

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

		nent 30 days prior to appli	ication approval.	. Three allowed re	easons	for granti	ing an ex	ception a	re shown in Section IV.				
I. Are you a	Medicaid Pro												
	Answer							~	You have chosen the following VAP Exception:				
	pplicant Infor								VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organ	nization Name:	Cabrini of Westchester d/b/a	a Cabrini Certified	Home Health Ager	псу			- English	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS:	Montefiore Medical Center						~	You chose the qualification i, in the space below please include:				
		luated in the context of the P											
	, , ,	AP Exception in that PPS as was and VII of the instructions for			I_Addi	tional PPSs	s" tab to s	elect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient				
	Provider Type:		or rurtiler clarifica	tion:				~	without your organization's involvement given the PPS current configuration of network providers.				
		СННА						•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
Provide	er Type - Other:								of services for the PPS in this community (ies).				
		Operating Certificate/	License #	MMIS*			NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
Uni	que Identifiers:	5925600		03856397		10	00301721	1					
	Agency Code: Billing Entity ID:								Character Count: 3479				
	Silling Entity ID.	Address		City		State	Zi	n	a. Geographic Area: Montefiore Medical Center ("MMC") PPS seeks to serve Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and				
	Address	115 Broadway	D	obbs Ferry		NY	105		Westchester counties. Cabrini CHHA is seeking Safety-Net ("SN") designation for the provision of skilled home health services in Westchester				
		113 5.000		0000 . c ,				EQUIRED	County ("WC").				
	Point of Conta												
Conta	ct Person Patri	•							PPS Population: WC comprises more than half of the entire PPS's home health utilization, and includes 187,403 Medicaid ("MA") members and				
	Title Presi			Extens					an ER visit rate per 1,000 members of 48.5. Salient data for the top 50 non-institutional LTC providers in WC for 2013 indicates that WC had 273,266 home health claims and 2,792 unique users, while the entire Mid-Hudson region had 478,560 and 5,575. Notably, Cabrini LTHHCP had 22,540 home health claims during the same period, comprising 8% of the county's total home health volume of claims that is being transitioned				
		593-6800 Snausky@cabrini-eldercare.or	ra	Extens	ion								
		owing VAP Exception:	' B						22,540 home health claims during the same period, comprising 8% of the county's total home health volume of claims that is being transitioned to the CHHA.				
of Anco iii Anco Mhen choos indicate wha Information When choos approval and safety net lis another approximate the complete this another approximate the complete the complet	y hospital is un mmunity, and/o y state-designa ing VAP Except it PPS you inten—Section II". If ing VAP Except ement Agencies al. If your Healtid do not need to t, you do not no roved safety ne is form. List is a For Section IV,	not be served without granti imunity. quely qualified to serve base or clear track record of succes ted health home or group of I on I & II – Please indicate wh d to join, then you will be der you are part of multiple PPSs, on III – The Department has s (CMAs) that have already be I home appears on this list as a submit this form. If the orga seed to submit this form. If you provider list, but your organ vailable on the DSRP website If you are joining more than of	d on services provises in reducing avoid health homes. ** nat Performing Provinced. Please indicates a contract of the provinced of the provinced as the provinced as as a pending approvation operating organization denization believes the cone PPS, use second provinced in the provinced provinced in the provinced pro	orided, financial viatidable hospital use ovider System (PPS ate the name of the bull of the providers all, you will be grant gyour Health Hombes not appear on that it should qualify and tab (Section VII)	oility, re you p e PPS in ated He as well ed a V e/CMA he draf y as a F	elationships lan on joini n the "Appe ealth Home as those th AP Exceptio a laready ap ft Health Home	s within t ing. If you eal Applic es and Net hat are pe on pendin opears on ome list c ne, please	he u do not ant twork ending g CMS another	Explanation of Insufficiency of Services in Community Without Cabrini's Involvement in the PPS: Based on the Design Planning Grant application, the MMC partner network includes only 5 CHHAs designated as SN providers in WC. There is no provider similarly capable of covering the Cabrini case load in the PPS service area, but even assuming there was, their integration would be cumbersome, lead to disruptions in care, and cause inefficiencies instead of building on existing strengths. As LTHHCPs are winding down and LHCSAs are limited to non-skilled services only, CHHAs are crucial to the prevention of ER admissions. Cabrini CHHA was approved as an expansion of its LTHHCP through New York's CHHA RFA process, based on the DOH's finding of a demonstrated need for additional CHHA services in Westchester, Bronx and New York Counties in order to achieve the objectives of MA Redesign in New York. Cabrini is a vital provider in the WC MA home health market, and would now qualify as a SN provider under DSRIP if the appeal process were open. The MA/dual population served by the SN designated Cabrini LTHHCP is in the process of being transitioned to the CHHA, consistent with MLTC mandatory enrollment in NY. As a result, based on data from July through Oct. of 2014, the CHHA had 882 cases for skilled services, Universal Assessment and/or Care Management services, 95% of which are MA or dual eligible. The CHHA's operator is the same legal entity as the LTHHCP, and recognized by CMS as the same HHA, providing further support for the CHHA to receive SN provider status. b. Description of Need for Cabrini to Enhance Network of SN Providers: Cabrini CHHA serves WC, Bronx and NY Co. through Cabrini of Westchester, which includes the full continuum of LTC services-LTHHCP, LHCSA, ADHC, a 304 bed SNF, supportive housing, and immigration support services. Cabrini is the 13th largest MA home health provider in WC based on 2013 claims data. The CHHA provides the full array of home health and therapy services as well as diabetic teaching				
	Me	dicaid (FFS & MC)	Unins	sured		Data Sou	ırce	Year	recognize Caurini as a VAP would ignore this hatural integration and infint wints ability to meet uskip goals in w.c.				
Percentage	2	95%				encounter	r data Jun	-Oct '14					
unders appeal N	tand that this in ame	he information and data prov formation may be subject to Patricia Krasn CEO	o audit and I may	be asked to provid		ımentation	-	_					

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



Vital Access	Provider Exception: The	state will consider excep	otions to the safety ne	t definition o	on 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 comment 30 days price	or to application approve	al. Three allowed reaso	ons for grant	ting an exception a	re shown in Section IV.			
I. Are you a M	ledicaid Provider								
	Answer Yes				▼	You have chosen the following VAP Exception: i			
II. Appeal App	olicant Information				_	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
Organiza	ation Name: CCH Home Care ar	nd Palliative Care Services				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
_	Joined PPS: Upstate University Hos	spital			-	You chose the qualification i, in the space below please include:			
^^ The VAP Exc	eption is evaluated in the conte	ext of the PPS you are joini	ng. If you are joining mo	re than one P	PS, you have the				
option of apply	ing for the VAP Exception in the	at PPS as well (if applicable	e). Please see the "VII_A	dditional PPS	s" 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 Section II and VII of the inst	tructions for further clarific	cation!			include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Pr	ovider Type: CHHA				▼	without your organization's involvement given the PPS current configuration of network providers.			
Provider T	Type - Other:					b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
		Certificate/License #	MMIS*		NPI*	of services for the PPS in this community (ies).			
Heigu	e Identifiers:	Lei tilicate/ License #	01030386	1.	447244660	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	gency Code:		01030366	1,	447244660				
	ing Entity ID:					Character Count: 1629			
5	-	Address	City	State	Zip	CCH Home Care and Palliative Care Services (CCH) is a Certified Home Health Agency (CHHA) serving Onondaga County within the Upstate			
	Address 1050 West Genese		Syracuse	NY	13204	University Hospital Performing Provider System (PPS). CCH specializes in chronic disease management and palliative care services, and bridges			
			-,		* REQUIRED	the gap between acutely ill patients who are expected to recover and terminally ill patients with a 6 month prognosis who can be served by			
III. Appeal Poi	int of Contact					hospice. The population served by CCH is primarily frail-elderly with multiple chronic medical comorbidities.			
Contact I	Person Mary Kate Rolf					It has been well-documented that health care costs in the last years of life can exceed 6 times the cost of a typical older adult. Also well-			
	Title President/CEO					documented, are the substantial cost savings, increases in patient and caregiver satisfaction, and reduction in utilization of inpatient services that			
	Phone (315) 477-9595		Extension			are appreciated when palliative care interventions are provided to patients who are not expected to recover from their illnesses.			
Contact	t Email mkrolf@477home.org					The team of case managers, social workers, and therapists are able to provide a unique mix of physician-guided symptom management, environmental adaptation, and patient and caregiver education and emotional support that prevents unnecessary pain, anxiety and			
i A coin of ser	of serving the community. ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.				os within the ning. If you do not eal Applicant es and Network that are pending on pending CMS ppears on another lome list or on ne, please	hospitalizations for these very medically complex patients. No other CHHA within the Upstate University Hospital PPS offers the types of in-home, palliative care services that are offered by CCH. In the context of the PPS, CCH will be able to partner with primary care providers to maximize patient outcomes, minimize unnecessary inpatient costs and to optimize utilization of home and community based services.			
	Medicaid (FFS & MC)	Uni	nsured	Data So	urce Year				
Percentage	14%		0%	Cerne	er 2013				
-	Certify that the information and that this information may be	•	y be asked to provide do						
Tit		President/CEO							

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



Vital Access	s Provider	Exception: The state wi	ill consider exce	ptions to the safety net	definition	on a case-by-	case b	isi 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	r public com	ment 30 days prior to app	olication approva	ıl.				
I. Are you a N	Aedicaid Pro	vider						
	Answer	Not Yet					-	You have chosen the following category: 2
II. Appeal Ap								VI. Restricted to 3500 Characters only!
Organiza	ation Name:	CitiWide Harm Reduction Pr	rogram (d/b/a BO	OM!Health)				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
L		The state of the s					(23816)	OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
								the DSRIP attributed patient population.
Pr	rovider Type:	Harm Reduction 1915i Provider					-	
Provider 1	Type - Other:	DO NOT USE						
		Operating Certificate	e/License #	MMIS		NPI		
Uniqu	e Identifiers:							
	Agency Code:							
Billi	ing Entity ID:							
		Address		City	State	Zip		tiWide Harm Reduction Program (d/b/a BOOM!Health Affiliate) operates a continuum of care that is designed to address the multi-faceted
	Address: 226 E. 144th Street Bronx NY 10451				NY	10451		ealth and psychosocial needs of persons dealing with addiction, HIV/AIDS, homelessness, behavioral disorders, and chronic illnesses. In a safe
	County: Bronx							pportive participant-led community, CitiWide offers a wide variety of outreach, services and care to homeless and low-income active drug use
III. Appeal Po	int of Conta	ct						iving with and at risk for HIV/AIDS. Programs at CitiWide are designed to promote wellness in a respectful and nonjudgmental manner and to provide participants with the opportunity to reach positive outcomes for themselves. CitiWide Harm Reduction has 19 years of experience with
	Person Robe						\neg	inking HIV positive individuals to health care and provides participants with a safe space with its onsite drop-in center where participants can
	Title Presi							ongregate throughout the day. CitiWide also offers co-located health services in partnership with a Federally Qualified Health Center managed
Contact	Phone (917)	640-6274		Extension				rough HELP/PSI and aslo offers onsite pharmacy services through Evers Pharmacy. This innovative healthcare model make it possible for
Contact	t Email rcord	lero@boomhealth.org						tiWide Harm Reduction to have a 82% linkage to care rate with a difficult to engage population, while achieving improved health outcomes.
IV. Please cho	oose the foll	owing 1915i Category:						itiWide Harm Reduction serves over 5,000 enrolled participants annually who have an average annual income of less than \$9,000, well below t
								ederal Poverty Level. Participants are 33% Black and 65% Latino, 25% female, 72% male, and 3% transgender. Nearly 75% of participants are
_		5i or OASAS 1915i provider t	that is already on	one of the following pend	ding DSRIP li	ists: Pending		omeless upon enrolling at CitiWide. Sixty percent are injection drug users, over 50% of whom are hepatitis C positive. Over 32% of participants re living with HIV/AIDS. CitiWide offers a continuum of services for enrolled participants including syringe access, on-site and mobile HIV testin
\$afet	y Net OMH/C	ASAS 1915i Providers						reet and community outreach including to single room occupancy hotels, shelters, sex strolls, and the Rikers Island Correctional Facility, case
c 3 lam	a Harm Dad	uction 1915i provider that i	is on one the follo	owing pending DSPIP list	e Dondina	Safaty Not Ha	arm	nanagement, mental wellness/individual and group counseling, peer education training and volunteer opportunities, housing placement,
	ction 1915i P		is on one the folio	owing pending bokir list	.s. renuing	Salety Net Ha	21111	ubstance use prevention, overdose prevention, and CitiWide's drop-in center, which is open 7 days a week serving over 200 participants a day.
								he center is a safe space with basic services like congregate meals three times a day and a bathroom/shower and laundry facility.
V. Percentage	of Medicaid	& Uninsured members that	t your facility serv	res				
	Me	dicaid (FFS & MC)	Uni	nsured	Data So	ource Yea	ır	
Percentage	ercentage 92% 8% Client Records 201				Client Re	ecords	2013	
	-	ne information and data pro oformation may be subject t				-	-	
		Dah et Co			swer			
Nam		Robert Cor President /		(© Yes	o No			
Tit		eals from the CEO, CFO or		Il he accented		J		
	Опіу арр	ears from the CEO, CFO of	i comparable Wi	ii be accepted				

