Phone (585) 766-1265 Email payers@hillside.com ose the following 1915i Category: an OMH 1915i or OASAS 1915i provider the	hat is already on			ts: Pending	
Contact I Contact IV. Please cho	Title Director of Service Development Phone (585) 766-1265 Email payers@hillside.com ose the following 1915i Category:	hat is already on			ts: Pending	
Contact I Contact V. Please cho 1 I am a Safety 2 I am	Title Director of Service Development Phone (585) 766-1265 Email payers@hillside.com ose the following 1915i Category: In OMH 1915i or OASAS 1915i provider the Net OMH/OASAS 1915i Providers a Harm Reduction 1915i provider that is		one of the following pe	nding DSRIP lis		
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Contact I Contact IV. Please cho I I am a Safety I I am Reduct V. Percentage C Percentage Yes I Hereby C	Title Director of Service Development Phone (585) 766-1265 Email payers@hillside.com ose the following 1915i Category: an OMH 1915i or OASAS 1915i provider th Net OMH/OASAS 1915i Providers a Harm Reduction 1915i provider that is tion 1915i Providers. of Medicaid & Uninsured members that Medicaid (FFS & MC)	s on one the foll your facility ser Un	o one of the following per lowing pending DSRIP II ves insured 1% rm is accurate and corre	nding DSRIP lis sts: Pending S Data Sou Iside Busing	Safety Net Harm urce Year ess In 2014 of my knowledge.	4
Contact I Contact IV. Please cho I I am a Safety I I am Reduct V. Percentage C Percentage Yes I Hereby C	Title Director of Service Development Phone (585) 766-1265 Email payers@hillside.com ose the following 1915i Category: an OMH 1915i or OASAS 1915i provider th Net OMH/OASAS 1915i Providers a Harm Reduction 1915i provider that is tition 1915i Providers. of Medicaid & Uninsured members that Medicaid (FFS & MC) 56% ertify that the information and data provider of the company of	s on one the foll your facility ser Un	o one of the following per lowing pending DSRIP II ves insured 1% rm is accurate and corre	nding DSRIP lis sts: Pending S Data Sou Iside Busing	Safety Net Harm urce Year ess In 2014 of my knowledge.	4
Contact I Contact IV. Please cho I lam a Safety CO 2 lam Reduct V. Percentage Percentage Yes I Hereby C understan appeal.	Title Director of Service Development Phone (585) 766-1265 Email payers@hillside.com ose the following 1915i Category: In OMH 1915i or OASAS 1915i provider the Net OMH/OASAS 1915i Providers a Harm Reduction 1915i provider that is tion 1915i Providers. Of Medicaid & Uninsured members that IMEDICAL MEDICAL M	your facility ser Un vided on this fo	ves insured 1% rm is accurate and correctly be asked to provide d	Data Sou Iside Businett to the best ocumentation unswer	Safety Net Harm urce Year ess In 2014 of my knowledge.	4
Contact I Contact II V. Please cho 1 I am a Safety 2 I am Reduct V. Percentage of Percentage Yes I Hereby C understan	Title Director of Service Development Phone (585) 766-1265 Email payers@hillside.com ose the following 1915i Category: an OMH 1915i or OASAS 1915i provider the Net OMH/OASAS 1915i Providers a Harm Reduction 1915i provider that is title 1915i Providers. Of Medicaid & Uninsured members that Medicaid (FFS & MC) 56% ertify that the information and data provided that this information may be subject to the Clyde Coms	your facility ser Un vided on this fo	ves In one of the following per Iowing pending DSRIP II In our of the following per Iowing pending DSRIP II Iowing p	Data Sou Iside Busine	Safety Net Harm urce Year ess In 2014 of my knowledge.	4

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	r public comment 20 days prior to appl		to the safety fiet	uemillon o	ii a case-by-case					
•	r public comment 30 days prior to appl	cation approval.								
i. Are you a N	Medicaid Provider									
	Answer Yes				▼					
I. Appeal Applicant Information Organization Name: Hillside Children's Center										
ŭ	Organization Name: Hillside Children's Center									
OPTIONA	Organization Name: Hillside Children's Center OPTIONAL Joined PPS: St. Joseph's Hospital Health Center									
D	an idea Tura				- T/1					
	rovider Type: Select One				▼.					
Provider '	Type - Other: DO NOT USE			1						
	Operating Certificate		MMIS		NPI					
	ue Identifiers: We have many- avail o	n request	969333	16	39267933					
	Agency Code: EIN: 16-1453581									
Bill	ling Entity ID: 1639267933		City.	Ctata	7:-					
	Address Address: 1183 Monroe avenue	Pachas	City	State NY	Zip 14620					
	Address: 1183 Monroe avenue County:	Roches		INT	14020					
		WIGHT	-							
III. Appeal Po	oint of Contact									
Contact	Person Pamela Ayers									
C	Title Director of Service Development		F. danadi : :							
	t Phone (585) 766-1265		Extension							
	ct Email payers@hillside.com									
v. Please ch	oose the following 1915i Category:									
1 am	an OMH 1915i or OASAS 1915i provider t	nat is already on one of	the following nend	ding DSRIP list	s: Pending —					
	ty Net OMH/OASAS 1915i Providers	,		3 110						
	n a Harm Reduction 1915i provider that is	on one the following p	ending DSRIP list	s: Pending S	afety Net Harm					
Redu	uction 1915i Providers.									
V. Percentage	e of Medicaid & Uninsured members that	our facility serves								
crecinage	The state of the s	, ouucinty serves								
	Medicaid (FFS & MC)	Uninsured		Data Sou	rce Year					
Percentage	56%	1%		Iside Busine	ess In 2014					
Yes I Hereby	Certify that the information and data pro	vided on this form is ac	curate and correc	t to the best o	of my knowledge.					
understa	nd that this information may be subject to	audit and I may be as	ed to provide do	cumentation	in support of this					
appeal.										
	Chida Cama	tock		swer						
Nan		LUCK	(© Ye	S O NO						
Tit	Only appeals from the CEO, CFO or	comparable will be a	L							
	Only appeals from the CEO, CFO of	comparable will be at	cepteu							

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

	r public comment 30 days prior to appl								
	Medicaid Provider	ication approvan							
	Answer Yes				▼				
II. Appeal Ap	I. Appeal Applicant Information								
	ration Name: Hillside Children's Center								
OPTIONAL	L Joined PPS: Upstate University Hospital				•				
Pr	rovider Type: Select One				~				
Provider 1	Type - Other: DO NOT USE								
	Operating Certificate/	License #	MMIS		NPI				
	ue Identifiers: We have many- avail o	n request	969333	163	9267933				
	Agency Code: EIN: 16-1453581								
Billi	ling Entity ID: 1639267933 Address		City	State	Zip				
	Address: 1183 Monroe avenue	Rochest		NY	14620				
	County:	Monro	e						
III. Anneal Po	oint of Contact								
	Person Pamela Ayers								
	Title Director of Service Development								
	: Phone (585) 766-1265 ct Email <u>payers@hillside.com</u>		Extension						
IV. Please cho	oose the following 1915i Category:								
1 I am	an OMH 1915i or OASAS 1915i provider tl	nat is already on one of t	ne following pend	ding DSRIP lists	s: Pending				
Safet	ty Net OMH/OASAS 1915i Providers								
O 2 I am	n a Harm Reduction 1915i provider that is	on one the following pe	ndina DSRIP list	ts: Pending S	afety Net Harm				
	action 1915i Providers.	on one the following pe	riding DSKIT list	is. Feriding 5	arety Net Harri				
					_				
V. Percentage	of Medicaid & Uninsured members that	your facility serves							
]		•							
	Medicaid (FFS & MC)	Uninsured		Data Sour	ce Year				
Percentage	56%	1%		Iside Busine	ss In 2014				
Yes I Hereby (Certify that the information and data pro	vided on this form is acc	rate and correct	t to the best o	f my knowledge.				
	nd that this information may be subject to								
appeal.									
Nam	ne Clyde Coms	tock	An:	swer					
Tit				0					
	Only appeals from the CEO, CFO or	comparable will be acc	epted						



Lary qua Medical Provider Answer New York You have chosen the following category: 2 You have chosen the following particles You have chosen the following category: 2 You have chosen the following particles You have ch
You have chosen the following category: 2
II. Appeal Applicant Information Organization Name: Plousing Works Inc OPTIONAL Joined PPS: Mount Small Housing Works Inc OPTIONAL Joined PPS: Mount Small Housing Works Inc OPTIONAL Joined PPS: Mount Small Housing Works Inc Provider Type: Harm Reduction 1915 Provider Provider Type: Other: DO NOT USE Operating Certificate/License # MMIIS NPI Unique Identifiers: O4-71-84 Agency Code: 454980 Billing Entity ID. Address: 130 Croby Street New York III. Appeal Point of Contact Contact Email Contact Email Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Email Clarke (Phousingworks.org) IV. Please choose the following 1915 Category: III. and NH 1915 or OASAS 1915 Provider that is already on one of the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 Providers. III and an OMH 1915 in OASAS 1915 Provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 Providers.
Organization Name: Housing Works Inc OPTIONAL Joined PPS: Mount Small Housing Works Inc OPTIONAL Joined PPS: Mount Small Housing Works Inc Provider Type: How Reduction 1915 Provider Provider Type: How Reduction 1915 Provider Provider Type: Other: DO NOT USE Unique Identifiers: 04-71-84
OPTIONAL Joined PPS: ON JOINED A Salikely agency to participate in delivering 1915i Medicald services the DSRIP attributed patient population. OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicald services the DSRIP attributed patient population. OPTIONAL Joined PPS: ON JOINE SALIKELY AGENCY SALIKELY
Provider Type: Viam Reduction 1959 Provider Provider Type: Ob NOT USE Operating Certificate/License # MMIS NP
Provider Type - Other: DO NOT USE Operating Certificate/License # MMIS NPI
Provider Type - Other: DO NOT USE Operating Certificate/License # MMIS NPI Unique Identifiers: 04-71-84 Agency Code: 459800 Billing Entity ID: Address City State Zip Address: 130 Crosby Street New York NY 10012 County: New York III. Appeal Point of Contact Contact Person Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Person Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Person Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Person Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Person Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Penson Michael Clarke Title Senior VP, Heal
Provider Type - Other. DO NOT USE Operating Certificate/License # MMIS NPI Unique Identifiers: Agency Code: 45980 Billing Entity ID: Address: 130 Crosby Street New York NV 10012 County: New York III. Appeal Point of Contact Contact Person Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Email Iderke@housingworks.org IV. Please choose the following 1915i Category: IV. Please choose the following 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.
Provider Type - Other: Operating Certificate/License # MMIIS NPI Unique Identifiers: Agency Code: 45980 Billing Entity ID: Address City State Zip Address: 130 Crosby Street New York NY 10012 County: New York III. Appeal Point of Contact Contact Person Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Email darke@housingworks.org IV. Please choose the following 1915i Category: IV. Please choose the following 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net Marm Reduction 1915i providers. I am an OMH 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction Provider who will likely be a provider of 1915i services. We serve almost entirely a Harm Reduction Provider who will likely be a provider of 1915i services. We serve a
Unique Identifiers: Od-71–84 Agency Code 45980 Billing Entity ID: Address: Address: I30 Crosby Street New York NY 10012 Country: New York III. Appeal Point of Contact Contact Person Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Fmall clarke@housingworks.org IV. Please choose the following 1915 rovider that is already on one of the following pending DSRIP lists: Pending safety Net OMH/OASAS 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is one one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is one one the following pending DSRIP lists: Pending Safety Net Harm Reduction Provider who will likely be a provider of 1915 is services. We serve almost entirely a Medicaid population. Our charter to deal the provider of 1915 is services. We serve almost entirely a Medicaid population. Our charter to deal the provider of 1915 is services. We serve almost entirely a Medicaid
Unique Identifiers: Od-71–84 Agency Code 45980 Billing Entity ID: Address: Address: I30 Crosby Street New York NY 10012 Country: New York III. Appeal Point of Contact Contact Person Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Fmall clarke@housingworks.org IV. Please choose the following 1915 rovider that is already on one of the following pending DSRIP lists: Pending safety Net OMH/OASAS 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is one one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i provider that is one one the following pending DSRIP lists: Pending Safety Net Harm Reduction Provider who will likely be a provider of 1915 is services. We serve almost entirely a Medicaid population. Our charter to deal the provider of 1915 is services. We serve almost entirely a Medicaid population. Our charter to deal the provider of 1915 is services. We serve almost entirely a Medicaid
Agency Code: 45980 Billing Entity ID: Address Address 130 Crosby Street New York NY 10012 Country New York NY 10012 Contact Person Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Email clarke @housingworks.org IV. Please choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.
Billing Entity ID: Address City State Zip Address: 130 Crosby Street New York NY 10012 County: New York III. Appeal Point of Contact Contact Person Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Email Clarke @Housingworks.org IV. Please choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i providers. I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.
Address: 130 Crosby Street New York NY 10012 County: New York III. Appeal Point of Contact Contact Person Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Phone 347-473-7475 Extension Contact Email clarke@housingworks.org IV. Please choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i Providers I am an Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.
New York
Ill. Appeal Point of Contact Contact Person Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Phone 347-473-7475 Extension Contact Email clarke@housingworks.org IV. Please choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending safety Net OMH/OASAS 1915i Providers I am an Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.
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Contact Person Michael Clarke Title Senior VP, Health Home, ADHC, Community Partnerships Contact Phone 347-473-7475 Contact Email Clarke@housingworks.org IV. Please choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i Providers I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i Providers.
Title Senior VP, Health Home, ADHC, Community Partnerships Contact Phone 347-473-7475 Extension Contact Email clarke@housingworks.org IV. Please choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i providers I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.
Contact Email clarke@housingworks.org IV. Please choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i providers I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i providers.
IV. Please choose the following 1915i Category: 1 I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i Providers 2 I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.
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Safety Net OMH/OASAS 1915i Providers 2 I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.
Safety Net OMH/OASAS 1915i Providers 2 I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.
Reduction 1915i Providers.
Reduction 1915i Providers.
V. Percentage of Medicaid & Uninsured members that your facility serves
V. Percentage of Medicaid & Uninsured members that your facility serves
V. Percentage of Medicaid & Uninsured members that your facility serves
Medicaid (FFS & MC) Uninsured Data Source Year
Percentage 95% 5% AIRS 2013
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I
understand that this information may be subject to audit and I may be asked to provide documentation in support of this
appeal.
Answer Name Charles King Yes No
Name Charles King Title CEO No Ves O No
Only appeals from the CEO, CFO or comparable will be accepted

10/29/2014 Kids Oneida

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



Appeal Applicant Information Organization Name: Kids Oneida OPTIONAL Joined PPS; Faxton St. Luke's Healthcare Provider Type: OMH 1915i Provider Provider Type: OMH 1915i Provider Operating Certificate/Lucense # MMIIS NPI Unique Identifiers: 9063010A 2276286 1770787079 Agency Code: 28220 Billing Entity ID: Address: 310 Main Street Utica NY 13501 County: Oneida/ Herkimer Appeal Point of Contact Contact Person Steven Bulger Title CEO/Executive Director- Interim Contact Person Steven Bulger Contact Person Steven Bul	Asswer vs. Vou have chosen the following catego Appeal Applicant Information Vi. Restricted to 3500 Characters only Please put any additional notes below that I am hereby requesting app OMH/OASAS/DOH as a like the DSRIP attributed patier Provider Type OMH 1915 Provider Vi. Restricted to 3500 Characters only Please put any additional notes below that I am hereby requesting app OMH/OASAS/DOH as a like the DSRIP attributed patier Provider Type OMH 1915 Provider Vi. Restricted to 3500 Characters only Please put any additional notes below that I am hereby requesting app OMH/OASAS/DOH as a like the DSRIP attributed patier Provider Type OMH/OASAS/DOH as a like the DSRIP attributed patier Provider Type OMH/OASAS/DOH as a like the DSRIP attributed patier Address Ometain		s Provider Exception: The state wi		nis to the safety fiet	uemillion or	i a case-by-case			
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Medicaid (FFS & MC) Uninsured Data Source Year	Medicaid (FFS & MC) Uninsured Pata Source Year eport/ Client Mg 2013 I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Steven Bulger Title CEO/Executive Director- Interim						_			
Medicaid (FFS & MC) Uninsured Data Source Year	Medicaid (FFS & MC) Uninsured Data Source Year eport/ Client Mg 2013 I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Steven Bulger Title CEO/Executive Director- Interim									
Medicaid (FFS & MC) Uninsured Data Source Year	Medicaid (FFS & MC) Uninsured Para Source Percentage 92% 3% Data Source Peport/ Client Mg 2013 Dilereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Steven Bulger Title CEO/Executive Director- Interim									
	Percentage 92% 3% eport/ Client Mg 2013 I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Steven Bulger Title CEO/Executive Director- Interim	V. Percentage	of Medicaid & Uninsured members that	your facility serves						
	Percentage 92% 3% eport/ Client Mg 2013 1 Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Steven Bulger Title CEO/Executive Director- Interim	ſ	Medicaid (FFS & MC)	Uninsu	red	Data Sour	ce Year			
Jarrentare 0.39/ 20/ 20/ 20/ 20/ 20/ 20/ 20/ 20/ 20/ 20	D I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Steven Bulger Title CEO/Executive Director- Interim		. realcaid (113 & inc)			544 5041	i eai			
ercentage 92% 5% Eport/ Cheft Mg 2015	D I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Steven Bulger Title CEO/Executive Director- Interim	Percentage	92%	3%		eport/ Clien	t Mg 2013			
	understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Steven Bulger Title CEO/Executive Director- Interim						1			
	Name Steven Bulger Title CEO/Executive Director- Interim		nd that this information may be subject t	audit and I may be	asked to provide do	cumentation i	n support of this			
	Name Steven Bulger Title CEO/Executive Director- Interim	appeal.			A	curor				
appeal.	Title CEO/Executive Director- Interim	Nam	ne Steven Ru	lger						
appeal. Answer					—— U					
Answer Name Steven Bulger Yes No		110			e accented					



State of New York Department of Health **Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form**





State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

<u>Vital Access Provider Exception</u>: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval.

Ans	wer _{Yes}			▼	You have chosen the following category:			
Appeal Applicant	140				VI. Restricted to 3500 Characters only!			
	nme: Lake Shore Behavioral Health, Inc.				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.			
	PPS: Catholic Medical Partners-Accountable Care	PA INC		~	I am hereby requesting approval as a safety net entity as I have been approved by OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services			
					the DSRIP attributed patient population.			
	ype: OMH 1915i Provider			▼.				
Provider Type - O	ther: DO NOT USE		_					
	Operating Certificate/License	# MMIS	NI	PI				
Unique Identi	fiers: 6783100A, 6783110B, 6783110	A, 3, 03005290, 03005314, 03	, 1497967129,	1184897258,				
	Code: 50250							
Billing Entit	y ID: E0232519	1	T		4			
	Address	City	State	Zip				
Addı	ess: 255 Delaware Avenue, Suite 300	Buffalo	NY	14202				
CO	unty:	Erie						
1 I am an OMF Safety Net OI 2 I am a Harm Reduction 19	e following 1915i Category: I 1915i or OASAS 1915i provider that is alr MH/OASAS 1915i Providers In Reduction 1915i provider that is on one ITSI Providers. Icaid & Uninsured members that your fac	the following pending DSRIP lists						
	Medicaid (FFS & MC)	Uninsured	Data Source	Year				
ercentage	73%	1%	CFR	2013				
ercentage	Medicaid (FFS & MC)	Uninsured 1% this form is accurate and correct	CFR	2013 ny knowledge.				



VAP EXCEPTION FORM IS DUE 10/24/2014 - STATE DESIGNATED HEALTH HOMES AND DOWNSTREAM CARE MANAGEMENT AGENCIES ONLY

	Exception: The state will consider exce ment 30 days prior to application approv		definition	on a case-by-case	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and
I. Are you a Medicaid Pro					
Answer	Yes			-	You have chosen the following Health Home category: 1
II. Appeal Applicant Infor	mation				VI. Restricted to 3500 Characters only!
	Lake Shore Behavioral Health, Inc.				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Catholic Medical Partners-Accountable Care IPA INC			•	and thereby requesting approval as a safety flet entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Home,	/Care Management Agenc	v] dor
• • • • • • • • • • • • • • • • • • • •			,		d 1°'
Provider Type - Other:			1	*101*	4
	Operating Certificate/License #	MMIS*		NPI*	<u> </u>
Unique Identifiers:	783011A, 6783010A, 6783012A, 6783484A,	03005290 03005314	967129,	1184897258, 19222	<u> </u>
Agency Code:		50250			
Billing Entity ID:		E0232519			
	Address	City	State	Zip	Character Count: 0
Address :	255 Delaware Avenue, Suite 300	Buffalo	NY	14202	
County:		Erie			$ \mathbf{J} $
I. Appeal Point of Contac					¬
Contact Person Howa					-
Title President Contact Phone (716)		Extension			-
Contact Email hhitz		Extension			- 1
CONTACT EMAIL MINES	eletake shore.org.				
your organization You are choosing VAP Exceptare Management Agencies EMS approval. If your Health pproval, but should submit telt list, you do not need to s	on does not appear on the draft Health Hom believes that it should qualify as a Health Hom believes that it should qualify as a Health How to the part of the part	raft list of State Designate safety net providers as w aval, you may be granted a r Health Home/CMA alrea ot appear on the draft He	d Health Ho ell as those a VAP Excep dy appears alth Home	omes and Network that are pending otion pending CMS on another safety list or on another	
/. Percentage of Medicaid 8	& Uninsured members that your facility serv	/es			
Me	dicaid (FFS & MC) Un	insured	Data S	ource Year	
Percentage	73%	1%	CF		
• •	he information and data provided on this fo erstand that this information may be subjec port of this appeal.				
Name Title	Howard K. Hitzel, Psy.D. President eals from the CEO, CFO or comparable w	● Ye	swer S O No		





		Exception: The state wi			ty net de	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	i a case-by-case
		ment 30 days prior to app	lication approv	al.			
I. Are you a	a Medicaid Pro						
	Answer	103					▼
	Applicant Info	1					
		Lake Shore Behavioral Healt					
OPTION	NAL Joined PPS:	Erie County Medical Center Corpo	oration				▼.
	Provider Type:	OASAS 1915i Provider					•
Provide	er Type - Other:	DO NOT USE					
		Operating Certificate	/License #	MMIS			NPI
Unio	ique Identifiers:		6783110A,	3, 03005290, 03005	314, 036,	14979671	29, 1184897258,
	Agency Code:						
В	Billing Entity ID:	E0232519 Address		Ci+v		State	7in
	Address:		e 300	City Buffalo		NY	Zip 14202
	County:	255 Belaware Avenue, Said	2 300	Erie			14202
	Point of Conta	act rard K. Hitzel, Psy.D.					
Contac	Title Pres						
Conta	act Phone 716-			Exte	nsion		
Cont	tact Email hhitz	el@lake-shore .org					
IV. Please c	choose the fol	llowing 1915i Category:					
		E' OASAS 404E' '-	de en de entre en de en en	6 11 6 . 11		DCDID I'	B. die
		.5i or OASAS 1915i provider t OASAS 1915i Providers	tnat is aiready on	one of the following	ig penaing	DSKIP lists	s: Pending —
	ilety ivet Olvii i/ t	JAJAJ 13131110VIGE13					
		duction 1915i provider that i	is on one the fol	lowing pending DS	RIP lists:	Pending Sa	afety Net Harm
Red	eduction 1915i I	Providers.					_
							_
V. Percentag	age of Medicaid	& Uninsured members that	your facility ser	ves			
					7 Г		
	Me	edicaid (FFS & MC)	Un	insured		Data Sour	ce Year
Percentage	ge	73%		1%		CFR	2013
					J L		1
Voc I Hereb	hy Certify that t	he information and data pro	wided on this fo	rm is accurate and	correct to	the hest o	f my knowledge
		nformation may be subject t					
appeal.		-,					
A.I.	Jama	Howard K. Hitz	ol Boy D	r	Answe		
	Name Title	Preside	•		Yes (
		peals from the CEO, CFO or		rill be accepted			
	, 401						



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be noted for public comment 30 days prior to application approval.

	edicaid Provider					
	Answer yes				You have chosen the following category: 1	
I. Appeal Appli	icant Information					VI. Restricted to 3500 Characters only!
	ion Name: Lake Shore Behavioral Healt					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL Jo	oined PPS: Erie County Medical Center Corpo	oration			· •	I am hereby requesting approval as a safety net entity as I have been approved by OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services
						the DSRIP attributed patient population.
	vider Type: OMH 1915i Provider				~	
Provider Typ	Type - Other: DO NOT USE					
	Operating Certificate	/License #	MMIS		NPI	
Unique I	Identifiers: 6783100A, 6783110B,	6783110A, 3, 0300529	90, 03005314, 03	34, 14979671	29, 1184897258,	
	ency Code: 50250					
Billing Entity ID: E0232519						
	Address		City	State	Zip	
	Address: 255 Delaware Avenue, Suite			NY	14202	
	County:	Erie				
1 I am an Safety N 2 I am a Reduction	rmail hhitzel@lake-shore.org see the following 1915i Category: n OMH 1915i or OASAS 1915i provider to the OMH/OASAS 1915i Providers Harm Reduction 1915i provider that it ion 1915i Providers.	is on one the following per		-	-	
	Medicaid (FFS & MC)	Uninsured		Data Sour	ce Year	
Porcontago	73%	1%		CFR	2013	
Percentage			rate and correct	to the best of	f my knowledge.	



