10/29/2014 Adirondack Health Institute Health Home

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



	omment 30 days prior to applicat					basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS ire shown in Section IV.	
. Are you a Medicaid				, 0			
Ansv	ver Yes				You have chosen the following VAP Exception: iii		
I. Appeal Applicant II	formation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!	
Organization Nar	ne: Adirondack Health Institute Hea	alth Home				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~	
Joined I	PS: Adirondack Health Institute				-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home li	
^ The VAP Exception is	evaluated in the context of the PPS	you are joining. If you are jo	ining more than o	ne PPS, you ha	ive the	the space below, please include:	
otion of applying for th	e VAP Exception in that PPS as well	l (if applicable). Please see th	e "VII_Additional	PPSs" tab to s	elect		
ultiple PPS's. See <u>Secti</u>	on II and VII of the instructions for f	urther clarification!				a. A description of your entity in specific relation to being a Health Home.	
Provider Ty	pe: Health Home/Care Management Agenc	у			•		
Provider Type - Ot	ner:					Please do not submit this form if you are already on the draft Health Home List.	
···	Operating Certificate/Lice	ense # MMIS	*	NPI*			
Unique Identifi		34499		174055773	5		
Agency Co		34455	74	1/4033//3	3		
Billing Entity						Character Count:	
	Address	City	Sta	te Zi	0	5.6.00.0	
Addre		Glens Falls	N				
			<u> </u>		EQUIRED		
. Appeal Point of Co	ntact						
Contact Person							
	lealth Home Department Manager						
Contact Phone		E	xtension	6			
-	parisi@adkhi.org						
. Please choose the	following VAP Exception:						
Any state-des /hen choosing VAP Exc dicate what PPS you in formation – Section II' /hen choosing VAP Exc are Management Ager MS approval. If your H oproval and do not nee ifety net list, you do no nother approved safety complete this form. List ~ For Section	and/or clear track record of success in gnated health home or group of hear eption i & ii – Please indicate what tend to join, then you will be denied. If you are part of multiple PPSs, seeption iii— The Department has subcies (CMAs) that have already been ealth Home appears on this list as performent that is the subcided of the submit this form. If the organization need to submit this form. If your or net provider list, but your organization available on the DSRIP website. IV, if you are joining more than one	Performing Provider System d. Please indicate the name re section VII tab. mitted a draft list of State Do approved as safety net prov ending approval, you will be reation operating your Health organization does not appea tition believes that it should of	(PPS) you plan or of the PPS in the ' esignated Health I ders as well as th granted a VAP Exi Home/CMA alrea on the draft Hea ualify as a Health	"Appeal Applic Homes and Nei ose that are pe ception pendir dy appears on Ith Home list of Home, please	ant work ending g CMS another		
r. Percentage of Medic	aid & Uninsured members that you	•	— г.		. 1		
	Medicaid (FFS & MC)	Uninsured	\dashv \vdash	a Source	Year		
Percentage	100%	0%	Pi	rogram	2014		
	at the information and data provide is information may be subject to at Cathy Homkey	udit and I may be asked to p		ation in suppo	_		

10/29/2014 AIDS Center of Queens County, Inc. (ACQC)

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 Expension: The ctate will consider excentions to the safety not definition on a case by case basis if it is decembed in the best interest of Medicaid members. Any excentions that are considered must be approved by CMS and must

he nosted to	r nublic com	ment 30 days prior to applic	·	•			basis in it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and ind are shown in Section IV
•	Medicaid Pro		ation approvai. Time	anowed reaso	iis ioi granti	ing an exception	are snown in section iv.
i. Ale you a i	Answer	7				_	You have chosen the following VAP Exception: iii
II. Appeal Ap							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
		AIDS Center of Queens Count	v Inc ("ACOC")				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Organi	Joined PPS:					-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
ΛΛ The V/ΛD F		aluated in the context of the PF		are joining mor	e than one DE	1500	the space below, please include:
		VAP Exception in that PPS as w					the space below, prease include.
		II and VII of the instructions for				tub to select	a. A description of your entity in specific relation to being a Health Home.
· ,	Provider Type:	Health Home/Care Management Age	ency			▼	
	Type - Other:		y			1000	Please do not submit this form if you are already on the draft Health Home List.
riovidei	Type - Other.		. "	NANAIC*	<u> </u>	NPI*	
L		Operating Certificate/L	icense #	MMIS*			
	ue Identifiers:			2996601	16	29274972	
	Agency Code: illing Entity ID:						Character Count: 105
ы	illing Entity ID.	Address		City	State	Zip	ACQC is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider
 	Address	161-21 Jamaica Avenue, 6th F	Floor Jamaica	City	NY	11432-6113	nede is in a periodic approval status category or saik exceptions as a downstream react mone provae.
<u> </u>	71441 635	101 21 Januard Avenue, our i	Jumaica			* REQUIRED	'II
III. Appeal P	oint of Conta	act					
Contac	t Person Rose	emary Lopez					
		ociate Executive Director, Progr	ram Services	_			
	t Phone 718-			Extension		5736	
Conta	ct Email rlop	ez@acqc.org					
IV. Please ch	noose the fol	lowing VAP Exception:					
ii Any com iii Any When choosir indicate what Information – When choosir	nmunity, and/ v state-designa ng VAP Except PPS you inten - Section II". <u>If</u> ng VAP Except	mmunity. Iniquely qualified to serve based or clear track record of success ated health home or group of hetion i & ii – Please indicate what do join, then you will be den you are part of multiple PPSs, tion iii – The Department has sus (CMAs) that have already bee	s in reducing avoidable nealth homes. ** at Performing Provider ied. Please indicate the see section VII tab. ubmitted a draft list of S	nospital use. System (PPS) you name of the PPS tate Designated	ı plan on joini S in the "Appe Health Home	ing. If you do not eal Applicant s and Network	
CMS approval approval and safety net list, another appro complete this	I. If your Healt do not need to , you do not no oved safety ne oform. List is a	h Home appears on this list as o submit this form. If the orgar eed to submit this form. If you at provider list, but your organi wailable on the DSRIP website. If you are joining more than o	pending approval, you nization operating your or organization does not zation believes that it s	will be granted a Health Home/CN appear on the do nould qualify as a	VAP Exception VA already appragn Health Hom Health Hom	on pending CMS opears on another ome list or on e, please	
V. Percentage	e of Medicaid	& Uninsured members that yo	our facility serves				
	Me	edicaid (FFS & MC)	Uninsured		Data Sou	rce Year	
Percentage		98%	2%		Billing rec	ords 2014	
-		the information and data provinformation may be subject to					

10/29/2014 AIDS Community Resources, Inc.