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



Vital Access	<u>s Provider</u>	Exception : The state will	II consider exce	ptions to the safety n	et def	inition 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 com	ment 30 days prior to appl	lication approva	al.				
I. Are you a N	Aedicaid Pro	vider						
	Answer	Not Yet					~	You have chosen the following category: 2
II. Appeal Ap	plicant Infor	mation						VI. Restricted to 3500 Characters only!
Organiza	ation Name:	CitiWide Harm Reduction Pr	rogram (d/b/a BC	OOM!Health)				Please put any additional notes below that you feel are relevent. This section is optional for 1915i providers.
		St. Barnabas Hospital (dba SBH He					~	I am hereby requesting approval as a safety net entity as I have been approved by
		De Darrabas Frospital (abu Sor Fre	contracting				100.00	
								OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to
								the DSRIP attributed patient population.
Pr	rovider Type:	Harm Reduction 1915i Provider					-	
Provider 1	Type - Other:	DO NOT USE						
		Operating Certificate,	/License #	MMIS			NPI	
Uniqu	e Identifiers:							
Α	Agency Code:							
Billi	ing Entity ID:							<u></u>
		Address		City		State	Zip	GitWide Harm Reduction Program (d/b/a BOOM!Health Affiliate) operates a continuum of care that is designed to address the multi-faceted
	Address: 226 E. 144th Street Bronx NY 10451					NY	10451	health and psychosocial needs of persons dealing with addiction, HIV/AIDS, homelessness, behavioral disorders, and chronic illnesses. In a safe as supportive participant-led community, CitiWide offers a wide variety of outreach, services and care to homeless and low-income active drug user
	County: Bronx							spipportive participations community, claiming orders a wine variety of outcasts, services and care to nomerous and own-months designed to promote wellness in a respectful and nonjudgmental manner and to
III. Appeal Po	int of Conta	ct						provide participants with the opportunity to reach positive outcomes for themselves. CitiWide Harm Reduction has 19 years of experience with
Contact I	Person Robe							linking HIV positive individuals to health care and provides participants with a safe space with its onsite drop-in center where participants can
	Title Presi			1				ongregate throughout the day. CitiWide also offers co-located health services in partnership with a Federally Qualified Health Center managed
	Phone (917)	lero@boomhealth.org		Extension	1			through HELP/PSI and aslo offers onsite pharmacy services through Evers Pharmacy. This innovative healthcare model make it possible for
								ditiWide Harm Reduction to have a 82% linkage to care rate with a difficult to engage population, while achieving improved health outcomes. GitiWide Harm Reduction serves over 5,000 enrolled participants annually who have an average annual income of less than \$9,000, well below th
IV. Please cho	oose the foll	owing 1915i Category:						Federal Poverty Level. Participants are 33% Black and 65% Latino, 25% female, 72% male, and 3% transgender. Nearly 75% of participants are
0 1 am	an OMH 191	5i or OASAS 1915i provider t	hat is already on	one of the following ne	ending	DSRIP lists	· Pending	homeless upon enrolling at CitiWide. Sixty percent are injection drug users, over 50% of whom are hepatitis C positive. Over 32% of participants
_		ASAS 1915i Providers	and is uncody on	one or the ronowing pe		D D D D D D D D D D		are living with HIV/AIDS. CitiWide offers a continuum of services for enrolled participants including syringe access, on-site and mobile HIV testing
								s reet and community outreach including to single room occupancy hotels, shelters, sex strolls, and the Rikers Island Correctional Facility, case
		uction 1915i provider that is	s on one the foll	owing pending DSRIP I	ists: F	Pending Sa	fety Net Harm	management, mental wellness/individual and group counseling, peer education training and volunteer opportunities, housing placement, substance use prevention, overdose prevention, and CitiWide's drop-in center, which is open 7 days a week serving over 200 participants a day.
Redu	iction 1915i P	roviders.					_	The center is a safe space with basic services like congregate meals three times a day and a bathroom/shower and laundry facility.
								9-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
V. Percentage	of Medicaid	& Uninsured members that	your facility serv	ves				
1					_		1	
	Me	dicaid (FFS & MC)	Uni	insured		Data Sourc	e Year	
					-			
Percentage		92%		8%	C	lient Recor	rds 2013	
							•	_
	•	ne information and data pro						·
	nd that this in	formation may be subject t	o audit and I ma	y be asked to provide d	locum	entation in	support of this	
appeal.				^	Answei			
Nam	ne	Robert Cor	dero		Yes (N		
Tit		President /				4		
		eals from the CEO, CFO or	comparable w	ill be accepted				

11/10/2014 Constellation Home Care, LLC.xlsx

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



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 com	ment 30 days prior to appli	ication approval. Th	ree allowed rea	sons for	granting a	an exception a	are shown in Section IV.				
I. Are you	a Medicaid Pro	vider										
	Answer	Yes					▼	You have chosen the following VAP Exception: i				
II. Appeal	Applicant Infor	mation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Org	anization Name:	Constellation Home Care, LL	С					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS:	Nassau University Medical Center					•	You chose the qualification i, in the space below please include:				
		luated <u>in the context of the P</u>										
		'AP Exception in that PPS as v I and VII of the instructions for			Additiona	I PPSs" tal	b to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient				
marcipic i i	Provider Type:		or rarener clarification				•	without your organization's involvement given the PPS current configuration of network providers.				
Danid		CHIA					·	b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
Provid	der Type - Other:						N.*	of services for the PPS in this community (ies).				
		Operating Certificate/	License #	MMIS*		NP		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
UI	nique Identifiers: Agency Code:	2952606		03912118		18416	29698					
	Billing Entity ID:							Character Count: 3303				
	, , , , , , , , , , , , , , , , , , ,	Address		City	Sta	ite	Zip	a. i. Geographic Area: Nassau University Medical Center ("NUMC") PPS seeks to serve Nassau County ("NC"). Constellation Home Care				
	Address	6851 Jericho Turnpike, Suite	150 Syoss	set	N	Υ	11791	("Constellation") is seeking Safety-Net ("SN") designation for the provision of certified home health services in NC.				
III Annos	l Point of Conta	ct					* REQUIRED	ii. PPS Population: NC has 221,798 Medicaid ("MA") members and 80,734 ER visits based on 2013 data. In 2012, it had 55,075 potentially				
	tact Person Meg							preventable ER visits (PPVs), which are defined as ER visits that may result from a lack of adequate access to care or ambulatory care				
		rney for the Applicant						coordination. According to the 2014-17 NC Community Health Plan, "chronic disease prevention through improved access to high quality care				
	tact Phone 518-			Extensio	n	22	28	and management was of paramount concern to the community—a finding that was further evidenced by the burden of disproportionate				
Cor	ntact Email mmo	namara@hinmanstraub.com						distribution of disease within the county." Specifically, diabetes, heart disease and cancer were the most common health concerns in NC based				
IV. Please	choose the foll	owing VAP Exception:						on the report, evidencing the need and desire for more robust community-based disease management and prevention services.				
o	A community will of serving the con	not be served without grant nmunity.	ing the exception bec	cause no other eli	gible prov	ider is will	ling or capable	iii. Explanation of Insufficiency of Services in Community Without Constellation's Involvement in the PPS: Salient data for the top 50 non-institutional LTC providers in NC for 2013 indicates that NC has 337,760 MA home health claims and 3,567 unique users. Based on the Design				
		iquely qualified to serve base or clear track record of succes	•		ity, relatio	nships wit	thin the	Planning Grant application, the NUMC partner network includes only 4 CHHAs designated as SN providers in NC, an insufficient number of providers that are crucial to the prevention of ER admissions. Constellation CHHA was approved as a new CHHA, based on DOH's finding of a demonstrated need for additional CHHA services in BC and five other downstate counties, in order to achieve the objectives of MA Redesign in				
		ted health home or group of						New York, and also in light of its experience in the provision of home care services to the behavioral health population. Constellation became operational in 2014, was recently enrolled as a Medicaid provider, and is engaged with NUMC in order to meet the home care needs of the NC St				
		i on i & ii – Please indicate wh d to join, then you will be dei	_			-	•	population. Based on the service utilization projections that were reviewed and approved by DOH's OHSM and the PHHPC prior to and completely independent of the establishment of DSRIP safety net criteria, Constellation's projected service utilization comprise 93.7% of its total				
		you are part of multiple PPSs		the name of the i	rrs III tile	Appeal A	кррисанс	volume, exceeding the 35% required to meet safety-net criteria.				
		ion iii – The Department has s		of State Designate	ed Health	Homes an	d Network					
		(CMAs) that have already be						b. Description of Need for Constellation to Enhance Network of SN Providers:				
		n Home appears on this list as		-			_	Constellation has successfully operated an affiliated Medicare and MA enrolled HHA in Connecticut over the last decade, and has experience working with ACOs and collaborating with providers on innovative projects, including those targeted at the behavioral health population. Throug				
		submit this form. If the orga eed to submit this form. If yo						Constellation's partnership with NUMC, it will leverage this experience in DSRIP through the care coordination and transitional care programs,				
•		t provider list, but your organ	•					including hospital-home care collaboration solutions, behavioral health crisis stabilization and cardiovascular and diabetes disease management				
•		vailable on the DSRIP website						programs to avoid hospitalizations. Constellation's unique programs, designed to achieve the goals of DSRIP, will be critical to success of NUMC				
	~ For Section IV,	if you are joining more than	one PPS, use second	tab (Section VII)	to add add	ditional PF	PSs.	in NC, and with the lack of affiliated SN CHHAs, home care and disease management services will be insufficient without them				
V. Percent	age of Medicaid	& Uninsured members that y	our facility serves		_		1					
	Me	dicaid (FFS & MC)	Uninsure	ed	Da	ta Source	Year					
Percentag	ge 0. new C	HHA-received approval	on 10/9/2	014								
unde appea	rstand that this i	he information and data pro nformation may be subject to Marvin J. Ostr	o audit and I may be	asked to provide								
	Title	Managing Me			165 0	140						
		eals from the CEO, CFO or		accepted								

10/30/2014 Eddy Visiting Nurse Association (EVNA)