VAP EXCEPTION FORM IS DUE 10/24/2014 - STATE **DESIGNATED HEALTH HOMES AND DOWNSTREAM CARE MANAGEMENT AGENCIES ONLY**

State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

Vital Access Provider Excention: The state will consider excentions to the

	-		definition	on a case-by-case	oasis it it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must				
	nment 30 days prior to application approv	al.							
I. Are you a Medicaid Pr									
Answei	Yes			▼	You have chosen the following Health Home category:				
II. Appeal Applicant Info	ormation				VI. Restricted to 3500 Characters only!				
Organization Name	: Lake Shore Behavioral Health, Inc.				The narrative section is optional, but you may write additional notes.				
OPTIONAL-Joined PPS	S: Erie County Medical Center Corporation			-	I am hereby requesting approval as a safety net entity as I have been listed by the				
					department of health as a high volume provider of Medicaid care management services				
D :1 T		/0 11							
Provider Type:	Health Home,	/Care Management Agency			or				
Provider Type - Other	r:								
	Operating Certificate/License #	MMIS*		NPI*					
Unique Identifiers: 783011A, 6783010A, 6783012A, 6783484A, 03005290, 03005314									
Agency Code		50250							
Billing Entity IC		E0232519							
	Address	City	State	Zip	Character Count: 0				
Address		Buffalo	NY	14202					
County	y:								
III. Appeal Point of Cont	tact								
	ward K. Hitzel, Psy. D.								
Title Pre	sident								
Contact Phone (71	6)218-2321	Extension							
Contact Email hhi	tzel@lake-shore.org								
Home and Down If your organization You are choosing VAP Exceed Care Management Agencie CMS approval. If your Heal approval, but should submate list, you do not need to approved safety net provice form.	ed Health Home or Health Home provider that is tream Care Management Agency List. tion does not appear on the draft Health Hom in believes that it should qualify as a Health Hom in believes that it should qualify as a Health Hom in the lieves that it should provided as the set (CMAs) that have already been approved as the Home appears on this list as pending approvided in this form. If the organization operating your organization that it is submit this form. If your organization does not get list, but your organization believes that it is a submit this form. If your organization that it is a submit this form. If your organization believes that it is a submit this form. If your organization believes that it is a submit this form.	e list or on another approvone, please make this select raft list of State Designated safety net providers as we woal, you may be granted a r Health Home/CMA alreac ot appear on the draft Heahould qualify as a Health H	ed safety n tion. Health Ho II as those VAP Excep ly appears Ith Home I	net provider list, but mes and Network that are pending tion pending CMS on another safety ist or on another					
N	Medicaid (FFS & MC) Un	insured	Data So	ource Year					
Percentage	73%	1%	CFF						
	•	,		•					
	the information and data provided on this fo derstand that this information may be subject pport of this appeal.								
Name	Howard K. Hitzel, Psy.D. President peals from the CEO, CFO or comparable w		O No						



be posted for public con	nment 30 days prior to applicat			2 2 2 2 2 7 2 2 2 7 2 2 2 2 2 2 2 2 2 2	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and I
I. Are you a Medicaid Pr Answer					You have chosen the following category: 1
I. Appeal Applicant Info				▼	VI. Restricted to 3500 Characters only!
	Liberty House Foundation, Inc.				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
	Adirondack Health Institute			•	<u> </u>
oo.w.e.somea	Autonoack realth districte			T	Liberty House Foundation, Inc. provides psychiatric/vocational rehabilitation services to individuals with psychiatric impairments in Warren and Washington counties. Currentl Liberty House Foundation, Inc. is the only provider in these two counties that offers Pre
Provider Type	OMH 1915i Provider			▼.	Vocational Training, Work Readiness Training, Supported Employment and Follow-Along
Provider Type - Other	: DO NOT USE				Services to individuals with mental health disorders. These services are vital in the
	Operating Certificate/Lice	ense # MMIS		NPI	recovery process, contribute to overall wellness and decrease hospitalizations for
Unique Identifiers	:	03131871/0217182	8		**
Agency Code				_	individuals with servere and persistant mental illness. Liberty House Foundation, Inc. wa
Billing Entity ID					founded in 1972. We are a private, not-for profit psychiatric and vocational rehabilitation
	Address	City	State	Zip	
	54 Bay Street	Glens Falls	NY	12801	
County	·-	Warren			
I am an OMH 19: Safety Net OMH/ I am a Harm Re Reduction 1915i	ebe.libertyhouse@choiceoemail.c Illowing 1915i Category: 15i or OASAS 1915i provider that IOASAS 1915i Providers duction 1915i provider that is or	is already on one of the following p	ending DSRIP li		
М	edicaid (FFS & MC)	Uninsured	Data So	ource Year	
Percentage	95%	5%	Case Re	ecord 2013	
	<u>-</u>	ed on this form is accurate and corr udit and I may be asked to provide	documentatio		
Name	Julia Beebe Executive Direct	• • • • • • • • • • • • • • • • • • •	Answer Yes O No]	
	peals from the CEO, CFO or co	mparable will be accepted			



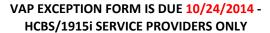


State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

	oublic comment 30 days prior to app	olication approval.				
i. Are you a ivi	Answer Yes					You have chosen the following category: 1
					▼	
	licant Information				1	VI. Restricted to 3500 Characters only!
	ion Name: Liberty Resources, Inc.					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	Joined PPS: Finger Lakes PPS				* ▼	I am hereby requesting approval as a safety net entity as I have been approved by OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Pro	vider Type: OASAS 1915i Provider				1	
	pe - Other: DO NOT USE					
	Operating Certificate	e/License #	MMIS		NPI	
Unique	Identifiers: 50660		2994810		5254881	
	ency Code:					
	g Entity ID: E0001939					
	Address		City	State	Zip	
	Address: 1045 James Street	Syracuse		NY	13203	
	County:	Onondag	ga			
Contact IV. Please choo 1 I am a safety 2 I am a Reduct	Title Vice President of Behavioral Healthone (315) 425-1004 Email Indurkin@liberty-resources.org use the following 1915i Category: In OMH 1915i or OASAS 1915i provider Net OMH/OASAS 1915i Providers In Harm Reduction 1915i provider that tion 1915i Providers. If Medicaid & Uninsured members that	that is already on one of th is on one the following per		ing DSRIP lists	-	
	Medicaid (FFS & MC)	Uninsured		Data Sour	ce Year	
Percentage	95%	5%		CFR	2013	
	ertify that the information and data produced that this information may be subject Carl Coy CEO	to audit and I may be aske	d to provide doci	umentation ir		



		Exception: The state will			t deminition o	ii a case-by-case
•	•	nent 30 days prior to appli	cation approva	al.		
I. Are you a N	-					
II Ammaal Am		Yes				~
II. Appeal App						
		Liberty Resources, Inc. Upstate University Hospital				1
OFTIONAL	L Joined FF3.	Upstate University Hospital				
Pr	rovider Type:					- 1:-
		OASAS 1915i Provider DO NOT USE				
Provider i	Type - Other.	Operating Certificate/L	Liconco #	MMIS		NPI
Unique	ıe Identifiers:	50660	license #	2994810	12	25254881
	Agency Code:	30000		2334810	12	23234881
	ling Entity ID:	E0001939				
		Address		City	State	Zip
	Address: 1	1045 James Street		Syracuse	NY	13203
<u></u>	County.			Onondaga		
III. Appeal Po						
Contact F	Person Marta		h			
Contact	Phone (315)	resident of Behavioral Health 425-1004	ncare	Extension		1556
		kin@liberty-resources.org		Extension	1	1550
		owing 1915i Category:				
	ouse the folio	1515; cutcholy.				
		i or OASAS 1915i provider th	at is already on	one of the following per	nding DSRIP lis	ts: Pending -
Safety	y Net OMH/O	ASAS 1915i Providers				
O 2 I am	n a Harm Redu	uction 1915i provider that is	on one the foll	lowina pendina DSRIP lis	sts: Pendina S	Safety Net Harm
	iction 1915i Pr			31113	3	
						-
V. Percentage	of Medicaid 8	& Uninsured members that y	our facility ser	ves		
c. sciitage		<u> </u>				
	Med	dicaid (FFS & MC)	Uni	insured	Data Sou	ırce Year
Percentage		95%		5%	CFR	201
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	•	e information and data prov				
	nd that this inf	formation may be subject to	audit and I ma	y be asked to provide do	ocumentation	in support of this
appeal.				Δι	nswer	
Nam	ne	Carl Coyle	e		es No	
Titl		CEO				
	Only appe	eals from the CEO, CFO or o	comparable w	ill be accepted		





State of New York Department of Health **Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form**

		ment 30 days prior to appl			ty net a	iciniicion c	in a case by cas	
I. Are you a N			ication approvai.					
you u ii	Answer						_	
II. Appeal Ap	I Applicant Information							
		Liberty Resources, Inc.						
		Finger Lakes PPS					,	
							170	
Pr	Provider Type:							
	Provider Type: OMH 1915i Provider Provider Type - Other: DO NOT USE							
	Operating Certificate/License # MMIS NPI							
Uniqu	ue Identifiers:	7241441	Electise ii	2994810 1225254881				
	Agency Code:					L		
Bill	lling Entity ID:							
	Addrossi	Address 1045 James Street	c,	City		State NY	Zip 13203	
	Address: County:	1045 James Street		Syracuse Onondaga		INT	15205	
III. Appeal Po	oint of Conta t Person Mart							
Contact		President of Behavioral Heal	thcare					
	t Phone (315) 425-1004		Exter	nsion		1556	
Contac	ct Email mdu	rkin@liberty-resources.org						
IV. Please cho	noose the fol	lowing 1915i Category:						
a 1 Lam	n an OMH 191	5i or OASAS 1915i provider t	hat is already on o	one of the followin	g nendir	ng DSRIP lis	ts: Pending .	
		DASAS 1915i Providers	nat is uncady on o	one or the rollowin	ь репан	ing Domin in	its. I chang	
	m a Harm Red uction 1915i F	duction 1915i provider that is Providers	s on one the follow	wing pending DSF	RIP lists:	Pending	Safety Net Harm	
	4011011 171011	10114015.					-	
V. Percentage	e of Medicaid	& Uninsured members that	your facility serve	es	_			
	Me	edicaid (FFS & MC)	Unins	sured		Data Sou	ırce Year	
Percentage		100%	09)%	1	Program :	Stats 201	
Voc I Harabu	Certify that t	he information and data pro	vided on this form	n is accurate and	orrect +	o the hert	of my knowledge	
		nformation may be subject t						
appeal.								
Non	mo	Carl Coyl	P	г.	Answ	N		
Nam Tit		CEO	е		Yes	O NO		
		eals from the CEO, CFO or	comparable will	l be accepted				
	- /	,	p	p e				



State of New York Department of Health **Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form**

		- 20 L				on a case by ca		
		ment 30 days prior to appl	lication approv	al.				
I. Are you a N	Answer							
II. Anneal An	Answer yes upplicant Information							
	•	Liberty Resources, Inc.						
		Upstate University Hospital						
Pr	Provider Type:	OMH 1915i Provider				-		
Provider 1	Type - Other:	DO NOT USE						
		Operating Certificate,	/License #	MMIS		NPI		
Uniqu	ue Identifiers:	7241441		2994810	1	225254881		
	Agency Code:	50004020						
Billi	lling Entity ID:	Address		City	State	Zip		
	Address:	1045 James Street		Syracuse	NY	13203		
	County:			Onondaga	'			
III. Appeal Po	oint of Conta	art						
	t Person Mart							
Contact		President of Behavioral Heal	thcare					
	t Phone (315			Extension		1556		
	-	rkin@liberty-resources.org						
IV. Please cho	noose the fol	lowing 1915i Category:						
1 am	n an OMH 191	5i or OASAS 1915i provider t	hat is already on	one of the following pend	ding DSRIP I	ists: Pending		
Safet		DASAS 1915i Providers	nacis ancaay on	one or the rollowing pend		isto. I chang		
	m a Harm Red uction 1915i F	duction 1915i provider that is Providers	s on one the foll	lowing pending DSRIP list	s: Pending	Safety Net Harm		
l Redu	action 171311	Toviders.						
V. Percentage	e of Medicaid	& Uninsured members that	your facility ser	ves				
	Me	edicaid (FFS & MC)	Un	insured	Data So	ource Year		
Percentage		100%		0%	Program	Stats 20		
	<u> </u>							
Yes I Hereby (Certify that the	he information and data pro	vided on this fo	rm is accurate and correct	t to the bes	t of my knowledg		
	-	nformation may be subject t						
appeal.				-				
Nam	me	Carl Coyl	le		swer No	1		
	itle	CEO	-	• Yes	O NO			
		eals from the CEO, CFO or	comparable w	ill be accepted		=		

10/29/2014 Long Island Families Together, Inc.

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

be poste	d for public com	nment 30 days prior to app	lication approv	al.			
I. Are yo	u a Medicaid Pr	ovider					
	Answer	Not Yet				▼	You have chosen the following category: 1
II. Appea	al Applicant Info	rmation					VI. Restricted to 3500 Characters only!
Or	ganization Name:	Long Island Families Togeth	ier, Inc.				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTI	IONAL Joined PPS	Select PPS				1	I am hereby requesting approval as a safety net entity as I have been approved by
							OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
							the DSRIP attributed patient population.
	Provider Type					1_	the Bolin attributed patient population.
Prov	ider Type - Other	OWNT 1919 FTOVIGET				▼.	
1100	ider Type Other	Operating Certificate	/License #	MMIS	1	NPI	
	Jnique Identifiers	n/a	/ Licerise #	WIIWIIS	'	IVI	
,	Agency Code						
	Billing Entity ID						
		Address		City	State	Zip	ong Island Families Together is a Peer Family run not-for-profit agency that provides peer family support to families in Nassau and Suffolk
	Address: County	193 A Broadway		Amityville lassau/Suffolk	NY	11762	County. We are the only agency that provides this type of family support service to both Counties, so families moving between counties would table to stay with the same provider, affording them continuity of care. We provide peer family support, information, education and system
	County	1	11	lassau/ Surioik			ravigation to families raising children with behavioral health concerns. This service is valuable to the PPS as it provides caregivers with assistance
	al Point of Cont						finding and staying connected to the services they need to keep their children out of the ED and inpatient units. The specilized services that we
Cor	ntact Person Susa						provide that are not provided by other agencies include, but are not limited to: 1. Family Peer Support addressing the special needs of families
Co	ntact Phone 631	utive Director 234-5438		Extension	1	105	who are raising children with mental health issues who were adopted internationally, domestically and through foster care. These youth are at high risk of out of home placements. Lift offers targeted peer support, parent training, system navigation and advocacy to these families; 2. Yout
	ontact Email sbur						Peer Advocate lead youth support groups for young people with behavioral health challenges who came to their families through adoption; 3.
IV. Pleas	e choose the fo	llowing 1915i Category:					youth Peer Advocate lead empowerment/support groups specifically for girls, ages 13-21 who have behavioral health challenges; 4. A Youth Peer
	ī	0 0,					Advocate Program providing individual youth peersupport and advocacy to young people with behavioral health challenges.
3		5i or OASAS 1915i provider	that is already on	one of the following pen	ding DSRIP lists	: Pending —	Additionally, a recent analysis of data from the Family Assessment of Care (FAC) and the Youth Assessment of Care (YAC) indicates that a greated proportion of youth or caregivers with access to peer advocates compared to those without access responded positively on the satisfaction
	sarety Net OMH/	OASAS 1915i Providers					domains of access to services, appropriateness of services, participation in services and overall/global satisfaction. Access to peer advocates was
O 2	I am a Harm Red	duction 1915i provider that	is on one the foll	owing pending DSRIP lis	ts: Pending Sa	afety Net Harm	aso positively associated with agreement on the psychotropic medication comprehension domain for youth and on perceptions of child
•	Reduction 1915i	Providers.					functioning and social connectedness for caregivers compared to those without access. This study adds to the growing understanding of the important role peer advocates play in engaging youth with mental health needs and their caregivers in mental health services.
							important for peer disorders play in engaging youth with including control and their categories in including categories.
V. Percer	ntage of Medicaid	& Uninsured members that	t your facility ser	ves			
			I			I	
	Me	edicaid (FFS & MC)	Uni	nsured	Data Source	e Year	
Percent	age	n/a		n/a			
		.,,		.,, .			
Voc I Hei	rehy Certify that t	he information and data pro	ovided on this fo	rm is accurate and corre	t to the best of	f my knowledge.	
		nformation may be subject					
арре	eal.			_			
	Name	Susan Bu	rger		swer		
	Title	Executive Di	-	• Ye	s O No		
		eals from the CEO, CFO o	r comparable w	ill be accepted			

10/29/2014 Long Island Minority AIDS Coalition (2)

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	s Provider Exception: II			uemillon (Jii a case-by-case
	r public comment 30 days p	ior to application approval			
I. Are you a N	Medicaid Provider				
II. Ammaal Am	Answer Not Yet				▼
	oplicant Information zation Name: Long Island Mine	ority AIDS Coalition			
	AL Joined PPS: Select PPS	only AIDS Coalition			~
0.110101	Select FF3				p× I
Pr	Provider Type: OASAS 1915i Provid	aur.			•
	Type - Other: DO NOT USE	er			
TTOVIGET		Certificate/License #	MMIS		NPI
Uniqu	ue Identifiers:	der emedicy Election in			
	Agency Code:	l.		1	
Billi	lling Entity ID:			1	
	Addisor	Address	City	State	Zip
	Address: County:				
	, ,				
	oint of Contact				
Contact	Person Rabia A. Aziz Title Chief Executive Office	r			
Contact	t Phone 631-225-5500		Extension		
Contact	ct Email RAZIZ@limac.u	<u>s</u>	•		
IV. Please cho	oose the following 1915i Ca	tegory:			
0 1 1	on OMU 1015; or OASAS 1015	i provider that is also do an	one of the following	ing DCDID !:	etc. Donding
O 1 I am	n an OMH 1915i or OASAS 1915 ty Net OMH/OASAS 1915i Prov	i provider that is already on d iders	orie of the following pend	ing DSRIP lis	sis: Penaing —
l later	ty Net OWN / ONDAS 15151 FIOV	ide:3			
	n a Harm Reduction 1915i pro	vider that is on one the follo	wing pending DSRIP lists	: Pending	Safety Net Harm
Redu	uction 1915i Providers.				_
V. Percentage	e of Medicaid & Uninsured me	mbers that your facility serve	es		
	Medicaid (FFS & MO	C) Unin	sured	Data So	urce Year
Percentage	10.6 %	8	9%	AIRS	2014
Voc I Hereby (Certify that the information a	nd data provided on this for	n is accurate and correct	to the hest	of my knowledge
	and that this information may	•			
appeal.	•	•			
Nam	me	Rabia A. Aziz	Ans Yes		
Tit		ef Executive Officer	es	O No	
		EO, CFO or comparable will	be accepted		

10/29/2014 Long Island Minority AIDS Coalition

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	public comment 30 days prior to app	ilcution approvai.				
	Лedicaid Provider					
1	Answer Not Yet				▼	You have chosen the following category: 2
II. Appeal Ap	plicant Information					VI. Restricted to 3500 Characters only!
Organiz	ation Name: Long Island Minority AIDS C	oalition				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers
OPTIONA	L Joined PPS: Select PPS				~	I am hereby requesting approval as a safety net entity as I have been approv
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medica
						the DSRIP attributed patient population.
	OASAS 1915i Provider				▼.	
Provider T	Гуре - Other: DO NOT USE					
	Operating Certificate	/License #	MMIS		NPI	
	e Identifiers:					
	Agency Code:					
BIIII	ing Entity ID: Address		City	State	Zip	
 	Address:		City	Jiaic	Σip	
	County:					
III Annosi Da	int of Contact			·		
	int of Contact Person Rabia A. Aziz					
Contact	Title Chief Executive Officer					
Contact	Phone 631-225-5500		Extension			
Contact	t Email RAZIZ@limac.us					
IV. Please cho	oose the following 1915i Category:					
			6.1 6.11			
	an OMH 1915i or OASAS 1915i provider t y Net OMH/OASAS 1915i Providers	hat is already on one	of the following pend	ing DSRIP lists	s: Pending —	
Jaiet	y Net Olviny OA3A3 19131 Floviders					
	a Harm Reduction 1915i provider that i	s on one the following	ng pending DSRIP lists	s: Pending S	afety Net Harm	
Redu	ction 1915i Providers.					
V. Percentage	of Medicaid & Uninsured members that	your facility serves				
V. Percentage	of Medicaid & Uninsured members that	your facility serves			<u> </u>	
V. Percentage	of Medicaid & Uninsured members that Medicaid (FFS & MC)	your facility serves Uninsu	red	Data Sour	ce Year	
V. Percentage		Ī		Data Sour	ce Year	

10/29/2014 Loretto Independent Living Services Inc.

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

Vital Access Provider

	public comment 30 days prior to app	·	ne safety net definition	on a case-by-case i	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
	edicaid Provider				
	Answer Yes			▼	You have chosen the following category: 2
II. Appeal App	licant Information				VI. Restricted to 3500 Characters only!
Organiza	tion Name: Loretto Independent Living	Services Inc.			Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	Joined PPS: Select PPS			-	I am hereby requesting approval as a safety net entity as I have been approved by
				•	OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Pro	ovider Type: Harm Reduction 1915i Provider			~	
Provider T	pe - Other: DO NOT USE			[27]	
	Operating Certificate	e/License # N	1MIS	NPI	
Unique	Identifiers: 3301209R			740624709	
	gency Code:	013			
	ng Entity ID:				
	Address	(City State	Zip	Lipretto Independent Living Services, Inc. (DBA PACE CNY) is a Program of All-inclusive Care for the Elderly (PACE) that has been granted a
	Address: 100 Malta Lane	North Syrac	use NY	13212	certificate of authority to operate pursuant to Article 44 of the New York State Public Health Law. It is both a healthcare provider and a health
	County:	Onondaga			plan. For the purposes of DSRIP, the organization requests that PACE be considered a safety net provider based on the following distinctions: 1. Unlike other managed care organizations, PACE, by State regulation, provides primary care via an Article 28 Diagnostic and Treatment Center
Contact I Contact IV. Please cho 1 I am a Safety 2 I am Reduct	erson Penny Abulencia Title Executive Director Phone (315) 413-4527 Email pabulenc@lorettosystem.org ose the following 1915i Category: In OMH 1915i or OASAS 1915i provider Net OMH/OASAS 1915i Providers a Harm Reduction 1915i provider that tion 1915i Providers.	is on one the following pendi t your facility serves	ng DSRIP lists: Pending	Safety Net Harm	and qualify as eligible providers for purposes of receiving EHR meaningful use payments from Medicaid and Medicare. 4. The PACE model is predicated on an Adult Day Health Care model.
	Medicaid (FFS & MC)	Uninsured	Data So	ource Year	
Percentage	99%	0%	Cost Re	ports 2013	
	ertify that the information and data pr d that this information may be subject Penny Ab. Executive E	to audit and I may be asked to			

10/29/2014 Maryhaven Center of Hope(1)

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

oe posted for public of . Are you a Medicaid	comment 30 days prior to application appro	oval.			
	wer Yes			_	You have chosen the following category:
I. Appeal Applicant	163			-	VI. Restricted to 3500 Characters only!
Organization Na					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
	PPS: Catholic Health Services of Long Island			-	I am hereby requesting approval as a safety net entity as I have been approved by
	Cattolic Health Services of Long Bianta			[7]	OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services t the DSRIP attributed patient population.
Provider T	Type: OMH 1915i Provider				
Provider Type - O	ther: DO NOT USE				
	Operating Certificate/License #	MMIS		NPI	
Unique Identif		02882424	12	215120399	
Agency C	Code: 86050	•	•		
Billing Entit	ty ID: 11-2861698	•			
	Address	City	State	Zip	
Addr	·	Port Jefferson Station	NY	11776	
	unty:	Suffolk			
II. Appeal Point of C	Contact				
Contact Person					
Title	Office Manager				
Contact Phone		Extension		227	
Contact Email	<u>Diane.Brown@CHSLI.org</u>				
am an OMH Safety Net ON	e following 1915i Category: † 1915i or OASAS 1915i provider that is already MH/OASAS 1915i Providers n Reduction 1915i provider that is on one the foliation in Providers.				
/. Percentage of Med	icaid & Uninsured members that your facility s Medicaid (FFS & MC)	erves Jninsured	Data Sou	urce Year	
Percentage	65%	1%	enrollm		
	3370	1,0	CITIOIIII	2014	
	hat the information and data provided on this this information may be subject to audit and I r	may be asked to provide doo	cumentation		
			wer		
Name Title	Karen Estrada V.P. of Finance				

10/29/2014 Maryhaven Center of Hope(2)

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

	public comment 30 days prior to app	lication approval.			
i. Are you a ivi	A				You have chosen the following category:
II Annaal Ann	163			•	VI. Restricted to 3500 Characters only!
	licant Information				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
	tion Name: Maryhaven Center of Hope				
OPTIONAL	Joined PPS: Catholic Health Services of Long Is	sland		[▼	I am hereby requesting approval as a safety net entity as I have been approved by OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Pro	ovider Type: OMH 1915i Provider			~	
	ype - Other: DO NOT USE				
	Operating Certificate	/License # MMIS		NPI	
Unique	Identifiers: 6825014A	03012315	1	417149386	1
	gency Code: 86050	1			1
	ng Entity ID: 11-2861698] <u> </u>
	Address	City	State	Zip	
	Address: 51 Terryville Road	Port Jefferson Station	NY	11776	
	County:	Suffolk			
III. Appeal Poi	nt of Contact				
	erson Diane Brown				
Contact	Title Office Manager				
Contact F	Phone 631.474.4120	Extensio	n	227	
Contact	Email Diane.Brown@CHSLI.org				
IV. Please cho	ose the following 1915i Category:				
Safety 2 I am	n OMH 1915i or OASAS 1915i provider t Net OMH/OASAS 1915i Providers a Harm Reduction 1915i provider that i tion 1915i Providers.	· · · · · · · · · · · · · · · · · · ·	-	_	
V. Percentage o	of Medicaid & Uninsured members that	your facility serves			
	Medicaid (FFS & MC)	Uninsured	Data So	ource Year	
Percentage	65%	1%	enrollr	nent 2014	
	ertify that the information and data prod d that this information may be subject t	to audit and I may be asked to provide	documentatio		
Name Title		rada ance	Answer Yes O No]	

10/29/2014 Maryhaven Center of Hope

VAP EXCEPTION FORM IS DUE 10/24/2014 - HCBS/1915i SERVICE PROVIDERS ONLY



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

<u>Vital Access Provider Exception</u>: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval.

be posted for	public comment 30 days prior to app	lication approval.			
I. Are you a M	ledicaid Provider				·
	Answer Yes			-	You have chosen the following category: 1
II. Appeal App	licant Information				VI. Restricted to 3500 Characters only!
Organiza	tion Name: Maryhaven Center of Hope				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	Joined PPS: Catholic Health Services of Long	sland		•	I am hereby requesting approval as a safety net entity as I have been approved by
					OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services t
					the DSRIP attributed patient population.
	OASAS 1915i Provider			▼	
Provider Ty	ype - Other: DO NOT USE				
	Operating Certificate	e/License # MMIS		NPI	
	e Identifiers: 150511768	3 02870437	1	730218546	
	gency Code: 86050				
Billir	ng Entity ID: 11-2861698		1		l d
	Address 51 Terryville Rd	City Port Jefferson Station	State NY	Zip 11776	
	County:	Suffolk	INT	11//6	
	county.	Sunoik			
III. Appeal Poi					
Contact P	Person Diane Brown				
6	Title Office Manager Phone 631-474-4120	Extensio	_ 1	227	
	Email diane.brown@chsli.org	Extensio	n	227	
				j	
TV. Please cho	ose the following 1915i Category:				
1 am a	an OMH 1915i or OASAS 1915i provider	that is already on one of the following p	ending DSRIP I	sts: Pending	
	Net OMH/OASAS 1915i Providers	,	Ü	Ü	
	a Harm Reduction 1915i provider that tion 1915i Providers.	is on one the following pending DSRIP	lists: Pending	Safety Net Harm	
Reduc	CHOIL 19151 PLOVIDELS.			_	_P
V. Percentage o	of Medicaid & Uninsured members that	t your facility serves			
		· · ·		1	
	Medicaid (FFS & MC)	Uninsured	Data So	urce Year	
Percentage	25%	1%	enrolln	nent 2014	
		ovided on this form is accurate and corr			
understand appeal.	a that this information may be subject	to audit and I may be asked to provide	aocumentatio	n in support of this	
appeai.			Answer		
Name	e Karen Est		Yes O No	1	
Title			•	J	
	Only appeals from the CEO, CFO o	r comparable will be accepted			

10/29/2014 Mental Health Assocaition of Erie County, Inc.