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



er Exception: The state will	consider exceptions to	the safety net	definition o	n 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
omment 30 days prior to appli	ication approval. Three	allowed reaso	ns for granti	ng an exception	are shown in Section IV.
Provider					
er No				-	You have chosen the following VAP Exception: iii
formation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
ne: AIDS Community Resources,	Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
PS: Upstate University Hospital				•	You chose qualification iil and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
evaluated in the context of the P	PPS you are joining. If you	are joining mor	e than one PP	S, you have the	the space below, please include:
e VAP Exception in that PPS as w	vell (if applicable). Please	see the "VII_Ad	ditional PPSs'	tab to select	
on II and VII of the instructions for	or further clarification!				a. A description of your entity in specific relation to being a Health Home.
pe: Health Home/Care Management Ag	gency			•	
er:					Please do not submit this form if you are already on the draft Health Home List.
	License #	MMIS*		NPI*	
			14	77672798	
		272031		70,2,30	
					Character Count: 1798
Address		City	State	Zip	AIDS Community Resources, Inc. is in a pending-CMS-approval status category of bulk exceptions as a downstream health home provider and wa
ss 627 West Genesee Street	Syracuse		NY	13204	advised by New York State Department of Health to complete the VAP application. AIDS Community Resources, Inc. has been a licensed Medicaio
-				* REQUIRED	Provider of Health Home Care Management services (formerly COBRA TCM) for over 20 years and we have been at the forefront of innovation
					throughout the Medicaid Redesign process. AIDS Community Resources, Inc. delivers comprehensive care management services to over 600
					Medicaid-eligible indiviudals living with chronic diseases in our nine county service area of Cayuga,, Herkimer, Jefferson, Lewis, Madison, Oneida,
		Extension		401	Onondaga, Oswego and St. Lawrence counties; Medicaid enrollees represent 95% of our annual client base. As a Health Home Care Management Agency providing community-based behavioral health and support services to Medicaid-eligible indivudals and families, we are often the first to
		Extension		401	encounter New Yorkers living with chronic illness and challenged by homelessness, addiction and mental illness. Care managers are also able to
					decrease inappropriate utilization of emeregency rooms and inpatient care by referring and linking individuals into primary health care; this bein
uniquely qualified to serve bases ad/or clear track record of success and the lath home or group of leption i & ii – Please indicate what the design of the lath of the lath of the lath of the lath of lath o	ed on services provided, first in reducing avoidable health homes. ** nat Performing Provider Sinied. Please indicate the large section VII tab. submitted a draft list of Streen approved as safety net is pending approval, you wanization operating your hur organization does not a nization believes that it she. one PPS, use second tab (nancial viability, ospital use. ystem (PPS) you name of the PPS ate Designated providers as will be granted a lealth Home/CN appear on the dould qualify as a	relationships u plan on joini i in the "Appe Health Homes ell as those th VAP Exceptio MA already ap raft Health Home	within the ng. If you do not al Applicant and Network at are pending n pending CMS nears on another me list or on e, please	the triple aim of improved quality, improved halth and reduced costs in New York State. We are an integral part of the solution, we are important innovators and we are committed to working collaboratively to solve the many challenges we face in New York State. Please consider AIDS Community Resources, Inc. as a Safety Net Provider through the Vital Access Provider exception process.
<u> </u>	Uninsured		Data Sou	rce Year	
95%	5%		AIRS Da	a 2014	
is information may be subject to Michael Crir	o audit and I may be aske nnin	d to provide do	cumentation swer		
C WITTE OF COSCILION ST IN COSCILION ST	provider ver No Information me: AIDS Community Resources, PPS: Upstate University Hospital evaluated in the context of the Fi ev VAP Exception in that PPS as yon II and VII of the instructions for PPS: Operating Certificate/ ers: Operating Certificate/ ers: Information Operating Certificate/ ers: Information Address ers: Information II and VII of the instructions for II and VII of the instruction for II	omment 30 days prior to application approval. Three Provider ver No Information me: AIDS Community Resources, Inc. PPS: Upstate University Hospital evaluated in the context of the PPS you are joining. If you we VAP Exception in that PPS as well (if applicable). Please on II and VII of the instructions for further clarification! (pe: Health Home/Care Management Agency her: Operating Certificate/License # ers: Operating Certificate/License # ers: Operating Certificate/License # ers: Idde: Address Syracuse Maddress Modicaid (FFS & MC) Uninsured Maddress Maddre	provider ver No Information Inc: AIDS Community Resources, Inc. PPS: Upstate University Hospital evaluated in the context of the PPS you are joining. If you are joining more ver No VAP Exception in that PPS as well (if applicable). Please see the "VII_Ad on II and VII of the instructions for further clarification! VPP: Health Home/Care Management Agency Inc: Operating Certificate/License # MMIS* ers: Operating Certificate/License # MMIS* ers: 1272031 dee: VID: Address City Syracuse Intact eanette O'Connor-Shanley Birector of Support Services VIIS-475-2430 Extension community. will not be served without granting the exception because no other eligib community. suniquely qualified to serve based on services provided, financial viability, and/or clear track record of success in reducing avoidable hospital use. Intend to join, then you will be denied. Please indicate the name of the PPS VII fyou are part of multiple PPSs, see section VII tab. Reption ii.— The Department has submitted a draft list of State Designated cies (CMAs) that have already been approved as safety net providers as we all the mea pepars on this list as pending approval, you will be granted a eld to submit this form. If your organization operating your Health Home/Ch or need to submit this form. If your organization does not appear on the day net provider list, but your organization believes that it should qualify as a sit available on the DSRIP website. IV, if you are joining more than one PPS, use second tab (Section VII) to aid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Michael Crinnin An Michael Crinnin	omment 30 days prior to application approval. Three allowed reasons for grantic Provider ver No Information me: AIDS Community Resources, inc. PPS Upstate University Hospital evaluated in the context of the PPS you are joining. If you are joining more than one PP will and UI of the instructions for further clarification! PPS Upstate University Hospital evaluated in the context of the PPS you are joining. If you are joining more than one PP will and UI of the instructions for further clarification! PPS Health Home/Care Management Agency Inter Operating Certificate/License # MMIS* PPS Health Home/Care Management Agency Inter Operating Certificate/License # MMIS* PPS Health Home/Care Management Agency Inter Operating Certificate/License # MMIS* PPS Health Home/Care Management Agency Inter Operating Certificate/License # MMIS* PPS Health Home/Care Management Agency Inter Operating Certificate/License # MMIS* PPS Health Home/Care Management Agency Inter Operating Certificate/License # MMIS* PPS Health Home/Care Management Agency Inter Operating Certificate/License # MMIS* PPS Health Home/Care Management Agency Inter Operating Certificate/License # MMIS* PPS Health Home/Care Management Agency Inter Operating Certificate/License # MMIS* PPS Health Home Street Syracuse Inter Operating Certificate/License # MMIS* PPS Health Home or group of the exception because no other eligible provider is community. PPS Health Home or group of health homes. ** PPS Health Home or group of health homes. ** PPS Health Home or group of health homes. ** PPS Health Home or group of health homes. ** PPS Health Home or group of health homes. ** PPS Health Home appears on this list as pending approvider System (PPS) you plan on joining the provider is the provider is the PPS in the "Appe. PPS Health Home appears on this list as pending approved as safety net provider as well as those the provider is the provider is the provider is as well as those the provider list, but your organization operating your Health Hom	omment 30 days prior to application approval. Three allowed reasons for granting an exception Provider ver No formation AIDS Community Resources, inc. PS Upstate University Hepstat ver Jone Control of the PPS you are joining. If you are joining more than one PPS, you have the evalvated in the Context of the PPS you are joining. If you are joining more than one PPS, you have the var PException in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select on II and VII of the instructions for further clarification! Per Health Home/Care Management Agency Interior Operating Certificate/License # MMIIS* NPI* Pers: Operating Certificate/License # MMIIS* NPI* Pers: Operating Certificate/License # MMIIS* NPI* Pers: Operating Certificate/License # Syracuse NY 13204 * REQUIRED * REQUIRED Intact eanette O'Connor-Shanley Director of Support Services 15-475-2430 Extension 401 Oconnor-shanley@acrchealth.org Following VAP Exception: will not be served without granting the exception because no other eligible provider is willing or capable community. suniquely qualified to serve based on services provided, financial viability, relationships within the nd/or clear track record of success in reducing avoidable hospital use. Ignated health home or group of health homes. ** Personal Resource Agency of the PPS