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



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	ication approval. Three	allowed reas	ons for gran	nting an e	exception a	re shown in Section IV.				
I. Are you a M	edicaid Provider										
	Answer Yes					▼	You have chosen the following VAP Exception:				
	licant Information						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
	tion Name: Eddy Visiting Nurse Associate	tion (EVNA)					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS: Ellis Hospital					•	You chose the qualification i, in the space below please include:				
	eption is evaluated in the context of the l						A specific definition of the appropriate (i.e.) that would atherwise on the appropriate that DDC Description				
	ing for the VAP Exception in that PPS as a See Section II and VII of the instructions f		see the "VII_A	laaitionai PP	'SS' tab to	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient				
	ovider Type: CHHA	or rarener clarification.				_	without your organization's involvement given the PPS current configuration of network providers.				
	**						b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).				
Provider T	ype - Other:										
	Operating Certificate,		MMIS*		NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	e Identifiers: 4102601		2994154	:	111496792	24					
	gency Code:						Shareta Santa 200				
Billi	ng Entity ID: Address		City	State	1 7	ip.	Character Count: 3434 Eddy Visiting Nurse Association (EVNA) is a certified home health agency (CHHA) serving a six county region, with 4 counties included in the Ellis				
	Address 433 River Street, Suite 3000	Troy	City	NY		180	PPS: Albany, Rensselaer, Schenectady, Saratoga. EVNA has an average daily census of 1,900 patients, cares for 11,500 patients annually, makes				
	Address 455 River Street, Suite 5000	ПОУ		INI		REQUIRED	165,000 visits with 26% of visits provided to Medicaid FFS, managed Medicaid and duals. EVNA is an integral provider in the Ellis PPS care				
III. Appeal Poi	nt of Contact						transitions, asthma, palliative care, behavioral health and integrated delivery system projects.				
Contact F	Person Michelle Mazzacco						The Ellis PPS would be unable to serve patients in need of CHHA services in Albany and Rensselaer counties without the approval of Eddy VNA as				
	Title VP/Director						a VAP. The other CHHAs in these counties are new to the service areas and workforce/capacity is insufficient to meet the needs of the Ellis PPS				
	Phone 518-270-1310		Extension				projects. EVNA brings the largest community-based workforce, with the capacity, clinical specialty programs, and expertise caring for patients				
	Email Michelle.Mazzacco@sphp.com						targeted by the Ellis PPS.				
i i A cor of ser	ose the following VAP Exception: mmunity will not be served without grant ving the community. ospital is uniquely qualified to serve base unity, and/or clear track record of succestate-designated health home or group of VAP Exception i & ii – Please indicate with PS you intend to join, then you will be dection II". If you are part of multiple PPSs VAP Exception iii—The Department has ent Agencies (CMAs) that have already be fyour Health Home appears on this list a port need to submit this form. If you do not need to submit this form. If you de safety net provider list, but your organorm. List is available on the DSRIP website: Section IV, if you are joining more than of Medicaid & Uninsured members that	ed on services provided, fi sess in reducing avoidable health homes. ** hat Performing Provider S nied. Please indicate the special sees section VII tab. submitted a draft list of SI sen approved as safety ne sen approved, you vanization operating your hour organization does not nization believes that it she. one PPS, use second tab	nancial viabilit nospital use. System (PPS) yo name of the Pi tate Designated t providers as viill be granted dealth Home/C appear on the loould qualify as	ou plan on joi PS in the "Ap d Health Hon well as those a VAP Except MA already draft Health s a Health Ho	ips within the similar of the same and Ne that are putton pendinappears or Home list time, please	the bu do not cant etwork sending ng CMS n another or on	EVNA is a non-profit CHHA serving the Capital Region since 1908. Services include: RN, PT, OT, ST, RD, MSW, and Aides, clinical specialty nurses and technology (telehomecare, anodyne therapy, Vital Stim, and tablets with educational videos on diagnoses, treatments, and equipment to improve patient/caregiver comprehension. It is important to understand that EVNA's Long Term Home Health Care Program (LTHHCP) did qualify as a safety net provider. However, our LTHHCP is closing the end of this year due to mandatory enrollment in MLTC. The licensed staff working in our LTHHCP has transitioned to EVNA's CHHA because individuals covered by MLTC are required to receive their skilled services from a CHHA. And the paraprofessional staff has transitioned to Eddy Licensed Home Care Agency (LHCSA) which has been approved as a safety net provider. EVNA's programs and services are critical to the Ellis PPS because: EVNA's programs and services are critical to the Ellis PPS because: EVNA has 106 years' experience providing home health to low-income patients. We were among the first LTHHCPs in the State with a proven outcomes maintaining patients at home. EVNA has the largest care transitions coach program, based on Eric Coleman's model which has achieved a reduction in readmission rates previously averaging 25-30% to 11%. We have liaisons at 6 hospitals, 7 rehab facilities and 2 primary care offices, playing a key role in care transitions. We are also a provider in the Capital Region Health Connections Health Home. EVNA will expand liaisons at patient-centered medical homes in Ellis PPS. EVNA offers a variety of clinical specialty programs—the region's largest home-based palliative care program (with staff following patients to hospice for continuity at end of life), Certified Wound Ostomy Continence Nurse Specialists, Certified Diabetes Educators, Cardiopulmonary Nurse Specialists, IV Therapy, HIV/AIDS RNs , and telehomecare (200 patients monitored daily & 14 years' experience). Each clinical specialty program aids in				
	Medicaid (FFS & MC)	Uninsured		Data S	ource	Year	reducing ER/hospitalizations and will be key to achieving the goals of the Ellis PPS.				
Percentage	25%	1%		ertified co	ost repo	2012					
-		o audit and I may be aske zzacco tor	ed to provide d	locumentationswer	-	_					

10/30/2014 **Essex County Nursing Services**

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



Vital Access Prov	vider Exception: The state will	consider exceptions to the	safety net d	lefinition 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	c comment 30 days prior to appli	ication approval. Three allov	ved reasons	s for granting	an exception a	are shown in Section IV.					
I. Are you a Medica	aid Provider										
Aı	nswer Yes				•	You have chosen the following VAP Exception: i					
II. Appeal Applican	t Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!					
Organization I	Name: Essex County Nursing Service	es				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
Joine	ed PPS: Adirondack Health Institute				-	You chose the qualification i, in the space below please include:					
^^ The VAP Exception	n is evaluated in the context of the P	PPS you are joining. If you are jo	oining more	than one PPS, y	ou have the						
option of applying fo	r the VAP Exception in that PPS as v	vell (if applicable). Please see tl	he "VII_Add i	itional PPSs" ta	b 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 See	ection II and VII of the instructions for	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient					
Provide	т Туре: СННА				▼	without your organization's involvement given the PPS current configuration of network providers.					
Provider Type -	Other:					b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
	Operating Certificate/	License # MMI	IS*	N	oj*	of services for the PPS in this community (ies).					
Unique Iden		4137		16896		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
Agency		4137	21	10830	03133						
Billing En						Character Count: 333					
	Address	Cit	у	State	Zip	Essex County is rural county in Upstate NY it is 2nd in area and seventh in the population. There were three CHHA in our County. VNS has now					
Ad	dress 132Water St Elizabethtown I	NY 12932				withdrawn leaving two CHHA's. HRC is unable to meet all of the needs of the residents in our County. HCR does not have enough staff to support					
•	•				* REQUIRED	the residents in towns in our most rural areas.					
III. Appeal Point of											
	Linda L. Beers										
Title		Ι.									
Contact Phone	e 518-873-3515 I lbeers@co.essex.ny.us		extension								
<u> </u>											
IV. Please choose t	he following VAP Exception:										
C iii Any state-o	al is uniquely qualified to serve base a, and/or clear track record of succest designated health home or group of Exception i & ii – Please indicate who u intend to join, then you will be del or II". If you are part of multiple PPSs.	ss in reducing avoidable hospit health homes. ** nat Performing Provider Systen nied. Please indicate the name	al use. n (PPS) you p	olan on joining.	If you do not						
When choosing VAP	Exception iii – The Department has s	submitted a draft list of State D	esignated H	ealth Homes an	d Network						
CMS approval. If your approval and do not safety net list, you do another approved sal complete this form. I	gencies (CMAs) that have already be r Health Home appears on this list an need to submit this form. If the orga o not need to submit this form. If you fety net provider list, but your organ ist is available on the DSRIP website ion IV, if you are joining more than	s pending approval, you will be anization operating your Health ur organization does not appea nization believes that it should	granted a V n Home/CMA ar on the dra qualify as a h	AP Exception p A already appea ft Health Home Health Home, p	ending CMS rs on another list or on lease						
V. Percentage of Me	dicaid & Uninsured members that y	our facility serves									
	Medicaid (FFS & MC)	Uninsured		Data Source	Year						
Percentage idrawi	n leaving two CHHA's. HRC is unable	5%		Census	2014						
understand tha appeal. Name Title	y that the information and data proving the this information may be subject to Linda L. Be Essex County Public appeals from the CEO, CFO or	o audit and I may be asked to pers ers lic Health	Ansv Yes	umentation in s							



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

a Medicaid Pro	ment 30 days prior to applic pvider Yes	ation approval. Three	•		•	, , , , , , , , , , , , , , , , , , , ,
Answer	Yes					·
Applicant Infor					▼	You have chosen the following VAP Exception:
	mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
ganization Name:	Fort Hudson Certified Home I	Health Agency, Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined PPS:					-	You chose the qualification i, in the space below please include:
	luated in the context of the PF					
			see the "VII_Ad	Iditional PPSs" 1	tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient
	1	Turtier clarification:			-	without your organization's involvement given the PPS current configuration of network providers.
	CHIA					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
der Type - Otner:		1	- A A A I C *	Τ.	NO.*	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)
	46-3241378		03878255	1639	9511892	
						Character Count: 2803
	Address		City	State	Zip	Fort Hudson CHHA is a newly approved CHHA (2014) serving Warren and Washington Counties. It received its Medicaid certification in
Address	319 Broadway	Fort Edv	ard ard	NY	12828	September 2014, and therefore has limited history. Despite less than 2 months of approval, the program clientele is approximately 10% of
I Daint of Courts					* REQUIRED	
						provider that is based (home office) in the county (Washington) and the only provider that has decades of experience in providing service to the ENTIRE geographical reach within the boundaries. Both counties have a higher than state average of "over 65", and a higher than average
						Medicaid penetration. However, it has a far lower population density than NYS average, covering large rural areas. Fort Hudson CHHA is ar
			Extension		203	affilaite of Fort Hudson Health System, part of a larger fully integrated mulit-level health care system, which offers comprehensive long term an
ntact Email acrui	ikshank@forthudson.com					post-acute services including licensed home care (PCA), Care Management, social and medical adult day programs, inpatient rehabilitation, etc.
choose the foll	owing VAP Exception:				_	As one of the largest (by client volume) NHTD/TBI waiver providers of multiple services, Fort Hudson is uniquely qualified to offer the region
	_	ng the exception becaus	e no other eligib	le provider is w	villing or capable	unparalleled service integration. Fort Hudson has two other VAP designated programs (Fort Hudson Nursing Center and Fort Hudson Home Care). Collectively, Fort Hudson programs serve close to 1000 individuals annually (growing each year), of which almost 60% are Medicaid. This makes Fort Hudson one of the largest Medicaid provides in this region, and the only one capable of offering a full array of coordinated services
				, relationships v	within the	Communities that will potentially be underserved are primarily in the border areas of Vermont and nothern Warren County, principally due to the distance from more populated areas (Fort Hudson currently serves these areas through its mulple programs). More importantly, Fort Hudson is the only provider capable of offering fully integrated HCBS services necessary to achieve DSRIP goals. Fort Hudson is an active participant in the
Any state-designat	ted health home or group of h	ealth homes. **				Adirondack Health Institute PPS, and will play an important role in development and ultimate success of DSRIP projects. It has a close working relationship with the key providers in the region, including Glens Falls Hospital and Hudson Headwaters Health Network. PLEASE NOTE: Fort
		-				Hudson CHHA would have ordinarily been on the originally approved VAP list based on its anticipated Medicaid utilization. However, as a new
•			name of the PP	S in the "Appeal	l Applicant	program not yet in the Medicaid system, it was not idenified as such, and not identified as a CHHA (with no prior cost report filed). Therefore, the timing alone was the reason for disqualifying Fort Hudson CHHA from VAP status.
·			tate Decignated	Health Homes	and Network	the tilling affice was the reason for this group through the first from the status.
	·		_			
oval. If your Health	h Home appears on this list as	pending approval, you	will be granted a	VAP Exception	pending CMS	
	_					
	•	•				
		zation believes that it si	louid quality as a	a nealth nome,	piease	
~ For Section IV,	if you are joining more than o	ne PPS, use second tab	(Section VII) to	add additional	PPSs.	
tage of Medicaid 8	& Uninsured members that yo	our facility serves				
Me	edicaid (FFS & MC)	Uninsured		Data Sourc	ce Year	
ige	10% (see note)	3%		internal	2014 YTD	
	· · · · · · · · · · · · · · · · · · ·					
	Provider Type: Inique Identifiers: Agency Code: Billing Entity ID: Address Al Point of Conta Attact Person And Title Chie Initiate Phone 518- Initi	PS's. See Section II and VII of the instructions for Provider Type: CHHA Ider Type - Other: Operating Certificate/L Inique Identifiers: Agency Code: Billing Entity ID: Address Address Address Address Address Address Address Address Address Andresc Andress Area Cruikshank Title Chief Executive Officer Intact Phone Ista-747-2811 Intact Email Istruitshank@forthudson.com Ista Choose the following VAP Exception: A community will not be served without granting of serving the community. Any hospital is uniquely qualified to serve based community, and/or clear track record of success. Any state-designated health home or group of the posing VAP Exception I & Ii - Please indicate what hat PPS you intend to join, then you will be den on - Section II". If you are part of multiple PPSs, osing VAP Exception Iiii - The Department has suggement Agencies (CMAs) that have already bee youl. If your Health Home appears on this list as and do not need to submit this form. If the organ list, you do not need to submit this form. If the organ list, you do not need to submit this form. If you proved safety net provider list, but your organistis form. List is available on the DSRIP website. For Section IV, if you are joining more than of tage of Medicaid & Uninsured members that you medicaid & Uninsured members that you had on the position of	PS's. See Section II and VII of the instructions for further clarification! Provider Type: CHHA Ider Type - Other: Operating Certificate/License # Inique Identifiers: 46-3241378 Agency Code: Billing Entity ID: Address Address Address Al Point of Contact Itact Person Andrew Cruikshank Title Chief Executive Officer Intact Person Intact Email acruikshank@forthudson.com Intact Person Intact Email acruikshank@forthudson.com Intact Pe	PS's. See Section II and VII of the instructions for further clarification! Provider Type: CHHA Ider Type - Other: Operating Certificate/License # MMIS* Inique Identifiers: 46-3241378 03878255 Agency Code: Billing Entity ID: Address City Address 319 Broadway Fort Edward In Point of Contact Itact Person Andrew Cruikshank Title Chief Executive Officer Itact Phone 518-747-2811 Extension Intact Email acruikshank@forthudson.com Itach Chair Community. A community will not be served without granting the exception because no other eligible of serving the community. Any hospital is uniquely qualified to serve based on services provided, financial viability community, and/or clear track record of success in reducing avoidable hospital use. Any state-designated health home or group of health homes. ** Osing VAP Exception I & Ii - Please indicate what Performing Provider System (PPS) you hat PPS you intend to join, then you will be denied. Please indicate the name of the PP on - Section II". If you are part of multiple PPSs, see section VII tab. Osing VAP Exception ii — The Department has submitted a draft list of State Designated agement Agencies (CMAs) that have already been approved as safety net providers as we oval. If your Health Home appears on this list as pending approval, you will be granted a gement Agencies (CMAs) that have already been approved as safety net providers as we oval. If your need to submit this form. If the organization operating your Health Home/Citics, you do not need to submit this form. If the organization operating your Health Home/Citics, you do not need to submit this form. If your organization does not appear on the deproved safety net provider list, but your organization believes that it should qualify as this form. List is available on the DSRIP website. For Section IV, if you are joining more than one PPS, use second tab (Section VII) to tage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Medicaid (FFS & MC) Uninsured	PS'S. See Section II and VII of the instructions for further clarification! Provider Type: CHHA Idder Type - Other: Operating Certificate/License # MMIS* Inique Identifiers: 46-3241378 03878255 163 Agency Code: Billing Entity ID: Address City State Address 319 Broadway Fort Edward NY In Point of Contact Itact Person Andrew Cruikshank Title Chief Executive Officer Itact Phone 518-747-2811 Extension Intact Email acruikshank@forthudson.com Itact Person Intact Email acruikshank@forthudson.com Itact Person Intact Email Intact Int	Provider Type: CHHA der Type - Other: Operating Certificate/License # MMIS* NPI* Inique Identifiers: 46-3241378 03878255 1639511892 Agency Code: Billing Entity ID: Address 319 Broadway Fort Edward NY 12828 All Point of Contact Tatact Person Andrew Cruikshank Title Chief Executive Officer Intact Phone 518-747-2811 Intact Email acruikshank@forthudson.com Intact Email acruikshank@forthudson.c