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



vital Access	Provider	Exception: The state will	l consider exce	eptions to the safety ne	et definition o	on a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for	public comr	nent 30 days prior to appl	ication approv	al.			
I. Are you a N	1edicaid Pro	vider					·
	Answer	Not Yet				▼	You have chosen the following category: 2
II. Appeal App	olicant Infor	mation					VI. Restricted to 3500 Characters only!
Organiza	ation Name:	Mental Health Assocaition o	f Erie County, In	c.			Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	Joined PPS:	Erie County Medical Center Corpor	ation			•	I am hereby requesting approval as a safety net entity as I have been approved by
						1000	OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
							, , , , , , , , , , , , , , , , , ,
	,						the DSRIP attributed patient population.
	ovider Type:	Harm Reduction 1915i Provider				-	
Provider T	ype - Other:	DO NOT USE					
		Operating Certificate/	License #	MMIS		NPI	
Unique	e Identifiers:						1
	gency Code:	10550					
Billi	ng Entity ID:			1			I
		Address		City	State	Zip	The Child and Family Support Program is a program of the Mental Health Association of Erie County, Inc. MHA is in the process of getting a
	Address: County:	999 Delaware Avenue		Buffalo Erie	NY	14209	nedicaid number with the purpose of becoming medicaid billable for family support and peer support services. Family advocates are presently working in the psychiatric emergency room at the Erie County Medical Center providing family support and linking families to community
	county.			LITE			resources. Our agency would like to be a provider of family support in the Children's system of care to include being a provider working with health
III. Appeal Poi	int of Conta	ct					nomes. Family Support Programs have been working closely with Angela Keller, LMSW, Medicaid Managed Care Transition Consultant for the New
Contact F	Person Jenny						Mork State Office of Mental Health. The Child and Family Support Program presently has peer family advocates and a peer youth mentor working
		tor Child and Family Support	Program	1	1		with the behavioral health units at the Erie County Medical Center. The Child and Family Support Program is a family support program providing
	Phone 716 8	86-1242 @eriemha.org		Extension		313	education, support and advocacy to caregivers who have a child diagnosed with a mental illness. The program also provides short-term respite services, social skills groups and the Expression through Art program for children and teens.
							services, social skills groups and the expression through Art program for children and teens.
IV. Please cho	ose the foll	owing 1915i Category:					
1 lam a	an OMH 191	i or OASAS 1915i provider th	nat is already on	one of the following ne	nding DSRIP lis	sts: Pending _	
		ASAS 1915i Providers	iat is an ead, on	one or the ronowing pe		otor remaining	1
		uction 1915i provider that is	on one the foll	lowing pending DSRIP Ii	sts: Pending	Safety Net Harm	
Reduc	ction 1915i P	roviders.				_	_#
						_	
V Percentage	of Medicaid	& Uninsured members that	vour facility ser	ves			
r	or wicultura	a oninsured members that	your ruentry ser	1		1	,
	Me	dicaid (FFS & MC)	Un	insured	Data Sou	urce Year	
							
Percentage							
						ı	<u>- </u>
Yes I Hereby C	Certify that th	e information and data pro-	vided on this fo	rm is accurate and corre	ct to the best	of my knowledge	1
understan	d that this in	formation may be subject to	audit and I ma	y be asked to provide d	ocumentation	in support of this	
appeal.				_			
Nam	10	Kenneth House	knecht		nswer		
nam Titl		ve Director Mental Health As			es O No		
1101		eals from the CEO, CFO or					
	Jin, app		coparabic w	De decepted			

10/29/2014 Mental Health Association in Niagara County Inc

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



					t definition o	on a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
		ment 30 days prior to appl	lication approva	l.			
I. Are you a N							
	Answer	Not Yet				▼	You have chosen the following category: 2
II. Appeal Ap							VI. Restricted to 3500 Characters only!
		Mental Health Association in		Inc			Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONA	L Joined PPS:	Niagara Falls Memorial Medical Ce	enter			~	I am hereby requesting approval as a safety net entity as I have been approved by
							OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
							the DSRIP attributed patient population.
Pr	rovider Type:	OMH 1915i Provider				~	
		DO NOT USE					
		Operating Certificate/	/License #	MMIS		NPI	
Uniqu	ie Identifiers:	, ,					
	Agency Code:	10050					
	ing Entity ID:					_	
		Address		City	State	Zip	The Mental Health Association in Niagara County Inc. will be working with Niagara Falls Memorial Medical Center providing Peer led Programs,
		36 pine street		ockport	ny	14094	t ainings and advocacy. The MHA covers all of Niagara County. We are a partner with NFMMC's Health Home.
	County:			niagara			
III. Appeal Po	oint of Conta	ct					
	Person Chery						
		itive Director					
	. ,	433-3780		Extension			
Contac	t Email <u>cabla</u>	cklock@mhanc.com					
IV. Please cho	oose the foll	owing 1915i Category:					
		5i or OASAS 1915i provider tl	hat is already on	one of the following per	nding DSRIP lis	ts: Pending —	<u> </u>
Safet	y Net OMH/O	ASAS 1915i Providers					
O 2 I am	a Harm Redi	uction 1915i provider that is	s on one the follo	wing pending DSRIP lis	sts: Pendina (Safety Net Harm	
	iction 1915i P		3 011 0110 1110 10110	ming ponding bortin in	no onding .	outory Not Harm	
						_	
V. Percentage	of Medicaid	& Uninsured members that	your facility serv	es			
	Me	dicaid (FFS & MC)	Unii	nsured	Data Sou	ırce Year	
Percentage							
Yes Hereby (Certify that th	e information and data pro	vided on this for	m is accurate and corre	ct to the best	of my knowledge.	
	•	formation may be subject to					
appeal.							
		Chan I Dissi	l.l. al.		nswer		
Nam	_	Cheryl Black Executive Dir		• Ye	es O No		
Tit		eals from the CEO, CFO or		I he accented			
	Only app	cais from the CLO, CFO of	comparable wi	i oc accepted			L

10/29/2014 Mental Health Association in Suffolk County

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



be posted for public comment 30 days prior to application approval. I. Are you a Medicaid Provider Answer Not Yet II. Appeal Applicant Information Organization Name: Mental Health Association in Suffolk County OPTIONAL Joined PPS: Stony Brook University Hospital		
Answer Not Yet II. Appeal Applicant Information Organization Name: Mental Health Association in Suffolk County		
II. Appeal Applicant Information Organization Name: Mental Health Association in Suffolk County		
Organization Name: Mental Health Association in Suffolk County		
Provider Type: OMH 1915i Provider		
Provider Type - Other: DO NOT USE		
Operating Certificate/License #	MMIS	NPI
Unique Identifiers:	-	
Agency Code: 16160		
Billing Entity ID:		
Address		ate Zip
Address: 939 Johnson Avenue Ronkonk		Y 11779
County: Suffolk		
I. Appeal Point of Contact		
Contact Person Michael Stoltz		
Title CEO		
Contact Phone 631-471-7242	Extension	1304
Contact Email mstoltz@mhaw.org		
7. Please choose the following 1915i Category:		
am an OMH 1915i or OASAS 1915i provider that is already on one of th	e following pending D	RIP lists: Pending
Safety Net OMH/OASAS 1915i Providers	e rono ming perianig be	iistsi i ciidiiig
2 I am a Harm Reduction 1915i provider that is on one the following pe	nding DSRIP lists: Per	nding Safety Net Ha
Reduction 1915i Providers.		
7. Percentage of Medicaid & Uninsured members that your facility serves		
/. Percentage of Medicaid & Uninsured members that your facility serves		1
/. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured	Da	ta Source Yea
		ta Source Yea



	licaid Provider					
	Answer yes				▼	
	ant Information				1	VI. Restricted to 3500 Characters only!
	n Name: Mental Health Association	of Columbia-Gree	ene Counties, Inc.			Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL Jo	ined PPS: Albany Medical Center Hospital				-	I am hereby requesting approval as a safety net entity as I have been approved by
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services t the DSRIP attributed patient population.
Provi	der Type: OMH 1915i Provider				▼	
	e - Other: DO NOT USE					
,,,,,	Operating Certificat	e/License #	MMIS		NPI	
Unique Id	entifiers: Ve have many. Here is one	-		170	00938560	
	ncy Code: progrm specific	.,				
	Entity ID: 2996990					
	Address		City	State	Zip	am completing this, although I don't know if it is required of us. I simply want to assure that we are on some list that allows the agency to
	Address: 713 Union Street		Hudson	NY	12534	provide 1915i services. Please inform me if there is something else we need to do .
	County:		Columbia			J
I. Appeal Point	of Contact					
Contact Pers	son Jeffrey Rovitz					1
	itle Executive Director					
Contact Pho	one 518 828 4619		Extension		333	
Contact Pho Contact En	one 518 828 4619 nail <u>irovitz@mhacg.org</u>		Extension		333	
Contact Pho Contact En	one 518 828 4619		Extension		333	
Contact Pho Contact En	one 518 828 4619 nail irovitz@mhacg.org e the following 1915i Category:	that is already on		ling DSRIP lists		
Contact Pho Contact En /. Please choos	one 518 828 4619 nail <u>irovitz@mhacg.org</u>	that is already on		ling DSRIP lists		
Contact Pho Contact En /. Please choos	one 518 828 4619 nail irovitz@mhacg.org e the following 1915i Category: OMH 1915i or OASAS 1915i provider	that is already on		ling DSRIP lists		
Contact Pho Contact En /. Please choose 1 am an 0 Safety No	one 518 828 4619 nail irovitz@mhacg.org e the following 1915i Category: DMH 1915i or OASAS 1915i provider et OMH/OASAS 1915i Providers Harm Reduction 1915i provider that		one of the following pend		s: Pending —	
Contact Pho Contact En /. Please choose 1 am an 0 Safety No	one 518 828 4619 nail irovitz@mhacg.org e the following 1915i Category: OMH 1915i or OASAS 1915i provider et OMH/OASAS 1915i Providers		one of the following pend		s: Pending —	
Contact Pho Contact En /. Please choose 1 am an 0 Safety No	one 518 828 4619 nail irovitz@mhacg.org e the following 1915i Category: DMH 1915i or OASAS 1915i provider et OMH/OASAS 1915i Providers Harm Reduction 1915i provider that		one of the following pend		s: Pending —	
Contact Pho Contact En /. Please choose 1 am an 0 Safety No	one 518 828 4619 nail irovitz@mhacg.org e the following 1915i Category: DMH 1915i or OASAS 1915i provider et OMH/OASAS 1915i Providers Harm Reduction 1915i provider that		one of the following pend		s: Pending —	
Contact Pho Contact En Contact En I Please choose I am an of Safety No I am a Freduction	one 518 828 4619 nail irovitz@mhacg.org e the following 1915i Category: DMH 1915i or OASAS 1915i provider et OMH/OASAS 1915i Providers Harm Reduction 1915i provider that	is on one the fol	one of the following pend lowing pending DSRIP list		s: Pending —	
Contact Pho Contact En Contact En I Please choose I am an of Safety No I am a Freduction	one 518 828 4619 nail irovitz@mhacg.org e the following 1915i Category: OMH 1915i or OASAS 1915i provider et OMH/OASAS 1915i Providers tarm Reduction 1915i provider that in 1915i Providers.	is on one the fol	one of the following pend lowing pending DSRIP list		s: Pending	
Contact Pho Contact En Contact En I Please choose I am an of Safety No I am a Freduction	one 518 828 4619 nail irovitz@mhacg.org e the following 1915i Category: DMH 1915i or OASAS 1915i provider et OMH/OASAS 1915i Providers Harm Reduction 1915i provider that in 1915i Providers. Medicaid & Uninsured members that	is on one the fol	one of the following pend lowing pending DSRIP list	s: Pending Sa	s: Pending	
Contact Pho Contact En Contact Pho Contact En	one 518 828 4619 nail irovitz@mhacg.org e the following 1915i Category: OMH 1915i or OASAS 1915i provider et OMH/OASAS 1915i Providers Harm Reduction 1915i provider that in 1915i Providers. Medicaid & Uninsured members that Medicaid (FFS & MC)	is on one the fol	one of the following pendlowing pendlowing pending DSRIP list ves insured 5% rm is accurate and correct by be asked to provide doc	Data Sour	s: Pending afety Net Harm rce Year	
Contact Pho Contact En Contact Pho Contact En Contact E	one 518 828 4619 nail irovitz@mhacg.org e the following 1915i Category: OMH 1915i or OASAS 1915i providers et OMH/OASAS 1915i Providers tarm Reduction 1915i provider that n 1915i Providers. Medicaid & Uninsured members tha Medicaid (FFS & MC) 90% ify that the information and data pr	is on one the fol	one of the following pendlowing pendlowing pending DSRIP list ves insured 5% rm is accurate and correct by be asked to provide doc	Data Sour	s: Pending afety Net Harm rce Year	

11/10/2014 MHAJC_service_providers_exception_form

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health **Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form**

		- 20 L				a case by case
I. Are you a N		ment 30 days prior to app	ication approvi	al.		
i. Are you a i	Answer					▼
II. Appeal Ap		1401 161				
	•	Mental Health Association i	n Jefferson Coun	tv Inc		
		Samaritan Medical Center		(4)		•
						1400
Pr	Provider Type:	OMH 1915i Provider				~
Provider 1	Type - Other:	DO NOT USE				
TTOVIGET	Type Other.	Operating Certificate	/License #	MMIS		NPI
Uniau	ue Identifiers:	operating certificate,	Electioe II			
	Agency Code:	10590				
Bill	lling Entity ID:					
		Address		City	State	Zip
	Address: County:	425 Washington St		Watertown Jefferson	NY	13601
	,	l .		3011013011		
III. Appeal Po						
Contact	Title Evec	n Scheible utive Director				
Contact	t Phone 315-			Extension	n	235
		eible@mhajc.org			ı	
IV. Please cho	noose the fol	lowing 1915i Category:				
3		5i or OASAS 1915i provider t	hat is already on	one of the following pe	ending DSRIP lis	ts: Pending =
Saret	ety Net OMH/C	DASAS 1915i Providers				
O 2 I am	m a Harm Red	duction 1915i provider that i	s on one the foll	owing pending DSRIP I	lists: Pending	Safety Net Harm
Redu	uction 1915i F	Providers.				
						_
V. Percentage	e of Medicaid	& Uninsured members that	your facility serv	ves		
Ī	24	adissid (FFC 9 MC)	11	incured	Data Sa	Was .
	IVIE	edicaid (FFS & MC)	Un	insured	Data Sou	ırce Year
Percentage		73%		9%	Self Repo	rted 2014
	<u> </u>					
Yes I Hereby	Certify that the	he information and data pro	vided on this fo	rm is accurate and corr	ect to the best	of my knowledge
	and that this ir	nformation may be subject t	o audit and I ma	y be asked to provide o	documentation	in support of this
appeal.				,	Ancwor	
Nam	me	Korin King	man		Answer Yes O No	
	itle	Executive Di	rector		•	
	Only app	eals from the CEO, CFO or	comparable w	ill be accepted		

10/29/2014 MHA-NYC

VAP EXCEPTION FORM IS DUE 10/14/2014 - NO **EXTENSIONS WILL BE GRANTED**

Only appeals from the CEO, CFO or comparable will be accepted



Vital Access	Provider	Exception: The state will c	consider exceptions to	the safety net	definition o	n a case-by-case l	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for	public comr	ment 30 days prior to applic	cation approval. Three a	allowed reasor	ns for grant	ng an exception a	re shown in Section IV.
I. Are you a N	Nedicaid Pro	vider					
	Answer	Yes				▼	You have chosen the following VAP Exception: i
II. Appeal Ap	plicant Infor	mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name:	MHA-NYC					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough∼
	Joined PPS:	Mount Sinai Hospitals Group				-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is eva	luated in the context of the PP	<u>'S</u> you are joining. If you a	are joining more	than one PF	S, you have the	
		'AP Exception in that PPS as we		see the "VII_Ado	ditional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section I</u>	I and VII of the instructions for	r further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pi	rovider Type:	Other				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider	Type - Other:	1915i services					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/Li	icense #	MMIS*		NPI*	of services for the PPS in this community (ies). c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Uniqu	e Identifiers:	7957018A	3	3421029	1	0132374	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Į.	Agency Code:						
Bill	ing Entity ID:						Character Count: 1588
		Address		City	State	Zip	The Mental Health Association of New York City has been placed on the list of agencies that are known to operate "1915 i -like" services that will
	Address	50 Broadway, 19th Floor	New York		NY	10004	be available to HARP enrollees. We are the primary provider of family support and peer support services within the Mt. Sinai PPS with services
III. Appeal Po	int of Conta	ct				* REQUIRED	provided by the Northern Manhattan Family Resource Center and the Southern Manhattan Family Resource Center, We also provide care management services, peer supports, psychosocial rehabilitation services, education support services and individual employment support
	Person Kath					1	services through our Manhattan Adolescent Skills Center and Harlem BAy PROS programs. The Manhattan Adolescent Skills Center is one of two
Contact		utive Vice President					Adolescent Skills Centers funded in Mahattan. Additionally, MHA-NYC operates Recovery Works, transitional living facility for indiduals with co-
Contact	Phone 212-	254-0333		Extension		796	occuring mental health and substance abuse disorders and a scatter-site housing program for this population in addition our H2H Contact Center
Contac	t Email Ksali:	sbury@mhaofnyc.org					provides crisis intervention and care transition services. MHA-NYC operates programs in all 5 boroughs of NYC that serve individuals who have behavioral health needs and their families. The services provided by MHA-NYC will enhance the network of services for the Mt. Sinai PPS by filling
i A coording of see in a community of see in	mmunity will rving the community, and/o state-designarity by Syou intensection II". If your Fagencies if your health o not need to you do not need to you do not need safety new form. List is a our Section IV,	owing VAP Exception: not be served without grantin munity. iquely qualified to serve based or clear track record of success ted health home or group of hion i & ii — Please indicate whad to join, then you will be denifyou are part of multiple PPSs, sion iii— The Department has su (CMAs) that have already been home appears on this list as a submit this form. If the organ eed to submit this form. If your trovider list, but your organizualiable on the DSRIP website. if you are joining more than one & Uninsured members that your supplementation.	I on services provided, fin is in reducing avoidable ho health homes. ** at Performing Provider Sy- ied. Please indicate the n- see section VII tab. homitted a draft list of Ste- in approved as safety net pending approval, you winization operating your H- ir organization does not a zation believes that it sho the PPS, use second tab (so	nancial viability, ospital use. ystem (PPS) you name of the PPS ate Designated I providers as we ill be granted a ealth Home/CM ppear on the drould qualify as a	plan on join in the "Appe Health Home ell as those th VAP Exceptic IA already ag aft Health Hu	ing. If you do not cal Applicant s and Network that are pending CMS pears on another ome list or on e, please	critical needs for family support, peer sertvices, and employment supports within the network. MHA-NYC's LifeNet crisis intervention services also play a critical role in coordinating access to a variety of crisis intervention services and function as the single point of access to mobile crisis services in NYC.
	Me	edicaid (FFS & MC)	Uninsured		Data Sou	irce Year	
Percentage		70%	15%		ram enroll	ment 2013	
understa appeal.	nd that this i	he information and data provi nformation may be subject to Susan Shanklin	audit and I may be asked	d to provide do			
Nan Tit	le	Susan Shankiin COO	LJŲ.	Yes	, O 100		



					y net c	definition on a	case-by-case b	pasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for	public comi	ment 30 days prior to app	lication approva	ıl.				
I. Are you a N	/ledicaid Pro	vider						
	Answer	Yes					▼	You have chosen the following category: 1
II. Appeal App	plicant Infor	mation						VI. Restricted to 3500 Characters only!
Organiza	ation Name:	Multi-County Community D	evelopment Corp	oration				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	L Joined PPS:	Westchester Medical Center					•	I am hereby requesting approval as a safety net entity as I have been approved by
								OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
								the DSRIP attributed patient population.
Pr	ovider Type:	OMH 1915i Provider					-	
Provider T		DO NOT USE					18.0	
		Operating Certificate	/License #	MMIS		NF	יו	
Uniqu	e Identifiers:	8276445		2248671		115451	17928	
	gency Code:					•		
Billi	ing Entity ID:	E0169477						
		Address		City		State	Zip	Nulti-County Community Development Corporation (MCCDC) serves the complex care needs for individuals with serious mental illness (OMH
		11 Twin Maples Plaza, Suite	5	Saugerties		NY	12477	Supported Housing), serious substance use (OASAS Shelter Plus Care), People for HIV/AIDS (HOPWA) as well as individuals in OPWDD licensed IRA
	County:			Ulster				and apartment programs. MCCDC is participating in 4 PPS's: Westchester Medical Center, Montefiore, Health Alliance of Hudson Valley and
III. Appeal Po	int of Conta	ct						Albany Medical Center. MCCDC has another MMIS number (02248704) in addition to the number in Section II. MCCDC also has the following additional OPWDD Operating Certificate numbers - 8276442, 8276441, 8276444, 8276443, 8276440, 8276446.
	Person Jerry							authorial of wab operating certificate numbers - 8270442, 02704442, 02704443, 02704443.
		aging Director						
Contact	Phone 845-2	247-9110		Extens	ion	22	2	
Contact	t Email <u>ilescz</u>	ynski@rehab.org						
IV. Please cho	ose the foll	owing 1915i Category:						
		5i or OASAS 1915i provider t	hat is already on	one of the following	pendi	ng DSRIP lists: P	ending —	n
Safety	y Net OMH/O	ASAS 1915i Providers						
O 2 I am	a Harm Red	uction 1915i provider that i	s on one the follo	owina pendina DSR	IP lists	: Pending Safet	v Net Harm	
	ction 1915i P			31. 3		3	,	
							_	Ť
V. Percentage	of Medicaid	& Uninsured members that	your facility serv	es				
	Me	dicaid (FFS & MC)	Uni	nsured		Data Source	Year	
Percentage		99%		1%		Client Record	2014	
Yes I Hereby (Certify that th	ne information and data pro	vided on this for	m is accurate and co	orrect t	to the best of m	y knowledge. I	1
understan	nd that this in	formation may be subject t	o audit and I may	be asked to provid	le docı	ımentation in su	pport of this	
appeal.								
		Milliana Da	\/i+a	-	Ansv			
Nam		William De			Yes	O No		
Tit		eals from the CEO, CFO or		ll he accented				
	Only app	ears morn the CEO, CFO of	comparable Wi	ii be accepted				

11/10/2014 NADAP VAP Exeception Form 10-24-14

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

be posted for	public com	ment 30 days prior to app	lication approv	al.	,			, , , , , , , , , , , , , , , , , , ,
I. Are you a N	/ledicaid Pro	vider						·
	Answer	Yes					•	You have chosen the following category: 1
II. Appeal App	plicant Infor	mation						VI. Restricted to 3500 Characters only!
Organiza	ation Name:	NADAP						Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	L Joined PPS:	Select PPS					~	I am hereby requesting approval as a safety net entity as I have been approved by
								OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
								the DSRIP attributed patient population.
Dr	ovidor Tunos							the Bakir attributed patient population.
		OASAS 1915i Provider					▼	
Provider i	rype - Otner:	DO NOT USE	/h:	14145			DI .	
		Operating Certificate,	/License #	MMIS	_	N		
· ·	e Identifiers: agency Code:			0343992	.5	12950	06526	
	ing Entity ID:							
5	ing Entity is:	Address		City		State	Zip	NADAP's Comprehensive Employment Services (CES) program prepares individuals with barriers to employment to successfully enter the
	Address:	355 Lexington Avenue		New York		NY 1001	7	vorkforce. CES provides customized services for people with chemical dependency, ex-offenders and individuals with co-occurring disorders. All
	County:	New York						participants receive a comprehensive vocational assessment, pre-vocational services including job preparation and job placement, and
III. Appeal Po	int of Conta	ct						employment retention services. CES works closely with NYC businesses and industries to develop job opportunities for participants.
	Person John							
	Title Presi	dent and CEO						
	Phone 212-9			Ext	ension	13	32	
Contact	t Email <u>idarin</u>	@nadap.org						
IV. Please cho	oose the foll	owing 1915i Category:						
0 1 lam	on OMU 101	Ei or OASAS 101Ei providor t	hat is already on	one of the follow	ina nondir	on DCDID lister I	Donding	
		5i or OASAS 1915i provider t IASAS 1915i Providers	ilat is already of	one of the follow	ing pendii	ig Dakir iists. i	renaing —	
I [,, -							
		uction 1915i provider that i	s on one the foll	owing pending D	SRIP lists:	Pending Safe	ty Net Harm	
Reduc	ction 1915i P	roviders.					_	_µ
V. Percentage	of Medicaid	& Uninsured members that	your facility ser	ves				
- Γ			<u> </u>		— 1		1	
	Me	dicaid (FFS & MC)	Un	insured		Data Source	Year	
Dorsontoso		000/		100/		Program	2012	
Percentage		90%		10%		Enrollment	2013	
understan	-	ne information and data pro						1
appeal.					Answ	ver .		
Nam	ne John A. Da	arin		П	Yes	O No		
Titl	le President	and CEO			•	•		
	Only app	eals from the CEO, CFO or	comparable w	ill be accepted				

11/10/2014 NAMI - no name

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



Vital Access	Provider	Exception: The state wi	Il consider exc	eptions to the safet	y net o	definition on a	case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
be posted for	public comi	ment 30 days prior to app	lication approv	/al.				
I. Are you a N	1edicaid Pro	vider						·
	Answer	Select One					~	You have chosen the following category: 1
II. Appeal App								VI. Restricted to 3500 Characters only!
Organiza	ation Name:							Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	Joined PPS:	Montefiore Medical Center					-	We have also applied to the Westchester Medical Center and Refuah as a PPS Provider
Pro	ovider Type:	Select One					~	
Provider T	ype - Other:	DO NOT USE						
		Operating Certificate	/License #	MMIS		NF	PI	
Unique	e Identifiers:	, ,						
	gency Code:	43070		•		•		
Billi	ng Entity ID:							
		Address		City		State	Zip	NAMI-FAMILYA of Rockland County Inc. (NAMI-FAMILYA) organized 33 years ago provides a broad and comprehensive array of family support
		PO Box 635		Orangeburg		NY	10962	education and training services meeting the definition of Family Support and Trainiing under NYS HARP and HCBS. We assist families/caregiven
	County:							to provide a safe and supportive environment in the home and community, coping and communication skills, understanding mental disorders a dual diagnosis (substance abuse disorder/ development disabilities), treatment options and behavioral interventions through NAMI evidence
III. Appeal Poi	int of Conta	ct						based courses, for family members with adult relatives with mental illness and families/caregivers of children and adolescents with behavioral
	Person Rena							disorders, mental and emotional issues. Courses taught by NAMI trained family members tos develop and enhance families' problem solving sl
	Title Presi	dent of the Board of Directo	rs, CEO					strategies & tools for symptom and behavior management and prevention of relapse. Monthly educational meetings provide vital information a
	Phone (845)			Extens	ion			understanding oftreatments and rehabilitation current research, etc. We also have a Helpline and support groups in English and Spanish. A ne
Contact	Email rena(@namirockland.org						program will provide a certified family peer advocate and more intensive one on one counseling, skill building, small group workshops, and
1 I am a Safety	an OMH 1919 Wet OMH/O	owing 1915i Category: 5i or OASAS 1915i provider that in the control of the cont	·		•	_		advocacy under supervision of a social worker. This will also offer guidance in understanding the waiver process and assistance in obtaining placement in appropriate programs and services. in various settings in the home, school and community, as needed. We will also provide tools relapse regulation, violence prevention and suicide, and includes development of a crisis/safety plan. Our website www.namirockland.org provi a more detailed description of our many programs.
V. Percentage		& Uninsured members that dicaid (FFS & MC)		rves		Data Source	Year	<u> </u>
Percentage		N/A						
	-	e information and data pro formation may be subject t			le docı	umentation in su		
Nam Titl	le	Rena Finkle President of the	Board, CEO	•	Yes			
	Only app	eals from the CEO, CFO or	comparable v	vill be accepted				

11/10/2014 NAMI-NYC Metro VAP Exception Form

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	r public comment 20 days prior to a		is to the safety field	uemillom 0	ii a case-by-case
	r public comment 30 days prior to a Medicaid Provider	oplication approval.			
i. Are you a iv	Answer Not Yet				▼
II. Appeal Ap	pplicant Information				
	zation Name: NAMI-NYC Metro				
- U	L Joined PPS: Maimonides Medical Center				-
<u> </u>					[
	· · · · · · · · ·				
	rovider Type: OMH 1915i Provider				▼.
Provider I	Type - Other: DO NOT USE			1	
11.1.	Operating Certifica	te/License #	MMIS		NPI
	ue Identifiers: N/A Agency Code: 17320				
	ling Entity ID: N/A				
	Addres	s	City	State	Zip
	Address: 505 8th Avenue Suite 110		York	NY	10018
	County:	Nev	v York		
III. Appeal Po	oint of Contact				
Contact I	Person Wendy Brennan				
	Title Executive Director			1	
	t Phone 212-684-3365 tt Email wbrennan@naminyc.org		Extension		208
iv. Please cho	oose the following 1915i Category:				
1 am	an OMH 1915i or OASAS 1915i provide	r that is already on one	of the following pend	ing DSRIP lis	ts: Pending
Safety	ty Net OMH/OASAS 1915i Providers				
	Harry Dadwaller 1015!iden the	A la au au a Alaa Sallaceda	DCDID II-t-	. Donalla a (Sefet Net Henry
	n a Harm Reduction 1915i provider tha uction 1915i Providers.	it is on one the followin	g pending DSRIP lists	s: Penaing s	sarety Net Harm
					_
ш					
W D					
v. Percentage	of Medicaid & Uninsured members th	at your facility serves			
	Medicaid (FFS & MC)	Uninsur	ed	Data Sou	rce Year
Percentage	65%	5%		solf ron	ort 2014
reitentage	65%	5%		self-repo	ort 2014
V 1 U	Coutify that the information and day	woulded on this fame to	accurate and	to the bar	of many leaves and a state of
	Certify that the information and data properties of that this information may be subject				
appeal.	a.a. a.a. mormadon may be subjet	to cault and i may be	auto provide doci		support or tills
			Ans		
Nam Tit			(O No	
ΙΙΤ	Only appeals from the CEO, CFO		accepted		
	om, appeals from the CLO, Cro	or comparable will be	иссериси		

10/29/2014 NAMI-NYC Metro

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



he posted for public comment 20 days prior to application approval	
be posted for public comment 30 days prior to application approval.	
I. Are you a Medicaid Provider	
Answer Not Yet	▼
II. Appeal Applicant Information	
Organization Name: NAMI-NYC Metro	
OPTIONAL Joined PPS: Maimonides Medical Center	-
Dravider Tuna	-1/-1
Provider Type: OMH 1915i Provider	▼
Provider Type - Other: DO NOT USE	
1 2 1	NPI
Unique Identifiers: N/A	
Agency Code: 17320	
Billing Entity ID: N/A Address City State	7:-
Address City State Address: 505 8th Avenue Suite 1103 New York NY	Zip 10018
County: New York	10010
	1
III. Appeal Point of Contact	
Contact Person Wendy Brennan	
Title Executive Director	200
Contact Phone 212-684-3365 Extension 2 Contact Email wbrennan@naminyc.org	208
IV. Please choose the following 1915i Category:	
1 I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists:	: Pending
Safety Net OMH/OASAS 1915i Providers	0
2 I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Sal	afety Net Harm
Reduction 1915i Providers.	_
V. Percentage of Medicaid & Uninsured members that your facility serves	
V. Percentage of Medicaid & Uninsured members that your facility serves	
V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source	ce Year
	ce Year

10/29/2014 New York Harm Reduction Educators

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



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		▼
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MMIS	N	PI
City	Stato	Zip
		10451
Bronx	1	
Extension	20)5
on one of the following pend	ling DSRIP lists:	Pending —
ollowing pending DSRIP list	s: Pending Safe	ety Net Harm
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erves Uninsured	Data Source	Year
Jninsured		-
	Data Source	Year 2014
Jninsured 89%	AIRS	2014
Uninsured 89% form is accurate and correct	AIRS	2014 ny knowledge. I
Jninsured 89%	AIRS	2014 ny knowledge. I
Jninsured 89% form is accurate and correct nay be asked to provide doc	AIRS to the best of notion	2014 ny knowledge. I
99% form is accurate and correct nay be asked to provide doc	AIRS to the best of numentation in s	2014 ny knowledge. I
Joinsured 89% form is accurate and correct nay be asked to provide doc Ans	AIRS to the best of numentation in s	2014 ny knowledge. I
	City Bronx Bronx Extension	City State Bronx NY Bronx

10/29/2014 North Country Freedom Homes, Inc. VAP_1

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



		er Exception: The state wi			et deminition c	ii a case-by-case
		mment 30 days prior to app	lication approv	al.		
I. Are yo	ou a Medicaid I					
<u> </u>	Answe	1401 161				▼
	al Applicant In		!			
		e: North Country Freedom Ho	mes, inc.			1 000
<u> </u>	HONAL Joined Fr	S: Samaritan Medical Center				▼
	Provider Typ	e: OASAS 1915i Provider				~
Pro	vider Type - Oth	ONSAS ISISI FIOVIDEI				
- 110	vider Type Otti	Operating Certificate	/License #	MMIS		NPI
	Unique Identifie		-			
	Agency Cod					
	Billing Entity I	D:				
		Address		City	State	Zip
	Addres Count	s: 25 Dies Street		Canton St. Lawrence	NY	13617
	Coun	y·]		3t. Lawrence		
	eal Point of Cor					
Co	ntact Person Sh	•				
C	Title Acontact Phone 31	ministrative Assistant 5-379-0139		Extension	1	103
	Contact Email Sh			LATERISION	'	103
		ollowing 1915i Category:				
	7					
3		915i or OASAS 1915i provider t	that is already on	one of the following pe	nding DSRIP lis	ts: Pending
	Safety Net OMF	I/OASAS 1915i Providers				
O 2	I am a Harm R	eduction 1915i provider that	is on one the foll	owing pending DSRIP li	ists: Pendina:	Safety Net Harm
ا کا	Reduction 1915			51 · · · · · · · · · · · · · · · · · · ·		
						_
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V. Perce	entage of Medica	id & Uninsured members that	vour facility ser	ues.		
v. reite	ge of ividuita	ia a chinisurea members that	. your racinty serv		_	
	1	Medicaid (FFS & MC)	Uni	insured	Data Sou	irce Year
D	****	000/				
Percen	tage	99%			cation For	ms/In: 2013-14
		the information and data pro				
und app		information may be subject t	to audit and I ma	y be asked to provide d	ocumentation	in support of this
app				А	nswer	
	Name	Sharon Pea		O Y	es 💿 No	
	Title	Administrative As		ill be accepted		
	Only a	opeais iroin the CEO, CFO 0	i comparable W	iii ne accepted		

10/29/2014 North Country Freedom Homes, Inc. VAP_2

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



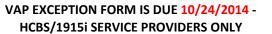
be posted for public	comment 30 days prior to applicati		iet deminion	on a case-by-case i	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS.
I. Are you a Medicai	d Provider wer Not Yet				You have chosen the following category:
II. Appeal Applicant				▼	VI. Restricted to 3500 Characters only!
		Inc			Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
	me: North Country Freedom Homes,	inc.			
OPTIONAL Joined	PPS: Samaritan Medical Center			▼	I am hereby requesting approval as a safety net entity as I have been approved by
					OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid service the DSRIP attributed patient population.
Provider 1	ype: OASAS 1915i Provider			•	
	ther: DO NOT USE			12.0	
	Operating Certificate/Licer	nse # MMIS		NPI	
Unique Identi		ise ii			
	ode: 36160				
Billing Entit					
J	Address	City	State	Zip	
Addr		Canton	NY	13617	
Coi	inty:	St. Lawrence			
V. Please choose th 1 I am an OMH Safety Net OI 2 I am a Harm Reduction 19	315-379-0139 Sharon Peabody e following 1915i Category: 1915i or OASAS 1915i provider that is MH/OASAS 1915i Providers Reduction 1915i provider that is on 15i Providers.	one the following pending DSRIP	ending DSRIP li	-	
	Medicaid (FFS & MC)	Uninsured	Data So	urce Year	
Percentage	99%		cation Fo	rms/In 2013-14	
	nat the information and data provided his information may be subject to aud	dit and I may be asked to provide			
Name Title Only	Sharon Peabody Administrative Assistar appeals from the CEO, CFO or com	nt/CFO	Yes No		

10/29/2014 Northeast Parent & Child Society, Inc.