10/29/2014 AIDS Council VAP Exception Appeal Form

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**

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

be posted for	public comment 30 days prior t	o application approva	al. Three allowed reasor	ns for gran	ting an exception a	re shown in Section IV.
I. Are you a M	1edicaid Provider					
	Answer Yes				▼	You have chosen the following VAP Exception: iii
II. Appeal App	olicant Information					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name: AIDS Council of North	eastern New York				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Albany Medical Center Ho	pital			•	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
	eption is evaluated in the context					the space below, please include:
	ring for the VAP Exception in that I		· —	ditional PPS	Ss" tab to select	
	See Section II and VII of the instruc		cation!			a. A description of your entity in specific relation to being a Health Home.
Pr	ovider Type: Health Home/Care Manag	ement Agency			▼	Diagon do not subscitati informations and placed and the dueft Househild
Provider T	Гуре - Other: NA					Please do not submit this form if you are already on the draft Health Home List.
	Operating Cert	ificate/License #	MMIS*		NPI*	
		IA	NA	17	2656528685	
	Agency Code: NA					
Billi	ing Entity ID: E1429318					Character Count: 3456
	Address 927 Broadway	Iress	City	State NY	Zip 12207	The AIDS Council of Northeastern New York is a pending CMS-approval status category of bulk exceptions as a Medicaid provider of Health Home downstream care management services. The AIDS Council is a legacy COBRA HIV Case Management provider that contracts with five Health
	Address 927 Broadway		Albany	INY	* REQUIRED	Homes throughout 14 counties in Northeastern New York State to provide health home care management. In relation to Albany Medical Center's
III. Appeal Poi	int of Contact				negomes	DSRIP PPSwhich spans Albany, Columbia, Greene, Rensselaer, Schenectady, and a portion of Saratoga Countythose Health Homes consist of
Contact I	Person Michele McClave					Capital Region Health Connections, Hudson River Health Care, and Care Central. We care manage 350 individuals with a range of chronic health
	Title Executive Director			1		conditionsHIV and other STDs, asthma, obesity, diabetes, etcacross these three Health Homes. Albany Medical Center's DSRIP project list
	Phone 518-434-4686		Extension		2431	includes the following projects that the AIDS Council's Health Home care management services will support: 1) Care transitions to reduce 30 day
	t Email mmcclave@aidscouncil.or					readmissions for chronic health conditions; 2) Diabetes: evidence-based strategies for disease management in high risk/affected adults; 3) Asthma: Development of evidence-based medication adherence programs (MAP) in community settings; 4) Decrease STD morbidity; 5) Project
IV. Please cho	oose the following VAP Exception	n:				11: patient activation activities to engage, educate, and integrate uninsured and low/non-utilizing Medicaid populations into community based
O i A co	mmunity will not be served withou	t granting the exceptio	n because no other eligibl	e provider i	is willing or capable	care. The AIDS Council is the only NYSDOH AIDS Institute designated Community Service Program (CSP) in Northeastern New York. CSPs are
of ser	rving the community.					charged with providing comprehensive HIV supportive services and prevention programs that operate across large geographic tracts, ensuring
O ii Any h						every infected or at-risk New Yorker has access to HIV services. The AIDS Council offers care management (both Health Home and grant funded),
/Xiiy i	nospital is uniquely qualified to ser munity, and/or clear track record o			relationshi	ps within the	facilitated enrollment into health insurance, behavioral health education, transportation, housing financial assistance and support services,
	namey, and/or clear track record o	success in reducing av	voidable nospital ase.			HIV/STD/hepatitis C testing and linkage to care, evidence based prevention programs (individual and group), condom distribution, nutrition health education, LGBT health promotion, future care planning for HIV affected families with children, syringe exchange (coming soon), street
iii Any s	state-designated health home or gr	oup of health homes. *	**			outreach, prisoner reentry support, reengagement activities for people who have fallen out of care, and much more. We are the sole provider of
When choosing	VAP Exception i & ii – Please indi	cate what Performing F	Provider System (PPS) you	plan on joi	ning. If you do not	the full continuum of HIV related harm reduction services in our region. As an agency with 30 years of community experience, we are a safety net
indicate what P	PPS you intend to join, then you wil	be denied. Please ind	licate the name of the PPS	in the "App	peal Applicant	service provider for the subpopulations most affected by HIV/AIDS, such as the LGBT community, which faces unique health issues and barriers to
Information – S	Section II". If you are part of multip	le PPSs, see section VII	tab.			engaging in healthcare, minority populations and substance users. Our experience with these populations, and the level of trust we have with
_	g VAP Exception iii— The Departme		_			them, will be an important asset in the implementation of several of this PPS's projects. We also have a strong connection with the local criminal
	ent Agencies (CMAs) that have alre					justice system, providing reentry support to individuals returning to the Capital District, prison-based education programs, and membership on local reentry task forces. The justice system is an increasingly important tool in achieving the goals of DSRIP and other Medicaid Redesign
	If your Health Home appears on th o not need to submit this form. If t		, ,			initiatives since many parolees and ex-offenders are Medicaid-eligible upon releases. Throughout all of our programs, we serve over 5,000
	you do not need to submit this form				• •	individuals each year, over 90% are either on Medicaid, dual eligible or uninsured.
	ved safety net provider list, but you					
complete this fo	orm. List is available on the DSRIP	vebsite.				
~ For	r Section IV, if you are joining mor	e than one PPS, use see	cond tab (Section VII) to a	ıdd additio	nal PPSs.	
V. Percentage	of Medicaid & Uninsured member	s that your facility serv	res			
Ī		<u> </u>	1			
	Medicaid (FFS & MC)	Uni	insured	Data So	ource Year	
Percentage	50%		45%	nt report;	; estima 2014	
					2014	
I. Yes I Hereby (Certify that the information and d	ata provided on this for	rm is accurate and correct	to the bes	t of my knowledge.	
	nd that this information may be su	bject to audit and I ma	y be asked to provide do	umentatio	n in support of this	
appeal.			_			
Nam	ne Mich	ele McClave		wer No	Т	
Tit		tive Director		5	1	

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



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

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

Vital Access Provider Expension: The ctate will consider excentions to the safety not definition on a case by case basis if it is decembed in the best interest of Medicaid members. Any excentions that are considered must be approved by CMS and must