10/30/2014 Hamilton County Public Health Nursing Service

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 Ex	xception: The state will o	consider exceptions to the	e safety net o	definition (on 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 comme	ent 30 days prior to applic	cation approval. Three all	owed reason	is for grant	ting an exception a	re shown in Section IV.
I. Are you a N	/ledicaid Provi	ider					
	Answer Y	es				▼	You have chosen the following VAP Exception: i
II. Appeal Ap	plicant Inform	ation				_	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiz	ation Name: H	amilton County Public Healt	th Nursing Service				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
_	Joined PPS: A	dirondack Health Institute				-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is evalu	ated in the context of the PI	PS you are joining. If you are	joining more	than one P	PS, you have the	
option of apply	ing for the VA	P Exception in that PPS as w	ell (if applicable). Please see	the "VII_Add	litional PPS	s" 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 II a</u>	and VII of the instructions fo	r further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pi	rovider Type: c	ННА				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider [*]	Type - Other: D	&T					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	,,	Operating Certificate/L	icense # MI	MIS*		NPI*	of services for the PPS in this community (ies).
Uniqu	ie Identifiers:	2055601	** **	97386	19	801977376	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:	2033001	253	77380	1 10	501577370	
		0156910					Character Count: 0
	<u> </u>	Address	(City	State	Zip	
	Address 1	39 White Birch Lane, PO Box			NY	12842	
						* REQUIRED	
	int of Contact						
Contact		M Franko, MPH, RRT or of Public Health					
Contact	Phone 518-64			Extension			
		franko.hcphns@frontier.con	n	LATERISION			
		wing VAP Exception:					
When choosing indicate what I Information – S When choosing Care Managem CMS approval. approval approval approval complete this K another approcomplete this C ~ Fo	munity, and/or state-designate g VAP Exception PPS you intend section II'. If yog VAP Exception ent Agencies (C if your Health I lo not need to s you do not nee ved safety net pform. List is avair Section IV, if of Medicaid &	uely qualified to serve basec clear track record of succes d health home or group of health has signified the home appears on this list as submit this form. If the orgal d to submit this form. If you provider list, but your organilable on the DSRIP website.	at Performing Provider Syst sied. Please indicate the nar see section VII tab. ubmitted a draft list of State en approved as safety net pr pending approval, you will nization operating your Hea ur organization does not app ization believes that it shoul one PPS, use second tab (Se	em (PPS) you pee of the PPS is Designated Howiders as weld be granted a Volth Home/CM/lear on the drad qualify as a light Home of the drad qualify as a light Home is a light	plan on joir in the "App lealth Home Il as those t /AP Excepti A already al aft Health Hon	ning. If you do not eaal Applicant es and Network that are pending on pending CMS ppears on another tome list or on ne, please hal PPSs.	
		120/			,		
Percentage		42%	21%		NYSDO	OH 2007	
-	nd that this info	-	vided on this form is accurat audit and I may be asked t	o provide doc	umentation		
inan Tir	tle	Director of Public		- les	0 110		

10/30/2014 Jewish Home Lifecare

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

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



					basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus		
	iblic comment 30 days prior to appl	lication approval. Three allow	ed reasons for gran	iting an exception a	are shown in Section IV.		
I. Are you a Med							
	Answer Yes			▼	You have chosen the following VAP Exception: i		
II. Appeal Applic	cant Information				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>		
Organizati	on Name: Jewish Home Lifecare				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~		
Jo	pined PPS: Mount Sinai Hospitals Group			-	You chose the qualification i, in the space below please include:		
^^ The VAP Excep	tion is evaluated <u>in the context of the F</u>	PPS you are joining. If you are joi	ining more than one I	PPS, you have the			
	g for the VAP Exception in that PPS as v		e "VII_Additional PP	Ss" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to		
	e <u>Section II and VII</u> of the instructions for	or further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient		
Prov	ider Type: CHHA			▼	without your organization's involvement given the PPS current configuration of network providers.		
Provider Typ	e - Other:				b. A description of the applicant's organization, the services provided, and how the services will enhance the network		
	Operating Certificate/	/License # MMIS	5*	NPI*	of services for the PPS in this community (ies).		
Unique I	dentifiers: 7002659	038705	564 1	1780936948	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)		
Age	ncy Code:						
Billing	Entity ID:				Character Count: 1773		
	Address	City		Zip	Jewish Home Lifecare Home Care Program is a certified home health agency that meets the safety net definition; over 35% of the client visits are		
	Address 104 West 29 Street 8th Floo	nr New York	NY	10001	billed to Medicaid. Jewish Home Lifecare Certified Home Health Agency just received a Medicaid Provider Number, now entered on the form,		
III. Appeal Point	of Contact			* REQUIRED	since our program started October 2013. JHL is already a part of the provider network for Mount Sinai Hospital and has a long history of providing service within this geographical area of New York City and Westchester County. Jewish Home Lifecare has provided rehabilitation services		
	rson Jerold Cohen				through our skilled nursing facility on a short term basis to those in this community and since 1981 provided home care services to the Medicaic		
	Title Vice President of Home Care				population through the Long Term Home Health Care Program. Many of the clients of the LTHHCP transitioned to JHL's Care Management		
Contact Ph	one 212-273-2569	Ex	ktension		Program that was created in partnership with Senior Health Partner's/Healthfirst. JHL's CHHA is now providing home care to the same populatio		
Contact E	mail Jcohen2@jewishhome.org				in conjunction with the Senior Health Partner/Healthfirst to fulfill the public need for services and facilitate implementation of the Medicaid		
IV. Please choos	e the following VAP Exception:				Redesign Team's initiatives. JHL CHHA has the expertise from its experience as a LTHHCP to provide these services in a culturally and linguisticall appropriate manner. In addition JHL has an Adult Day Health Care center servicing those with Medicaid, Telehealth services both for the CHHA		
Any hos commu Any star When choosing V indicate what PPS Information – Sec When choosing V Care Managemen CMS approval. If y approval and do r safety net list, you another approve complete this for reformal communication.	ng the community. pital is uniquely qualified to serve base nity, and/or clear track record of succe te-designated health home or group of AP Exception i & ii – Please indicate whyou intend to join, then you will be detion II". If you are part of multiple PPSs AP Exception iii—The Department has at Agencies (CMAs) that have already be your Health Home appears on this list a lot need to submit this form. If the orgal on to need to submit this form. If you safety net provider list, but your organ. List is available on the DSRIP website ection IV, if you are joining more than Medicaid & Uninsured members that y	health homes. ** health Performing Provider System unied. Please indicate the name of 5, see section VII tab. submitted a draft list of State De een approved as safety net provi us pending approval, you will be a naization operating your Health our organization does not appear nization believes that it should q e. one PPS, use second tab (Section your facility serves	(PPS) you plan on joi of the PPS in the "Api signated Health Hom ders as well as those granted a VAP Except Home/CMA already a on the draft Health how on VII) to add addition	ning. If you do not peal Applicant nes and Network that are pending cion pending CMS appears on another Home list or on me, please nal PPSs.	and Day Centers and a Mental Health Program providing psychiatric nursing services home care visits as part of the CHHA and on-site at the Adult Day Centers. JHL has a robust Hospitalization Best Practice that involves Telehealth and other clinical modalities that has allowed the CHHA to consistently report 5% hospitalization rates for our clients.		
	Medicaid (FFS & MC)	Uninsured	Data So	ource Year			
Percentage	53%	0%		2013-14			
-	tify that the information and data pro that this information may be subject t Audrey We	o audit and I may be asked to p		on in support of this			

10/30/2014 L. Woerner Inc. Cortland

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	s Provider Ex	<u>(ception</u> : The state will conside	er exceptions to the safety net	definition	on 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 comme	ent 30 days prior to application a	approval. Three allowed reasor	ns for gran	ting an exception a	re shown in Section IV.			
I. Are you a N	Aedicaid Provi	der				,			
	Answer Ye	25			▼	You have chosen the following VAP Exception: i			
II. Appeal App	plicant Informa	ation				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
Organiza	ation Name: L.	Woerner Inc. Cortland				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS: Co	ortland Regional Medical Center, Inc.			-	You chose the qualification i, in the space below please include:			
^^ The VAP Exc	ception is evalua	ated in the context of the PPS you a	are joining. If you are joining more	than one P	PS, you have the				
		Exception in that PPS as well (if ap		ditional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
		nd VII of the instructions for furthe	r clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Pr	rovider Type: CH	HHA			▼	without your organization's involvement given the PPS current configuration of network providers.			
Provider 1	Type - Other:					b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
		Operating Certificate/License #	# 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	ie Identifiers:	1101601	03003894	1	891098927	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
Α	Agency Code:		•						
Bill	ling Entity ID:		<u>.</u>			Character Count: 1492			
		Address	City	State	Zip	Cortland County has significant Medicaid-eligible populations. They also have fairly large high-cost dual-eligible populations. L. Woerner Inc d/b/a			
	Address 6	North West St. Suite 5	Homer	NY	13077-1049	HCR Home Care has the expertise, experience, and tools in place to successfully manage this patient population and control costs. The agency is			
III Anneal Po	int of Contact				* REQUIRED	also in a position to help transition these high-need patients to care management services and managed care models.			
	Person Elizabet		 		1	In addition, their populations are rapidly aging. With high rates of chronic disease and poor socioeconomic circumstances, including high rates of poverty, along with the implications of the Affordable Care Act, these counties will see a drastic increase in the need for health care services,			
Contact	Title Preside					including home care. HCR can help to manage this increased need in the most cost-effective manner, employing prevention and chronic care			
Contact	Phone 585-295	5-6481	Extension			management activities to improve patient self-management.			
Contac	t Email ezicari@	@hcrhealth.com				HCR Home Care can effectively manage the utilization of home care services through comprehensive clinical review, the Chronic Care			
IV. Please cho	oose the follow	ving VAP Exception:				Management Model, and telehealth monitoring of high-risk patients. The agency has significant experience in improving access and quality outcomes resulting in lower rates of acute care hospitalization and ED use.			
O ii Any s O iii Any s When choosing indicate what F Information – S	erving the comm hospital is uniqu munity, and/or of state-designated g VAP Exception PPS you intend to Section II". If you	ot be served without granting the e unity. I lely qualified to serve based on ser- clear track record of success in redu- d health home or group of health han i & ii – Please indicate what Perfo o join, then you will be denied. Ple u are part of multiple PPSs, see section iii—The Department has submitter	vices provided, financial viability, ucing avoidable hospital use. nomes. ** orming Provider System (PPS) you ease indicate the name of the PPS tion VII tab.	relationship plan on joir in the "App	os within the ining. If you do not eal Applicant	HCR Home Care has been able to create many important relationships and linkages with other health care and human service providers that will enhance care coordination and transitions, as well as streamline operations; thereby producing cost savings.			
CMS approval. approval and d safety net list, y another approv complete this f	If your Health H do not need to su you do not need ved safety net pi form. List is avail or Section IV, if y	MAs) that have already been appro- lome appears on this list as pending ubmit this form. If the organization of to submit this form. If your organ- rovider list, but your organization to lable on the DSRIP website.	g approval, you will be granted a value of the granted a value of th	VAP Excepti A already a aft Health H Health Hon	on pending CMS ppears on another lome list or on ne, please				
v. Percentage		Uninsured members that your facil	·						
	Medio	caid (FFS & MC)	Uninsured	Data So	urce Year				
Percentage		26%	2%	meCare H	omeBa 2013				
-	-	information and data provided on prmation may be subject to audit a	and I may be asked to provide doo						
Nam	ne	Richard Glickman		O No	Ī				
Tit	tle	CFO			l				