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	oublic comment 30 days prior to ap edicaid Provider	plication approval.					
i. Are you a ivie	Answer Yes					V	You have chosen the following category: 1
II. Appeal Appl	icant Information						VI. Restricted to 3500 Characters only!
	ion Name: Northeast Parent & Child	Society, Inc.					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
	oined PPS: Select PPS	,				-	I am hereby requesting approval as a safety net entity as I have been approved by
	,						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services the DSRIP attributed patient population.
Pro	vider Type: OMH 1915i Provider					-	
	pe - Other: DO NOT USE					-	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Operating Certificat	e/License #	MMIS		NPI	_	
Unique	Identifiers: 7308001	-	02664359	10	003901695		
	ency Code:		8050	1 1	- 35551055	\dashv	
	g Entity ID:						<u></u>
	Address		City	State	Zip		
	Address: 530 Franklin Street County:		nectady nectady	NY	12305		
	et of Contact erson Audrey LaFrenier Title Chief Operating Officer						
	hone (518) 431-1652		Extension				
	Email audrey.lafrenier@northernriver	s.org					
1 I am a	ose the following 1915i Category: In OMH 1915i or OASAS 1915i provider Net OMH/OASAS 1915i Providers	that is already on one o	of the following pend	ling DSRIP li	sts: Pending	_	
2 I am a Reduct	Harm Reduction 1915i provider that ion 1915i Providers.	is on one the following	g pending DSRIP list	s: Pending	Safety Net I	łarm	
/. Percentage o	f Medicaid & Uninsured members tha	nt your facility serves					
	Medicaid (FFS & MC)	Uninsure	ed	Data So	urce Y	ear	
Percentage	83%	6%		EMF	₹	2014	
	rtify that the information and data p that this information may be subject		asked to provide doo	cumentation		-	
Name Title	Audrey La Chief Operati		Ans	wer No	1		





					iet u	ennition on a c	ase-by-case	e basis in it is deemed in the best interest of inedicald members. Any exceptions that are considered must be approved by Civis and must
•	•	ment 30 days prior to appl	ication approva	al.				
I. Are you a N		vider						
	Answer	Yes					▼	,
II. Appeal Ap								VI. Restricted to 3500 Characters only!
		Northern Manhattan Perina		nc.				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	L Joined PPS:	The New York and Presbyterian Ho	ospital				▼	I am hereby requesting approval as a safety net entity as I have been approved by
								OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
								the DSRIP attributed patient population.
Pr	ovider Type:	OMH 1915i Provider					~	a
		DO NOT USE					M	1 ┌─
TTOVIGET	Type Other.	Operating Certificate	/License #	3121542		124546	7810	1
Uniqu	e Identifiers:	Operating Certificate/	Licerise #	3121342		124340	7010	
	Agency Code:							1
	ing Entity ID:							1
	<u> </u>	127 West 127th Street	t, 3rd floor	New York		NY	10027	Northern Manhattan Perinatal Partnership, Inc. is a twenty-two old organization that is a national MCH leader delivering critical health and social
	Address:							services in the greater Harlem community. Northern Manhattan core compentencies include: preconception/interconceptional health, case
	County:			New York				nanagement services through home visiting, doula care, and health and wellness services. These services are provided to men and women of chi
III. Appeal Po	int of Conta	ct						bearing age.
		o Drummonds						ı II
Contact	Title CEO							111
Contact	Phone 347-4	189-4769		Extensio	n]
Contact	t Email <u>mdru</u>	mmonds@msn.com]
IV. Please cho	oose the foll	owing 1915i Category:						
		5i or OASAS 1915i provider t	hat is already on	one of the following p	endir	ng DSRIP lists: Pe	ending –	¬II
Saret	y Net OMH/C	ASAS 1915i Providers						
O 2 I am	a Harm Red	uction 1915i provider that is	s on one the foll	owing pending DSRIP	lists:	Pending Safety	y Net Harm	
	ction 1915i P							
							_	一
								
V 5	. 6 8 8							
v. Percentage	of iviedicaid	& Uninsured members that	your facility serv	/es				_
	Me	dicaid (FFS & MC)	Uni	nsured		Data Source	Year	
Percentage		85%		15%		/ intake data bas	2014	
reiteiltage		6576		15%		r iiitake uata bas	2014	ן נ'
	-	ne information and data pro Iformation may be subject to					_	
appeal.	ia tiiat tiiis II	mormation may be subject to	o audit dilu i illd	, se asked to provide	aocu	entation in Su	pport of tills	
					Ansv	ver		
Nam	ne	Mario Drumr	monds		Yes	O No		
Tit		CEO						
	Only app	eals from the CEO, CFO or	comparable w	ill be accepted				

10/29/2014 NYSARC INC NEW YORK CITY CHAPTER

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



		Exception: The state wil			salety fiet (uemintion o	ii a case-by-casi
•		ment 30 days prior to appl	ication approva	l.			
I. Are you a N							
U. AI A	Answer	Yes					▼
II. Appeal App			/ CLIA DTED				
		NYSARC INC NEW YORK CITY	CHAPTER				
OPTIONAL	AL Joined PPS:	Health & Hospital Corportation					▼
		OMH 1915i Provider					▼.
Provider T	Type - Other:	DO NOT USE					
		Operating Certificate,	License #	MM	IS		NPI
	ue Identifiers:	6198		02703	602		
	Agency Code: lling Entity ID:	28310 135596746					
DIIII	illing Littity ID.	Address		City	v	State	Zip
	Address:	83 Maiden Lane	1	New York City	,	NY	10038
	County:						
III. Appeal Po	oint of Conta	ict					
	Person Steph						
		tant Executive Director					
	t Phone (212)	634-8644 e.Towler@ahrcnyc.org		E	xtension		
	•						
IV. Please cho	loose the foll	lowing 1915i Category:					
		5i or OASAS 1915i provider t	hat is already on o	one of the follo	owing pend	ing DSRIP lis	ts: Pending
Safety	ty Net OMH/C	ASAS 1915i Providers					
do 3 lam	n a Harm Dod	uction 1915i provider that is	on one the follo	wing pending	DSDID liete	· Pending 9	Safety Net Harm
	uction 1915i P		s on one the folio	wing pending	DOKIF IISIS	. rending .	затету нет натті
							_
V Dorcontoc-	of Madicaid	9. Unincured members ** -*	vour facility com	05			
v. Percentage	e or iviedicald	& Uninsured members that	your facility serve	es		r	1
	Me	dicaid (FFS & MC)	Unir	nsured		Data Sou	rce Year
Dercentage		08%		20/		EVENUE D	EDOD: 2014
Percentage		98%	-	2%		REVENUE RI	EPOR 2014
V 1U 1	Contifue	an information and date	uidad an thir f		nd or	to the bar.	of market and a second
	-	ne information and data pro nformation may be subject t					
appeal.			o addit dila i illay	ac asked to p	o viac aoci		support or tills
		Const.	To a		Ans		
Nam Titl		Stephen To Assistant Executiv			- Yes	O No	
110		eals from the CEO, CFO or		I be accepted	<u>. – – – – </u>		
	о, арр	22.2 5 0 020, 010 01	parable Wil	accepted			

10/29/2014 Odyssey House DSRIP VAP Exception Form

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**





Vital Acce	ss Provider	Exception : The state wi	II consider exce	ptions to the safety net	: definition on a	a case-by-case b	asis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for	or public com	ment 30 days prior to app	lication approva	al.			
I. Are you a	Medicaid Pro	ovider					
	Answer	Yes				▼	You have chosen the following category: 1
II. Appeal A	pplicant Infor	mation					VI. Restricted to 3500 Characters only!
Organ	ization Name:	Odyssey House, Inc.					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTION	IAL Joined PPS:	Mount Sinai Hospitals Group				~	I am hereby requesting approval as a safety net entity as I have been approved by
		The art and the spinals are ap				2000	
							OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
							the DSRIP attributed patient population.
	Provider Type:	OASAS 1915i Provider				▼	
Provide	r Type - Other:	DO NOT USE					
		Operating Certificate	/License #	MMIS	1	NPI	
Unio	que Identifiers:	7002141R		1399760	1013	3976976	
	Agency Code:						
В	illing Entity ID:						
		Address		City	State	Zip	odyssey House (OH) is a provider of Office of Mental Health, Office of Alcoholism and Substance Abuse Services and Department of Health
	Address: County:	120 Wall Street		New York	NY	10005	licensed/certified services operating primarily in East Harlem and the South Bronx. We currently provide scatter-site and congregate supported housing; residential and outpatient substance use disorder (SUD) treatment; and medical, dental and psychiatric care. Our programs serve people
	County.			New York			indusing, restuented and outquerent sustained use disorder (SUD) treatment, and medical, dental and systematic cale. Our programs serve people with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD). It is clear that HCBS/1915i-like services will help these individuals to remain the program of the program
III. Appeal F	Point of Conta	ict					in the community and reduce unnecessary hospitalizations.
Contac	t Person John						
		utive Vice President & Chief	Operating Office				The South Bronx is one of the poorest communities in the city, 45% of residents live below the poverty level, more than double the New York City
	ct Phone 212-			Extension			average of 21%. The Hunts Point community consists of 73% Hispanic residents, 24% African-American, and 3% other. Most residents (55%) do no
		acci@odysseyhouseinc.org					have a High School diploma or equivalent, and 55.3% receive some form of public assistance. The US Health Resources and Services Administratio assifies the South Bronx community as an underserved area for both physical and mental health services, and is the poorest of the nation's 435
IV. Please c	hoose the fol	lowing 1915i Category:					Congressional Districts. East Harlem shows similar burdens of poverty and poor health: 44% of East Harlem residents live below the poverty level.
1 lar	m an OMH 191	5i or OASAS 1915i provider t	hat is already on	one of the following nen	ding DSRIP lists	Pending	46% do not have a High School diploma or equivalent, and 56.2% receive some form of public assistance. These data for East Harlem and the Sout
9		DASAS 1915i Providers	inde is direddy on	one of the following pen	unig Domin noto.	- Chang	Eronx are derived from New York City and the Department of Health and Human Services. Overwhelmingly, the individuals OH treats are Medicaic
	,						beneficiaries; many fall under the category of high-cost, high-frequency users, the primary patient population targeted by DSRIP. Due to the
		uction 1915i provider that	s on one the foll	owing pending DSRIP lis	ts: Pending Saf	fety Net Harm	prevalence of chronic conditions and complex primary and behavioral healthcare needs, we believe that those who overlap with the DSRIP attributed patient population will be accessing HCBS services at OH once they become reimbursable under Medicaid. HCBS services will be
Rec	duction 1915i F	Providers.					permotice parties population will be accessing incess services of Orionic unity become reminusable uniter interioristics. It is services will be browled through OH's Part 822 outpatient clinic in the South Bronx and the Article 28 clinic in East Harlem.
							As one of the most comprehensive behavioral healthcare organizations in these neighborhoods, OH will play a vital role in bringing HCBS services
V. Percentas	e of Medicaid	& Uninsured members that	your facility serv	ves .			to the community. We currently have the capacity to provide the following HCBS services to the benefit of individuals living in community settings
	,		1				operated by OH and in the community-at-large. Psychosocial Rehabilitation aligns with our mission, as we treat not only behavioral health
	Me	dicaid (FFS & MC)	Uni	nsured	Data Source	e Year	conditions such as SUD and/or SMI, but also functional deficits that impact the individual. We also anticipate providing Community Psychiatric Support and Treatment to those individuals who may live independently within the community. Complementing OH's robust portfolio of
	+				-		supportive housing services, we will also offer Habilitation/Residential Support Services to individuals. Additionally, many individuals who come to
Percentage	!	85%		15%	OH Records	s 2014	OH face strained or estranged relationships with their families. Family support is integral to the ongoing recovery of individuals with SUD and/or
	•		•	-			SMI. As such, OH will provide Family Support and Training services. Furthermore, as a pioneer in providing peer-based recovery services to
		ne information and data pro					transition age youth, adults, and older adults in New York City, OH is uniquely poised to provide Empowerment Services - Peer Supports to a range
	and that this ir	formation may be subject t	o audit and I ma	y be asked to provide do	cumentation in	support of this	of DSRIP-attributed individuals in New York.
appeal.				Λ	swer		
N:	ame	John Tavo	lacci	● Ye			
		Executive Vice President & 0			<u> </u>		
	Only app	eals from the CEO, CFO or	comparable w	ll be accepted	<u></u>		



	omment 30 days prior to appli		arety net acrimite		basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
I. Are you a Medicaid	ver Yes			•	You have chosen the following category: 1
II. Appeal Applicant II				<u> </u>	VI. Restricted to 3500 Characters only!
	me: Onondaga Case Managemen	t Services Inc			Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
-	PPS: Upstate University Hospital	e services inter			
	opsiate university ruspital				OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Provider Ty	/pe: OMH 1915i Provider			-	
Provider Type - Oth					
	Operating Certificate/	License # MMI	s	NPI	1
Unique Identifi		029948	_	1235184235	1
•	ode: 12600	029940	,30	1233104233	1
	ID: E0028423				1
0 - 1	Address	City	State	Zip	Qur behavioral health clinic was started in 2011 to serve a specific set of behavioral health recipients who had not been able to maintain
Addre			NY	13204	connection to outpatient clincal services in other clinics. As a care management entity, we saw the need for a clinic that could work with people
Cour	nty:	Onondaga	•	•	cur care management services who were not successful at other clinics. In addition, we knew that capacity was an issue in the existing behavior health clinics. This approach was a significant challenge financially but we continue to try and focus on a hard to engage population. We
Contact Phone 3 Contact Email 5 IV. Please choose the afety Net OM 2 I am a Harm Reduction 191	xecutive Director i15-472-7363 ebner@ocmsinc.org following 1915i Category: 1915i or OASAS 1915i provider th IH/OASAS 1915i Providers Reduction 1915i provider that is	at is already on one of the follo		_	Health Home Care Management. In addition we believe that vocational, peer support, and wellness self management projects under 1915i will paly a role in how we deliver services.
	Medicaid (FFS & MC)	Uninsured	Data	Source Year]
Percentage	85%		E	CR 201	
	at the information and data prov iis information may be subject to				

10/29/2014 Ontario ARC (2)

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	s Provider Exception: The state w		to the safety fiet	ueriiition or	i a case-by-case
	r public comment 30 days prior to ap	ilication approval.			
I. Are you a N	Medicaid Provider				
	Answer yes				▼
I. Appeal Ap	plicant Information				
Organiza	zation Name: Ontario ARC				
OPTIONAL	AL Joined PPS: Finger Lakes PPS				1
	rovider Type: OMH 1915i Provider				▼
Provider 1	Type - Other: DO NOT USE				
	Operating Certificat	:/License #	MMIS		NPI
	ue Identifiers: 61330		2702005		N/A
	Agency Code: 40530				
Billi	ling Entity ID:			1 - 1	
	Address		City	State	Zip
	Address: 3071 County Complex Driv County:	e Canan Ont		NY	14424
	County.	Ont	110		
III. Appeal Po	oint of Contact				
Contact I	Person Ann Scheetz				
	Title Executive Director		1		
	t Phone 585-394-7500		Extension		
	ct Email ascheetz@ontarioarc.org				
V. Please cho	oose the following 1915i Category:				
a 1 lam	an OMH 1915i or OASAS 1915i provider	that is already on one o	the following near	ling DSRIP list	s: Pending —
	ty Net OMH/OASAS 1915i Providers	is uncady on one o	and tollowing pend	001111 1131.	o chang
[
	n a Harm Reduction 1915i provider that	is on one the following	ending DSRIP list	s: Pending S	afety Net Harm
Redu	uction 1915i Providers.				
					_
V. Percentage	e of Medicaid & Uninsured members tha	t vour facility serves			
r ercemage	The area of the same and the sa	your racinty serves			1
	Medicaid (FFS & MC)	Uninsure		Data Sour	ce Year
	. ,	 		Audited F	
Percentage	77%	0%		Statms	2013
				Julins	
No I Hereby 0	Certify that the information and data pr	ovided on this form is a	curate and correct	to the best o	f my knowledge.
understar	nd that this information may be subject	to audit and I may be a	ced to provide do	cumentation i	n support of this
appeal.					
Now	me Ann Sch	eet7		swer	
Nam Tit			O Yes	No No	
110	Only appeals from the CEO, CFO of		rented		
	only appears from the CEO, CFO C	comparable will be a	cepteu		

10/29/2014 Ontario ARC

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

Vital Access Broyidar I

				et definition on	i a case-by-case i	pasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved b
		0 days prior to application appr	roval.			
I. Are you a N	1edicaid Provider					
	Answer Yes				▼	You have chosen the following category:
II. Appeal App	olicant Information	n				VI. Restricted to 3500 Characters only!
Organiza	ation Name: Ontario	o ARC				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
	Joined PPS: Finger L				•	I am hereby requesting approval as a safety net entity as I have been approved by
					1200	
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid se
						the DSRIP attributed patient population.
Pr	ovider Type: OMH 19	915i Provider			▼	
Provider T	ype - Other: DO NO	T USE			-	
	,	Operating Certificate/License #	MMIS		NPI	
Unique	e Identifiers:	61330	2702005	1	N/A	
	gency Code: 40530				·	
Billi	ng Entity ID:					
		Address	City	State	Zip	
		County Complex Drive	Canandaigua	NY	14424	
	County:		Ontario			
III. Anneal Po	int of Contact					
	Person Ann Scheetz				1	
Contact	Title Executive Di					
Contact	Phone 585-394-750	00	Extension			
Contact	Email ascheetz@o	ntarioarc.org				
IV. Please cho	ose the following	1915i Category:				
		ASAS 1915i provider that is already	on one of the following pe	nding DSRIP lists	: Pending —	
Safety	Net OMH/OASAS 1	.915i Providers				
O 2 I am	a Harm Reduction	1915i provider that is on one the	following pending DSRIP II	sts: Pending S	afety Net Harm	
	ction 1915i Provider		Tollowing pending DSKIF II	sts. Ferfullig Si	arety Net Harri	
					_	JE-1
/. Percentage	of Medicaid & Unin	sured members that your facility	serves			
Г	"	(=== 0 -==)				
	Medicaid ((FFS & MC)	Uninsured	Data Sour	ce Year	
Percentage	7-	7%	0%	Audited Fi	nl 2013	
reiteiltage		770	0%	Statms	2015	
Yes I Hereby C	Certify that the infor	rmation and data provided on this	form is accurate and corre		f my knowledge.	
understan	d that this informat	tion may be subject to audit and I	may be asked to provide d	ocumentation in	n support of this	
appeal.						
		Ann Cabanta		nswer		
Nam		Ann Scheetz	[es O No		
Titl		Executive Director om the CEO, CFO or comparable	will be accepted			
	Only appeals fro	on the CEO, CFO or comparable	e wiii be accepted			



State of New York Department of Health **Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form**

					t acimition of	i a case by case	basis in this decined in the best interest of Medicala members. They exceptions that are considered mast be approved by civis and mast
be posted for	public com	ment 30 days prior to app	lication approv	al.			
I. Are you a N	/ledicaid Pro	vider					
	Answer	Not Yet				▼	You have chosen the following category: 2
II. Appeal App	plicant Infor	mation					VI. Restricted to 3500 Characters only!
Organiza	ation Name:	Open Arms Incorporated					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	L Joined PPS:	Select PPS				-	I am hereby requesting approval as a safety net entity as I have been approved by
							OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
							the DSRIP attributed patient population.
Pr	ovider Type:	OASAS 1915i Provider				▼	
Provider T	Гуре - Other:	DO NOT USE					
		Operating Certificate,	/License #	MMIS		NPI	
Uniqu	e Identifiers:	160810119, 150811472	, 151011771	n/a		n/a	
A	gency Code:	34360, 51524, 52613					
Billi	ing Entity ID:						
		Address		City	State	Zip	open Arms Inc. is the only housing provider in Rockland County for individuals with a primary diagnosis of a substance use disorder. Services
	Address: County:	57-59 Sharp Street		Haverstraw Rockland	NY	10927	provided in-house include individual, group and family counseling, case management, referrals for employment and vocational education, and other supportive services. Open Arms operates three facilities- an 18 bed community residence for men, a 12 bed community residence for
	County.			ROCKIANO			women, and a 20 bed supportive living program, all located in a community with many natural supports.
III. Appeal Po	int of Conta	ct					The state of the s
Contact I	Person Betsy	Rauschart					
		utive Director					
	Phone 845-2			Extension			
	-	tsy@optimum.net					
IV. Please cho	oose the foll	owing 1915i Category:					
	01411 1011	-: OACAC 101F: ::			4: DCDID I:-+	D	
		5i or OASAS 1915i provider t ASAS 1915i Providers	nat is aiready or	i one or the following pen	aing DSKIP list	s: Pending =	
l salety	y ivet Oiviii/C	ASAS 15151110VIde13					
2 I am	a Harm Red	uction 1915i provider that i	s on one the fol	lowing pending DSRIP lis	ts: Pending S	afety Net Harm	
Redu	ction 1915i P	roviders.					
						_	4
		• H					
v. Percentage	ot iviedicaid	& Uninsured members that	your facility ser	ves			
	Me	dicaid (FFS & MC)	Hr	insured	Data Sou	rce Year	
		u.u.u.	-			ec reur	
Percentage		98%		0%	Resident f	iles 2014	
Voc I Hereby (ertify that th	ne information and data pro	vided on this fo	rm is accurate and correc	t to the hest o	f my knowledge	╗
	-	formation may be subject t					
appeal.						••	
					swer		
Nam		Betsy Raus		• Ye	s O No		
Tit		Executive Di					
	Only app	eals from the CEO, CFO or	comparable w	ıııı be accepted			

10/29/2014 Parsons Child and Family Center

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	public comment 30 days prior to app		ine surety net a	Cililicion on C		pasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS ar
	edicaid Provider					
	Answer Yes				▼	You have chosen the following category: 1
II. Appeal App	licant Information					VI. Restricted to 3500 Characters only!
Organiza	tion Name: Parsons Child and Family C	enter				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
	Joined PPS: Select PPS				•	I am hereby requesting approval as a safety net entity as I have been approved by
	5000000				22224	
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services
						the DSRIP attributed patient population.
Pro	ovider Type: OMH 1915i Provider				▼	
Provider Ty	pe - Other: DO NOT USE					
	Operating Certificate	/License #	MMIS	1	NPI	
Unique	Identifiers: 6223100A		998034	1922	171305	
	gency Code:	40400				
Billir	g Entity ID:	<u> </u>	a. I	a I		
	Address Address: 60 Academy Road	Albany	City	State NY	Zip 12208	
	Address: 60 Academy Road County:	Albany Albany		INY	12208	
	county.	Allourry				
III. Appeal Poi	nt of Contact					
Contact P	erson Audrey LaFrenier					
	Title Chief Operating Officer		F. dan elian			
	hone (518) 431-1652 Email audrey.lafrenier@northernrivers	org	Extension			
		.016				
IV. Please cho	ose the following 1915i Category:					
1 am a	n OMH 1915i or OASAS 1915i provider	that is already on one of the	following pendin	ng DSRIP lists:	Pending	
Safety	Net OMH/OASAS 1915i Providers					
	a Harm Reduction 1915i provider that tion 1915i Providers.	is on one the following pend	ding DSRIP lists:	Pending Saf	ety Net Harm	
Reduc	tion 1915) Floviders.				_	J-1
V. Percentage o	of Medicaid & Uninsured members that	your facility serves				
Г						
	Medicaid (FFS & MC)	Uninsured		Data Source	Year	
Percentage	63%	3%		PARMENU	2013	
Percentage	63%	3%		PARIVIENU	2013	
	ertify that the information and data pr					
understand	d that this information may be subject	to audit and I may be asked	to provide docu	mentation in	support of this	
an:1			Answ	ver		
appeal.			, 111344			
appeal.	Audrey LaF	renier	Yes	O No		
		g Officer		O No		

11/10/2014 Positive Health Project DSRIP VAP Exception form

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health **Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form**