		ment 30 days prior to applic	•	the safety fiet t	Jennition (on a case-by-case	basis in it is deemed in the best interest of Medicald Members. Any exceptions that are considered must be approved by CMIS and must
I. Are you a N	•	, , , , , , , , , , , , , , , , , , , ,	ation approvai.				
i. Are you a iv	Answer					-	You have chosen the following Health Home category: 1
II. Appeal App							VI. Restricted to 3500 Characters only!
	•	AIDS Service Center NYC dba	Allied Service Center NV	r			The narrative section is optional, but you may write additional notes.
	L-Joined PPS:	Select PPS	Amed Service Center IVI			-	
OFFICINA	L-Joinea FF3.	Jeiece FF J				1000	I am hereby requesting approval as a safety net entity as I have been listed by the
r							department of health as a high volume provider of Medicaid care management services
Provider	r Type:		Health Home/Care Mar	nagement Agency			or
Provider	Type - Other:						
		Operating Certificate/Li	icense #	MMIS*		NPI*	
Uniqu	ie Identifiers:			1484019	1	710109947	
	Agency Code:						
Bill	ling Entity ID:						
		Address		City	State	Zip	Character Count: 1544
	Address :	41 East 11th Street, 5th Floor	New York		NY	10003	On behalf of ASCNYC's Board of Directors, staff and clients, we are formally requesting designation as a DSRIP "Vital Access Provider" as ASCNYC is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider and is already on the Pending State-
	County:		Manhatt	an			Designated Health Home and Downstream Care Management Agency List.
III. Appeal Po	int of Conta	ct					ASCNYC has been a licensed Medicaid provider of Health Home Care Management services (formerly Targeted Case Management) for over 20
Contact		en Duke					years, and we have been at the forefront of innovation throughout the Medicaid Redesign process. Furthermore, ASCNYC is a member of iHealth
	Title ED/C			T	1	204	Inc., and is represented on the governing boards of three Health Homes in New York City: CCMP, QCCP and BHH. At this time ASCNYC has five
Contact		645-0875 en@ascnyc.org		Extension		304	Health Home contracts to deliver comprehensive care management services: Brooklyn Health Home (formerly Maimonides Health Home), CCMP, Community HealthCare Network Brookln Health Home (CHN Brooklyn HH), Mount Sinai Health Home and New York Presbyterian Health
Contac	L Lilian Share	ene userrye.org					Home. The ASCNYC Health Home Care Management Program is receiving direct referrals from all five Health Homes for out-reach and
		owing Health Home catego	•	•	•		enrollment for clients who are Medicaid-eligible and living with HIV and other chronic conditions.
	_	Health Home or Health Home	•	y on the Pending	State-Desig	nated State Health	It is essential that CMS approves NYSDOH's request to identify ASCNYC and all converting TCM providers as a "Vital Access Provider". ASCNYC is
Hom	ie and Downs	tream Care Management Agen	ncy List.				a vital part of New York State's strategy to achieve the triple aim of improved quality, improved health and reduced costs in New York State.
O 2 If yo							
	•	on does not appear on the dra				et provider list, but	
your	organization	believes that it should qualify	as a Health Home, pleas	e make this selec	tion.		
	٠ .	otion iii – The Department has					
		(CMAs) that have already been Home appears on this list as					
		this form. If the organization					
		submit this form. If your organ					
	ty net provide	r list, but your organization be	elieves that it should qua	ilify as a Health H	ome, pleas	e complete this	
form.							
V. Percentage	of Medicaid	& Uninsured members that yo	our facility serves				
į	Me	dicaid (FFS & MC)	Uninsured		Data So	urce Year	
Percentage		90%	10%		AIRS (EI		
		•		_		•	
-	-	he information and data provi					
-	-	erstand that this information r port of this appeal.	may be subject to audit	anu i may be ask	eu to provi	ue	
accamen		port or time appears					
				Ansı	wer		
Nan	ne	Sharen Duk	e		O No		
Tit	tle	ED/CEO				l	
	Only app	eals from the CEO, CFO or o	comparable will be acc	epted			



State of New York Department of Health

Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

Answer	vider				You have chosen the following Health Home enterens		
A 1 A 11	res			T	You have chosen the following Health Home category: 1		
. Appeal Applicant Inform					VI. Restricted to 3500 Characters only!		
Organization Name:	Allegany County Community Services				The narrative section is optional, but you may write additional notes.		
OPTIONAL-Joined PPS:	Finger Lakes PPS			7	I am hereby requesting approval as a safety net entity as I have been listed by the		
					department of health as a high volume provider of Medicaid care management services		
Provider Type:	Health Ho	me/Care Management Agend	Y				
Provider Type - Other:							
	Operating Certificate/License #	MMIS*		NPI*			
Unique Identifiers:		1287801	1.	316111636			
Agency Code:		70620					
Billing Entity ID:		1287801					
	Address	City	State	Zip	Character Count: 46		
Address :	45 North Broad Street	Wellsville	NY	14895	Allegany County Community Services is the LGU for Allegan County. We are one of two legacy case management providers providing Health		
County:		Allegany			services within Allegany County. We have worked collaboratively with HHUNY to develop and provide services to individuals within Allegany		
					We have recently hired an additional care manager to address the needs of individuals being referred and are dedicated to meeting the need		
I. Appeal Point of Contac	ct				indiviuals of Allegany County.		
Contact Person Lindy							
	stant Director of Allegany County Commun						
	593-1991 e.lindy74@gmail.com	Extension		F. A. T. B. A.			
. Please choose the follo	owing Health Home category. These a	re all for option 3 of the s	afety net de	efinition:			
1 A State designated	d Health Home or Health Home provider th	at is already on the Pending	State-Design	ated State Health			
0292	tream Care Management Agency List.	,					
*					II		
O 2 If your organization							
	on does not appear on the draft Health Ho			provider list, but			
ii your organizatio	believes that it should qualify as a Health I	Home, please make this selec	tion.		I .		
ii your organizatio							
ii your organizatio							
your organization	No. III. The December of her substituted a	dueft list of State Decisions					
your organization l	otion iii— The Department has submitted a						
your organization l your arganization l ou are choosing VAP Excep are Management Agencies	(CMAs) that have already been approved	as safety net providers as we	II as those th	at are pending CMS			
your organization i your organization i ou are choosing VAP Excep are Management Agencies pproval. If your Health Hom	(CMAs) that have already been approved an appears on this list as pending approval	as safety net providers as we , you may be granted a VAP	II as those the Exception per	at are pending CMS nding CMS			
your organization l your organization l ou are choosing VAP Excep are Management Agencies pproval. If your Health Hom pproval, but should submit	(CMAs) that have already been approved one appears on this list as pending approval this form. If the organization operating you	as safety net providers as we , you may be granted a VAP I ur Health Home/CMA alread	II as those the exception per y appears on	at are pending CMS nding CMS another safety net			
your organization l your organization l ou are choosing VAP Excep are Management Agencies pproval. If your Health Hom pproval, but should submit st, you do not need to subm	(CMAs) that have already been approved an appears on this list as pending approval	as safety net providers as we , you may be granted a VAP I ur Health Home/CMA alread appear on the draft Health I	II as those the exception per y appears on Home list or o	at are pending CMS nding CMS another safety net on another			
your organization l your organization l ou are choosing VAP Excep are Management Agencies pproval. If your Health Hom pproval, but should submit st, you do not need to subm	(CMAs) that have already been approved a ne appears on this list as pending approval this form. If the organization operating you mit this form. If your organization does not	as safety net providers as we , you may be granted a VAP I ur Health Home/CMA alread appear on the draft Health I	II as those the exception per y appears on Home list or o	at are pending CMS nding CMS another safety net on another			
your organization leads of the control of the contr	(CMAs) that have already been approved a ne appears on this list as pending approval this form. If the organization operating you mit this form. If your organization does not	as safety net providers as we , you may be granted a VAP I ur Health Home/CMA alread appear on the draft Health I s should qualify as a Health H	II as those the exception per y appears on Home list or o	at are pending CMS nding CMS another safety net on another			
your organization lyour organization lyour organization lyour are choosing VAP Exceptare Management Agencies pproval. If your Health Hompproval, but should submit st, you do not need to submit poproved safety net provider	(CMAs) that have already been approved the appears on this list as pending approval this form. If the organization operating you mit this form. If your organization does not trilist, but your organization believes that it was a constant of the constant o	as safety net providers as we , you may be granted a VAP I ur Health Home/CMA alread appear on the draft Health I s should qualify as a Health H	II as those the exception per y appears on Home list or o	at are pending CMS nding CMS another safety net on another complete this form.			
your organization is your organization of your organization of your are choosing VAP Exceptare Management Agencies approval. If your Health Homapproval, but should submit sist, you do not need to submit approved safety net provider of Medicaid 8	(CMAs) that have already been approved the appears on this list as pending approval this form. If the organization operating you mit this form. If your organization does not trilist, but your organization believes that it was a constant of the constant o	as safety net providers as we , you may be granted a VAP I ur Health Home/CMA alread appear on the draft Health I : should qualify as a Health H	Il as those the exception per y appears on Home list or o ome, please o	at are pending CMS adding CMS another safety net on another complete this form.			
your organization is your organization of your organization of your are choosing VAP Exceptors. If your Health Homeon organization is the your do not need to submit is the your do not need to submit is your do not need to submit yopproved safety net provider. If you do not need to with yopproved safety net provider. If you do not need to with yopproved safety net provider. If your do not need to with your documents of the your documents of the your documents.	(CMAs) that have already been approved the appears on this list as pending approval this form. If the organization operating you mit this form. If your organization does not trist, but your organization believes that it will be the work of the wo	as safety net providers as we , you may be granted a VAP I ur Health Home/CMA alread appear on the draft Health I : should qualify as a Health H erves Uninsured	Il as those the exception per y appears on dome list or o ome, please of the Data So	at are pending CMS adding CMS another safety net on another complete this form.			
your organization is your organization of your organization of your organization of your are choosing VAP Exceptors. If your Health Home proval, but should submit sist, you do not need to submit proved safety net provider. 7. Percentage of Medicaid 8 Me Percentage	(CMAs) that have already been approved the appears on this list as pending approval this form. If the organization operating you not this form. If your organization does not the list, but your organization believes that its. Uninsured members that your facility seedicaid (FFS & MC)	as safety net providers as we, you may be granted a VAP our Health Home/CMA alread appear on the draft Health it should qualify as a Health Health it should qualify as a Health Hearves Uninsured 4%	Il as those the exception per y appears on dome list or dome, please of the per y appears on the per y appears on the per y appears on the per y appears of	at are pending CMS anding CMS another safety net on another complete this form. urce Year ervice 2014			
ou are choosing VAP Excepare Management Agencies proval. If your Health Homproval, but should submit st, you do not need to submit proved safety net provider. Percentage of Medicaid 8 Me Percentage	(CMAs) that have already been approved the appears on this list as pending approval this form. If the organization operating you mit this form. If your organization does not trist, but your organization believes that it will be the work of the wo	as safety net providers as we, you may be granted a VAP ur Health Home/CMA alread appear on the draft Health I should qualify as a Health Herves Uninsured 4% form is accurate and correct	Il as those the exception per y appears on dome list or dome, please of the per y appears on the per y appears of	at are pending CMS anding CMS another safety net on another complete this form. urce Year ervice 2014			