10/30/2014 L. Woerner Inc. Delaware

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 Ex	xception: The state will	consider excep	otions 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 mus
be posted for	public comm	ent 30 days prior to appli	cation approva	al. Three allowed reason	s for grant	ting an exception	are shown in Section IV.
I. Are you a M							
	Answer y	'es				▼	You have chosen the following VAP Exception: i
II. Appeal App	olicant Inform	nation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name: L	. Woerner Inc. Delaware					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: N	Mary Imogene Bassett Hospital				▼	You chose the qualification i, in the space below please include:
		ated in the context of the P	PS you are joinir	ng. If you are joining more	than one P	PS, you have the	
option of applyi	ing for the VA	P Exception in that PPS as w	vell (if applicable	e). Please see the "VII_Add	litional PPS	s" 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 II</u> a	and VII of the instructions fo	or further clarific	cation!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	THHA				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Type - Other:						b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	7.1	Operating Certificate/I	License #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers:	1257602	Licerise #	02997973	11	033481932	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:	1237002		02997973	1	055461952	
	ing Entity ID:						Character Count: 1500
51111	ing Entity is:	Address		City	State	Zip	The County of Delaware has significant Medicaid-eligible populations. They also have fairly large high-cost dual-eligible populations. L. Woerner
	Address 5	1/2 Main St., Suite 4		Delhi	NY	13753-1109	Inc. d/b/a HCR Home Care has the expertise, experience, and tools in place to successfully manage this patient population and control costs. The
<u> </u>						* REQUIRED	agency is also in a position to help transition these high-need patients to care management services and managed care models.
III. Appeal Poi	int of Contact	t					In addition, their populations are rapidly aging. With high rates of chronic disease and poor socioeconomic circumstances, including high rates o
Contact F	Person Elizabe	eth Zicari					poverty, along with the implications of the Affordable Care Act, these counties will see a drastic increase in the need for health care services,
	Title Preside						including home care. HCR can help to manage this increased need in the most cost-effective manner, employing prevention and chronic care
	Phone 585-29			Extension			management activities to improve patient self-management.
Contact	t Email ezicari	@hcrhealth.com					HCR Home Care can effectively manage the utilization of home care services through comprehensive clinical review, the Chronic Care
IV. Please cho	ose the follo	wing VAP Exception:					Management Model, and telehealth monitoring of high-risk patients. The agency has significant experience in improving access and quality
i A cor	mmunity will n	ot be served without granti	ng the excention	n hecause no other eligible	e provider i	s willing or canable	outcomes resulting in lower rates of acute care hospitalization and ED use.
of ser	rving the comn	_	ing the exception	in because no other engion	c provider i	5 Willing or capabil	HCR Home Care has been able to create many important relationships and linkages with other health care and human service providers that will enhance care coordination and transitions, as well as streamline operations; thereby producing cost savings.
	***** CO						eminice care coordination and transitions, as wen as streamline operations, thereby producing cost savings.
O ii Any h	nospital is uniq	uely qualified to serve based	d on services pro	ovided, financial viability,	relationship	os within the	
comm	nunity, and/or	clear track record of succes	s in reducing av	oidable hospital use.	•		
~							
O iii Any s	tate-designate	ed health home or group of I	health homes. *	*			
When choosing	VAP Exceptio	n i & ii – Please indicate wh	at Performing P	Provider System (PPS) you	plan on joir	ning. If you do not	
indicate what P	PS you intend	to join, then you will be der	nied. Please indi	icate the name of the PPS	in the "App	eal Applicant	
Information – S	Section II". <u>If yo</u>	ou are part of multiple PPSs,	see section VII t	tab.			
When choosing	y VAP Exceptio	n iii – The Department has s	ubmitted a draft	t list of State Designated H	lealth Home	es and Network	
		CMAs) that have already bee					
		Home appears on this list as					
		submit this form. If the orga					
		d to submit this form. If you					
		provider list, but your organ illable on the DSRIP website.		that it should quality as a	Health Hon	ne, piease	
•		you are joining more than o		and tab (Saction VIII) to a	dd addition	aal DDCc	
FOI	i Section IV, ii	you are joining more than t	one FF3, use sec	ond tab (Section VII) to a	uu auuitioi	iai FF35.	
V. Percentage o	of Medicaid &	Uninsured members that y	our facility serve	es			
Г		T				ı	
	Med	icaid (FFS & MC)	Unii	nsured	Data So	urce Year	
 							
Percentage		16%		7%			
							<u> </u>
Yes Hereby C	Certify that the	e information and data prov	vided on this for	m is accurate and correct	to the best	t of my knowledge.	
	•	ormation may be subject to					
appeal.		• • • • • • • • • • • • • • • • • • • •	-				
				Ans		,	
Nam	ne	Richard Glick	man	● Yes	O No		

10/30/2014 L. Woerner Inc. Schoharie

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

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



					lasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must				
	oublic comment 30 days prior to app	lication approval. Three allowed	reasons for grantii	ng an exception a	re shown in Section IV.				
I. Are you a M	edicaid Provider								
	Answer Yes			▼	You have chosen the following VAP Exception: i				
II. Appeal App	licant Information				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organiza	tion Name: L. Woerner Inc. Schoharie				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS: Mary Imogene Bassett Hospital			-	You chose the qualification i, in the space below please include:				
^^ The VAP Exce	eption is evaluated in the context of the	PPS you are joining. If you are joining	g more than one PP	S, you have the					
	ng for the VAP Exception in that PPS as		/II_Additional 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. S	see <u>Section II and VII</u> of the instructions f	for further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Pro	ovider Type: CHHA			▼	without your organization's involvement given the PPS current configuration of network providers.				
Provider Ty	ype - Other:				b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
	Operating Certificate	:/License # MMIS*		NPI*	of services for the PPS in this community (ies).				
Unique	Identifiers: 4724601	00473730	164	49575549	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	gency Code:	00173730	1 20	15575515					
	ng Entity ID:				Character Count: 1515				
	Address	City	State	Zip	The counties of Schoharie and Otsego have significant Medicaid-eligible populations. They also have fairly large high-cost dual-eligible				
	Address				populations. L. Woerner Inc. d/b/a HCR Home Care has the expertise, experience, and tools in place to successfully manage this patient				
				* REQUIRED	population and control costs. The agency is also in a position to help transition these high-need patients to care management services and				
III. Appeal Poi					managed care models.				
Contact P	erson Elizabeth Zicari				In addition, their populations are rapidly aging. With high rates of chronic disease and poor socioeconomic circumstances, including high rates of poverty, along with the implications of the Affordable Care Act, these counties will see a drastic increase in the need for health care services, including home care. HCR can help to manage this increased need in the most cost-effective manner, employing prevention and chronic care management activities to improve patient self-management.				
Contact I	Title President Phone 585-295-6481	Exten	sion						
	Email ezicari@hcrhealth.com	Exteri	131011						
	ose the following VAP Exception:			4	HCR Home Care can effectively manage the utilization of home care services through comprehensive clinical review, the Chronic Care				
of service	mmunity will not be served without grant wing the community. pospital is uniquely qualified to serve base unity, and/or clear track record of successate-designated health home or group of VAP Exception i & ii – Please indicate w PS you intend to join, then you will be detection II". If you are part of multiple PPS: VAP Exception iii—The Department has ent Agencies (CMAs) that have already be four Health Home appears on this list at not need to submit this form. If the org out do not need to submit this form. If you safety net provider list, but your orga rm. List is available on the DSRIP websit. Section IV, if you are joining more than if Medicaid & Uninsured members that	sed on services provided, financial via ess in reducing avoidable hospital us of health homes. ** what Performing Provider System (PP enied. Please indicate the name of ti s, see section VII tab. submitted a draft list of State Design een approved as safety net providers as pending approval, you will be grar ganization operating your Health Hor our organization does not appear on inization believes that it should qualities.	ability, relationships e. 25) you plan on joining the PPS in the "Appe nated Health Homes s as well as those th nted a VAP Exceptione/CMA already api the draft Health Home fy as a Health Home	within the ng. If you do not al Applicant s and Network at are pending n pending CMS pears on another one list or on e, please	Management Model, and telehealth monitoring of high-risk patients. The agency has significant experience in improving access and quality outcomes resulting in lower rates of acute care hospitalization and ED use. HCR Home Care has been able to create many important relationships and linkages with other health care and human service providers that will enhance care coordination and transitions, as well as streamline operations; thereby producing cost savings.				
Percentage	19%	1%	meCare Ho	-					
	ertify that the information and data pro			of my knowledge.	-				
appeal.	d that this information may be subject t		Answer	m support of trils					
Name	e Richard Glic	ckman	Yes O No						

10/30/2014 L. Woerner Inc. Washington

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

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



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

						basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mu			
be posted for p	public comme	ent 30 days prior to application appro	val. Three allowed reason	s for gran	ting an exception a	are shown in Section IV.			
I. Are you a M	edicaid Provi	der							
	Answer Ye	s			▼	You have chosen the following VAP Exception: i			
II. Appeal App	licant Inform	ation				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
Organiza	tion Name: L.	Woerner Inc. Washington				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS: A	dirondack Health Institute			_	You chose the qualification i, in the space below please include:			
		ated in the context of the PPS you are join	ning. If you are joining more	than one F	PPS, you have the	, , , , , , , , , , , , , , , , , , , ,			
	•	Exception in that PPS as well (if applica				a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
multiple PPS's. S	See <u>Section II a</u>	nd VII of the instructions for further clar	ification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Pro	ovider Type:	HA			▼	without your organization's involvement given the PPS current configuration of network providers.			
Provider T	ype - Other:					b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
Trovider	ype other.	One and in a Contification II in a second	MMIS*	I	NPI*	of services for the PPS in this community (ies).			
		Operating Certificate/License #				c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	e Identifiers:	5726601	3001021	1 1	114363744				
	gency Code: ng Entity ID:					Character Count: 1640			
БІІІІІ	ing Entity ID.	Address	City	State	Zip	Washington County has significant Medicaid-eligible populations. They also have fairly large high-cost dual-eligible populations. L. Woerner Inc.			
	Address 12	24 Main St., Suite 201	Hudson Falls	NY	12839-1829	d/b/a HCR Home Care has the expertise, experience, and tools in place to successfully manage this patient population and control costs. The			
	Address 12	14 Main St., Suite 201	Tidusoff Falls	INI	* REQUIRED	agency is also in a position to help transition these high-need patients to care management services and managed care models.			
III. Appeal Poi	nt of Contact					In addition, their populations are rapidly aging. With high rates of chronic disease and poor socioeconomic circumstances, including high rates			
Contact P	Person Elizabet	th Zicari				poverty, along with the implications of the Affordable Care Act, these counties will see a drastic increase in the need for health care services,			
	Title Preside	nt				including home care. HCR can help to manage this increased need in the most cost-effective manner, employing prevention and chronic care			
Contact F	Phone 585-29	5-6481	Extension			management activities to improve patient self-management.			
Contact	Email ezicari@	hcrhealth.com				HCR Home Care can effectively manage the utilization of home care services through comprehensive clinical review, the Chronic Care			
IV. Please cho	ose the follov	ving VAP Exception:				Management Model, and telehealth monitoring of high-risk patients. The agency has significant experience in improving access and quality outcomes resulting in lower rates of acute care hospitalization and ED use.			
of serv	ving the comm	ot be served without granting the except unity. Itely qualified to serve based on services clear track record of success in reducing	provided, financial viability, ı			HCR Home Care has been able to create many important relationships and linkages with other health care and human service providers that will enhance care coordination and transitions, as well as streamline operations; thereby producing cost savings. Please note that L. Woerner Inc. took over the operations of the Washington Public Health Nursing Services Co. (OPCERT# 5726600) in January 2014.			
O iii Any st	tate-designated	I health home or group of health homes	. **						
indicate what Pf Information – Se	PS you intend t ection II". <u>If yo</u> i	I & II – Please indicate what Performin o join, then you will be denied. Please in u are part of multiple PPSs, see section \ I III – The Department has submitted a di	ndicate the name of the PPS //II tab.	in the "App	peal Applicant				
Care Manageme CMS approval. It approval and do safety net list, y	ent Agencies (C f your Health H o not need to si ou do not need	MAs) that have already been approved a lome appears on this list as pending app ubmit this form. If the organization oper I to submit this form. If your organizatio	as safety net providers as we roval, you will be granted a N ating your Health Home/CM. n does not appear on the dra	ll as those t /AP Except A already a aft Health H	that are pending ion pending CMS appears on another Home list or on				
complete this fo	orm. List is avai	rovider list, but your organization believ lable on the DSRIP website. You are joining more than one PPS, use							
V. Percentage o	of Medicaid & U	Uninsured members that your facility se	rves						
	Medi	caid (FFS & MC)	Ininsured	Data So	ource Year				
Percentage		14%	2%	meCare H	lomeBaYTD 2014				
	d that this info	information and data provided on this rmation may be subject to audit and I r Richard Glickman		umentatio					