Live you shedecaled Provider More Nove Provider Nove	be posted for	public comment 30 days prior to app	lication approval.	,		,		, .	,
III. Appeal Point of Contact Contact English (1970-1985) III. Appeal Point of Individual (1970-1985) III. Appeal Point of Individual (1970-1985) III. Appeal Point of Individual (1970-1985) Contact English (1970-1985) Contact English (1970-1985) III. Appeal Point of Individual (1970-1985) Contact English (1970-1985)	I. Are you a N	Medicaid Provider							
Organization Name: Pathwell Prespect OFFICIAL Joined Prof. Section 1 and pathwell profit of the Section 1 and pathwell pathwell profit of the Section 1 and pathwell		Answer Not Yet				▼	You have chosen the following category:	2	
Tam hereby requesting approval as a safety net entity as I have been approved by OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicald services to the DSRIP attributed patient population. Provider Type	II. Appeal Ap	plicant Information					VI. Restricted to 3500 Characters only!		
OMM/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population. Provider Type Name Reduction 1915 Provider Provider Type Name Reduction 1915 Provider Operating Certificate/Lucence 8 MMIS NPI Unique Identifiers 06-27-18	Organiza	ation Name: Positive Health Project					Please put any additional notes below that you feel a	are relevent. This section is optional for 1915	i providers.
## Agency to participate in delivering 1915 Medicaid services to the DSRIP attributed patient population. Provider Type Name Reduction 1915 Provider Provider Name Political Plane Reduction 1915 Provider Provider Name Political Plane Name	OPTIONAL	L Joined PPS: Mount Sinai Hospitals Group				▼	I am hereby requesting approval as	s a safety net entity as I have been	approved by
Provider Type - College Commission State Special Control Contr		·				<u> </u>			
Provider Type - Other Do NOT USE Unique Identifiers									or ivicultulu scrvices to
Provider Type - Other O NOT USE Operating Certificate/License # MMMS NIP Unique Identifiers O 5.77.18 Operating Certificate/License # MMMS NIP Agency Code S 77.18 Other	D-	and day Town				-12-3	the Dakir attributed patient popul	ation.	
Operating Certificate/Jucenee # MMMS		THAT IT THE GOLD OF THE STATE O				▼			
Unique Identifiers	Provider I								
Agency Codes (5-77-18			/License #	MMIS		NPI			
Billing Entity ID: Address B DI West 37th Street New York NY Bill. Appeal Point of Contact Contact Person Michael Glarke Till E Senior VP Contact Phone (337-473-475 Extension Data Source Person Michael Glarke Till Am an OMN I 1915 or OASAS 1915 provider that is already on one of the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 provider that is one one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 provider that is one one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 provider that is one one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 provider that is one one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 provider that is one one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 provider that the following 1915 provider that is one one the following 1915 pending list. Our charty ID is 05-77-18. We do not yet have an MMMS or Billing Entity ID. As indicated on the Harm Reduction 1915 pending list. Out of the pending list. Out of the pending ID is 1915 provider that is one one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 pending list. Out of the pending ID is 1915 pendi									
Address: 801 West 37th Street New York NY Country: New York New									
Address: 301 West 37th Street New York NV County New York III. Appeal Point of Contact Contact Person Michael Clarke Title Senior VP Contact Phone 347-478-7475 Estension IV. Please choose the following 1919 Category: I am an OMH 1915 or OASAS 1915 provider that is already on one of the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i providers I am an Afarm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i providers V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Year AIRS 2013 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Linney Smith Executive Director	IIIId			City	State	Zip	We do not yet have an MMIS or Billing Entity ID. As indicate	ted on the Harm Reduction 1915i pending list.	our charity ID is 05-77-18.
III. Appeal Point of Contact Contact Person Michael Clarke Title Senior VP Contact Phones 347-473-7475 Extension IV. Please choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i Providers I am an Amra Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i providers I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers Medicald (FFS & MC) Uninsured Percentage 95% 5% 5% AIRS 2013 Ves I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Linney Smith Nameer Name			New Yo	•					
Contact Person Michael Clarke Title Senior VP Contact Phone 347-473-7475 Extension Contact Final LatterBhousingworks.org W. Please choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i providers I am a Harm Reduction 1915i providers V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Percentage 95% 5% JAIRS 2013 Ves I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Linney Smith Executive Director			New Y	ork					
Contact Person Michael Clarke Title Senior VP Contact Phone 347-473-7475 Extension Contact Final LatterBhousingworks.org W. Please choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i providers I am a Harm Reduction 1915i providers V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Percentage 95% 5% JAIRS 2013 Ves I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Linney Smith Executive Director	III. Anneal De	int of Contact							
Title Senior VP Contact Phone 347-473-7475 Extension Contact Email Lance Bhousingworks.org W. Please choose the following 1915i crockASS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i providers had been defined by the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i providers had been defined by the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Percentage 95% 5% Data Source Year AIRS 2013 Ves I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Title Executive Director									
Contact Phone 347-473-7475 Extension	Contact								
IV. Please choose the following 1915i Category: I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending safety Net OMH/OASAS 1915i providers I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers. J am a Harm Reduction 1915i Providers	Contact			Extension					
I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i providers I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Percentage 95% 5% Data Source Year AIRS 2013 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Linney Smith Executive Director I am an Alarm Reduction 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net Harm Pending Safety Net Harm Pending Safety Net Harm AIRS 2013 AIRS 2013	Contact	t Email clarke@housingworks.org			•				
I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Year AIRS 2013 Ves I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Linney Smith Fitte Executive Director	IV. Please cho	oose the following 1915i Category:							
I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Year AIRS 2013 Ves I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Linney Smith Fitte Executive Director									
I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Year AIRS 2013 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Linney Smith Executive Director	1 lam		that is already on one of t	the following pend	ling DSRIP lists:	: Pending —			
Reduction 1915i Providers: V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Year AIRS 2013 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Linney Smith Title Executive Director	Balet	y Net Olvin/OASAS 19151 Providers							
V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC)	2 I am	a Harm Reduction 1915i provider that i	is on one the following p	ending DSRIP list	s: Pending Sat	fety Net Harm			
Medicaid (FFS & MC) Uninsured Percentage 95% 5% AIRS 2013 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Linney Smith Title Executive Director	Redu	ction 1915i Providers.					Ш		
Medicaid (FFS & MC) Uninsured Percentage 95% 5% AIRS 2013 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Linney Smith Title Executive Director									
Medicaid (FFS & MC) Uninsured Percentage 95% 5% AIRS 2013 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Linney Smith Title Executive Director	• •								
Medicaid (FFS & MC) Uninsured Percentage 95% 5% AIRS 2013 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Linney Smith Title Executive Director	V Percentage	of Medicaid & Uninsured members that	your facility serves						
Percentage 95% 5% AIRS 2013 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Linney Smith Title Executive Director	r. r creemage	or medicard & orimisured members that	T T T T T T T T T T T T T T T T T T T						
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name		Medicaid (FFS & MC)	Uninsured		Data Source	ce Year			
understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name Title Executive Director	Percentage	95%	5%		AIRS	2013			
understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Title Executive Director	Ves I Hereby (Certify that the information and data pro	ovided on this form is acc	curate and correct	to the best of	my knowledge.			
Name Linney Smith Title Executive Director									
Name Linney Smith Title Executive Director	appeal.								
Title Executive Director	p. 1	Linnay Co	nith						
				es	O NO				
	111			cepted					

11/10/2014 Projects to Empower

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

Vital Access Provider

•			ty net definition on a	a case-by-case l	sis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must b	e approved by
be posted for public com	ment 30 days prior to application a	pproval.				
I. Are you a Medicaid Pro	ovider					
no	Select One			~	You have chosen the following category: 2	
II. Appeal Applicant Info	rmation				VI. Restricted to 3500 Characters only!	
Organization Name:	Projects to Empower and Organize th	e Psychiatrically Labeled,	nc. (PEOPLe, Inc.)		Please put any additional notes below that you feel are relevent. This section is optional for 1915i pr	roviders.
OPTIONAL Joined PPS:	Select PPS			•	I am hereby requesting approval as a safety net entity as I have been a	nnroved hy
				7		
					OMH/OASAS/DOH as a likely agency to participate in delivering 1915i	wiedicaid sei
					the DSRIP attributed patient population.	
Provider Type:	Select One			_		
Provider Type - Other:	DO NOT USE					
	Operating Certificate/License #	MMIS	ı	NPI		
Unique Identifiers:	,			273503		
Agency Code:	N/A					
Billing Entity ID:						
	Address	City	State	Zip		
Address:	126 Innis Avenue	Poughkeepsie	NY	12601		
County:		Dutchess				
III. Appeal Point of Conta	act					
Contact Person Steve				1		
Title CEO						
Contact Phone 845-	452-2728	Exte	nsion 2	214		
Contact Email steve	emiccio@projectstoempower.org					
IV. Please choose the fol	lowing 1915i Category:					
	5i or OASAS 1915i provider that is alre	ady on one of the following	ng pending DSRIP lists:	Pending —		
Safety Net OMH/C	DASAS 1915i Providers					
a 2 I am a Harm Red	luction 1915i provider that is on one	the following pending DS	DID liete: Donding Saf	aty Net Harm		
2 I am a Harm Red Reduction 1915i F		the following pending bo	tir lists. Ferfullig Sai	ety Net Haim		
				_		
V. Percentage of Medicaid	& Uninsured members that your facil	ity serves				
			1 [
Me	edicaid (FFS & MC)	Uninsured	Data Source	e Year		
Percentage						
reiteiltage						
N. Hilanahu Control of the	ha information and data are 14.4	*his farma is a		and he and the de		
	he information and data provided on nformation may be subject to audit a					
appeal.	normation may be subject to audit at	iu i may be asked to prov	iue uocumentation in	support of this		
αμμεαι.			Answer			
Name	Steve Miccio	[c	Yes No			
Title	CEO					
Only app	eals from the CEO, CFO or compara	able will be accepted				
,	·	•				

10/29/2014 Rehabilitation Support Services, Inc.

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



I. Are you a Medi	olic comment 30 days prior to app icaid Provider	oncation approval.				
•	Answer Yes				▼	You have chosen the following category: 1
II. Appeal Applica	ant Information					VI. Restricted to 3500 Characters only!
Organization	n Name: Rehabilitation Support Serv	rices, Inc.				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL Joi	ned PPS: Ellis Hospital				▼.	I am hereby requesting approval as a safety net entity as I have been approved by
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Provid	er Type: OASAS 1915i Provider				-	
	- Other: DO NOT USE					
	Operating Certificate	e/License #	MMIS		NPI	
Unique Ide			2998070	19	22293745	
	cy Code: 14370			•		
Billing F	ntity ID: E01655585	ı				₄
	Address		City	State	Zip	Rehabilitation Support Services, Inc. is on the OMH Safety Net List, OASAS Safety Net List and the 1915i OASAS Provider list. RSS operates in 12
	ddress: 5172 Western Turnpike County:		mont Ibany	NY	12009	counties and is participating in 8 PPS's - Albany Medical Center Hospital, Ellis Hospital, Health Alliance of the Hudson Valley, Montefiore Medical Center, Refuah Health Center, Westchester Medical Center, Mary Imogene Hospital, United Health Services Hospitals, Inc. In addition to the OAS
	county.	^	ibarry			Operating Certificate, RSS holds 41 OMH Operating Certificates. RSS has an additional NPI number (1245481209), MMIS number (03308192), and
II. Appeal Point	of Contact					Elling Entity ID (E0316644).
	on Elizabeth Kadatz					
	tle Director of Operations ne 518-579-4215		F. dansia			
	ail ekadatz@rehab.org		Extension	1		
v. Please choose	the following 1915i Category:					
1 I am an C	OMH 1915i or OASAS 1915i provider	that is already on one	of the following pe	ending DSRIP lis	ts: Pending	
	t OMH/OASAS 1915i Providers	,	3.	· ·	J	
	arm Reduction 1915i provider that 1915i Providers.	is on one the followin	ng pending DSRIP I	ists: Pending	Safety Net Harm	
Reduction	1 1915) Providers.				_	_₩
V. Percentage of N	Nedicaid & Uninsured members that	t your facility serves				
	Medicaid (FFS & MC)	Uninsur	red	Data Sou	irce Year	
Percentage	99%	1%		MH Safety	Net Lis 2014	
	fy that the information and data pro	ovided on this form is	accurate and corre	ect to the best	of my knowledge.	-
Yes I Hereby Certi	at this information may be subject	to audit and I may be	asked to provide d	locumentation	in support of this	
			-			
understand th	William D	eVita		nswer (es O No		
understand th appeal.	William D Executive D					

10/29/2014 Rockland County Department of Mental Health

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health **Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form**

be posted for	r public com	ment 30 days prior to app	lication approva	al.					
I. Are you a l	Medicaid Pro	ovider							
	Answer	wer Not Yet						,	You have chosen the following category: 1
II. Appeal Ap	plicant Info	mation							VI. Restricted to 3500 Characters only!
Organiz	ation Name:	Rockland County Departme	nt of Mental Hea	alth					Prease note that the Kockiand County Department of Mental Health, Unith Agency Code 70460, is a separate facility from Unith
OPTIONA	L Joined PPS:	Montefiore Medical Center						,	
									OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
									the DSRIP attributed patient population.
								-	the DSKIP attributed patient population.
	rovider Type:	***************************************							
Provider	Type - Other:		_	1		1			<u> </u>
		Operating Certificate	/License #	MMIS			NPI		
	ue Identifiers:	70460							4
	Agency Code: ling Entity ID:	70460							
Dili	Entity ID.	Address		City		State		Zip	The Rockland County Department of Mental Health functions as the Local Governmental Unit (LGU) as per the Mental Hygiene Law. The
	Address:	50 Sanatorium Road, Buildii	ng F	Pomona		NY		10970	epartment is responsible for the planning, coordination, administration and budgetary oversight of the Local Services system of behavioral hea
	County:			Rockland					care including all agencies licensed or funded by OMH, OASAS and OPWDD. Services provided by the Department include: Adult SPOA, Child &
III. Appeal Po	oint of Conta	nct							Adolescent SPOA, Emergency Operations Center Liaison, Forensic Mental Health Services, Behavioral Health Services in the Rockland County Jail, Sex Offender Behavioral Management Program, Consumer Advocate, Employee Assistance Program, approval of 9.39, 9.45 and all other
	Person Bonr								Involuntary commitments under the Mental Hygiene Law, review and submission of 9.46 Safe Act reports, and approval of HCBS Waiver Level of
		ed Services Coordinator							care and Initial Service Plan. LGU activities include oversight, local services planning, coordination and oversight of Assisted Outpatient Treatme
	Phone (845			Ext	ension				(AOT) services, and contract management.
		yb@co.rockland.ny.us							The Department was awarded \$449,668 by OMH on an annualized basis effective 7/1/14 for a Mobile Crisis Intervention program. The
IV. Please ch	oose the fol	lowing 1915i Category:							Department has just recently issued an RFP to contact out this program. The establishment of a Mobile Crisis Intervention program is designed
1 1 am	an OMH 191	5i or OASAS 1915i provider t	that is already on	one of the follow	ving nenc	ling DSRIP li	sts: De	ending .	provide mobile crisis mental health services to individuals in the Rockland community in need of mental health intervention. This team will world
-		DASAS 1915i Providers	inac is uncady on	Tone or the follow	ville perio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	363. 1 6	uiiig	cosely with the emergency departments at Nyack Hospital, Good Samaritan Hospital, local police and emergency services, as well as all other
									providers of behavioral heath care.
	n a Harm Red uction 1915i F	uction 1915i provider that i	is on one the foll	lowing pending D	SRIP list	s: Pending	Safety	Net Harm	The mobile crisis intervention team can receive calls from community agencies, community residences/adult homes, human service providers
Redu	1011 141211	Toviders.							mcluding police, Department of Social Services and Department of Health, mental health providers, and individuals and families in the Rockland
									community. The mobile crisis intervention team will provide critical back up services to those individuals currently being treated by other
									programs within Rockland County.
V. Percentage	of Medicaid	& Uninsured members that	your facility serv	ves					The establishment of this program is critical as the County currently does not have a Mobile Crisis Intervention Program. This program will
		U (==== 0)							enhance the network of services in each of the PPS networks in Rockland County, two of which are proposing Behavioral Health Community Cris
	Me	dicaid (FFS & MC)	Uni	insured		Data So	urce	Year	Stabilization Services as one of their projects (Montefiore Hospital and Westchester Medical Center).
Percentage	N/A - Pro	gram not yet operational		N/A		N/A	`	N/A	
		J , ,						,	1
Voc I Hereby	Certify that t	ne information and data pro	vided on this for	rm is accurate an	d correct	to the hest	of my	knowledge	
	•	formation may be subject t					•	•	
appeal.									
NI		Michael Leitze	or MRA	r		swer			
Nar Tit		Acting Comm			Yes	O No	1		
		eals from the CEO, CFO or		rill be accepted			•		
	7 - 66	,							

10/29/2014 Rockland Independent Living Center

VAP EXCEPTION FORM IS DUE 10/24/2014 - HCBS/1915i SERVICE PROVIDERS ONLY

Refuah Health Center



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

<u>Vital Access Provider Exception</u>: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval.

-

I. Are you a Medicaid Provider									
Answer _{Yes} ▼									
II. Appeal Applicant Information									
Organization Name: Rockland Independent Living Center									

Provider Type:	OMH 1915i Provider		-
Provider Type - Other:			-
	Operating Certificate/License #	MMIS	NPI
Unique Identifiers:		01666031	1770829624
Agency Code:	73390		
Billing Entity ID:			

III. Appeal Point of Contact

Address:

OPTIONAL Joined PPS:

Contact Person	George Hoehmann		
Title	CEO/Executive Director		
Contact Phone	845-624-1366	Extension	111
Contact Email	Ghoehmann@rilc.org		

New City

Rockland

IV. Please choose the following 1915i Category:

•	1

l am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending safety Net OMH/OASAS 1915i Providers



I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured		
Percentage	75%	25%		

Address

873 Route 45, Suite 108

Data Source	Year			
consumer datal	2013			

State

NY

10956

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge.

understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

			Ansv	<i>v</i> er		
Name	George Hoehmann	(a)	Yes	Ω	No	
Title	CEO/Executive Director	•				
	Only appeals from the CEO, CFO or comparable will be accepted					

You have chosen the following category: 1

VI. Restricted to 3500 Characters only!

Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.

I am hereby requesting approval as a safety net entity as I have been approved by OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.

We strongly believe RILC has the qualifications and experience to be a safety net entity. For twenty-seven years we have worked with our consumers, people with disabilities, in this arena.

Our staff consists of several mental health peer advocates, a certified parent advocate and a NAMI certified teacher enabling us to offer six week presentations to parents of children with mental health diagnoses. Our Director of Independent Living Services is the chair for the Special Ed PTAs in the Central Hudson Area. We offer a peer-led anxiety support group for young adults and therapeutic horse-back riding for young children and teens. We are one of the largest providers of CDPAS services in the region, located in Rockland; self-directed services are also provided through our approvals with OPWDD.

We are subcontractors for Rockland Psychiatric Center and St. Dominic's Home, providing Job Coaching and Development Services and peer-led group services in an outpatient clinic, as well as Skill Building, Respite and Family Support Services respectively. We offer a weekly co-occurring (substance abuse and mental health) support group. We are a member of the Re-Entry Task Force and are the coordinators for over 121 exoffenders, many of whom have co-occurring disorders. Our Executive Director sits on the SAMHSA Recovery Month Planning Partners Committee.
In 2012, with a grant from SAMHSA's Million Hearts campaign, we produced "Heart & Soul: A Film Promoting Whole Body Wellness in Behavioral
Health, which won the first-ever "Wellness Initiative Award" from the U.S. Department of Health and Human Services' Substance Abuse and
Nental Health Services Administration (SAMHSA).

We are a point of contact for Nyack Hospital's Behavioral Health Center and Peer Advocates for people transitioning from the hospital to the ommunity. Local mental health agencies, like the Mental Health Association, use our staff to support children they serve for academic support and remediation.

Our ties to community organizations consist of memberships in the following organizations: Bi-Polar Alliance, Mental Health Workgroup.
Transition Consortium, SPOA and the Mental Health Coalition. Through our affiliation with NAMI-FAMILYA and the Mental Health Coalition, we formed The School Mental Health Education Project. This project provides free student mental health presentations, free in-services for school staff and free in-services for PTA's and SEPTA's. Our staff makes yearly disability awareness trainings in local high school health classes and we train EMT workers in NY and NJ to prepare them for dealing with people with autism and mental health diagnoses. We also train fire and emergency workers as well as probation officers about working with different populations.

We plan to join all three PPS networks in our area: Refuah, Westchester Medical and Montefiore. We feel our experience demonstrates the expertise and skills to be effective safety net providers of the following services: Accessibility Modifications Local Government Unit (LGU)/Single Point of Access (SPOA), Community Advocacy and Support Non-Medical Transportation, Community Center Peer Supports, Corrections Pre-Vocational Employment, Education Support services self-directed Services, Family Peer Support Services Short-Term Crisis Respite, Peer Supports, Pre-Vocational Employment, Self-Directed Services, Skill Building, Supported Employment and Youth Peer Advocacy and Training.

10/29/2014 Samuel Field Y VAP Exeption Form

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



Vital Access	s Provider	Exception: The state wi	II consider exce	ptions to the safety net	: definition	on a case-by-c	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
be posted for	public comr	ment 30 days prior to app	lication approv	al.			
I. Are you a N	/ledicaid Pro	vider					
	Answer	Yes					You have chosen the following category: 1
II. Appeal App	plicant Infor	mation					VI. Restricted to 3500 Characters only!
Organiza	ation Name:	Samuel Field Y					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	L Joined PPS:	Mount Sinai Hospitals Group					I am hereby requesting approval as a safety net entity as I have been approved by
		The state of the s					OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
							the DSRIP attributed patient population.
Pr	ovider Type:	OMH 1915i Provider					
Provider T	Гуре - Other:						[*]
		Operating Certificate,	/License #	MMIS		NPI	-
Unique	e Identifiers:	8600150A		1382663	1	205862950	-
	gency Code:			1502005		203002330	7
Billi	ing Entity ID:	1382663					7
		Address		City	State	Zip	We are not applying as a Safety Net Entity but rather as a service provider within a PPS (both Mt. Sinai and CBC) in the delivery of 1915i Medicai
		Samuel Field Y 58-20 Little N	Neck Parkway	Little Neck	NY	11362	services to the DSRIP. Our Medicaid reimbursement from all sources, including those who are dual eligible is at 23%. However we will be applying
	County:			Queens			for HCBS waiver to provide Community Psychiatric Support and Treatment. The Samuel Field Y's CAPE Geriatric Mental Health Clinic is the only
III. Appeal Po	int of Conta	ct					specialized mental health clinic in Queens to provide integrated behavioral health services for both clinic and homebound elderly and disabled in dividuals by our social work, psychiatric and RN staff. We also provide health monitoring services by an RN and peer support services through
		ael Upston, LCSW					telephone reassurance on a regular basis. We provide transportation for eligible individuals. The clinic, based in Little Neck Queens, believes in
	Title Direc						inportance of treating elderly mentally ill people within the places where they are most able to access services including senior centers and
	Phone 718 2			Extension			specialized day programs. We have three lincensed satellites, the Clearview Senior Center, Bayside, NY, the Central Queens Y, Forest Hills, NY an
Contact	t Email mups	ton@sfy.org					the Friendship Club of JSPOA in Jamaica, NY. In addition, when older adults are unable to leave their homes for treatment as the result of frailty
IV. Please cho	oose the foll	owing 1915i Category:					il ness, CAPE provides ongoing psychiatric and social work services as well as medication monitoring within the home. Important clinic practices
							include our integrated work with primary health providers as well as significant work and contact with the patients' families and caregivers. We have joined DSRIP provider groups to be a provider of services and not as a Safety Net Entity.
3		5i or OASAS 1915i provider t	that is already on	one of the following pen	ding DSRIP li	sts: Pending	The Joine Ball profile group to be a profile of services and not as a safety feet entity.
Sarety	y Net OMH/O	ASAS 1915i Providers					
O 2 I am	a Harm Red	uction 1915i provider that i	is on one the foll	owing pending DSRIP lis	ts: Pendina	Safety Net Har	
	ction 1915i P			31 3	J	,	
							<u>-</u> r
V. Percentage	of Medicaid	& Uninsured members that	your facility ser	ves			
	Me	dicaid (FFS & MC)	Un	insured	Data So	urce Year	
Percentage		10%		2%	Accum	red 7/13-6/1	
	•	e information and data pro formation may be subject t				-	
Nam Titl		Executive Vice-Prese		● Ye	swer No		



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

T.CG. 7 10000	3 O ac.	Execption: The state Wi	ii consider exe		t acimition c	on a case by		asis in it is decined in the best interest of interest an interioris. This exceptions that are considered mast be approved by civis and mast
be posted for	public com	ment 30 days prior to app	lication approv	al.				
I. Are you a N	/ledicaid Pro	ovider						
	Answer	Yes					▼	You have chosen the following category: 1
II. Appeal Ap	plicant Infor	mation						VI. Restricted to 3500 Characters only!
Organiz	ation Name:	The Fortune Society						Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONA	L Joined PPS:	Select PPS					-	I am hereby requesting approval as a safety net entity as I have been approved by
								OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
							_	the DSRIP attributed patient population.
	rovider Type:	OASAS 1915i Provider					~	
Provider 1	Гуре - Other:	DO NOT USE		1	1			
		Operating Certificate,		MMIS		NPI		
	e Identifiers:	171011539		02740141	12	235357237		
	Agency Code: ing Entity ID:							
DIII	ing Littity ID.	Address		City	State	Zip	-	Fortune's overriding mission is to support the successful re-entry of individuals coming home from prison, and to promote alternatives to
	Address:	29-76 Northern Boulevard,	2nd Floor	Long Island City	NY	11101-282	22	incarceration, thus strengthening the fabric of our communities. We achieve our mission by believing in the individuals' power to change; buildin
	County:			Queens				lives through service programs shaped by the needs and experience of our clients; changing minds through education; and advocating for the
III. Appeal Po	int of Conta	net.						ceation of a fair, humane, and truly rehabilitative correctional system. Fortune's services are available to anyone who has been involved with the
	Person Pegg						\neg	adult criminal justice system, regardless of the crime. We accept clients that other agencies turn away due to the nature of their crime(s) or because certain individuals are harder to work with and more likely to recidivate. Our only restricting criterion is that individuals not be a danger
Contact		President of Programs						to themselves or others.
	Phone 212-6			Extension		235		Fortune is dually licensed by OMH and OASAS, and provides approximately 500 individuals with housing, annually. Consequently, we are able to
Contac	t Email parro	oyo@fortunesociety.org						provide a holistic array of services through a "one-stop shop" model that currently includes the following:
IV. Please cho	oose the foll	lowing 1915i Category:						• Housing Services, including emergency, transitional, and permanent supportive housing through the Fortune Academy ("the Castle") and Castle Gardens, and scatter-site housing – we provide housing to approximately 500 individuals per year, approximately 80% who were formerly
1	01411 1011	F: OACAC 101F:id+			-d: DCDID I:-	ata. Dandina		homeless, including approximately 100, annually, at the Fortune Academy;
3		5i or OASAS 1915i provider t DASAS 1915i Providers	ilat is already of	i one of the following per	iuliig Dakip iis	sts. Periuling		Licensed Outpatient Behavioral Health through our NYS OMH Article 31 license;
Janes	,, .	7.67.69 13 13 17 10 11 10 11						 Licensed Outpatient Substance Abuse Treatment through our NYS OASAS Part 822 license;
		uction 1915i provider that i	s on one the fol	lowing pending DSRIP lis	sts: Pending	Safety Net Ha	arm	Case Management (crisis intervention, needs assessment, referral & counseling), housing (emergency, congregate, & scatter-site); Case Management (crisis intervention, needs assessment, referral & counseling), housing (emergency, congregate, & scatter-site);
Redu	ction 1915i P	Providers.						 Education (literacy, math, and High School Equivalency (HSE) exam preparation); Employment Services (job readiness, hard skills training, job placement and retention);
								• Family Services (parenting classes, support groups, family reunification, legal services, and healthy cooking and nutrition workshops);
								HIV/AIDS services;
V. Percentage	of Medicaid	& Uninsured members that	your facility ser	ves				Discharge Planning services for individuals preparing for release from NYC jails (Rikers Island) and NYS prison facilities — we served approximately the prison facilities in the prison facili
_						1	\neg	560 individuals in our Individualized Corrections Achievement Network (I-CAN) program on Rikers Island in 2013; and 500 annually from Queensboro Correctional Facility
	Me	dicaid (FFS & MC)	Ur	insured	Data Sou	urce Yea	ar	• Alternatives to Incarceration (ATI), including specialized services for individuals with substance abuse histories and mental health disorders;
Danasatasa		050/		450/	Fastana Ca		2044	• Court-based Intervention Resource Team (CIRT) for mentally ill defendants in the borough of Queens, which includes ATI and Alternatives to
Percentage		85%		15%	Fortune So	ociety	2014	Detention (ATD)
								Given our unique and extensive expertise in serving the criminal justice population, along with our wide array of holistic services, Fortune has an
	-	ne information and data pro nformation may be subject t				•	-	unmatched ability to engage, provide, and retain currently and formerly incarcerated individuals. In 2013, we served over 5,000 clients across the agency, including new enrollees and clients remaining with us from previous years. Of these clients, 87% were male, 13% were female, and the
appeal.	iu tiiat tiiis ii	normation may be subject t	o audit and i me	ay be asked to provide do	cumentation	i ili support oi	uns	average age was 37. While the vast majority of these clients reside in East and Central Harlem, Manhattan; Central and East New York, Brooklyn;
appean				A	nswer			South and Central Bronx; and Jamaica, Queens, we serve clients from all NYC neighborhoods.
Nam		Joanne Pa		⊚ Y	es O No			
Tit		President an						
	Only app	eals from the CEO, CFO or	comparable w	ıııı be accepted				