VIII.



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

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

posted for public commer	nt 30 days prior to application approval.				
I. Are you a Medicaid Pro	vider				
Answer	Yes			•	You have chosen the following Health Home category:
II. Appeal Applicant Infor	mation				VI. Restricted to 3500 Characters only!
Organization Name:	Allegany County Community Services				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Finger Lakes PPS		76	•	I am hereby requesting approval as a safety net
					department of health as a high volume provide
0 11 -		10 11			department of health as a high volume provide
Provider Type:	Health Hon	e/Care Management Agen	icy		i 1
Provider Type - Other:				and the second	
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		1287801	1	1316111636	
Agency Code:		70620			
Billing Entity ID:		1287801			
	Address	City	State	Zip	
Address :	45 North Broad Street	Wellsville	NY	14895	
County:		Allegany			
III. Appeal Point of Conta	et.				电电影电影电影 化二苯基甲基苯基
Contact Person Lind					馬馬馬馬馬馬馬馬馬馬馬馬馬馬
	stant Director of Allegany County Communit	y Services			1. 经证金金额证券 5. 多.
Contact Phone 585-	-593-1991	Extension			
Contact Email whit	e.lindy74@gmail.com				一致企业企业企业企业工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工
your organization You are choosing VAP Excep Care Management Agencies approval. If your Health Hon approval, but should submit list, you do not need to subr	on does not appear on the draft Health Hom believes that it should qualify as a Health Hom believes that it should qualify as a Health Hom believes that have already been approved a, can appears on this list as pending approval, this form. If the organization operating you mit this form. If your organization does not a ir list, but your organization believes that it:	raft list of State Designated safety net providers as we you may be granted a VAP r Health Home/CMA alread ppear on the draft Health	d Health Homell as those th Exception per dy appears on Home list or o	nes and Network nat are pending CMS nding CMS nanother safety net on another	
Me	& Uninsured members that your facility ser edicaid (FFS & MC)	ninsured	Data So Unit	5 2014	
knowledge. I understa documentation in sup Name	he information and data provided on this formation may be subject to port of this appeal. Dr. Robert W. Anderson, PhD. Director of Allegany County Community Societies from the CEO, CFO or comparable of the community Societies.	audit and I may be asked Al envices	the contract of the contract o	of my	

10/29/2014 Argus Community, Inc.



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

	er Exception: The state will consider ex lic comment 30 days prior to application		et definitio	n on a case-by-cas	se basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS a
. Are you a Medicaid P		арргочан.			
Answe				_	You have chosen the following Health Home category: 1
					VI. Restricted to 3500 Characters only!
II. Appeal Applicant Inf	1				,
Organization Name					The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PP	S: Select PPS				I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management service
Provider Type:	Health Home	e/Care Management Agen	су		or
Provider Type - Othe	r.				1 I
Trovides Type Office	Operating Certificate/License #	MMIS*		NPI*	1
	-		1		-
Unique Identifier		1370850	1	659412849	
Agency Code					4
Billing Entity II	Address	City	State	Zip	Character Count: 144
Address		Bronx	NY	10456	/and this provider, Argus Community, Inc., is in a pending CMS-approval status category of bulk exceptions as a downstream health home
Count		Bronx	INI	10430	provider.
	7-1	BIOTIX			4 1 1 1
II. Appeal Point of Con					_[
Contact Person Jan]
	puty Executive Director	T			<u>.</u>
	8-401-5733 hiller@arguscommunity.org	Extension			4
ou are choosing VAP Exc letwork Care Manageme ending CMS approval. If- ending CMS approval, bu- nother safety net list, you	tion does not appear on the draft Health Ho tation believes that it should qualify as a Health Ho teption iii— The Department has submitted a nt Agencies (CMAs) that have already been a your Health Home appears on this list as per it should submit this form. If the organization u do not need to submit this form. If your organization affety net provider list, but your organization	Ith Home, please make the draft list of State Designa approved as safety net pro ding approval, you may be n operating your Health Higanization does not appea	s selection. Ted Health H viders as we granted a V Ime/CMA all on the draf	domes and ell as those that are I/AP Exception ready appears on ft Health Home list	
•	d & Uninsured members that your facility s	erves			
N	1edicaid (FFS & MC) U	ninsured	Data So	ource Year	1
Percentage	96%	4%	& AIRS bi		.1
my knowledge. I un	t the information and data provided on this derstand that this information may be subj upport of this appeal.				
Name Title Only ap	Richard Weiss President & CEO opeals from the CEO, CFO or comparable	● Ye	swer s O No]	