10/30/2014 Lourdes At Home

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



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

•		c comment 30 days prior to app	lication approval. Thr	ee allowed reas	ons for gr	anting a	n exception a	re shown in Section IV.					
i. Are you		nswer Yes					▼	You have chosen the following VAP Exception:					
II Anneal		t Information						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!					
	• •	Name: Lourdes At Home					1	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
Oigo		ed PPS: United Health Services Hospitals, I	nr.				-	You chose the qualification i, in the space below please include:					
option of a	Exception	n is evaluated in the context of the r the VAP Exception in that PPS as ection II and VII of the instructions	PPS you are joining. If y well (if applicable). Plea	se see the "VII_A			ou have the	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient					
	Provide	r Туре: chha					▼	without your organization's involvement given the PPS current configuration of network providers.					
Provid	der Type -	Other:						b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
		Operating Certificate	/License #	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)					
Ur	nique Iden	tifiers: 0301603		03001145		195230	06631	c. Any supporting documentation to substantiate your narrative (attach as FDF in the email when submitting)					
	Agency												
	Billing En							Character Count: 3444					
	A -I	Address		City	State	:	Zip	Lourdes At Home (LAH) is a dba entity of Our Lady of Lourdes Memorial Hospital, Inc. LAH current licensure includes a LTHHCP and a CHHA. The					
	Au	dress 4102 Old Vestal Road	Vestal				13850 * REQUIRED	LTHHCP population in Broome County will receive letters this month to transition to a Managed Long Term Care Insurance Plan and CHHAs can provide the services needed. The combined average daily census for FY 14 was 312. The LTHHCP census was 74 and 24% of the total combined					
III. Appeal	Point of	Contact					REQUIRED	census. That 24% added to the 9.4% CHHA Medicaid population and the 3.4% uninsured population exceeds the 35% requirement for a safety r					
		n Rochelle Eggleton						provider. Many of these patients have had the same provider and care givers for years. Interrupting the continuity of their care can be					
	Title	Service Line Administrator						detrimental and further drive up healthcare costs. Current issues with insufficient care stem from fragmentation between providers, knowledge					
		607-772-1598		Extension	1			of services and access. The network of proposed providers is eager to collaborate at every level to ensure each Medicaid recipient receives the appropriate care at the appropriate level of care.					
Cor	ntact Emai	reggleton@lourdes.com											
i i o o o o o o o o o o o o o o o o o o	A commur f serving t iny hospita ommunity iny state-c ising VAP nat PPS you n – Sectior sing VAP gval. If you id do not ist, you do proved salah For Section. L	he following VAP Exception: nity will not be served without gran the community. al is uniquely qualified to serve bas to, and/or clear track record of succe the signated health home or group of the served by the served by the served to join, then you will be do to lif. If you are part of multiple PPS texception ii—The Department has gencies (CMAs) that have already be to Health Home appears on this list a meed to submit this form. If the org to not need to submit this form. If ye fety net provider list, but your orga ist is available on the DSRIP websit tion IV, if you are joining more than	ed on services provided ess in reducing avoidable f health homes. ** hat Performing Provide enied. Please indicate tis, see section VII tab. submitted a draft list of een approved as safety as pending approval, you canization operating you pur organization does n nization believes that it e.	, financial viabilitie hospital use. r System (PPS) yee name of the P state Designate net providers as a will be granted ir Health Home/t ot appear on the should qualify as	ou plan on PS in the "I d Health Ho well as tho: a VAP Exce CMA alread draft Healt s a Health H	ipining. If appeal Appeal Appe	f you do not oplicant d Network re pending nding CMS s on another list or on ease	LAH CHHA serves Broome, Tioga, Chenango and Delaware Counties. The LAH staff bring more than 15 years' experience caring for chronically ill Medicaid patients the LTHHCP in Broome County and will now be able to provide this same level of expertise to the other counties. Patients in counties where there has been limited access to the LTHHCP benefits will be helped to navigate needed services. LAH has a successful telehealth program specifically targeting patients with chronic disease in extremely poor and rural areas. Recently, LAH had obtained 20 additional wireless telehealth devices (74 total) to service those Medicaid patients without land line phone service. LAH has and continues to implement change to transform the way home care is delivered. Most recently, LAH is partnering with Critical Signals Technologies (CST) in a Home Health Connect Program that provides a call button in every patients home, similar to the call button in a hospita This partnership provides such services as arranging medical appointments and transportation, medication reminders, emergency services and access to staff within 45-60 seconds to report any changes in their condition, medications, etc. Other best practice strategies are the Interact Program and partnering with Lourdes Hospital for their COACH program. Interact is a Quality Improvement Program which is "designed to improve the early identification, management, documentation, and communication about acute changes in conditions of patients in HHAs (Interact.com)." Interact provides clinicians the decision making tools "to improve care and decrease preventable hospitalizations and readmissions (Interact.com)." Coordination of care in the first 30 days post hospital discharge is critical. The Lourdes COACH program; Collaborating Outreach to Achieve Community Health includes specific interventions; improving core discharge planning and transition from thospital, improving transitions and care coordination at the interfaces between care settings, enhanced coaching, and educatio					
V. Percenta	age of Me	dicaid & Uninsured members that	· ·			•							
_	-	Medicaid (FFS & MC)	Uninsured		-	Source	Year						
Percentag	ge	9%	3%		Lourde	s Finance	FY14						
under appea	rstand tha al. Name Title	y that the information and data protection to this information may be subject to Rochelle Eg. Service Line Ado	to audit and I may be a gleton ninistrator	sked to provide o	documenta Answer								



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

		nent 30 days prior to appli	cation approva	al. Three allowed reason	s for gra	nting an	exception are	e shown in Section IV.					
. Are you a Medicaid Provider Answer Yes								You have chosen the following VAP Exception: ii					
		Yes											
I. Appeal App	1						1	VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
Organiz		McAuley-Seton Home Care					- 100	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
	Joined PPS:	Catholic Medical Partners-Account	2000 200 200 200 200 200 200 200 200 20				~	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:					
	•	uated <u>in the context of the P</u> AP Exception in that PPS as w		0 , , 0									
	•	and VII of the instructions fo		· -	aitional Fi	- 35 tab	to select	a. A description of the applicant's niche services that would enhance the network of services for the PPS. A financial viability analysis (attack as PDE in the amail when submitting)					
		СННА					_	b. A financial viability analysis (attach as PDF in the email when submitting) c. An identification of and description of how the applicant's relationships within the community that would enhance					
Provider Type - Other:								PPS' success.					
TTOVIGET	Type - Other.	One anation Contificate	//:#	MMIS*	1	NPI	*	d. Demonstration of past success in reducing avoidable hospital use					
Union		Operating Certificate/ 1455600N	/License #	1080735		16977		e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	e Identifiers: Agency Code:	1455000N		1000733		109//	2343						
	ing Entity ID:							Character Count: 3500					
	0 7	Address		City	State		Zip	Services: McAuley Seton Home Care provides over 200,000 visits per year. A top performer in home care, McAuley Seton has twice received the					
	Address	2875 Union Road		Cheektowago	NY		14227	prestigious HomeCare Elite award and was recognized for Excellence in Patient Satisfaction by national hospital collaborative Catholic Health Eas					
		_					* REQUIRED	McAuley Seton recently completed a major expansion, receiving state authorization to serve Niagara County. McAuley Seton is a component of					
II. Appeal Poi								Catholic Health, an integrated delivery system (IDS) committed to leading the transformation of health care in our community and to improving					
Contact	Person Racha	m Director, Grants						the health of its residents, enhancing the experience of patients and reducing the cost of care. Its commitment to quality is demonstrated by its achievement of the highest quality rankings in cardiac, vascular, orthopedics & women's services through government and 3rd-party quality ratir					
Contact		828-3812		Extension				agencies.					
		@chsbuffalo.org						Financial Viability: McAuley Seton is a top tier best performing home care agencies in NYS with a greater than 10% percent operating margin.					
V. Please cho	ose the follo	wing VAP Exception:						Relationships within the Community: McAuley Seton is a subsidiary of Catholic Health, which is a member organization of Catholic Medical					
		not be served without granti	ing the exception	n because no other eligibl	e provide	r is willin	g or capable	Partners and a founding partner of Health Home Partners of WNY. As a key component of an IDS, McAuley Seton is indispensable; it is Catholic Health's Certified Home Health Agency, spans both counties of metro Buffalo-Niagara, and includes specialties beyond geriatrics, ranging from					
	rving the com	munity.						maternity to cardiopulmonary care. More important, it is critically important that Catholic Health's IDS – named one of the 100 most integrated					
ii								systems nationwide, and the lowest cost – not be severed. Working with very modest resources, the Catholic Medical Partners Ambulatory Care					
		quely qualified to serve base			relationsh	ips with	in the	Organization (CMP-AC) has developed this high performing IDS to serve as the foundation of its population health business model. Preliminary					
Comir	nunity, and/o	r clear track record of succes	ss in reducing av	oldable nospital use.				results have been very positive; DHHS recently issued quality and financial performance results for 220 Medicare Shared Savings ACOs across the					
O iii Any s	state-designat	ed health home or group of	health homes. *	**				country, and recognized CMP-AC among the top 3. CMP-AC reduced healthcare spending for its patient population by 7% from the national benchmark, saving more than \$27 million, while demonstrating high quality in patient safety, care coordination, preventive health, and at-risk					
When choosing	y VAP Excepti	on i & ii – Please indicate wh	nat Performing	Provider System (PPS) you	plan on jo	oining. If	you do not	populations. The DSRIP initiative requires CMP-AC to support an expanded delivery network to bring more effective medical care to a defined					
		to join, then you will be der			in the "A	opeal Ap	plicant	population of Medicaid patients. A population health model requires a strong, reliable infrastructure combined with a culture of accountability.					
		ou are part of multiple PPSs,						This infrastructure must include all Catholic Health organizations. Only in this way can CMP-AC ensure its PPS will close major gaps to patient care through leveraging the unique clinical and community strengths within defined regions of our service area, improving access, coordinating care a					
		on iii – The Department has s		-				optimizing the potential of community services.					
	Ü	(CMAs) that have already be Home appears on this list as	• • •	, ,				Success in Reducing Hospital Admissions: McAuley Seton is reducing hospital readmissions by transforming the crucial "transition of care" linking					
	•	submit this form. If the orga		, ,			•	inpatient and home care. Upon patient discharge from a Catholic Health hospital, McAuley Seton receives electronically a full Transition of Care					
		ed to submit this form. If you						document, compliant with National Quality Forum guidelines and compatible with C-CDA standards for Electronic Medical Records. The critical					
another approv	ed safety net	provider list, but your organ	nization believes	that it should qualify as a	Health Ho	ome, ple	ase complete	information in this file is expected to reduce dramatically the polypharmacy errors and communication breakdowns so often responsible for					
		the DSRIP website.						avoidable readmissions.					
~ Fo	r Section IV, i	f you are joining more than	one PPS, use se	econd tab (Section VII) to	add addit	ional PPS	Ss.						
V. Percentage	of Medicaid 8	Uninsured members that y	our facility serv	res									
	Me	dicaid (FFS & MC)	Un	insured	Data	Source	Year						
Percentage		7%		1%	I	CR	2013						
	n d that this in ne	e information and data pro formation may be subject to Joyce Markie President/CEO of CHS Home	o audit and I ma ewicz care, Administi	An Ye	cumentat swer	ion in su							
	Only app	eals from the CEO, CFO or	comparable w	ill be accepted									

10/30/2014 Northern Lights Health Care Partnership, Inc.