VILAI ACCESS	Provider	Exception: The state will	i consider exce	phons to the safety her	. dennition of	i a case-by-case	basis in it is deemed in the best interest of Medicald members. Any exceptions that are considered must be approved by Civis and must
be posted for	public comr	nent 30 days prior to appl	ication approv	al.			
I. Are you a N	ledicaid Pro	vider					
	Answer	Yes				▼	You have chosen the following category: 1
II. Appeal App	plicant Infor	mation					VI. Restricted to 3500 Characters only!
Organiza	ation Name:	The Fortune Society					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	L Joined PPS:	Select PPS				~	I am hereby requesting approval as a safety net entity as I have been approved by
						1000	OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
							the DSRIP attributed patient population.
D-	id T					- 77 - 1	the Dakir attributed patient population.
	ovider Type:	OMH 1915i Provider				▼	
Provider I	ype - Other:				1		
		Operating Certificate,	License #	MMIS		NPI	
	e Identifiers: gency Code:	8095001A		02740141	123	35357237	
	ing Entity ID:						†
5,,,,	ing Entity 151	Address		City	State	Zip	Fortune's overriding mission is to support the successful re-entry of individuals coming home from prison, and to promote alternatives to
	Address:	29-76 Northern Boulevard,	2nd Floor	Long Island City	NY	11101-2822	incarceration, thus strengthening the fabric of our communities. We achieve our mission by believing in the individuals' power to change; buildin,
	County:			Queens			lives through service programs shaped by the needs and experience of our clients; changing minds through education; and advocating for the
III. Appeal Po	int of Conta	rt					ceation of a fair, humane, and truly rehabilitative correctional system. Fortune's services are available to anyone who has been involved with the adult criminal justice system, regardless of the crime. We accept clients that other agencies turn away due to the nature of their crime(s) or
	Person Peggy						because certain individuals are harder to work with and more likely to recidivate. Our only restricting criterion is that individuals not be a danger
		President of Programs					to themselves or others.
	Phone 212-6			Extension		235	Fortune is dually licensed by OMH and OASAS, and provides approximately 500 individuals housing, annually. Consequently, we are able to
	181	yo@fortunesociety.org					provide a holistic array of services through a "one-stop shop" model that currently includes the following: • Housing Services, including emergency, transitional, and permanent supportive housing through the Fortune Academy ("the Castle") and Castle
IV. Please cho	ose the foll	owing 1915i Category:					Cardens, and scatter-site housing – we provide housing to approximately 500 individuals per year, approximately 80% who were formerly
a 1 lam	an OMH 1015	i or OASAS 1915i provider t	nat is already on	one of the following nen	ding DSRID list	c. Donding	nomeless, including approximately 100, annually, at the Fortune Academy;
		ASAS 1915i Providers	iat is all cady on	one of the following pen	unig 25itii iist	3. 1 chang	• Licensed Outpatient Behavioral Health through our NYS OMH Article 31 license;
							Licensed Outpatient Substance Abuse Treatment through our NYS OASAS Part 822 license;
		uction 1915i provider that is	on one the foll	owing pending DSRIP lis	ts: Pending S	afety Net Harm	 Case Management (crisis intervention, needs assessment, referral & counseling), housing (emergency, congregate, & scatter-site); Education (literacy, math, and High School Equivalency (HSE) exam preparation);
Redu	ction 1915i P	roviders.				_	Employment Services (job readiness, hard skills training, job placement and retention);
							• Family Services (parenting classes, support groups, family reunification, legal services, and healthy cooking and nutrition workshops);
							HIV/AIDS services;
V. Percentage	of Medicaid	& Uninsured members that	your facility ser	ves			• Discharge Planning services for individuals preparing for release from NYC jails (Rikers Island) and NYS prison facilities – we served approximately 560 individuals in our Individualized Corrections Achievement Network (I-CAN) program on Rikers Island in 2013; and 500 annually from
Ī							Queensboro Correctional Facility
	Me	dicaid (FFS & MC)	Un	insured	Data Sour	rce Year	Alternatives to Incarceration (ATI), including specialized services for individuals with substance abuse histories and mental health disorders;
Percentage		85%		15%	Fortune Soc	iety 2014	Court-based Intervention Resource Team (CIRT) for mentally ill defendants in the borough of Queens, which includes ATI and Alternatives to
reiteiltage		63/6		1376	Tortune 300	2014	Detention (ATD)
	a are about					·	Given our unique and extensive expertise in serving the criminal justice population, along with our wide array of holistic services, Fortune has an unmatched ability to engage, provide, and retain currently and formerly incarcerated individuals. In 2013, we served over 5,000 clients across the
	•	e information and data pro formation may be subject t					agency, including new enrollees and clients remaining with us from previous years. Of these clients, 87% were male, 13% were female, and the
appeal.				, se asked to provide do			average age was 37. While the vast majority of these clients reside in East and Central Harlem, Manhattan; Central and East New York, Brooklyn;
					swer		South and Central Bronx; and Jamaica, Queens, we serve clients from all NYC neighborhoods.
Name Joanne Page Title President and CEO							
Title President and CEO Only appeals from the CEO, CFO or comparable will be accepted							
	only app	cais from the CEO, CFO OF	comparable M	iii be accepted			



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

be posted for public of	comment 30 days prior to appl	ication approval.	,		,
I. Are you a Medicaio					
	wer _{Yes}				▼
II. Appeal Applicant I					1
	ame: St. Anne Institute				
OPTIONAL Joined	PPS: Select PPS				•
Provider 1	Type: OMH 1915i Provider				▼.
Provider Type - O	ther: DO NOT USE				
	Operating Certificate	/License #	MMIS		NPI
Unique Identi			00353535	162	9243407
Billing Entit	Code: 14350				
Dining Erici	Address		City	State	Zip
	ress: 160 North Main Avenue	Albany	•	NY	12206
Cor	unty:	Albai	ny		
III. Appeal Point of Co	ontact				
Contact Person	Diane T. Malecki				
	Chief Financial Officer		1		
Contact Phone			Extension		
	dmalecki@s-a-i.org				
IV. Please choose the	e following 1915i Category:				
1 I am an OMF	H 1915i or OASAS 1915i provider t	hat is already on one of	he following pend	ing DSRIP lists	s: Pending
9	MH/OASAS 1915i Providers	•	0.	Ü	J
_					
	n Reduction 1915i provider that i 915i Providers.	is on one the following p	ending DSRIP lists	s: Pending Sa	afety Net Harm
					_
V. Percentage of Medi	caid & Uninsured members that	your facility serves			
	Medicaid (FFS & MC)	Uninsured		Data Sour	ce Year
Percentage					
•					
	hat the information and data pro				
	this information may be subject t	to audit and I may be ask	ed to provide doc	umentation ir	n support of this
appeal.			Ans	wer	
Name	Diane T. Ma	alecki	Yes	O No	
Title	Chief Financia				
Only	appeals from the CEO, CFO or	comparable will be ac	cepted		





State of New York Department of Health **Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form**

		50, 1100		
	псацоп арргочат.			
				▼
pplicant Information				
	r			
AL Joined PPS: Nassau University Medical Center				-
Provider Type: DASAS 1915i Provider				~
r Type - Other: DO NOT USE				(*)
• • • • • • • • • • • • • • • • • • • •	/License #	MMIS		NPI
que Identifiers: 160910937		244817	143	37262839
Agency Code: 50630				
	I	City	Ctata	7in
	Valley St		NY	Zip 11580
County:			1	
Point of Contact				
t Person Lois Goldsmith, DSW				
Title Executive Director			_	
ct Phone 516 569 6600		Extension		
hoose the following 1915i Category:				
m an OMH 1915i or OASAS 1915i provider t	hat is already on one of th	ne following pend	ding DSRIP list	s: Pending
ety Net OMH/OASAS 1915i Providers				
m a Harm Reduction 1915i provider that	s on one the following ne	ndina DSRIP list	s. Pendina S	afety Net Harm
fluction 1915i Providers.	3 on one the following pe	riding Dokin list	s. rending c	arety Net Harm
				_
e of Medicaid & Uninsured members that	vour facility serves			
	<u> </u>			1
Medicaid (FFS & MC)	Uninsured		Data Sou	rce Year
			Avatar	2014
35%	1%			
35%	4%		Avatar	
		urate and correct		
35% / Certify that the information and data properties and that this information may be subject to	ovided on this form is acco		t to the best o	of my knowledge.
/ Certify that the information and data pro	ovided on this form is acco	d to provide do	t to the best o	of my knowledge.
y Certify that the information and data pro and that this information may be subject t	ovided on this form is acco	ed to provide do	t to the best of tumentation is	of my knowledge.
/ Certify that the information and data pro	ovided on this form is acco to audit and I may be aske th, DSW	d to provide do	t to the best of tumentation is	of my knowledge.
Priz A	r public comment 30 days prior to app Medicaid Provider Answer Ves plicant Information ation Name: Peninsula Counseling Cente L Joined PPS: Nassau University Medical Center rovider Type: OASAS 1915i Provider Type - Other: DO NOT USE Operating Certificate te Identifiers: 160910937 Ogency Code: 50630 ing Entity ID: 9KY Address: Address: 50 West Hawthorne Ave County: Oint of Contact Person Lois Goldsmith, DSW Title Executive Director Phone 516 569 6600 t Email Igoldsmith@pccli.org pose the following 1915i Category: an OMH 1915i or OASAS 1915i provider to the cition 1915i Providers and Alarm Reduction 1915i provider that incition 1915i Providers.	rpublic comment 30 days prior to application approval. Medicaid Provider Answer	Medicaid Provider Answer yes plicant Information ation Name: Peninsula Counseling Center L Joined PPS: Nassau University Medical Center Toyle - Other: DO NOT USE Operating Certificate/License # MMIS te Identifiers: 160910937 244817 Agency Code: 50630 ting Entity ID: 9KY Address: 50 West Hawthorne Ave Valley Stream County: Nassau Soint of Contact Person Lois Goldsmith, DSW Title Executive Director Phone 156 569 6600 Extension It Email Igoldsmith@pccli.org Doose the following 1915i Category: an OMH 1915i or OASAS 1915i provider that is already on one of the following pending VNet OMH/OASAS 1915i Providers at a Harm Reduction 1915i provider that is on one the following pending DSRIP list action 1915i Providers.	rpublic comment 30 days prior to application approval. Medicaid Provider Answer Ves Plicant Information ation Name: Peninsula Counseling Center L Joined PPS: Nassau University Medical Center Toyle - Other: DO NOT USE Operating Certificate/License # MMIS Le Identifiers: 160910937 244817 14: Agency Code: 50630 ling Entity ID: 9KY Address City State Address: 50 West Hawthorne Ave Valley Stream NY County: Nassau Dint of Contact Person Lois Goldsmith, DSW Title Executive Director Phone 516 569 6600 Extension temal Igoldsmith@pccli.org Doose the following 1915i Category: an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP list y Net OMH/OASAS 1915i Providers an a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Scition 1915i Providers and Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Scition 1915i Providers A Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Scition 1915i Providers.

10/29/2014 Skills Unlimited, Inc.

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



Vital Access	Provider	Exception: The state will	I consider exception	ns to the safet	y net def	inition on a	a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for p	public comr	ment 30 days prior to appl	ication approval.					
I. Are you a Me	edicaid Pro	vider						
	Answer	Yes					▼	You have chosen the following category: 1
II. Appeal Appl	licant Infor	mation						VI. Restricted to 3500 Characters only!
Organizat	tion Name:	Skills Unlimited, Inc.						Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL .	Joined PPS:	Stony Brook University Hospital					-	I am hereby requesting approval as a safety net entity as I have been approved by
								OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
1							1	the DSRIP attributed patient population.
	vider Type:	OMH 1915i Provider					▼.	
Provider Ty	pe - Other:	DO NOT USE						
		Operating Certificate/License # MMIS NPI					NPI	
	Identifiers:	6868110A		468759		1487	789392	
	gency Code:	40290						
Billin	ng Entity ID:	Address	1	C:t-		r I	7:-	Skills Unlimited is already designated as a safety Net provider and will also be applying to provide 1915i services. Skills Unlimited has the expertis
	Address:	405 Locust Ave	Oako	City		State NY	Zip 11769-1651	in providing supports and services to individuals with complex needs. We offer services to individuals diagnosed with mental illness and
	County:	+03 L0Cd317WC		uffolk			11703 1031	ijtellectual disabilities that most other organizations within PPS do not have. Skills offers services to all residents of Suffolk County in our PROS
								program and Article 31 Mental Health Clinic. Skills PROSwith Clinc is a person centered recovery focused day program opportunity operated
III. Appeal Poir								under the auspices of the Family Residences and Essential Enterprises, Inc. (FREE) and is licensed by the Office of Mental Health (OMH), currently
	erson Anu A							serving the needs of 65 enrolled individuals. At Skills Unlimited, Inc. individuals receive a myriad of services aimed at promoting empowerment, self-determination and the realization of their life goals. The diverse team of Vocational Counselors; Licensed Social Workers; Psychiatric Nurse
	hone 516-8			Extens	sion			Spirate entition and the Tealization of the Time goals. The charge team of vocational consisting, tealistic state white spirates and the spirate spirates and the spirates are spirates and the spirates and the spirates and the spirates are spirates and the spirates and the spirates are spirates and the spirates and the spirates are spirates are spirates and the spirates are spirates are spirates and the spirates are spirates are spirates are spirates and the spirates are spirates are spirates and the spirates are spirates are spirates are spirates are spirates and the spirates are spirates and the spirates are spirates are spirates are spirates are spirates are
		old@familyres.org						their quality of life. Men and women also receive clinical services at the program to help manage their symptoms and participate in group and
IV. Please choo	ose the foll	owing 1915i Category:					-	individual therapy ranging from Anger Management and Developing Interests to Preparing for Work and Maintaining Recovery. Employment is of
		,						particular emphasis at PROS and Vocational Counselors work with individuals towards securing and maintaining employment. PROS also offers
		5i or OASAS 1915i provider tl	hat is already on one	of the following	g pending	DSRIP lists:	Pending	dngoing job-site support for individuals employed in the community.
\$afety	Net OMH/O	ASAS 1915i Providers						Individuals engaged in PROS participate in the following services:
O 2 I am a	a Harm Redi	uction 1915i provider that is	s on one the following	a nendina DSR	ID lists: E	ending Saf	ety Net Harm	CRS: Community Rehabilitation and Support – The basic services provided at PROS that help individuals address mental health barriers that
	tion 1915i P		3 On one the following	ig perialing box	11 11313. 1	criding 5di	cty Net Harri	prevent them from moving forward with their recovery.
							_	*: Intensive Rehabilitation – Services that are time limited and geared towards quicker pace of goal attainment for individuals participating (i.e.
								symptom stability after a hospitalization, employment, movement to a more independent setting) ORS: Ongoing Rehabilitation and Support – Services designed to support an individual currently employed in the competitive workforce. Services
								are provided offsite in the community.
V. Percentage o	of Medicaid	& Uninsured members that	your facility serves					CT: Clinical Treatment - A full Mental Health Clinic component comprised of Psychiatrist, Nurse Practitioner and Registered Nurse. The clinic
	Me	dicaid (FFS & MC)	Uninsure	ed		Data Source	e Year	component offers a holistic approach to mental health which incorporates all aspects of person's life into their treatment. A particular emphasis
		areara (110 a mo)			L		rear	on a person's medical needs and its effect on their overall mental health are addressed. Skills has operated an Article 31 Outpatient Mental Health
Percentage								Clinic in Suffolk County since 1977 servicing individuals diagnosed with mental illness and intellectual disabilities. Staffing consists of a Psychiatrist Psychiatric Nurse Practitioner, Licensed Social Workers, and a Psychiatric Registered Nurse. The Clinic provides individual and group therapies,
								medication therapy, and psychiatric evaluations to all residents of Suffolk County. It is centrally located and easily accessible for those individuals
Yes I Hereby Ce	ertify that th	e information and data pro	vided on this form is	accurate and co	orrect to t	he best of i	my knowledge.	using public transportation. These services are not readily offered within this geographic area by other organizations who are members of PPS.
understand	d that this in	formation may be subject to	o audit and I may be	asked to provid	le docum	entation in	support of this	
appeal.					•			
Name	2	Anu Arno	old	T-0	Yes C	No.		
Title		Vice President Yes O No						
Only appeals from the CEO, CFO or comparable will be accepted								
			•	•				



				ueriiiilillilli or	i a case-by-case	asis in it is deemed in the best interest of Medicald members. Any exceptions that are considered must be approved by CMS and mu
	public comment 30 days prior to app	iication approval.				
i. Are you a N	Answer Answer					You have chosen the following category: 1
11. A	Answer Yes				▼	
	plicant Information					VI. Restricted to 3500 Characters only!
	ation Name: South Hsore Assocaition for	Independent Livin	ng, Inc.			Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	Joined PPS: Nassau University Medical Center				-	I am hereby requesting approval as a safety net entity as I have been approved by
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
						the DSRIP attributed patient population.
Pr	ovider Type: OMU 1915 Provider				1_1	the botth attributed patient population.
	OVIGER Type: OMH 1915i Provider Type - Other: DO NOT USE				▼.	
Provider		/I	A 4 A 4 C	ı	ND	
	Operating Certificate/License # MMIS NPI					
	e Identifiers: DA, 7552001, 7552434, 755	2435, 7552431, 7	02994503	104	3267339	
	gency Code: 16330 ing Entity ID: 3K6					
BIIII	Address		City	State	Zip	Nassu University Medical center
	Address: 1976 Gran Ave.	В	Baldwin	NY	11510	The same say medical center
	County:		ssau County			II
	•		•		•	
	int of Contact					
Contact	Person Brian Cohen					
Contact	Title Assocaite Director Phone (516) 855-1800		Extension	1	1027	
	t Email bcohen@sail-inc.org		Extension		1027	
	•					
IV. Please cho	oose the following 1915i Category:					
● 1 I am	an OMH 1915i or OASAS 1915i provider t	hat is already on o	one of the following pendi	ing DSRIP list	s: Pending	
	y Net OMH/OASAS 1915i Providers	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,1	0		1
	a Harm Reduction 1915i provider that i	s on one the follow	wing pending DSRIP lists	: Pending S	afety Net Harm	
Redu	ction 1915i Providers.					μ
V Percentage	of Medicaid & Uninsured members that	your facility serve	oc .			
· · · creemage	or incurcate & offinished members that	your ruently serve				
	Medicaid (FFS & MC)	Unin	sured	Data Sour	ce Year	
Percentage	83%	10	0%	HER	2014	
reiteiltage	0370	10	U /0	пек	2014	
						†
	Certify that the information and data pro					'
understar appeal.	nd that this information may be subject t	o audit and i may	be asked to provide doci	umentation i	n support of this	
appeal.			Ansı	wer		
Nam	ne Brian Coh	ien	Yes Yes			
Tit		rector		•		
	Only appeals from the CEO, CFO or	comparable will	be accepted			

11/10/2014 Spectrum Appeal form for 1915i

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



The you as Medical of product comment 30 days prior to application approval. It was not a well as the product of the product				o the safety fiet	ueminion or	i a case-by-case	มสร	is in it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
Account New			ication approval.					
III. Appeal Polit of Contact Mappeal Polit of Contact Mappeal Polit of							1 Г	Victoria de la Companya del Companya de la Companya
Organization Name Septem Human Services OPTIONAL Joined PPS Project Jose 1993 Proj		103				▼.		
OPTIONAL Joined PMS Provider Type:								•
MH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicald services to the DSRIP attributed patient population. Provider Type Oast 1935 Provider Provide								<u></u>
the DSRIP attributed patient population. Provider Type Other Did NOT USE Downstrip Certificate License ## MMIS NPI	OPTIONAL Joined PPS	S: Finger Lakes PPS				-	J	I am hereby requesting approval as a safety net entity as I have been approved by
the DSRIP attributed patient population. Provider Type Other Did NOT USE Downstrip Certificate License ## MMIS NPI								OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
Provider Type: _Obtar _Displays _ Displays _								
Provider Type - Other Do NOT US: Unique Identifiers Agency Code Agency Code Agency Code Agency Code Address: 127 from Avenue Orchard Park Address: 127 from Avenue Orchard Park Address: 127 from Avenue Orchard Park Agency Code County III. Appeal Point of Contact To be resident/CO To be resident/CO Contact Prison Brown Nibet To be resident/CO Contact Prison Brown Nibet III. Appeal Point of Contact To be resident/CO Contact Prison Brown Nibet III. Appeal Point of Contact To be resident/CO Contact Prison Brown Nibet III. Appeal Point of Contact To be resident/CO Contact Prison Brown Nibet III. Appeal Point of Contact To be resident/CO Contact Prison Brown Nibet III. Appeal Point of Contact Orchard Parks Discovered Prison Brown Nibet To be resident/CO Contact Prison Brown Nibet III. Appeal Point of Contact Orchard Parks Discovered Prison Brown Nibet To be resident/CO Contact Prison Brown Nibet III. Appeal Point of Contact Orchard Parks Discovered Prison Brown Nibet To be resident/CO Do that Source Prison Brown Nibet III. Appeal Point of Contact Orchard Parks Discovered Prison Brown Nibet To be resident/CO Do that Source Prison Brown Nibet III. Appeal Point of Contact Orchard Parks Discovered Prison Brown Nibet Orchard Parks Discovered Prison Brown Nibet III. Appeal Point of Contact Orchard Parks Discovered Prison Brown Nibet To be a prison Brown Nibet Orchard Parks Discovered Prison Brown Nibet III. Appeal Point of Contact Orchard Parks Discovered Prison Brown Nibet Do that Source Prison Brown Nibet Do that Sourc	Provider Type	0.					1	the Barn attributed patient population.
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Agency Code	Provider Type - Othe				1		4	
Agency Code Billing Entity ID: Address: 227 Thom Avenue Country III. Appeal Point of Contact Contact Fenol Place Points of Contact Contact Fenol Place Selective Following 1915 Category: IV. Please choose the following 1915 Category: III. am an AdM 1915 in OASAS 1915 provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915 Providers V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Data Source Data Source Vear Bruce Niches Answer New Bruce Niches Answer Bruce Niches Bruce Niches Answer Recommended and saint sevention program and how to become qualified by a sail 915 provider for this program, to submit this form as accurate and correct to the best of my knowledge, I understand that this information and data provided on this form is accurate and correct to the best of my knowledge, I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name Bruce Niches Bruce Niches City State Zp 1 August 27 Thom Avenue Orchard Park NY 14127 1 Appeal Point of Contact Contact Fenol Bruce Niches Data Source Vear Percentage Data Source Vear Percentage Data Source Vear Percentage Answer Name Bruce Niches Bruce Niches Answer NY Name Bruce Niches Answer NY Answer NY Address: 22 Thom Avenue Orchard Park NY 14127 1 August 27 1 Au			License #	MMIS				
Billing Entity ID Address City State Zip Address (27 Thorn Avenue Orchard Park NY 14127 County III. Appeal Point of Contact Contact Person (Bruce Nikbet Contact Person (Bruce Nikbet) Title President/CEO Contact Phone 716 597 8336 Extension Contact Phone 716 597 8336 Extension Contact Phone 716 597 8336 Extension IV. Please choose the following 1915 Category: IV. Persentage of Medicald & Uninsured members that your facility serves Medicaid (FFs & MC) Uninsured Data Source Vear Percentage Ves I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provided documentation in support of this appeal. Answer Bruce Nisbet Address: 127 Thorn Avenue Orchard Park NY 14127 In Address: 227 Thorn Avenue Orchard Park NY 14127 In Appeal Point of Contact Contact Person (Bruce Nisbet) Contact Person (Bruce Nisbet) Title President/CEO Data Source Vear Percentage Address: 127 Thorn Avenue Orchard Park NY 14127 In Appeal Point of Contact NY 14127 III. Appeal Point of Contact Contact Person (Bruce Nisbet) Contact Person (Bruce Nisbet) Address: 127 Thorn Avenue Qualify as a 1915 i service but I was advised, when I submitted a question to DOH on our new forces in Architecture of the Person (Incomparison and use of the President/CEO III. Appeal Point of Contact Contact Person (Bruce Nisbet) Address: 127 Thorn Avenue Person (Bruce Nisbet) Address: 127 Thorn Avenue Person (Bruce Nisbet) Appeal Point of Contact Contact Person (Bruce Nisbet) Address: 127 Thorn Avenue Person (Bruce Nisbet) Appeal Point of Contact Contact Person (Bruce Nisbet) Address: 127 Thorn Avenue Person (Bruce Nisbet) Address: 127 Thorn Avenue Person (Bruce Nisbet) Appeal Point of Contact Contact Person (Bruce					148	37601837	ı	
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Address: 227 from Avenue Orchard Park NV 14127	Billing Littity it			City	State	7in	l _a r	Sectrum Human Services is already identified by DOH as a saftey net provider but I was advised, when I submitted a question to DOH on our new
See Section	Address		Orchard					
III. Appeal Point of Contact Contact Proson Bruce Nibet Contact Proson Trice President/CEO IV. Please choose the following 1915 (Category: IV. Please choose the following 1915 (Category: IV. Please choose the following 1915 (Category: IV. Please choose the following 1915 (Provider that is already on one of the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915 i Providers V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Vear Percentage Yes Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Bruce Nisbet President/CEO Robert Providers Trice President/CEO			<u> </u>				H	ave just commenced (October 20th) a new 24/7 crisis intervention program including outreach teams with the Orleans County Department of
Contact Person Bruze Nibbet Title Persident/CEO Contact Phone (715 597 8336 Contact Plane (715 597 8336 Contact Pl								
Title President/CEO Contact Phone 716 597 8336 Contact Email Nisbetbe 918 918 918 1 Extension Contact Email Nisbetbe 918 918 918 1 Extension IV. Please choose the following 1915i Category: II. am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i Providers I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Year Percentage Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name Bruce Nisbet Persident/CEO								
Contact Fhone 2 16.597 8336 Extension Contact Email Nisbetb@shswny.org IV. Please choose the following 1915i Category: II am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending safety Net OMH/OASAS 1915i providers II am an Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Year Percentage Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Bruce Nisbet Title President/CEO							ł ľ	ncluded as a 1915i eligable provider. Thank you.
Contact Email Nisbeth@shswny.org IV. Please choose the following 1915i Category: am an OMH 1915i or OASA5 1915i provider that is already on one of the following pending DSRIP lists: Pending safety Net OMH/OASAS 1915i provider that is on one the following pending DSRIP lists: Pending safety Net OMH/OASAS 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers. v. Percentage of Medicaid & Uninsured members that your facility serves				Extension			H	
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I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i providers I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Year Percentage Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name Bruce Nisbet Title President/CED	IV. Please choose the fo	ollowing 1915i Category:					-	
Safety Net OMH/OASAS 1915i Providers I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Percentage Ves I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name Bruce Nisbet President/CEO No No President/CEO								
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Reduction 1915i Providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC)	a lana a Hanna Ba		+h - 6-11		- D	-6-t- Not House		
Medicaid (FFS & MC) Uninsured Data Source Year Percentage Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Bruce Nisbet Title President/CEO Data Source Year Answer			s on one the following pe	enaing DSRIP list	s: Penaing S	arety Net Harm		
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Percentage Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Bruce Nisbet Title President/CEO No No President/CEO							1 I	
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name	N	Medicaid (FFS & MC)	Uninsured		Data Sour	rce Year		
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understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name Bruce Nisbet President/CEO President/CEO No President/CEO							7	
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Name Bruce Nisbet Title President/CEO		illorillation may be subject to	o addit allu i illay be aski	ed to provide doc	umentation	ii support or tills		
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Only appeals from the CEO, CFO or comparable will be accepted								
	Only ap	peals from the CEO, CFO or	comparable will be acc	cepted			L	



	Answer Not	Yet			▼	You have chosen the following category: 1
Appeal App	licant Informat					VI. Restricted to 3500 Characters only!
		nding Together Effectively for People	By Standing Together Eff	ectively for Peop	le,INC	Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
		oseph's Hospital Health Center	<u> </u>		-	I am hereby requesting approval as a safety net entity as I have been approved by
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services the DSRIP attributed patient population.
Pro	ovider Type: OMF	I 1015i Provides			~	
	ype - Other: DO				<u> </u>	
110vider 1y	ype other.	Operating Certificate/License #	MMIS		NPI	1
Unique	e Identifiers:	Operating certificate/ License #	IVIIVIIS		IVIII	
	gency Code: c000	0148-3650631				1
	ng Entity ID:					
		Address	City	State	Zip	
	Address: 103	ford st	ogdensburg	ny	13669	
			st. lawrence]
Safety 2 I am a	Net OMH/OASA a Harm Reduction tion 1915i Provi		following pending DSRII			
	of Medicaid & Ui	ninsured members that your facility in id (FFS & MC)	serves Uninsured	Data So	urce Year	
Percentage o	Medica	ia (i i s a i i i c)	Omnourcu	Data 30	urce rear	
Percentage o	Medica					
Percentage o	Medica	90%	5%	surve	ey 2014	





Vital Access Provider Exception Form

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY** State of New York Department of Health **Delivery System Reform Incentive Payment (DSRIP) Program**

	public comment 30 days prior to ap	plication approval.			
. Are you a M	ledicaid Provider				
	Answer Not Yet			▼	You have chosen the following category:
	olicant Information				VI. Restricted to 3500 Characters only!
Organiza	ation Name: Standing Together Effective	ely for People By Standing Togethe	r Effectively for Peop	ole,INC	Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	Joined PPS: Adirondack Health Institute			-	I am hereby requesting approval as a safety net entity as I have been approved by
					OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services
					the DSRIP attributed patient population.
	ovider Type: OMH 1915i Provider			▼.	
Provider T	ype - Other: DO NOT USE				
	Operating Certificat	te/License # MMIS		NPI	
	e Identifiers:				
	gency Code: c000148-3650631				
Billir	ng Entity ID:				
	Address		State	Zip	
	Address: 103 ford st	ogdensburg	ny	13669	
		st. lawrence			
J. Please cho 1 I am a Safety 2 I am Reduc	Email mindwork@ne.twcbc.ne.com pose the following 1915i Category: an OMH 1915i or OASAS 1915i provider by Net OMH/OASAS 1915i Providers a Harm Reduction 1915i provider thattion 1915i Providers. of Medicaid & Uninsured members the	t is on one the following pending D		-	
Γ	Medicaid (FFS & MC)	Uninsured	Data So	urce Year	
	Wiedicald (113 & MC)			uice Teal	
Percentage	90%	5%	surve	ey 2014	
	and the state of the second state of	rovided on this form is accurate an		t of my knowledge.	1