10/29/2014 Baden Street Settlement

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



Vital Access	<u>Provider</u>	Exception: The state will	consider exception	ns 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 com	ment 30 days prior to appli	ication approval. Th	nree allowed re	easons	for grantin	g an exception	are shown in Section IV.
I. Are you a M	1edicaid Pro	vider						
	Answer	Yes					▼	You have chosen the following VAP Exception: iii
II. Appeal App	olicant Info	rmation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	Baden Street Settlement						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:						-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
		luated in the context of the F						the space below, please include:
	-	/AP Exception in that PPS as v			I_Addi	itional PPSs"	tab to select	
		II and VII of the instructions for	or further clarificatio	n!				a. A description of your entity in specific relation to being a Health Home.
Pr	ovider Type:						•	Please do not submit this form if you are already on the draft Health Home List.
Provider T	Гуре - Other:	We are also a Health Home	Care Mgmt provider	Agency under H	HUNY,	OPWDD		Please up not submit this form if you are already on the draft nearth nome list.
		Operating Certificate/	License #	MMIS*			NPI*	
	e Identifiers:	160510671		2085225		1578	8608832	
	Agency Code:	16220						
Billi	ing Entity ID:			0:1				Character Count: 830
	Address	Address 585 Joseph Ave	Dook	City		State NY	Zip 14605	It is my understanding Baden Street Settlement is a Safety Net Provider and is listed on the OASAS Safety Net Provider list as well as an OPWDD Safety Net Provider. We recently beacame part of HHUNY and provide outreach and care management services to medicaid eligible clients in the
	Audress	363 Jusepii Ave	ROCI	iester		INT	* REQUIRED	Monroe County area. This exception is being submitted as we were directed to do so by the county. As a provider of outreach and care
III. Appeal Poi	int of Conta	nct						management services we offer assistance to clients in promoting positive change and improving medical outcomes by assisting clients in
Contact I	Person Mar	y Gomez DeSantis						connecting with community resources such as housing, transportation, emergency needs, family supports, pcp's, dentist, mental health services,
		ctor of Behavioral Health Serv	vices					substance abuse treatment etc. By providing such supports the goal is to improve quality of life, quality of health/health promotion.
	Phone 585-			Extens	ion			
B		mez@badenstreet.org						
O i A coi		lowing VAP Exception: I not be served without grant nmunity.	ing the exception bed	cause no other e	eligible	provider is w	villing or capable	
		iquely qualified to serve base or clear track record of succe				elationships v	within the	
iii Any s	state-designa	ted health home or group of	health homes. **				ل	
indicate what P Information – S	PPS you inten Section II". <u>If</u>	ion i & ii – Please indicate wh d to join, then you will be de you are part of multiple PPSs	nied. Please indicate s, see section VII tab.	the name of the	e PPS i	n the "Appea	Applicant	
_		ion iii – The Department has s		_				
_	_	s (CMAs) that have already be h Home appears on this list a						
		o submit this form. If the orga						
		eed to submit this form. If yo						
another approv	ed safety ne	t provider list, but your orgar	nization believes that	it should qualify	y as a I	Health Home,	, please	
•		vailable on the DSRIP website						
		if you are joining more than & Uninsured members that y		tab (Section VII	l) to ac	ld additional	PPSs.	
v. reiteiltage			-			Data Carre	V	
_	IVIE	edicaid (FFS & MC)	Uninsur	ea		Data Source		
Percentage		97%	3%			cfr	2014	
		the information and data pro nformation may be subject to			le docı	umentation in		
Nam Tit		Mary Gomez DeSantis on Behavioral		<u> </u>	Yes			
		eals from the CEO, CFO or		e accepted				



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

be posted for	public comn	nent 30 days prior to appli	ication approval.	,		•	
I. Are you a M	ledicaid Pro	vider					
	Answer	Yes				~	You have chosen the following Health Home category: 1
II. Appeal App	licant Inform	nation					VI. Restricted to 3500 Characters only!
Organiza	ation Name:	Bronx AIDS Services d/b/a Bo	OOM!Health				The narrative section is optional, but you may write additional notes.
OPTIONAL	-Joined PPS:	Amida Care, Inc.				•	I am hereby requesting approval as a safety net entity as I have been listed by the
						_	department of health as a high volume provider of Medicaid care management services
Provider	Туре:		Health Home/Care Ma	nagement Agenc	у		or
Provider T	ype - Other:						
		Operating Certificate/	License #	MMIS*		NPI*	
Unique	e Identifiers:			01243521	16	69642211	
	gency Code:						
Billi	ng Entity ID:		1669642	211			
		Address		City	State	Zip	Character Count: 2585
		540 E. Fordham Rd	Bronx		NY	10458	Bronx AIDS Services (d/b/a BOOM!Health) operates a continuum of care that is designed to address the multi-faceted health and psychosocial
	County:		Bronx	1			needs of persons dealing with addiction, HIV/AIDS, homelessness, behavioral disorders, and chronic illnesses. BOOM!Health, a merger of Bronx AIDS Services and Citiwide Harm Reduction effective August 14, 2013, formally requests designation as a vital access provider for inclusion in the
III. Appeal Poi	int of Contac	t					Delivery System Reform Incentive Program (DSRIP).
- ' '	Person Rober						BOOM!Health has been a licensed Medicaid provider of Health Home Care Management services (formerly Targeted Case Management) for over
	Title Presid						25 years, with 3 locations in the Bronx (the BOOM!Health Harm Reduction Center at 226 E. 144th St, the BOOM!Health Prevention Center at 953
	Phone (917)			Extension			Southern Blvd, and the BOOM! Health Central Offices at 540 Fordham Rd) and has been at the forefront of innovation throughout the Medicaid
Contact	Email rcord	ero@boomhealth.org					Redesign process. Annually, BOOM!Health delivers comprehensive care management services to over 4,200 thousand Medicaid-eligible individuals living with HIV and other chronic conditions; Medicaid enrollees represent 92% of our annual client base. Furthermore, BOOM!Healt
A State Home of the Home of th	te designated e and Downst ur organization organization by the second of	Health Home categone Health Home or	aft Health Home list or or or y as a Health Home, plea is submitted a draft list of en approved as safety nest pending approval, you in operating your Health Finization does not appea believes that it should que	y on the Pending n another approvise make this sele State Designater t providers as we may be granted a tome/CMA alrea or on the draft He	yed safety ne ction. d Health Hom ell as those the NAP Excepti dy appears o alth Home lis	nated State Health It provider list, but nes and Network nat are pending on pending CMS n another safety tt or on another	is a member of iHealth, Inc., and participates in four Health Homes throughout New York City (CCMP, QCCP and CHN and Bronx Lebanon) and serves clients in Manhattan, Brooklyn, Queens, Staten Island and parts of Westchester. At our Harm Reduction Center location, BOOM!Heath has co-located Article 28 prmary medical care and article 31 mental health services in partnership with HELP/PSI, a Federally Qualified Health Center and local community pharmacy, BOOM!Pharmacy, for a unique, comprehensive model of care. As a Health Home Care Management agency providing community-based, health, behavioral health and support services to Medicaid-eligible individuals and families, BOOM!Health is often the first to encounter New Yorkers living with chronic illnesses and challenged by homelessness, addiction and mental illness. It is essential that NYSDOH/DSRIP identify BOOM!Health and all the Health Home provider agencies of iHealth as a Safety Net provider. BOOM!Health is a vital part of New York State's strategy to achieve the triple aim of improved quality, improved health and reduced costs in New York State. In closing, BOOM!Health is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider but clearly meets the State definition and eligibility requirements to be a Safety Net and Vital Access Provider and should receive this designation by the New York State.
V. Percentage o		Uninsured members that y					
Percentage	Med	dicaid (FFS & MC) 92%	Uninsured 8%		Client Rec		
reiteiltage		32/0	6/0		Client Rec	.01us 2015	
my knowl document	edge. I unde tation in supp	e information and data province in the control of this appeal. Robert Corc	may be subject to audit		ked to provid		
Titl		President /					
	Only appe	als from the CFO CFO or	comparable will be ac	rented			