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

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



			·		•	case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and m ion are shown in Section IV.
I. Are you a M	•				3 6	
	Answer Y					▼ You have chosen the following VAP Exception: i
II. Appeal App	plicant Inform	nation				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
		Northern Lights Health Care Pa	artnership, Inc.			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
O I garniz		Adirondack Health Institute				You chose the qualification i, in the space below please include:
^^ The VAP Exc		lated in the context of the PPS	S you are joining. If you are i	ioining more than	one PPS, vou have t	
		P Exception in that PPS as wel				
multiple PPS's.	See Section II a	and VII of the instructions for t	further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	rovider Type:	СННА				without your organization's involvement given the PPS current configuration of network providers.
Provider 1	Type - Other: H	Home Health Agency-CHHA				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/Lic	cense # MM	IIS*	NPI*	of services for the PPS in this community (ies).
Uniqu	e Identifiers:	4420600	3864		1881037604	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:	20000	3004			
	ling Entity ID:					Character Count: 452
		Address	Cit	ty Sta		Northern Lights is a new CHHA with operating certificate effective 10/3/13. Medicaid number was received on 8/14/14. We were awarded the
	Address 9	1 Main Street	Canton	N		CHHA as a result of the St. Lawrence County Public Health CHHA closing in 2013. St. Lawrence County Public Health is still being reported as a
III. Appeal Po	int of Contact				* REQU	
	Person Todd A					approximately 50% medicaid.
Contact	Title D.O.O.					⊣ ∥
Contact	Phone (315) 7			Extension		
Contac	t Email tramo	@unitedhelpers.org				⊒
IV. Please cho	ose the follo	wing VAP Exception:				
when choosing indicate what P Information – S When choosing Care Managem CMS approval and aproval and aproval and the safety net list, another approcomplete this f	munity, and/or state-designate g VAP Exceptio PPS you intend Section II". If yo g VAP Exceptio ent Agencies ((If your Health I lo not need to seved safety net p form. List is ava	uely qualified to serve based of clear track record of success is at health home or group of he on i & ii – Please indicate what to join, then you will be denie ou are part of multiple PPSs, se iii—The Department has sub CMAs) that have already been Home appears on this list as p submit this form. If the organia dt os submit this form. If your provider list, but your organizariable on the DSRIP website.	in reducing avoidable hospi ealth homes. ** Performing Provider Syste- ed. Please indicate the nam- ee section VII tab. Omitted a draft list of State I a approved as safety net pro- pending approval, you will be ization operating your Healt organization does not appe- ation believes that it should	m (PPS) you plan o e of the PPS in the Designated Health viders as well as th e granted a VAP Es h Home/CMA alre ar on the draft Hea qualify as a Health	n joining. If you do "Appeal Applicant Homes and Networ lose that are pendin ception pending Ch ady appears on ano alth Home list or on a Home, please	g B IS ther
V. Percentage	of Medicaid &	Uninsured members that you	ur facility serves			
	Med	licaid (FFS & MC)	Uninsured	Da	ta Source Yea	
Percentage		Approx 60%	Approx 5%			
	nd that this inf	e information and data provid formation may be subject to a Todd Amo			tation in support of	
Tit		Director of Opera	ntions	- -		



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

	•	nment 30 days prior to appl	ication approval. Thre	e allowed reaso	ns for	granting a	an exception a	re shown in Section IV.					
I. Are you a	Answei						-	You have chosen the following VAP Exception:					
							•	<u> </u>					
II. Appeal Ap	•							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
Organi	zation Name	manager in the same of the sam		ome Health Agen	су		Figure	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
44 TL 1/4 D F	Joined PPS					200	~	You chose the qualification i, in the space below please include:					
option of app	lying for the	valuated in the context of the F VAP Exception in that PPS as v III and VII of the instructions f	well (if applicable). Pleas					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient					
ı	Provider Type	: CHHA					•	without your organization's involvement given the PPS current configuration of network providers.					
Provider	Type - Othe	r:						b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
		Operating Certificate	/License #	MMIS*	T	NP	p *	of services for the PPS in this community (ies).					
Unia	ue Identifier:			01047974		10533	37865	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	Agency Code												
Bi	lling Entity IC):						Character Count: 3436					
		Address		City	Sta	ate	Zip	a. i. Geographic Area: Catholic Medical Partners-Accountable Care IPA INC ("CMP") PPS seeks to serve Cattaraugus, Chautauqua, Erie, Niagara,					
	Address	2700 North Forest Road	Getzvill	e	N	NY	14068	and Orleans Counties. Rosa Coplon Jewish Home and Infirmary Certified Home Health Agency ("Rosa") is seeking Safety-Net ("SN") designation					
III Ammaal D	-i-+ -f C						* REQUIRED	for the provision of skilled home health services in Erie County ("EC").					
III. Appeal P	t Person Rar							ii DDC Danulation IC has 220 FFF Medicaid //AAA*\ mambasa based on 2012 data. According to the FC 2014 17 Community Health According					
Contac		ef Operating Officer						ii. PPS Population: EC has 230,555 Medicaid ("MA") members based on 2013 data. According to the EC 2014-17 Community Health Assessment, the mortality rate in EC is much higher than the State rate (1,029.5 per 100,000 vs. 741.4 per 100,000 Statewide, based on 2009 data.) In					
Contac		5-639-3330		Extension		243	35	particular, mortality rates for cerebrovascular disease and diseases of the heart are all much higher in EC than the rest of the State. With respect					
Conta	ct Email rdr	essel@weinbergcampus.org						to home care, the need for home care is high in EC compared to the rest of the State. Salient data for the top 50 non-institutional LTC providers in					
IV. Please ch	oose the fo	llowing VAP Exception:						2013 indicates that EC had 147,308 home health claims and 4,308 unique users. By comparison, Queens County, which has 992,518 members,					
IV. Please choose the following VAP Exception: A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community. Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use. Any state-designated health home or group of health homes. ** When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab. When choosing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website. *For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs. V. Percentage of Medicaid & Uninsured members that your facility serves								reported 147,387 home health claims and 910 total members. iii. Explanation of Insufficiency of Services in Community Without Rosa's Involvement in the PPS: Based on the Design Planning Grant application, the CMP partner network includes NO CHHAs designated as SN providers in EC, demonstrative of the need for approval of Rosa as a VAP. Rosa CHHA was approved as a conversion of its LTHHCP through New York's CHHA RFA process, based on DOH's finding of a need for additional CHHA services in EC. The DOH has itself designated the LTHHCP as a SN Provider, with 49.05% of its patient volume serving the SN population. The CHHA's operator is the same legal entity as the LTHHCP, and recognized by CMS as the same HHA, providing further support for the CHHA to receive SN provider status based on the LTHHCP's SN designation. In addition, the CHHA has demonstrated its role as a vital provider in the EC MA home health market, and, while only operational since July 1, 2014 has a demonstrated commitment to serving the EC SN population (28%) that it intends to expand through participation in DSRIP. b. Description of Need for Rosa to Enhance Network of SN Providers: Rosa CHHA, a NFP entity, serves EC as part of The Harry and Jeanette Weinberg Campus consortium of providers, which for close to 100 years ha served the elderly and SN population in EC, and includes a full continuum of LTC services —a 180 bed SNF and outpatient rehab center, LHCSA, MLTC, ACF/ALP, Social and Medical ADHC, memory care, independent and low-income senior housing, respite services, DSTC, and OMH Residence. Rosa is the 8th largest MA home health provider in the county based on claims for home health services. Rosa CHHA leverages its experience with MLTCs, including its own MLTC - Fallon Health Weinberg, and affiliated and local providers to provide seamless, high-quality services and health management to the area's SN population. In addition, Rosa's affiliated SNF, LHCSA and ALP are designated SN providers. The CHHA's ability to team with MLTCs and integra					
	N	1edicaid (FFS & MC)	Uninsured		-	ata Source	Year						
Percentage Yes Hereby	Certify that	28% the information and data pro	CHHA approved 7/1		<u> </u>	aims 7/1~		 - 					
	•	information may be subject t	o audit and I may be as	ked to provide do	ocumen iswer	ntation in s							
	me	Randi Dres		(Ye	s O	No							
Т	itle	Chief Operating											
	Only ap	peals from the CEO, CFO or	comparable will be a	ccepted									



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 com	ment 30 days prior to appl	•	Three allowed reas			•						
I. Are you a M	ledicaid Pro	vider											
	Answer	Yes					~	You have chosen the following VAP Exception: i					
II. Appeal App	licant Info	rmation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
Organiza	ation Name:	The Wartburg Home of the I	Evangelical Luthera	n Church				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
	Joined PPS:	Montefiore Medical Center					~	You chose the qualification i, in the space below please include:					
		luated in the context of the F											
		VAP Exception in that PPS as value of the instructions for the instruction in the instruction			dditional	PPSs" ta	b to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
· · · · · · · · · · · · · · · · · · ·			or further clarificati	10111			_	include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.					
	ovider Type:	CHHA					•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
Provider T	ype - Other:							of services for the PPS in this community (ies).					
		Operating Certificate/	License #	MMIS*		NF		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	e Identifiers:	5904601		01177999		12150	89479						
	gency Code: ing Entity ID:							Character Count: 3185					
Billi	ing critity iD.	Address		City	Stat	ρ	Zip	a. i. Geographic Area: Montefiore Medical Center ("MMC") PPS seeks to serve Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and					
	Address		Ne	ew Rochelle	NY		10801	Westchester counties. Wartburg Home Care ("Wartburg") is seeking Safety-Net ("SN") designation for the provision of certified home health					
		!					* REQUIRED	services in Westchester County ("WC").					
III. Appeal Poi													
Contact F		k Hammond & Executive Vice President						ii. PPS Population: WC comprises more than half of the entire PPS's home health utilization, and includes 187,403 Medicaid ("MA") members and an ER visit rate per 1,000 members of 48.5. Salient data for the top 50 non-institutional LTC providers in WC for 2013 indicates that WC had					
Contact	Phone 914-			Extension				273,266 home health claims and 2,792 unique users, while the entire Mid-Hudson region had 478,560 and 5,575. Notably, Wartburg's LTHHCP					
		mmond@wartburg.org		1				had 44,048 home health claims during the same period, comprising 16% of the county's total home health volume of claims.					
IV. Please cho	ose the fol	lowing VAP Exception:											
of ser Any h comn iii Any s When choosing indicate what P Information – S When choosing care Managem CMS approval. I approval and de safety net list, y another approv complete this fe	rving the cor nospital is un nunity, and/ tate-designa g VAP Except PS you inter- ection II". If VAP Except ent Agencies If your Healt to not need to you do not not need safety ne or Section IV,	iquely qualified to serve base or clear track record of succe sted health home or group of cion i & ii – Please indicate what to join, then you will be de you are part of multiple PPSs ion iii – The Department has so (CMAs) that have already be home appears on this list a cosubmit this form. If the orgaed to submit this form. If you troprovider list, but your orgar vailable on the DSRIP website if you are joining more than	ed on services proviss in reducing avoid health homes. ** nat Performing Provined. Please indical, see section VII tab submitted a draft lisen approved as safes pending approval, anization operating ur organization doenization believes the cone PPS, use secon	ided, financial viabilitidable hospital use. vider System (PPS) yette the name of the Pig. st of State Designated they net providers as it, you will be granted your Health Home/Ces not appear on the at it should qualify as and tab (Section VII) to	y, relation ou plan on PS in the " d Health H well as tho WA alread draft Heal a Health	joining. Appeal A omes an ose that a eption po dy appea th Home Home, pl	If you do not Applicant and Network are pending CMS are on another elist or on lease	application, the MMC partner network includes only 5 CHHAs designated as SN providers in WC. As LTHHCPs are winding down and LHCSAs are limited to non-skilled services only, CHHAs are crucial to the prevention of ER admissions. Wartburg CHHA was approved as an expansion of its LTHHCP through New York's CHHA RFA process, based on the DOH's finding of a demonstrated need for additional CHHA services in WC and the Bronx in order to achieve the objectives of MA Redesign in New York. Wartburg is a vital provider in the WC MA home health market, as demonstrated by the designation of its LTHHCP as a SN provider, with 91.64% of its patient volume serving the SN population, as reported by DOH. The LTHHCP population has been transitioned to MLTC, consistent with mandatory enrollment in NY. However, the CHHA's operator is the same legal entity as the LTHHCP, and recognized by CMS as the same HHA, providing further support for the CHHA to receive SN provider status based on the LTHHCP SN designation. b. Description of Need for Wartburg to Enhance Network of SN Providers: Wartburg CHHA serves WC and Bronx Cos. and is part of the larger Wartburg long term care continuum serving the SN population of seniors in the Mid-Hudson region through its 210 bed SNF, LTHHCP, LHCSA, ADHC, ACF, respite, hospice and memory care services. Wartburg's LTHHCP we the 5th largest MA home health provider in the entire county and the 25th largest MA provider in WC based on claims for all services in 2013. The CHHA provides the full array of home health services and leverages its experiences with local providers to provide seamless, high-quality services and health management. In addition, Wartburg's affiliated SNF and LHCSA are designated SN providers. The CHHA's ability to team with existing partners on DSRIP projects as a SN provider will bring natural integration to MMC and the WC community. Recognizing Wartburg's CHH as a VAP would enhance the network of SN providers in the PPS and allow MMC to meet the goals of DSRIP, while failing to do so					
V. Percentage of	of Medicaid	& Uninsured members that y	your facility serves										
	Me	edicaid (FFS & MC)	Uninsu	ured	Data	Source	Year						
Percentage	0 (note: C	HHA-Medicaid enrollment	effective 1	1/21/13)									
-	n d that this i ne	the information and data pro nformation may be subject t Mark Hamn CFO & Executive Vi peals from the CEO, CFO or	o audit and I may b nond ce President	e asked to provide d	ocumenta nswer								