	11: 120 1 : :	the second of	•	dennition on a		
I. Are vou a M	public comment 30 days prior to ap	plication approval.				
	ledicaid Provider					
	Answer Not Yet				▼	
II. Appeal App	olicant Information					VI. Restricted to 3500 Characters only!
Organiza	ation Name: Standing Together Effective	ely for People By Standing	Together Effective	ely for People,IN	IC	Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	Joined PPS: Samaritan Medical Center				~	I am hereby requesting approval as a safety net entity as I have been approved by
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid servi
						the DSRIP attributed patient population.
						the DSKIF attributed patient population.
	ovider Type: OMH 1915i Provider					
Provider Ty	ype - Other: DO NOT USE			ı		1 L
	Operating Certificat	e/License #	MMIS	N	PI	1 L
	e Identifiers:					
	gency Code: c000148-3650631					
Billin	ng Entity ID: Address		City	State	Zip	ı n i
	Address: 103 ford st	ogdensl	•	ny	13669	
	7.00.000	st. lawre	_	,	_5005	
II. Appeal Poi						
Contact P	Person David Bayne					
Contact (Title Executive Director Phone 315-394-0597		Extension	1	.3	
	Email mindwork@ne.twcbc.ne.com		Extension		.5	
	ose the following 1915i Category:					
Tricuse ello	rose the following 1515/ eutegory.					
1 am a	an OMH 1915i or OASAS 1915i provide	that is already on one of t	he following pend	ling DSRIP lists:	Pending	
Safety	Net OMH/OASAS 1915i Providers					
.						
O 2 I am a	a Harm Reduction 1915i provider that ction 1915i Providers.	is on one the following p	ending DSRIP lists	s: Pending Safe	ety Net Harm	
110000	such tyrentronaers.				_	_P'
	of Medicaid & Uninsured members that	t your facility serves				
V. Percentage o						
V. Percentage o						
V. Percentage (Medicaid (FFS & MC)	Uninsured		Data Source	Year	
V. Percentage o	Medicaid (FFS & MC)	Uninsured		Data Source survey	Year 2014	

10/29/2014 The Family Counseling Center of Fulton County

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



State of New York Department of Health **Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must

Tital / leecs	<u> </u>	Exception. The state Wi	ii consider exec	phono to the surety net	actimition on a	case by case	basis in this accinica in the best interest of interiorist material that are considered mast be approved by civis and mast
be posted for	r public com	ment 30 days prior to app	lication approv	al.			
I. Are you a N	Medicaid Pro	ovider					
	Answer	Yes				▼	You have chosen the following category: 1
II. Appeal Ap	plicant Infor	mation					VI. Restricted to 3500 Characters only!
Organiz	ation Name:	The Family Counseling Cent	er of Fulton Cou	nty			Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONA	L Joined PPS:	Ellis Hospital				•	I am hereby requesting approval as a safety net entity as I have been approved by
							OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
							the DSRIP attributed patient population.
Pr	rovider Type:	OMH 1915i Provider				•	the botth dittibuted patient population
	Type - Other:	OWIT 13131 FTOVIGET					
	71	Operating Certificate	/License #	MMIS	N	PI	
Uniqu	ie Identifiers:	8549100A		1384734	11644		
	Agency Code:			•	1		
Bill	ling Entity ID:						
		Address		City	State	Zip	The Family Counseling Center is the sole OMH Children's Mental Health Clinic provider in Fulton County. We have partnered with the Adirondack
	Address: County:	11-21 Broadway		Gloversville	NY	12078	Health Institute and Ellis Hospital DSRIP application. Beyond our Clinic are many OMH licensed children and familiy oriented services who's mission is to maintain children in the community and at home. Most notably is our Family Support Program which is staffed with licensed peer
	County.			Fulton			alsociates.
III. Appeal Po	oint of Conta	ict					
Contact		ael L. Countryman					
0		utive Director		F. 4i	1 11	0	
	Phone 518-7	725-4310 ntryman@thefamilycounseling	scenter org	Extension	11	.8	
			center.org				
IV. Please cho	oose the foil	lowing 1915i Category:					
1 am	an OMH 191	5i or OASAS 1915i provider t	that is already or	one of the following pend	ling DSRIP lists: I	ending	
		ASAS 1915i Providers	•	3 .	J	Ü	
	n a Harm Red iction 1915i P	uction 1915i provider that i	is on one the fol	lowing pending DSRIP lists	s: Pending Safe	ty Net Harm	
- Redu	ICTION 14121 F	Toviders.				_	<u></u>
V. Percentage	of Medicaid	& Uninsured members that	your facility ser	ves			
		divid (eec o aso)			D.1. 6		
	ivie	dicaid (FFS & MC)	Un	insured	Data Source	Year	
Percentage		60%		7%	Claims	2014 YTD	
			l		<u> </u>		
Yes I Hereby (Certify that th	ne information and data pro	vided on this fo	rm is accurate and correct	to the best of m	y knowledge.	
understar	nd that this in	nformation may be subject t	to audit and I ma	y be asked to provide doc	cumentation in s	apport of this	
appeal.				_			
Nam	20	Michael L. Cou	ıntryman	Ans Yes	swer No.		
ivair Tit		Executive Di	•	es	ONO		
110		eals from the CEO, CFO or		ill be accepted			
	- /		p				

10/29/2014 The Pederson Krag Center

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	public comment 30 days prior to ap			y net definition (on a case-by-cas	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
I. Are you a N	ledicaid Provider					a
	Answer Yes				▼	You have chosen the following category: 1
II. Appeal Ap	olicant Information					VI. Restricted to 3500 Characters only!
	ation Name: The Pederson Krag Center					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	Joined PPS: Stony Brook University Hospital				•	I am hereby requesting approval as a safety net entity as I have been approved by
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Pr	ovider Type: OASAS 1915i Provider					ii
	ype - Other: DO NOT USE				27	1 ┌─
	Operating Certificat	e/License #	MMIS		NPI	1
Uniqu	e Identifiers: 6816100/		2993575	10	013964170	
	gency Code: 50430		2333373		010301170	1
	ng Entity ID:					7
	Address		City	State	Zip	The Pederson Krag Center provides services under both OMH and OASAS licenses that are person centered and reflect a continuum of care. O
	Address: 55 Horizon Drive		Huntington	NY	11743	intent is to support strengths that promote self reliance and positive outcomes as defined by the consumer/family. Treatment and supportive
	County:		Suffolk			counseling to include, but not limited to, skill building and care coordination are provided in clinical settings, homes, community venues and
II. Annoal Do	int of Contact					schools. The Pederson Krag Center has provided service in communities throughout Suffolk County with a strong committement and innovative
	Person Dean Weinstock					approaches regardless of ability to pay.
Contact	Title CEO					-
Contact	Phone 631-920-8009		Exten	sion		111
	Email dweinsto@pedersonkrag.org		·	l .		7
V. Please cho	ose the following 1915i Category:					-
1 lam	an OMH 1915i or OASAS 1915i provide	that is already or	n one of the following	g pending DSRIP li	sts: Pending -	
Safet	Net OMH/OASAS 1915i Providers					ll en
						III
	a Harm Reduction 1915i provider tha	t is on one the fol	llowing pending DSR	IP lists: Pending	Safety Net Harm	ll en
Redu	ction 1915i Providers.				_	_#
·						
V. Percentage	of Medicaid & Uninsured members tha	at your facility ser	ves			
	Medicaid (FFS & MC)	Ur	insured	Data So	urce Year	7
Percentage	39%		20%	EMF	R 201	
		•			•	-
Yes I Hereby (ertify that the information and data p	rovided on this fo	rm is accurate and c	orrect to the best	of my knowledge	. 1
understar	d that this information may be subject	to audit and I ma	ay be asked to provi	de documentation	in support of this	
appeal.	•		•			
				Answer		
Nam				Yes O No		
Tit					1	
	Only appeals from the CEO, CFO	or comparable w	/III be accepted			



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

<u>Vital Access Provider Exception</u>: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval.

be posted for	public comment 30 days prior to app	plication approval.				
I. Are you a N	Aedicaid Provider					
	Answer _{Yes}				-	You have chosen the following category: 1
II. Appeal Ap	plicant Information					VI. Restricted to 3500 Characters only!
Organiz	ation Name: The Osborne Association					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONA	L Joined PPS: Bronx-Lebanon Hospital Center				~	I am hereby requesting approval as a safety net entity as I have been approved by
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
						the DSRIP attributed patient population.
						the Dake attributed patient population.
	OASAS 1915i Provider				▼	
Provider 1	Type - Other: DO NOT USE			1		
	Operating Certificate	e/License #	MMIS		NPI	
	e Identifiers:					
	Agency Code:					
BIII	ing Entity ID: Address		City	State	Zip	The Osborne Association is a New York-based non-profit incorporated in 1933 and dedicated to transforming the criminal justice system and
-	Address: 809 Westchester Ave	Bronx	City	NY	10455	reducing crime and its human and economic costs. The Osborne Association is the parent company of Osborne Therapeutic Services, which
	County:	Bro	ıx	1	10.00	administers our OASAS-licensed (#160311272) (MMIS #02225116) (NPI #1740497478) substance abuse treatment program. We are seeking VAP
	•				_	designation for the Osborne Association, which will be applying to provide Health and Community Based Services (HCBS) under the new Health
	int of Contact					and Recovery Programs (HARPs).
Contact	Person Elizabeth Gaynes Title Executive Director					<u></u>
Contact	Phone 718-707-2649		Extension			Sborne utilizes evidence-based interventions to help incarcerated and returning citizens achieve sobriety, stabilize their health and housing, increase employability, enter the workforce, and increase family and community connectedness. Osborne serves more than 8,000 people (adults
Contact			Execusion			youth, and children) annually at community sites in the Bronx, Brooklyn, and Dutchess County, and in Rikers Island jails and in 22 NYS prisons.
IV. Please ch	oose the following 1915i Category:					C sborne is well positioned to serve high-need criminal justice populations in the Bronx and to assist the Bronx Lebanon Hospital Center Performi Provider System to meet goals related to reducing Medicaid costs among high users.
Safet 2 I am	an OMH 1915i or OASAS 1915i provider y Net OMH/OASAS 1915i Providers a Harm Reduction 1915i provider that	·			-	C sborne has 175 full time, 45 part time staff, and more than 25 volunteers. Osborne's staff is representative of population served (including formerly incarcerated people and people with family members in prison/jail). Osborne's FY 2015 operating budget is more than \$20 million. C sborne successfully manages more than 40 city, state and federal contracts and garners nearly \$2 million in private donations annually.
Redu	ction 1915i Providers.				_	Prison and Jail based Services: HIV/HCV testing, counseling and discharge planning; parenting education; support to families and children visiting an incarcerated loved one; cognitive behavioral therapy and job readiness to all adolescents at Rikers Island; job readiness, life skills, and discharge planning for men and women at Rikers Island.
V. Percentage	of Medicaid & Uninsured members tha	t your facility serves				Community-based Services: Out-patient substance abuse treatment; Housing placement for HIV+ and support; Workforce Development; Youth
	Medicaid (FFS & MC)	Uninsured		Data Sourc	e Year	Development; and Court-based advocacy.
Percentage	92%	8%		Internal	2014	The majority of Osborne program participants qualify for Medicaid. Our OASAS-licensed substance abuse treatment programs are currently reimbursed under the fee-for-service system.
		to audit and I may be as Gaynes Director	Ans			Osborne's target population is the most adversely affected by the health care disparity and overuse of incarceration. Neither the health care system nor the criminal justice system effectively address chronic illnesses, such as addiction (90% of 23 million Americans with substance abuse disorders receive no specialty care) and mental health (1/3 of those with serious mental illness and half overall receive no care), and both involve overuse of the most expensive and least effective treatment settings (emergency rooms, prison and jails). The ACA enables states and counties the enroll incarcerated people to cover the costs of hospital stays over 24 hours (Medicaid does not cover standard health care for the incarcerated) which transfers millions in costs to the federal government. Enrolling people while they are incarcerated also means that they will have coverage when they are released and it is projected that their ability to access comprehensive medical care will lead to long-term cost savings, better health.



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

<u>Vital Access Provider Exception</u>: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval.

be posted for	public comment 30 days prior to app	olication approval.				
I. Are you a N	Medicaid Provider					
	Answer _{Yes}				▼	You have chosen the following category: 1
II. Appeal Ap	plicant Information					VI. Restricted to 3500 Characters only!
Organiz	ation Name: The Osborne Association					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONA	L Joined PPS: Health & Hospital Corportation				~	I am hereby requesting approval as a safety net entity as I have been approved by
					1	OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
						the DSRIP attributed patient population.
D-	and day Town					the Dakir attributed patient population.
	OASAS 1915i Provider				~	
Provider	Type - Other: DO NOT USE			_		
	Operating Certificate	/License #	MMIS		NPI	
	e Identifiers:					
	Agency Code: ing Entity ID:					
БШ	Address		City	State	Zip	The Osborne Association is a New York-based non-profit incorporated in 1933 and dedicated to transforming the criminal justice system and
	Address: 809 Westchester Ave	Bronx	,	NY	10455	reducing crime and its human and economic costs. The Osborne Association is the parent company of Osborne Therapeutic Services, which
	County:	Bro	nx			administers our OASAS-licensed (#160311272) (MMIS #02225116) (NPI #1740497478) substance abuse treatment program. We are seeking VAP
	int of Court of					designation for the Osborne Association, which will be applying to provide Health and Community Based Services (HCBS) under the new Health
	Person Elizabeth Gaynes					and Recovery Programs (HARPs).
Contact	Title Executive Director					Osborne utilizes evidence-based interventions to help incarcerated and returning citizens achieve sobriety, stabilize their health and housing,
Contact	Phone 718-707-2649		Extension			increase employability, enter the workforce, and increase family and community connectedness. Osborne serves more than 8,000 people (adults
Contac	t Email egaynes@osborneny.org					yputh, and children) annually at community sites in the Bronx, Brooklyn, and Dutchess County, and in Rikers Island jails and in 22 NYS prisons.
IV. Please ch	oose the following 1915i Category:					Csborne is well positioned to serve high-need criminal justice populations citywide and to assist the Health and Hospital Corporation Performing Provider System to meet goals related to reducing Medicaid costs among high users.
a 1 am	an OMH 1915i or OASAS 1915i provider	that is already on one of	the following pen	ding DSRIP lists	s: Pending	
(5)	y Net OMH/OASAS 1915i Providers	,				sborne has 175 full time, 45 part time staff, and more than 25 volunteers. Osborne's staff is representative of population served (including
						formerly incarcerated people and people with family members in prison/jail). Osborne's FY 2015 operating budget is more than \$20 million.
	a Harm Reduction 1915i provider that	is on one the following	pending DSRIP list	ts: Pending Sa	afety Net Harm	Osborne successfully manages more than 40 city, state and federal contracts and garners nearly \$2 million in private donations annually.
Redu	ction 1915i Providers.				_	rison and Jail based Services: HIV/HCV testing, counseling and discharge planning; parenting education; support to families and children visiting
						an incarcerated loved one; cognitive behavioral therapy and job readiness to all adolescents at Rikers Island; job readiness, life skills, and dischar
						planning for men and women at Rikers Island.
V. Percentage	of Medicaid & Uninsured members that	t your facility serves				Committee based Committee Code and in the Management of the Committee Commit
		<u> </u>				Community-based Services: Out-patient substance abuse treatment; Housing placement for HIV+ and support; Workforce Development; Youth Development; and Court-based advocacy.
	Medicaid (FFS & MC)	Uninsured		Data Sourc	ce Year	Secretarine its and count susced devocates.
Dorsontogo	020/	00/		Internal	2014	The majority of Osborne program participants qualify for Medicaid. Our OASAS-licensed substance abuse treatment programs are currently
Percentage	92%	8%		Internal	2014	reimbursed under the fee-for-service system.
						Osborne's target population is the most adversely affected by the health care disparity and overuse of incarceration. Neither the health care
	Certify that the information and data prond that this information may be subject					system nor the criminal justice system effectively address chronic illnesses, such as addiction (90% of 23 million Americans with substance abuse
appeal.	nd that this information may be subject	to addit and i may be a	ked to provide do	cumentation ir	ii support of this	disorders receive no specialty care) and mental health (1/3 of those with serious mental illness and half overall receive no care), and both involve
appean			Ans	swer		overuse of the most expensive and least effective treatment settings (emergency rooms, prison and jails). The ACA enables states and counties to
Nam		•	T	O NO		enroll incarcerated people to cover the costs of hospital stays over 24 hours (Medicaid does not cover standard health care for the incarcerated)
Tit						which transfers millions in costs to the federal government. Enrolling people while they are incarcerated also means that they will have coverage when they are released and it is projected that their ability to access comprehensive medical care will lead to long-term cost savings, better healt
	Only appeals from the CEO, CFO o	r comparable will be a	ccepted			which they are released and it is projected that their ability to access comprehensive medical care will lead to long-term cost savings, better healt



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must

Like year Andrews	be posted for	r public com	ment 30 days prior to app	lication approv	, /al.			•	
Mappeal Applicant Information W. Restricted to 3900 Characters only. Please put any additional on the both with your feel are relevent. This section is optional for 1915 providers. Amount of the provider previous of the previou	I. Are you a N	Aedicaid Pro	ovider						
OPERANDA Journel PSP OPERANDA Journel PSP Provider Type Degree and provider Type Degree and provider Type Provider Type Degree and provider Ty		Answer	Yes						You have chosen the following category: 1
Am hereby requesting approval as a safety net entity as I have been approved by OMH/OASA5/DOH as a likely agency to participate in delivering 1915 Medicald services to the DSRIP attributed patient population. Provider Type: Provider Type	II. Appeal Ap	plicant Info	rmation						VI. Restricted to 3500 Characters only!
Provider Type Ox555 1939 Provider Unique Identifiers Agency Code Billing Tritry D Address Courty Browx Agency Code Billing Tritry D Address BOY WestChestor Ave BOWX BOWX BOWX BOWX BOWX BOWX BOWX BOWX Bows BOWX Bows BOWX Bows BOWX Bows Bowx Bows Bows Bows Bowx Bows Bo	Organiza	ation Name:	The Osborne Association						Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
Provider Type: Osc55 1939 Provider Unique Identifiers Agency Code Billing Tritry D Address Courty Broux III. Appeal Point of Contact Country Broux III. Appeal Point of Contact Contact Impair	OPTIONAL	L Joined PPS:	Maimonides Medical Center					_	I am hereby requesting approval as a safety net entity as I have been approved by
Provider Type: Other Orbital Services of the DSRIP attributed patient population. Provider Type: Other Orbital Services of the Services of									, , , , , , , , , , , , , , , , , , , ,
Provider Type - Other DKY 1926 Overlain Gerifficate/License # MMIS NPI Unique Identifiers Agency Code Billing Traity JO. Address Carly State Stat									
Provider Type - Other SO NOT USE Diparating Certificate/License # MMIS NPI Wingue Identifiers: Agency Code: Address: Billing Entry ID Billing Entry ID Address: Billing Entry ID Address: Billing Entry ID Address: Billing Entry ID Billing Entry ID Billing Entry ID Address: Billing Entry ID Billing Entry ID Billing Entry ID Address: Billing Entry ID Bi	_		I.						the DSKIP attributed patient population.
Unique Identifiers Agency Code Billing Entity ID: Address Country Brown Address BOW Westchester Ave Brown								-	
Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Data Source Precentage of Medicaid & Uninsured members that your facility serves Precentage of Medi	Provider 1	Type - Other:	DO NOT USE		T				
Address 09 Westcheter Ave Bronx NY 10455 Address 09 Westcheter Ave Bronx NY 10455 III. Appeal Point of Contact Country: III. Appeal Point of Contact Title Security British Sames Establish Sames Same Sam			Operating Certificate,	/License #	MMIS		N	IPI	
Billing Entity ID: Address: 809 Westchester Ave Bronx Br	•								
Address: 809 Westchester Ave 80 nox 97 10455 Address: 809 Westchester Ave 80 nox 97 10455 Country 8 pronx 97 10455 III. Appeal Point of Contact Country 8 pronx 98 1045	I								
Address: 800 Westchester Ave Bronx NY 10455 COUNTY BrONX III. Appeal Point of Contact Condit Person Elizabeth Gaynes The Executive Director Condact Penson Elizabeth Gaynes The Executive Director We and the Third Penson Director Condact Penson Elizabeth Gaynes The Executive Director We are the Condact Penson Elizabeth Gaynes The Condact Penson Elizabeth Gaynes The Executive Director We are the Condact Penson Elizabeth Gaynes The Executive Director No Person Elizabeth Gaynes The Condact Penson Elizabeth Gaynes The Executive Director No Penson Elizabeth Gaynes The Executive Director No Penson Elizabeth Gaynes The Condact Penson Elizabeth Gaynes The Condact Penson Elizabeth Gaynes The Executive Director No Penson Elizabeth Gaynes The Condact Penson Elizabeth Gaynes The Condact Penson Elizabeth Gaynes The Condact Penson E	DIIII	ing Entity ID.	Δddress		City		State	Zin	The Osborne Association is a New York-based non-profit incorporated in 1933 and dedicated to transforming the criminal justice system and
## Sprowder Support of Contact Email		Address:							
III. Appeal Point of Contact Emoil Contact Emoil Executive Director					Bronx		J.		auministers our OASAS-licensed (#160311272) (MMIS #02225116) (NPI #1740497478) substance abuse treatment program. We are seeking VAP
Contact Person [Elizabeth Gaynes Title Executive Director Contact Phone 718-707-2649 Extension W. Please choose the following 1915I Category: W. Please choose the following 1915I Category: Am an OMH 1915i or OASA 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i providers Am an Amme Elizabeth Gaynes Elizabeth Gaynes Title Executive Director Contact Phone 718-707-2649 Extension Contact Phone 718-707-2649									
Title Executive Director Contact Phone 718-707-2649 Extension Contact Phone 718-707-2649 Extension Contact Phone 718-707-2649 Extension Contact Phone 718-707-2649 Extension Contact Phone Phone 718-707-2649 Extension Contact Phone Phone 718-707-2649 Extension Contact Phone Phone 718-707-2649 Contact Phone Phon								1	and Recovery Programs (HARPs).
Contact Final	Contact		· · · · · · · · · · · · · · · · · · ·						Csharne utilizes evidence-based interventions to beln incarcerated and returning citizens achieve sobriety, stabilize their health and housing
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am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending safety Net OMH/OASAS 1915i Providers am an AHAM Reduction 1915i provider that is one the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i Providers am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Vear Internal 2014 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name Elizabeth Gaynes Elizabeth Gaynes Elizabeth Gaynes PERForming Provider System to meet goals related to reducing Medicaid cost samong high users. Coshorne surface and people with family members in prison/jail), 20sborne's Staff is representative of population served (including fromer) incarcerated people and people with family members in prison/jail), 20sborne's Staff is representative of population served (including fromer) incarcerated people and people with family members in prison/jail), 20sborne's Staff is representative of population served (including fromer) incarcerated people and people with family members in prison/jail), 20sborne's Staff is representative of population served (including fromer) incarcerated people and people with family members in prison/jail), 20sborne's Staff is representative of population served (including fromer) incarcerated people and people with family members in prison/jail), 20sborne's Staff is representative of population served (including fromer) and people with family members in prison/jail), 20sborne's Staff is represen	IV. Please cho	oose the fol	lowing 1915i Category:					_	
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V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC)									, , , , , , , ,
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Percentage 92% 8% Internal 2014 The majority of Osborne program participants qualify for Medicaid. Our OASAS-licensed substance abuse treatment programs are currently reimbursed under the fee-for-service system. 92% Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name Elizabeth Gaynes Title Executive Director The majority of Osborne program participants qualify for Medicaid. Our OASAS-licensed substance abuse treatment programs are currently reimbursed under the fee-for-service system. Osborne's target population is the most adversely affected by the health care disparity and overuse of incarceration. Neither the health care system nor the criminal justice system effectively address chronic illnesses, such as addiction (90% of 23 million Americans with substance abuse disorders receive no specialty care) and mental health (1/3 of those with serious mental illness and half overall receive no care), and both involve overuse of the most expensive and least effective treatment settings (emergency rooms, prison and jails). The ACA enables states and counties to enroll incarcerated people to cover the costs of hospital stays over 24 hours (Medicaid does not cover standard health care for the incarcerated) which transfers millions in costs to the federal government. Enrolling people while they are incarcerated also means that they will have coverage		Me	dicaid (FES & MC)	Un	insured		Data Source	Vear	Development; and Court-based advocacy.
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understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name Elizabeth Gaynes Title Executive Director Name telizabeth Gaynes Title Executive Director Name telizabeth Gaynes Title Executive Director System nor the criminal justice system effectively address chronic illnesses, such as addiction (90% of 23 million Americans with substance abuse disorders receive no specialty care) and mental health (1/3 of those with serious mental illness and half overall receive no care), and both involve overuse of the most expensive and least effective treatment settings (emergency rooms, prison and jails). The ACA enables states and counties to enroll incarcerated people to cover the costs of hospital stays over 24 hours (Medicaid does not cover standard health care for the incarcerated) which transfers millions in costs to the federal government. Enrolling people while they are incarcerated also means that they will have coverage	Yes I Hereby (Certify that t	he information and data pro	ovided on this fo	orm is accurate and co	rrect t	to the best of i	mv knowledge.	Osborne's target population is the most adversely affected by the health care disparity and overuse of incarceration. Neither the health care
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Title Executive Director which transfers millions in costs to the federal government. Enrolling people while they are incarcerated also means that they will have coverage	Al		Elizaboth G	ovnec	-	Answ	NO		
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	111				vill be accepted				



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must

•	public comment 30 days prior to app	lication approval.	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	,
I. Are you a N	1edicaid Provider					You have chosen the following category: 1
	Answer				▼	You have chosen the following category: 1 VI. Restricted to 3500 Characters only!
	olicant Information					······································
	ation Name: The Osborne Association				-	Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL	Joined PPS: Montefiore Medical Center					I am hereby requesting approval as a safety net entity as I have been approved by OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Pr	ovider Type: OASAS 1915i Provider				_	
Provider T	ype - Other: DO NOT USE				1	
	Operating Certificate	/License #	MMIS		NPI	
Uniqu	e Identifiers:					
A	gency Code:					
Billi	ng Entity ID:					
	Address		City	State	Zip	The Osborne Association is a New York-based non-profit incorporated in 1933 and dedicated to transforming the criminal justice system and
	Address: 809 Westchester Ave County:	Bronz		NY	10455	reducing crime and its human and economic costs. The Osborne Association is the parent company of Osborne Therapeutic Services, which administers our OASAS-licensed (#160311272) (MMIS #02225116) (NPI #1740497478) substance abuse treatment program. We are seeking VAP
	County:	ВГ	onx			designation for the Osborne Association, which will be applying to provide Health and Community Based Services (HCBS) under the new Health
III. Appeal Po	int of Contact					and Recovery Programs (HARPs).
Contact I	Person Elizabeth Gaynes					
	Title Executive Director					dsborne utilizes evidence-based interventions to help incarcerated and returning citizens achieve sobriety, stabilize their health and housing,
	Phone 718-707-2649		Extension			increase employability, enter the workforce, and increase family and community connectedness. Osborne serves more than 8,000 people (adults
IV. Please cho	Email egaynes@osborneny.org pose the following 1915i Category:					ybuth, and children) annually at community sites in the Bronx, Brooklyn, and Dutchess County, and in Rikers Island jails and in 22 NYS prisons. Csborne is well positioned to serve high-need criminal justice populations in the Bronx and mid-Hudson and to assist the Montefiore Medical Center Performing Provider System to meet goals related to reducing Medicaid costs among high users.
Safety 2 I am	an OMH 1915i or OASAS 1915i provider Net OMH/OASAS 1915i Providers a Harm Reduction 1915i provider that tion 1915i Providers.					Osborne has 175 full time, 45 part time staff, and more than 25 volunteers. Osborne's staff is representative of population served (including formerly incarcerated people and people with family members in prison/jail). Osborne's FY 2015 operating budget is more than \$20 million. Osborne successfully manages more than 40 city, state and federal contracts and garners nearly \$2 million in private donations annually.
Redui	auni 1915i Piovideis.				_	rison and Jail based Services: HIV/HCV testing, counseling and discharge planning; parenting education; support to families and children visiting an incarcerated loved one; cognitive behavioral therapy and job readiness to all adolescents at Rikers Island; job readiness, life skills, and discharge planning for men and women at Rikers Island.
V. Percentage	of Medicaid & Uninsured members tha	t your facility serves				Community-based Services: Out-patient substance abuse treatment; Housing placement for HIV+ and support; Workforce Development; Youth
	Medicaid (FFS & MC)	Uninsure	d	Data Sour	ce Year	Development; and Court-based advocacy.
Percentage	92%	8%		Internal	2014	The majority of Osborne program participants qualify for Medicaid. Our OASAS-licensed substance abuse treatment programs are currently reimbursed under the fee-for-service system.
	Certify that the information and data pr id that this information may be subject e Elizabeth G	to audit and I may be	asked to provide d			Osborne's target population is the most adversely affected by the health care disparity and overuse of incarceration. Neither the health care system nor the criminal justice system effectively address chronic illnesses, such as addiction (90% of 23 million Americans with substance abuse disorders receive no specialty care) and mental health (1/3 of those with serious mental illness and half overall receive no care), and both involve overuse of the most expensive and least effective treatment settings (emergency rooms, prison and jails). The ACA enables states and counties to enroll incarcerated people to cover the costs of hospital stays over 24 hours (Medicaid does not cover standard health care for the incarcerated)
Tit	Only appeals from the CEO, CFO o			U		which transfers millions in costs to the federal government. Enrolling people while they are incarcerated also means that they will have coverage when they are released and it is projected that their ability to access comprehensive medical care will lead to long-term cost savings, better healt



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be noted for public comment 30 days prior to application approval.