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

I. Are you a Medicaid Prov	nent 30 days prior to applic vider	cation approvai.						
	Yes				~	You have chosen the following Health Home category: 1		
I. Appeal Applicant Inforn	nation					VI. Restricted to 3500 Characters only!		
	Bronx AIDS Services d/b/a BC	OM!Health				The narrative section is optional, but you may write additional notes.		
	Bronx-Lebanon Hospital Center				-			
01 1101W 12 301Med 1 1 31					-	department of health as a high volume provider of Medicaid care management services		
Provider Type:		Health Home/Care Man	agement Agei	ncy		or		
Provider Type - Other:						1		
	Operating Certificate/L	icense #	MMIS*		NPI*			
Unique Identifiers:			1243521	1	.669642211	1		
Agency Code:						1 1		
Billing Entity ID:		16696422	11			11		
<u> </u>	Address		City	State	Zip	Character Count: 2585		
Address : 5	540 E. Fordham Rd	Bronx		NY	10458	Bronx AIDS Services (d/b/a BOOM!Health) operates a continuum of care that is designed to address the multi-faceted health and psychosoc		
County:		Bronx				needs of persons dealing with addiction, HIV/AIDS, homelessness, behavioral disorders, and chronic illnesses. BOOM!Health, a merger of B		
						AIDS Services and Citiwide Harm Reduction effective August 14, 2013, formally requests designation as a vital access provider for inclusion		
II. Appeal Point of Contac						Delivery System Reform Incentive Program (DSRIP).		
Contact Person Rober						BOOM!Health has been a licensed Medicaid provider of Health Home Care Management services (formerly Targeted Case Management) for		
Title Presid Contact Phone (917)			Extension			25 years, with 3 locations in the Bronx (the BOOM!Health Harm Reduction Center at 226 E. 144th St, the BOOM!Health Prevention Center		
Contact Phone (917) (EXTENSION			Southern Blvd, and the BOOM!Health Central Offices at 540 Fordham Rd) and has been at the forefront of innovation throughout the Medi Redesign process. Annually, BOOM!Health delivers comprehensive care management services to over 4,200 thousand Medicaid-eligible		
your organization bou are choosing VAP Except are Management Agencies (MS approval. If your Health approval, but should submit tet list, you do not need to supproved safety net provider orm.	n does not appear on the dra believes that it should qualify tion iii—The Department has (CMAs) that have already bee Home appears on this list as this form. If the organization bubmit this form. If your organ list, but your organization bu	as a Health Home, pleas submitted a draft list of an approved as safety nei pending approval, you n operating your Health H nization does not appear elieves that it should qua	e make this se State Designat providers as any be granted ome/CMA alre on the draft H	ted Health Ho well as those d a VAP Excep eady appears Health Home I	mes and Network that are pending tion pending CMS on another safety ist or on another	individuals and families, BOOM!Health is often the first to encounter New Yorkers living with chronic illnesses and challenged by homeless addiction and mental illness. It is essential that NYSDOH/DSRIP identify BOOM!Health and all the Health Home provider agencies of iHealth as a Safety Net provider. BOOM!Health is a vital part of New York State's strategy to achieve the triple aim of improved quality, improved health and reduced costs York State. In closing, BOOM!Health is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider but clear meets the State definition and eligibility requirements to be a Safety Net and Vital Access Provider and should receive this designation by New York State.		
	dicaid (FFS & MC)	Uninsured		Data So	ource Year	1		
Percentage	92%	8%		Client Re				
~ ,								
	e information and data prov rstand that this information ort of this appeal.							
Name Title	Robert Cord President / C			Answer Yes O No]			



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

Are you a Medicaid Prov	nent 30 days prior to application ap	oroval.			
	Yes			-	You have chosen the following Health Home category: 1
. Appeal Applicant Inforn	nation				VI. Restricted to 3500 Characters only!
- ' ' ' '	Bronx AIDS Services d/b/a BOOM!Heal	:h			The narrative section is optional, but you may write additional notes.
	Mount Sinai Hospitals Group			-	I am hereby requesting approval as a safety net entity as I have been listed by the
	and the second second second second second				department of health as a high volume provider of Medicaid care management services
		/			
Provider Type:	Health H	ome/Care Management Age	ncy		or
Provider Type - Other:					
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		01243521	1	669642211	
Agency Code:					
Billing Entity ID:		1669642211			
	Address	City	State	Zip	Character Count: 2585
Address : 5 County:	540 E. Fordham Rd	Bronx Bronx	NY	10458	Bronx AIDS Services (d/b/a BOOM!Health) operates a continuum of care that is designed to address the multi-faceted health and psychosoci needs of persons dealing with addiction, HIV/AIDS, homelessness, behavioral disorders, and chronic illnesses. BOOM!Health, a merger of Bi
County.		BIOHX			AIDS Services and Citiwide Harm Reduction effective August 14, 2013, formally requests designation as a vital access provider for inclusion in
. Appeal Point of Contac	t				Delivery System Reform Incentive Program (DSRIP).
Contact Person Rober	t Cordero				BOOM!Health has been a licensed Medicaid provider of Health Home Care Management services (formerly Targeted Case Management) for
Title Presid		.			25 years, with 3 locations in the Bronx (the BOOM!Health Harm Reduction Center at 226 E. 144th St, the BOOM!Health Prevention Center at
Contact Phone (917)		Extension	1		Southern Blvd, and the BOOM!Health Central Offices at 540 Fordham Rd) and has been at the forefront of innovation throughout the Medic
Contact Email rcorde	ero@boomhealth.org				Redesign process. Annually, BOOM!Health delivers comprehensive care management services to over 4,200 thousand Medicaid-eligible individuals living with HIV and other chronic conditions; Medicaid enrollees represent 92% of our annual client base. Furthermore, BOOM!
your organization but are choosing VAP Except re Management Agencies (AS approval. If your Health proval, but should submit at list, you do not need to suproved safety net provider rm.	n does not appear on the draft Health believes that it should qualify as a Health believes that it should qualify as a Health believes that it should qualify as a Health believe that have already been approve Home appears on this list as pending a this form. If the organization operating ubmit this form. If your organization delist, but your organization believes that	h Home, please make this se l a draft list of State Designar ed as safety net providers as ipproval, you may be granted your Health Home/CMA alro ipes not appear on the draft h tt it should qualify as a Healt	election. ted Health Hoi well as those t d a VAP Except eady appears of Health Home li	mes and Network that are pending tion pending CMS on another safety ist or on another	individuals and families, BOOM!Health is often the first to encounter New Yorkers living with chronic illnesses and challenged by homeless addiction and mental illness. It is essential that NYSDOH/DSRIP identify BOOM!Health and all the Health Home provider agencies of iHealth as a Safety Net provider. BOOM!Health is a vital part of New York State's strategy to achieve the triple aim of improved quality, improved health and reduced costs i York State. In closing, BOOM!Health is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider but clearl meets the State definition and eligibility requirements to be a Safety Net and Vital Access Provider and should receive this designation by t New York State.
	Uninsured members that your facility	Uninsured	Data So	urce Year	
Percentage	92%	8%	Client Re		
	3270	3,0	Gilette He	2013	
	e information and data provided on the stand that this information may be sure of this appeal.				