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

		ment 30 days prior to appli	ication approval. Thre	ee allowed reaso	ons for	granting	an exception a	n are shown in Section IV.					
I. Are you a	Medicaid Pro												
	Answer	Yes					•	You have chosen the following VAP Exception: i					
II. Appeal Ap	pplicant Info	rmation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
Organi	ization Name:	Twin Tier Home Health Inc.						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
	Joined PPS:	United Health Services Hospitals, Inc	c				•	You chose the qualification i, in the space below please include:					
		luated in the context of the P											
		/AP Exception in that PPS as w		se see the "VII_A	dditiona	al PPSs" ta	b to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
		II and VII of the instructions for	or further clarification!				[include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers. b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
	Provider Type:						~						
Provider	r Type - Other:	Certified Home Health Care						of services for the PPS in this community (ies).					
		Operating Certificate/	License #	MMIS*		N	P *	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
Uniq	ue Identifiers:	301601		683656		17604	89406						
	Agency Code:												
Bi	illing Entity ID:			611				Character Count: 3495					
	Address	Address 601 Riverside Drive	Johnso	City	_	ate NY	Zip 13790	Twin Tier Home Health (Twin Tier) has joined the United Health Services, Inc. Southern Tier Performing Provider System (PPS) which has merged with the Cortland Regional Medical Center Inc. Rural Integrated PPS to serve the counties of Broome, Cayuga, Chenango, Cortland, Chemung,					
	Address	001 Kiverside Drive	Jonnso	ii City	IN	N1	* REQUIRED						
III. Appeal P	oint of Conta	act						There is demonstrated need for home care in the region which is characterized by high rates of cardiovascular and respiratory disease, diabetes					
Contac	t Person Greg							and behavioral health/substance abuse issues dispersed through out predominately rural communities. These communities often suffer from					
	Title COO				_			limited access to health care because of geographic and financial limitations and home health care services can reach where hospital and office based services might not be feasible. Twin Tier is experienced with delivering care in these areas and will be a major contributor in achieving a 25% reduction in unavoidable hospital admissions and emergency department visit rates. Based on October 2014 Home Health Compare results, Twin Tier has the lowest percentage rate of unavoidable admissions and ED visits among all home care proivders in the STRIPPS.					
	ct Phone 607-			Extension		32	40						
		g_Rittenhouse@uhs.org											
_		lowing VAP Exception:						Twin Tier is a comprehensive certified home health agency licensed in Broome, Chenango, Delaware and Tioga counties offering a full range of					
	community will serving the con	I not be served without granti	ing the exception beca	ise no otner eligii	bie prov	vider is will	ing or capable	pervices to patients including skined warsing, i hysical merupy, occupational merupy, special merupy, includes social work, negistered bledela					
	serving the con	illiulity.						and Home Health Aides. Twin Tier has specialty programs including an in-home and community-based fall prevention program, a cardiac diseas management program, an orthopedic rehab program, a COPD disease management program and a wound program under the supervision of a					
O ii Any	/ hospital is un	iquely qualified to serve base	d on services provided	financial viability	, relatio	onships wi	thin the	certified wound ostomy continence nurse. Twin Tier works closely with UHS healthcare system members with behavioral/mental health expertis					
		or clear track record of succes				•		to adaynce the competeency of home care staff to better manage psychosocial issues that are a challenge to reducing hospital and re-					
O iii Any			**					hospitalization and ER utilization.					
	_	ited health home or group of											
		ion i & ii – Please indicate wh				, ,	•	Twin Tier is a member of UHS Home Care which includes a licensed agency, a long term home health care program and a personal emergency response program. At the conclusion of 2104 Twin Tier will absorb the long term home health care program and will provide long term home					
		id to join, then you will be der you are part of multiple PPSs,		ie name of the PP	'S in the	Appear A	кррисант	health care through contracts with Managed Long Term Care Providers. Twin Tier has been providing certified home health care for 34 years are					
	· · · · · · · · · · · · · · · · · · ·	ion iii– The Department has s		State Designated	l Health	Homes an	d Network	collectively with the agencies of UHS Home Care has a proven track record helping patients stay safe, independent and healthy living in place.					
	-	(CMAs) that have already be		_				Twin Tier has been using home telemonitoring since 2001. Use of telemonitoring helps mitigate the need for transportation to receive care, promotes patient health and independence, and minimizes use of emergency room services and readmissions to the hospital. Twin Tier provide					
CMS approva	l. If your Healt	h Home appears on this list as	s pending approval, yo	will be granted a	a VAP Ex	xception p	ending CMS						
		o submit this form. If the orga											
		eed to submit this form. If you						in-house RN, seven day week monitoring of all telemonitoring patients.					
		t provider list, but your organ vailable on the DSRIP website		snould quality as	а неакт	n ноте, р	iease	Twin Tier has a patient-centered model of care. By focusing on the patient holistically, the team identifies non-medical issues that impact a					
•		if you are joining more than		b (Section VII) to	add add	lditional Pi	PSs.	patient's ability to follow an established plan of care. Ensuring the basics of food, shelter, and peace of mind allows the patient to be engaged in					
				,				problem solving and in follow through on interventions to improve health outcomes. Twin Tier has well established collaborative relationships					
V. Percentage	e of Medicaid	& Uninsured members that y	our facility serves					with key community partners in the PPS region					
	Me	edicaid (FFS & MC)	Uninsured		Da	ata Source	Year	7					
Percentage		16%	0%			Oasis	08/13-07/14	14					
							,						
Voc I Hereby	v Cartify that t	the information and data pro-	vided on this form is a	curate and corre	ct to the	e hest of r	ov knowledge						
		nformation may be subject to											
appeal.													
				_	<u>nsw</u> er								
	ime	Greg Rittenh	ouse	Y	es O	No							
Т	Onlyan	COO	comparable will be	scontad									
	only app	peals from the CEO, CFO or	comparable will be a	ccepted									

10/30/2014 Visiting Nurse Services of Northeastern NY

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



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

								pasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must					
•	or public comr Medicaid Pro	nent 30 days prior to appl	ication approval. In	ree allowed reaso	ns for gra	anting a	n exception a	re snown in Section IV.					
i. Ale you a	Answer						▼	You have chosen the following VAP Exception:					
II. Appeal Ar	oplicant Infor							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!					
	•	Visiting Nurse Services of No	ortheastern NY					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
0.80	Joined PPS:						-	You chose the qualification i, in the space below please include:					
^^ The VAP Ex		uated in the context of the I	PPS you are joining. If	you are joining mor	e than on	e PPS, vo	u have the						
		AP Exception in that PPS as v						a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
multiple PPS's	S. See <u>Section I</u>	and VII of the instructions f	or further clarification	ı!				include descriptions of the geographic area, the population, and how the services in this community are insufficient					
F	Provider Type:	CHHA					▼	without your organization's involvement given the PPS current configuration of network providers.					
Provider	Type - Other:							b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
		Operating Certificate	/License #	MMIS*		NPI	*	of services for the PPS in this community (ies).					
Uniq	ue Identifiers:	4601600	-	02997684		184136	0740	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	Agency Code:												
Bi	illing Entity ID:							Character Count: 3500					
		Address		City	State		Zip	The Visiting Nurse Services of Northeastern NY (VNS NENY) is a member of the Ellis Medicine PPS servicing 172,000 are Medicaid enrollees in					
	Address	108 Erie Blvd	Scher	nectady	NY		12305 * REQUIRED	Albany, Rensselaer, Saratoga, Schenectady, Montgomery and Fulton Counties. The ability of the PPS to service patients would be compromised if VNS NENY is not included. The VNS NENY meets the expectations of the appeal because the three reasons:					
III. Appeal P	oint of Conta	ct					REQUIRED	WAS NEXT IS NOT INCIDIOUS. THE WAS NEXT INCESS THE expectations of the appeal because the time leasons.					
	t Person Tim E							1. VNS NENY operates the Health Home (Care Central) that is an integral part of the coalition assembled for the PPS and provides the majority o					
	Title CFO		,					care management services to the Medicaid population in its service area that can't be duplicated by the other CHHA's or Health Homes. As the					
	t Phone 518-3			Extension		258	3	sole Health Home in Schenectady County and the sole Health Home serving South Saratoga County, the VNS NENY is integral in DSRIP PPS					
		ert@vnshomecare.org						performance. The VNS NENY does appear on the draft list of state designated Health Homes.					
IV. Please ch	noose the foll	owing VAP Exception:						2. VNS NENY meets the 35% safety net criteria when considering its CHHA services and Health Home services both in visits / encounters. The VNS					
i Ac	ommunity will	not be served without grant	ting the exception bec	ause no other eligib	le provide	er is willir	ng or capable	NENY combined Medicaid and eligible services rate is 40.73%. The original formula (CHHA visits / encounters) for the Safety Net appeal showed a					
	erving the com	munity.						utilization of 32.40%, just short of the 35% required. This data excluded patient encounters through our Health Home, services which are billed					
O ii								by the VNS under the same NPI.					
		quely qualified to serve base or clear track record of succe			, relations	hips with	iin the						
	illiality, alla, c	i clear track record or succe	.33 III reducing avoidab	ne nospital use.				3. VNS NENY exceeds the 35% threshold with its CHHA services alone when considering revenue. Revenue dollars was not the consideration in the original DSRIP appeal, rather visit volume. Based on Medicaid and charity care revenue alone the VNS NENY CHHA comprises 37.28% of total					
O iii Any	state-designat	ed health home or group of	health homes. **					agency revenue, exceeding the 35% threshold.					
When choosir	ng VAP Excepti	on i & ii – Please indicate wh	hat Performing Provid	der System (PPS) you	ı plan on i	oining. If	you do not	again, receive, executing the 300 times fold.					
	-	d to join, then you will be de	-			_	-	Service Visits/Encounters [Percentage]					
Information –	- Section II". <u>If v</u>	ou are part of multiple PPSs	s, see section VII tab.					CHHA 18,245 [32.40%]					
		on iii – The Department has		_				Health Home – 2013 (1st full year) 7,916 [100%]					
_	_	(CMAs) that have already be						Total 26,161 [40.73%]					
		Home appears on this list a submit this form. If the org		-			-	If we look at 2013 Medicaid revenue instead of utilization the argument becomes stronger as shown below:					
		ed to submit this form. If yo											
		provider list, but your organ	_					Service Revenue Percentage					
complete this	form. List is a	vailable on the DSRIP website	e.					CHHA \$4,546,371 [37.28%]					
~ F	or Section IV,	f you are joining more than	one PPS, use second t	tab (Section VII) to	add addit	ional PPS	is.	Health Home \$1,723,417 [100%]					
V. Percentage of Medicaid & Uninsured members that your facility serves								Total \$6,269,788 [45.05%]					
· · · c. ccug		a commouned members that	, , , , , , , , , , , , , , , , , , , ,					The VNS NENY is the primary CHHA (majority of patients served) in Schenectady County serving Medicaid enrollees. Until recently it was the only					
	Me	dicaid (FFS & MC)	Uninsure	≥d	Data	Source	Year	CHHA in Schenectady County. The VNS NENY is affiliated with the largest acute care provider in Schenectady County Ellis Medicine.					
					-								
Percentage		31%	1%		Cost	Report	2012						
	•							Franklin. Along with our home care program and Health Home, we also operate:					
-		ne information and data pro					-	Care Choices -a specialized palliative program for the coordination of healthcare services in the homecare setting for persons with very serious					
underst	the first term of the first te							illnesses. Care Choices works in collaboration with Ellis Medicine and Community Hospice and will be in integral part of the PPS. This program					

appeal.

			Answer	
Name	Tim Berger	(●	0	No
Title	CFO			

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

recently received a BIP award of \$347,000 to serve fee-for-service Medicaid members.

Care Transitions – A program in collaboration with 3rd party providers designed to help patients meeting specific clinical diagnosis transition from the acute care setting back into their home environment with the goal of avoiding readmissions. We currently have contracts with both MVP and Blue Shield of Northeastern NY. We just ended a similar program with CMS where the VNS was the lead agency in a ten county region of upstate