•	r public comment 30 days prior to ap	plication approva	ıl.			
I. Are you a N	Medicaid Provider					
	Answer					You have chosen the following category:
	plicant Information					VI. Restricted to 3500 Characters only!
	ation Name: The Osborne Association					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONA	L Joined PPS: St. Barnabas Hospital (dba SBH	Health System)				 I am hereby requesting approval as a safety net entity as I have been approved by
						OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
						the DSRIP attributed patient population.
Pi	rovider Type: OASAS 1015: Brounder					
	Type - Other: DO NOT USE					
TTOVICE	Operating Certificat	o/Liconso#	MMIS		NPI	
Uniqu	ie Identifiers:	e/Licerise #	IVIIVIIS		INPI	
	Agency Code:					
	ling Entity ID:					
	Address		City	State	Zip	The Osborne Association is a New York-based non-profit incorporated in 1933 and dedicated to transforming the criminal justice system and
	Address: 809 Westchester Ave	E	Bronx	NY	10455	reducing crime and its human and economic costs. The Osborne Association is the parent company of Osborne Therapeutic Services, which
	County:		Bronx			aministers our OASAS-licensed (#160311272) (MMIS #02225116) (NPI #1740497478) substance abuse treatment program. We are seeking VAP
III. Annoal Bo	oint of Contact					designation for the Osborne Association, which will be applying to provide Health and Community Based Services (HCBS) under the new Health
	Person Elizabeth Gaynes					and Recovery Programs (HARPs).
Contact	Title Executive Director					dsborne utilizes evidence-based interventions to help incarcerated and returning citizens achieve sobriety, stabilize their health and housing,
Contact	Phone 718-707-2649		Extensi	on		increase employability, enter the workforce, and increase family and community connectedness. Osborne serves more than 8,000 people (adults,
Contac	t Email <u>egaynes@osborneny.org</u>					youth, and children) annually at community sites in the Bronx, Brooklyn, and Dutchess County, and in Rikers Island jails and in 22 NYS prisons.
IV. Please ch	oose the following 1915i Category:					asborne is well positioned to serve high-need criminal justice populations in the Bronx and citywide and to assist the St. Barnabas Hospital
						Performing Provider System to meet goals related to reducing Medicaid costs among high users.
(-3)	an OMH 1915i or OASAS 1915i provide	that is already on	one of the following	pending DSRIP I	lists: Pending	Osborne has 175 full time, 45 part time staff, and more than 25 volunteers. Osborne's staff is representative of population served (including
Safet	ry Net OMH/OASAS 1915i Providers					formerly incarcerated people and people with family members in prison/jail). Osborne's FY 2015 operating budget is more than \$20 million.
2 lam	a Harm Reduction 1915i provider tha	is on one the follo	wing pending DSRII	lists: Pending	n Safety Net E	c sborne successfully manages more than 40 city, state and federal contracts and garners nearly \$2 million in private donations annually.
	action 1915i Providers.	. 15 011 0110 1110 10110	wing portaing Bortin	noto: Torium	g carety Het i	II
						rison and Jail based Services: HIV/HCV testing, counseling and discharge planning; parenting education; support to families and children visiting
						an incarcerated loved one; cognitive behavioral therapy and job readiness to all adolescents at Rikers Island; job readiness, life skills, and discharg planning for men and women at Rikers Island.
						planning for their and women at kikers island.
V. Percentage	of Medicaid & Uninsured members th	at your facility serv	res			Community-based Services: Out-patient substance abuse treatment; Housing placement for HIV+ and support; Workforce Development; Youth
	and the distance of another			2.1.6		Development; and Court-based advocacy.
	Medicaid (FFS & MC)	Unir	sured	Data So	ource Ye	
Percentage	92%	ş	3%	Interi	nal	The majority of Osborne program participants qualify for Medicaid. Our OASAS-licensed substance abuse treatment programs are currently
. c. centage	3270		370	interi	i i di	reimbursed under the fee-for-service system.
	Court about the traffic country and dates					ledge Osborne's target population is the most adversely affected by the health care disparity and overuse of incarceration. Neither the health care
	Certify that the information and data p nd that this information may be subjec				-	reage. I
appeal.	na that this information may be subject	to addit and i may	be asked to provide	documentatio	эн нь зарротс с	disorders receive no specialty care) and mental health (1/3 of those with serious mental illness and half overall receive no care), and both involve
				Answer		overuse of the most expensive and least effective treatment settings (emergency rooms, prison and jails). The ACA enables states and counties to
Nan				Yes O No	7	enroll incarcerated people to cover the costs of hospital stays over 24 hours (Medicaid does not cover standard health care for the incarcerated)
Tit				•	J	which transfers millions in costs to the federal government. Enrolling people while they are incarcerated also means that they will have coverage
	Only appeals from the CEO, CFO	or comparable wil	ll be accepted			when they are released and it is projected that their ability to access comprehensive medical care will lead to long-term cost savings, better health

10/29/2014 Villa of Hope OASAS

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	ublic comment 30 days prior to appl	ication approval.	,		,	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and m
. Are you a Me	Answer Yes				_	You have chosen the following category: 1
I Δnneal Δnni	cant Information					VI. Restricted to 3500 Characters only!
	on Name: Villa of Hope					Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
	oined PPS: Finger Lakes PPS					I am hereby requesting approval as a safety net entity as I have been approved by
	Ingli back 115				[20]	OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Pro	rider Type: OASAS 1915i Provider				~	
	pe - Other: DO NOT USE				-	
//	Operating Certificate/	License # MM	IIS	NPI	1	
Unique	dentifiers: 160911629 & 1605			1578964		
	ency Code: 37220	2330		1570501	.0230	
	g Entity ID: n/a					
	Address	Cit			Zip	The Villa of Hope is a downstream care management provider for both the HHUNY (Health Homes of Upstate New York) and GRHHN (Greater
	Address: 3300 Dewey Ave	Rochester	NY		14616	Fochester Health Home Network) as well as a provider of OASAS, OMH, and OCFS Foster Care services. We are on the Safety Net Provider list
	County:	Monroe				dMH, OASAS, Foster Care agencies, and downstream Care Management proiders. We are applying to be on the 1915i services safety net proviservices. We currently provide HCBS for children and adolescents and we will be applying for eligibility for adults for both OMH and OASAS.
Contact E 7. Please choo 1 I am ar Safety I 2 I am a Reducti	ione S85-865-1550 mail jodi.barbera@villaofhope.org se the following 1915i Category: OMH 1915i or OASAS 1915i provider the OMH/OASAS 1915i Providers Harm Reduction 1915i provider that is on 1915i Providers. Medicaid & Uninsured members that	nat is already on one of the folloons on one the following pending			ending —	
	Medicaid (FFS & MC)	Uninsured	Data	a Source	Year	
Percentage (DASAS-89.8%/OMH&FosterCare100%	none	DOH-	DSRIP site	2014	
	rtify that the information and data pro that this information may be subject to			-	_	
appeal.	Christina G	ullo	Answer Yes O	No		

Villa of Hope OMH 10/29/2014

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	comment 30 days prior to application			· · · · · · · · · · · · · · · · · · ·	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mu
. Are you a Medicai	d Provider wer _{Yes}			_	You have chosen the following category: 1
II. Appeal Applicant				 ▼	VI. Restricted to 3500 Characters only!
	me: Villa of Hope				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
	PPS: Finger Lakes PPS				
OF HONAL JOINED	FIRST LAKES PPS			▼	I am hereby requesting approval as a safety net entity as I have been approved by OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Provider 1	ype: OMH 1915i Provider			-	
	ther: DO NOT USE			12.1	
7,	Operating Certificate/License	# MMIS		NPI	
Unique Identi		2996312	15	789640298	
	ode: 37220	2330312		7030 10230	
Billing Entit					
	Address	City	State	Zip	The Villa of Hope is a downstream care management provider for both the HHUNY (Health Homes of Upstate New York) and GRHHN (Greater
Addr		Rochester	NY	14616	Fochester Health Home Network) as well as a provider of OASAS, OMH, and OCFS Foster Care services. We are on the Safety Net Provider list a
Coi	unty:	Monroe			CMH, OASAS, Foster Care agencies, and downstream Care Management proiders. We are applying to be on the 1915i services safety net provises. We currently provide HCBS for children and adolescents and we will be applying for eligibility for adults for both OMH and OASAS.
Please choose th I am an OMI Safety Net OI I am a Harm Reduction 19	S85-865-1550 jodi.barbera@villaofhope.org e following 1915i Category: I 1915i or OASAS 1915i provider that is ali MH/OASAS 1915i Providers I Reduction 1915i provider that is on one 115i Providers.	e the following pending DSRIP lis			
	Medicaid (FFS & MC)	Uninsured	Data Sou	urce Year	
Percentage OASAS	6-89.8%/OMH&FosterCare100%	none	DOH-DSRI	IP site 2014	
	hat the information and data provided on his information may be subject to audit a Christina Gullo	and I may be asked to provide do	ocumentation nswer		
Title	President/CEO				
Only	appeals from the CEO, CFO or compa	rable will be accepted			



State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval.

. Are you a Medicaid Provider								
Answer	Not Not Yet	V						
II. Appeal Applicant Info	rmation	v						
Organization Name:	Voices of Activists & Community Leaders, Inc. (VOCAL-NY)	P						
OPTIONAL Joined PPS:	Heal Health & Hospital Corportation	▼						

Provider Type:	Harr Harm Reduction 1915i Provider	Harm Reduction 1915i Provider							
Provider Type - Other:	r: DO NOT USE								
	Operating Certificate/License #	MMIS		NPI					
Unique Identifiers:									
Agency Code:									
Billing Entity ID:									
	Address	City	State	Zip					
Address:	80A Fourth Avenue	Brooklyn	NY	11217					
County:	Kings								

III. Appeal Foliit of Contact								
Contact Person	Jennifer Flynn							
Title	Executive Director							
Contact Phone	917-517-5202	Extension						
Contact Email	jennifer@vocal-ny.org							

IV. Please choose the following 1915i Category: 1 I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safet Net OMH/OASAS 1915i Providers a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm ion 1915i Providers

V. Percentage of Medicaid & Uninsured members that your facility serves

III Annual Daint of Contact

	Medicaid (FFS & MC)	Uninsured
Percentage	79%	4%

Data Source	Year
Client Data	2014

VIII. No I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this

Name	Jennifer Flynn
Title	Executive Director
	Only appeals from the CEO, CEO or comparable will be accepted



You have chosen the following category:

VI. Restricted to 3500 Characters only!

Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers

I am hereby requesting approval as a safety net entity as I have been approved by OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.

VOCAL-NY provides health services to a population of low-income people who inject drugs, which has substantial co-occurrence of mental illness omelessness, and chronic illness. VOCAL is the only NYS waivered syringe exchange program in western Brooklyn, with a catchment area serving erum Hill and Downtown Brooklyn, and parts of Sunset Park, Red Hook, Prospect-Lefferts Gardens, and nearby neighborhoods through drop-in center and outreach-based programs. VOCAL-NY intends to join the PPS's organized by the Health and Hospitals Corporation and Mount Sinai.

ur participants largely represent a high-need, high-cost population with limited engagement with non-emergency healthcare. VOCAL-NY's ability to identify and link to care marginalized people experiencing multiple serious health issues offers a platform for achieving DSRIP goals in a population in distinct need of prevention, primary care, and care coordination services in order to avoid hospital utilization and other high-cost medical services.

- 30% are street homeless or sleep in a shelter, and 21% are unstably housed in three-quarter residences or other temporary accommodations; • 49% reported current serious depression, and 37% anxiety;
- In the past year 53% reported emergency department visit, 26% had been hospitalized, and a majority had been in residential or outpatient drug treatment;

 - About 18% reported living with HIV, and 26% with hepatitis C;

 35% reported having been diagnosed with hypertension, 23% with asthma, 14% with diabetes, and 11% with liver disease;

 46.5% had been arrested or incarcerated in the past year;

 - 79% are Medicaid enrollees, and less than 5% are uninsured.

Established in 1998 as the NYC AIDS Housing Network, VOCAL-NY's primary mandate is to promote policy change in relation to the HIV and viral hepatitis epidemics, drug policy, criminal justice, and related issues. VOCAL-NY began offering harm reduction services in 2008, and today provides an array of NYS- and NYC-funded services including:

- Drop-in- and outreach-based syringe exchange, safer injection education, and wound care;
 - Harm reduction and women's support groups;
 - Overdose prevention and reversal training and naloxone distribution; . Hepatitis C testing and linkage to care;
- Referrals for HIV testing, drug treatment, housing, legal aid, nutritional programs, and other services;
 HAV, HBV, meningitis, and influenza immunization;
 - - Acupuncture:
 - Crisis intervention and bereavement support.

VOCAL-NY extensively collaborates with 13 other NYC syringe exchange providers through the Injection Drug Users Health Alliance (IDUHA) coalition, which has recently included efforts to clinically integrate services, build linkages with broader health and social services networks develop original research to inform program design, and shape emerging policies around insurance coverage for harm reduction services.

We are attaching a map of current NYS DOH-waivered syringe exchange services in Brooklyn. Notably, the closest office-based harm reduction service provider is approximately five miles from VOCAL-NY, and more than one mile separates the closest part-time outreach-based program from our services.

10/29/2014 Washington Heights CORNER Project(1)

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	er Exception: The state will consident mment 30 days prior to application a	' '	net aerinition on	a case-by-case	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be appro
. Are you a Medicaid P	Provider				
Answe	Not Yet			-	You have chosen the following category: 2
I. Appeal Applicant Inf					VI. Restricted to 3500 Characters only!
Organization Name	e: Washington Heights CORNER Project				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL Joined PP	S: The New York and Presbyterian Hospital			-	I am hereby requesting approval as a safety net entity as I have been approved by
					OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Provider Typ	e: Harm Reduction 1915i Provider			V	
Provider Type - Othe					
	Operating Certificate/License #	MMIS		NPI	
Unique Identifier	· · · · · · · · · · · · · · · · · · ·				
Agency Cod					
Billing Entity II	D:				
	Address	City	State	Zip	Washington Heights CORNER Project (WHCP) is a harm-reduction program that has been serving sex workers and injection drug users (IDUs) to
	5: 566 West 181st Street, 2nd Floor	New York	NY	10033	its inception in 2005. WHCP is the only pro-active HIV prevention program in Northern Manhattan covering over 70 city block north of Harlen
Count	у:	New York			has been leading the expansion of essential life-saving services for the underserved and often invisible active drug using population. WHCP provides syringes to over 1,600 unique individuals, non-injection drug user resources to an additional 500 individuals, and provides HIV preve
II. Appeal Point of Con	ntact				education and resources to over 5,000 unique individuals, non-injection drug user resources to an additional 500 individuals, and provides not previous and provides not previous and provides not previous synthesis and provides not previous synthesis to an additional 500 individuals, and provides not previous synthesis to an additional 500 individuals, and provides not previous synthesis to an additional 500 individuals, and provides not previous synthesis to an additional 500 individuals, and provides not previous synthesis to an additional 500 individuals, and provides not previous synthesis to an additional 500 individuals, and provides not previous synthesis to an additional 500 individuals, and provides not previous synthesis and previous synthesis synthesis and previous synthesis and previous synthesis synthesis and previous synthesis synthes
Contact Person Tae					recipients, or uninsured. Over 60% of participants report they are unstably housed or street-homeless. Over 50% of participants reported using
	ecutive Director				emergency room for services in the last year. Northern Manhattan is, as both service provider knowledge and epidemiological data suggests,
Contact Phone 21	2-923-7600	Extensio	on :	123	s rved. According to the New York City HIV/AIDS Annual Surveillance Statistics, in 2012 there are 4,173 people living with HIV/AIDS in Wash
Contact Email add	min@cornerproject.org				Heights/Inwood, 15% of which have a history of injection drug use; 45% of HIV-related deaths in 2011 were among injection drug users (IDUs
/. Please choose the f	ollowing 1915i Category:				central Harlem/Morningside Heights, there are 4,573 people living with HIV/AIDS, 18.2% of which have an injection drug use history; 32% of
	915i or OASAS 1915i provider that is alre /OASAS 1915i Providers	ady on one of the following p	pending DSRIP lists	: Pending 🕳	related deaths in 2011 were among IDUs. In 2009, the neighborhood rate for newly report hepatitis C cases in Washington Heights/Inwood (2 per 100,000) and Central Harlem/Morningside (219.0 per 100,000) are comparable or higher than the New York City overall (129.7 per 100,000) in 2011, the rates of drug overdose death for Washington Heights/Inwood (12.4 per 100,000) and Central Harlem/Morningside Heights (18.7 100,000) were higher than New York City overall (9.5 per 100,000). According the NYCDOHMH Community Health Profiles, after cancer and h
I am a Harm Re Reduction 1915	eduction 1915i provider that is on one i Providers.	the following pending DSRIP	lists: Pending Sa	fety Net Harm	disease, the most common causes of death in this geographical area are HIV-related (8% Inwood/Washington Heights, 14% Central Harlem) a drug-related (7% Inwood/Washington Heights, 6% Central Harlem). A recent needs assessment survey among WHCP participants (n=123) ind that 85% reported they had witnessed an overdose, 38% reported they had experienced an overdose themselves, 52% had reversed and over and 25% had used naloxone. The majority (62%) of participants report they have tested positive for hepatitis C, yet only 17% are in treatmen WHCP provides case management services, referrals to medical care and drug treatment, onsite low-threshold primary care, peer education
/. Percentage of Medica	id & Uninsured members that your faci	lity serves			training, escort and navigation, naloxone provision, and support groups. WHCP provides a drop-in center during weekday business hours for participants of the program. This space serves as an opportunity for individuals to speak with case managers to be reconnected to services when the program is the program is the program in the program.
N	Nedicaid (FFS & MC)	Uninsured	Data Source	e Year	they are unsure of where to access services, such as housing placement or medical care. WHCP works with a large team of peer educators to provide low-threshold referrals to the most at risk, disengaged population that accesses WHCP services outside (e.g. abandoned buildings, pa
Percentage					shooting galleries) in Northern Manhattan and portions of Morningside Heights and the Bronx.
	the information and data provided on				
appeal.	information may be subject to audit a	nd i may be asked to provide	documentation in	support of this	
appeai.			Answer		
Name	Taeko Frost, MPH		Yes O No		
Title	Executive Director		<u> </u>		
Only ar	opeals from the CEO, CFO or compar	able will be accepted			

10/29/2014 Washington Heights CORNER Project

VAP EXCEPTION FORM IS DUE 10/24/2014 -**HCBS/1915i SERVICE PROVIDERS ONLY**



	er Exception: The state will consident mment 30 days prior to application a	' '	net aerinition on	a case-by-case	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be appro
. Are you a Medicaid P	Provider				
Answe	Not Yet			-	You have chosen the following category: 2
I. Appeal Applicant Inf					VI. Restricted to 3500 Characters only!
Organization Name	e: Washington Heights CORNER Project				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
OPTIONAL Joined PP	S: The New York and Presbyterian Hospital			-	I am hereby requesting approval as a safety net entity as I have been approved by
					OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.
Provider Typ	e: Harm Reduction 1915i Provider			V	
Provider Type - Othe					
	Operating Certificate/License #	MMIS		NPI	
Unique Identifier	· · · · · · · · · · · · · · · · · · ·				
Agency Cod					
Billing Entity II	D:				
	Address	City	State	Zip	Washington Heights CORNER Project (WHCP) is a harm-reduction program that has been serving sex workers and injection drug users (IDUs) to
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Count	у:	New York			has been leading the expansion of essential life-saving services for the underserved and often invisible active drug using population. WHCP provides syringes to over 1,600 unique individuals, non-injection drug user resources to an additional 500 individuals, and provides HIV preve
II. Appeal Point of Con	ntact				education and resources to over 5,000 unique individuals, non-injection drug user resources to an additional 500 individuals, and provides not previous and provides not previous and provides not previous synthesis and provides not previous synthesis to an additional 500 individuals, and provides not previous synthesis to an additional 500 individuals, and provides not previous synthesis to an additional 500 individuals, and provides not previous synthesis to an additional 500 individuals, and provides not previous synthesis to an additional 500 individuals, and provides not previous synthesis to an additional 500 individuals, and provides not previous synthesis to an additional 500 individuals, and provides not previous synthesis and previous synthesis synthesis and previous synthesis and previous synthesis synthesis and previous synthesis synthes
Contact Person Tae					recipients, or uninsured. Over 60% of participants report they are unstably housed or street-homeless. Over 50% of participants reported using
	ecutive Director				emergency room for services in the last year. Northern Manhattan is, as both service provider knowledge and epidemiological data suggests,
Contact Phone 21	2-923-7600	Extensio	on :	123	s rved. According to the New York City HIV/AIDS Annual Surveillance Statistics, in 2012 there are 4,173 people living with HIV/AIDS in Wash
Contact Email add	min@cornerproject.org				Heights/Inwood, 15% of which have a history of injection drug use; 45% of HIV-related deaths in 2011 were among injection drug users (IDUs
/. Please choose the f	ollowing 1915i Category:				central Harlem/Morningside Heights, there are 4,573 people living with HIV/AIDS, 18.2% of which have an injection drug use history; 32% of
	915i or OASAS 1915i provider that is alre /OASAS 1915i Providers	ady on one of the following p	pending DSRIP lists	: Pending 🕳	related deaths in 2011 were among IDUs. In 2009, the neighborhood rate for newly report hepatitis C cases in Washington Heights/Inwood (2 per 100,000) and Central Harlem/Morningside (219.0 per 100,000) are comparable or higher than the New York City overall (129.7 per 100,000) in 2011, the rates of drug overdose death for Washington Heights/Inwood (12.4 per 100,000) and Central Harlem/Morningside Heights (18.7 100,000) were higher than New York City overall (9.5 per 100,000). According the NYCDOHMH Community Health Profiles, after cancer and h
I am a Harm Re Reduction 1915	eduction 1915i provider that is on one i Providers.	the following pending DSRIP	lists: Pending Sa	fety Net Harm	disease, the most common causes of death in this geographical area are HIV-related (8% Inwood/Washington Heights, 14% Central Harlem) a drug-related (7% Inwood/Washington Heights, 6% Central Harlem). A recent needs assessment survey among WHCP participants (n=123) ind that 85% reported they had witnessed an overdose, 38% reported they had experienced an overdose themselves, 52% had reversed and over and 25% had used naloxone. The majority (62%) of participants report they have tested positive for hepatitis C, yet only 17% are in treatmen WHCP provides case management services, referrals to medical care and drug treatment, onsite low-threshold primary care, peer education
/. Percentage of Medica	id & Uninsured members that your faci	lity serves			training, escort and navigation, naloxone provision, and support groups. WHCP provides a drop-in center during weekday business hours for participants of the program. This space serves as an opportunity for individuals to speak with case managers to be reconnected to services when the program is the program is the program in the program.
N	Nedicaid (FFS & MC)	Uninsured	Data Source	e Year	they are unsure of where to access services, such as housing placement or medical care. WHCP works with a large team of peer educators to provide low-threshold referrals to the most at risk, disengaged population that accesses WHCP services outside (e.g. abandoned buildings, pa
Percentage					shooting galleries) in Northern Manhattan and portions of Morningside Heights and the Bronx.
	the information and data provided on				
appeal.	information may be subject to audit a	nd i may be asked to provide	documentation in	support of this	
appeai.			Answer		
Name	Taeko Frost, MPH		Yes O No		
Title	Executive Director		<u> </u>		
Only ar	opeals from the CEO, CFO or compar	able will be accepted			

10/29/2014 Western New York Independent Living, Inc.

VAP EXCEPTION FORM IS DUE 10/24/2014 -



HCBS/1915i SERVICE PROVIDERS ONLY
State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception:
The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval.

Answer (Pes 19th Appeal Applicant Information Organization Name (Western New York Independent Living, Inc. OPTIONAL Joined PPS (Ire fine Copyris Medical Green Corporation Provided Type: (District On 1905) Information 1915 (Ire fine Copyris Medical Green Corporation Provided Type: (District On 1915) Information 1915 (Ire fine Copyris Medical Green Corporation Provided Type: (District On 1915) Information 1915 (Ire fine Copyris Medical Green Corporation Provided Type: (District On 1915) Information 1915 (Ire fine Copyris Medical Green Corporation Provided Type: (District On 1915) Information 1915 (Ire fine Copyris Medical Green Corporation Provided Type: (District On 1915) Information 1915 (Ire fine Copyris Medical Green Corporation and is allow working with Finger Likes PPS and Nugara Falls Memoral Medical Green Corporation and is allow working with Finger Likes PPS and Nugara Falls Memoral Medical Green Corporation and is allow working with Finger Likes PPS and Nugara Falls Memoral Medical Green Corporation and is allow working with Finger Likes PPS and Nugara Falls Memoral Medical Green Corporation and is allow working with Finger Likes PPS and Nugara Falls Memoral Medical Green Corporation and is allow working with Finger Likes PPS and Nugara Falls Memoral Medical Green Corporation and is allow working with Finger Likes PPS and Nugara Falls Memoral Medical Green Corporation and is allow working with Finger Likes PPS and Nugara Falls Memoral Medical Green Corporation and is allow working with Finger Likes PPS and Nugara Falls Memoral Medical Green Corporation and is allow working with Finger Likes PPS and Nugara Falls Memoral Medical Green Corporation and is allow working with Finger Likes PPS and Nugara Falls Memoral Medical Green Corporation and is allow working with Finger Likes PPS and Nugara Falls Memoral Medical Green Corporation and is allow working with Finger Likes PPS and Nugara Falls Memoral Medical Green Corporation and Institute Falls Andrews Falls Andrews Falls Falls Falls Falls Falls Falls Fall	. Are you a M												
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In Appeal Point of Contact Contact Person Douglast Usiak The Beautive Director Contact Provider The 368-8622 Extension 117 Contact Provider The 368-8622 Extension 1915 I ramps OMet 1915 in CodeS 3015 provider V. Person Medical Greys a likely agency to participate in delivering 1915 Medical services to the DSRIP lattributed patient population. Service State Provider More State Provider Address: \$100 More State Provider Contact Contact Provider The Beautive Director Contact Contact Provider Service Provider V. Please Chose the following 1915 Category: V. Please Chose the following 1915 Category: V. Please A behavior of the following pending DSRIP lists: Pending Safety Net Harm Safety Net Check (1915) Providers V. Please of Medicaid Gt Unisoured members that your facility serves Medicaid FFS & MC) Uninoured Data Source Verring Safety Net Uninoured Internal 2013-2014 Vo. Hereby Certify that the information may be subject to audit and may be asked to provide documentation in support of this appeal. Name Douglas J Usiak The Executive Director Data Source Verring Safety Net Uninoured Internal 2013-2014 The Executive Director Contact The Safety Safety Net Uninoured Internal 2013-2014 Vo. Hereby Certify that the information may be subject to audit and may be asked to provide documentation in support of this appeal. Name Douglas J Usiak Data Source Verring Safety Net Uninoured Provider Control Safety Net Harm The Executive Director Control Safety Providers Control Safety Net Harm The Executive Director Control Safety Providers Control Safety Net Harm Address Safety Net Character Comporation and is also working with finger takes PFS and Nagara Falls Memoral Medical Center Comporation and is also working with finger takes PFS and Nagara Falls Memoral Medical Center Comporation and is also working with finger takes PFS and Nagara Falls Memoral Medical Center Country Medical Cente													
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Unload tentificate (License # MMS	Provider T	ype - Other:	DO NOT USE						 				
Agency Code: 15520 Billing Entity ID: Address: 3108 Main St. Buffalo NY 14214 County II. Appeal Point of Contact Contact Person Douglas J Usiak Entity ID: Contact Person Douglas J Usiak Contact Person Douglas J Usiak Contact Person Douglas J Usiak Contact Person Safety Net Good Schools 1515 provider that is already on one of the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Safety Net OASAS 1515 provider that is				#	MMIS		NPI						
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Address: 3108 Main St. Buffalo NY 14214 County Erie II. Appeal Point of Contact Contact Person Douglas J Usiak Executive Director Contact Phono 716-836-0822 Extension 117 Contact Fmail Guisak Payrol Org V. Please choose the following 1915i Category: Di I aman OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i Providers Di I aman OMH 1915i Providers A Reduction 1915i Providers Medicaid (FFS & MC) Uninsured Medicaid (FFS & MC) Uninsured Data Source Year Internal 2013-2014 No I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. No I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. No I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. No I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. No I Hereby Certify that the information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Douglas J Usiak Executive Director													
II. Appeal Point of Contact Contact Prome 716-836-0822 Extension 117			Address		City	State	Zip		WNYIL, Inc. has joined Erie County Medical Center Corporation and is also working with Finger Lakes PPS and Niagara Falls Memorial Medical				
II. Appeal Point of Contact Contact Person Douglas J Uslak		Address:	3108 Main St.	Buffalo		NY	14214		enter.				
II. Appeal Point of Contact Contact Proper 216-836-8022 Extension 117		County:		Erie									
Title Executive Director Contact Phone 2 156.836-0822 Contact Email dissisk@wyll.org V. Please choose the following 1915i Category: V. Please choose the following 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers Medicaid (FFS & MC)													
Contact Phone 216-836-08.22 Extension 117 Contact Email duslak@wnyil.org V. Please Choose the following 1915i Category: V. Please Choose the following 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i providers I am an OMH 1915i or OASAS 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i providers I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i providers Medicaid (FFS & MC) Uninsured Data Source Vear Internal 2013-2014 Vo I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Title Executive Director	Contact P												
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