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

. Are you a Medicaid Prov	vider					
Answer	Yes				-	You have chosen the following Health Home category:
I. Appeal Applicant Inforn	mation					VI. Restricted to 3500 Characters only!
Organization Name:	Bronx AIDS Services d/b/a BO	OOM!Health				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	St. Barnabas Hospital (dba SBH Healt)	th System)			•	I am hereby requesting approval as a safety net entity as I have been listed by the
•						department of health as a high volume provider of Medicaid care management services
Provider Type:		Health Home/Care Man	agement Agency			or
Provider Type - Other:						
	Operating Certificate/Li	icense #	MMIS*		NPI*	
Unique Identifiers:		0	1243521	16	669642211	
Agency Code:			ı			
Billing Entity ID:		16696422	11			
	Address		City	State	Zip	Character Count: 2585
Address :	540 E. Fordham Rd	Bronx		NY	10458	Bronx AIDS Services (d/b/a BOOM!Health) operates a continuum of care that is designed to address the multi-faceted health and psychosoci
County:		Bronx				needs of persons dealing with addiction, HIV/AIDS, homelessness, behavioral disorders, and chronic illnesses. BOOM!Health, a merger of B
						AIDS Services and Citiwide Harm Reduction effective August 14, 2013, formally requests designation as a vital access provider for inclusion in
II. Appeal Point of Contac						Delivery System Reform Incentive Program (DSRIP).
Contact Person Rober Title Presid						BOOM!Health has been a licensed Medicaid provider of Health Home Care Management services (formerly Targeted Case Management) for
	640-6274		Extension			25 years, with 3 locations in the Bronx (the BOOM!Health Harm Reduction Center at 226 E. 144th St, the BOOM!Health Prevention Center at Southern Blvd, and the BOOM!Health Central Offices at 540 Fordham Rd) and has been at the forefront of innovation throughout the Medic
Contact Email rcorde			Exterision			Redesign process. Annually, BOOM!Health delivers comprehensive care management services to over 4,200 thousand Medicaid-eligible
your organization be provided by your organization be provided by your death of the provided by your death opproval, but should submit the tilest, you do not need to supproved safety net provided prom.	tion iii— The Department has storm iiii— The Department has storm iiii— The Department has storm iiiii— The Department has storm iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	as a Health Home, please submitted a draft list of S en approved as safety net pending approval, you m operating your Health Ho nization does not appear elieves that it should qual	tate Designated H providers as well ay be granted a V ome/CMA already on the draft Healt	Health Hor as those t AP Except appears c	nes and Network hat are pending ion pending CMS on another safety st or on another	individuals and families, BOOM!Health is often the first to encounter New Yorkers living with chronic illnesses and challenged by homelessi addiction and mental illness. It is essential that NYSDOH/DSRIP identify BOOM!Health and all the Health Home provider agencies of iHealth as a Safety Net provider. BOOM!Health is a vital part of New York State's strategy to achieve the triple aim of improved quality, improved health and reduced costs i York State. In closing, BOOM!Health is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider but clearl meets the State definition and eligibility requirements to be a Safety Net and Vital Access Provider and should receive this designation by t New York State.
_	dicaid (FFS & MC)	Uninsured		Data So	urce Year	
Percentage	92%	8%	 }	Client Re		
	5270	870		CHEIR NE	2013	
· crecinage						
Yes I Hereby Certify that th my knowledge. I under documentation in supp		may be subject to audit a	nd I may be aske	d to provi		
Yes I Hereby Certify that th my knowledge. I under	rstand that this information r	may be subject to audit a		d to provi		

10/29/2014 BronxWorks, Inc.

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



								basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
		ment 30 days prior to appl	ication approva	I. Three allowed rea	isons f	for granting	an exception a	are shown in Section IV.
I. Are you a M								
	Answer	Yes					▼	You have chosen the following VAP Exception: iii
II. Appeal App	licant Infor	mation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ition Name:	BronxWorks, Inc.						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Bronx-Lebanon Hospital Center					-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
^^ The VAP Exce	eption is eva	luated in the context of the F	PPS you are joinin	ng. If you are joining m	ore th	an one PPS, y	ou have the	the space below, please include:
	•	'AP Exception in that PPS as v		· -	Additi	onal PPSs" ta	b to select	
multiple PPS's. S	See <u>Section I</u>	I and VII of the instructions f	or further clarific	ation!				a. A description of your entity in specific relation to being a Health Home.
Pro	ovider Type:	Health Home/Care Management A	gency				~	
Provider T	ype - Other:							Please do not submit this form if you are already on the draft Health Home List.
		Operating Certificate	License #	MMIS*		N	PI*	
Unique	e Identifiers:	320		01315695		10535	504456	
	gency Code:							
Billin	ng Entity ID:							Character Count: 915
		Address		City		State	Zip	BronxWork is a non-profit community base organization located in the South Bronx. We have been serving the Bronx for over 40+ years.
	Address	60 East Tremont		Bronx		NY	10453	BronxWorks helps individuals and families improved their economic and social well-being. From toddlers to senior, we feed, shelter, teach, and
							* REQUIRED	support our neighbors to build a stronger community. BronxWorks provide services to over 35,000 people annually. Services offered include
III. Appeal Poi								supportive housing, shelter, case management, entitlement advocacy, insurance coverage, immigration, HIV/AIDS, youth and senior services, an
Contact P		Auwarter						Health Home services. BronxWorks partners with the Bronx Health Home (Bronx Lebanon Hospital) and the BAHN Health Home (Montefiore
		tant Executive Director 508-3133		F. dansia				Hospital) since the inception of Health Home. We are partnering with St. Barbanas Hospital and the Bronx Lebanon DSRIP. At this time our rol
Contact I		varter@bronxworks.org		Extensio	in			is evolving and we will have a more define role in the next few months.
B		owing VAP Exception:						
when choosing indicate what Pl Information – So When choosing Care Manageme (CMS approval. I approval and de safety net list, y another approvacomplete this for For	tate-designa VAP Except PS you inten ection II". If VAP Except ent Agencies of your Healt o not need to ou do not need edsafety ne porm. List is a Section IV,	iquely qualified to serve base or clear track record of succe ted health home or group of ion i & ii – Please indicate wid to join, then you will be de you are part of multiple PPSs ion iii – The Department has: (CMAs) that have already be home appears on this list a submit this form. If the orged to submit this form. If yo t provider list, but your organ vailable on the DSRIP website if you are joining more than	health homes. ** nat Performing P nied. Please indi s, see section VII t submitted a draft sen approved as s spending approv anization operati our organization d nization believes e. one PPS, use sec	* rovider System (PPS) y cate the name of the l tab. : list of State Designate safety net providers as val, you will be grante ng your Health Home, loes not appear on the that it should qualify a	you pla PPS in a ed Hea s well a d a VAI /CMA a e draft as a He	an on joining. the "Appeal A lith Homes ar is those that a P Exception p already appea Health Home, p	If you do not Applicant and Network are pending sending CMS ars on another e list or on olease	
v. Percentage o		& Uninsured members that y						
	Me	edicaid (FFS & MC)	Unir	nsured	-	Data Source	Year	
Percentage		75%	1	.0%	cy	y Internal Re	co 2013	
	e e	he information and data pro nformation may be subject t Eileen Tor Executive Dii eals from the CEO, CFO or	o audit and I may res rector	y be asked to provide	docun Answe	nentation in s	-	



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



I. Are you a Medicaid Provi	der				
Answer Y	es			•	You have chosen the following Health Home category: 1
II. Appeal Applicant Inform					VI. Restricted to 3500 Characters only!
Organization Name: B	rownsville MultiService Family Health Cen	ter			The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS: Si	elect PPS			~	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services of
Provider Type:	Health Hom	e/Care Management Agend	у		department of health as a high volume provider of Medicald care management services of
Provider Type - Other:			giologia a principal	Leverine State	
Trevian type outlett	Operating Certificate/License #	MMIS*		NPI*	e 6
	7001256 R	1280340	4	0.33	
Unique Identifiers:	7001238 K	1280340	18	831395821	
Agency Code: Billing Entity ID:					
Dining Litery ID.	Address	City	State	Zip	Character Count: 0
Address: 4	08 Rockaway Avenue	Brooklyn	NY	11212	Character Count.
County:		Kings	1		
III. Appeal Point of Contact					
Contact Person Harvey			`` 		
Title CEO an Contact Phone 718.34	nd President 5 5000	Extension	-	1118	
Contact Email hlawre		LATERISION		1110	
	does not appear on the draft Health Home lieves that it should qualify as a Health Ho			provider list, but	
Care Management Agencies (C approval, If your Health Home but should submit this form. If do not need to submit this forr	on iii—The Department has submitted a dr MAs) that have already been approved as appears on this list as pending approval, ye the organization operating your Health Ho n. If your organization does not appear on nization believes that it should qualify as a	safety net providers as we ou may be granted a VAP E ome/CMA already appears of the draft Health Home list	l as those that ception pend on another sat or on another	t are pending CMS ding CMS approval, fety net list, you approved safety	
V. Percentage of Medicaid & U	Uninsured members that your facility serv	/es			
S 1		ves ninsured	Data Sou	urce Year	
			Data Sou		
Medi	icaid (FFS & MC) U	ninsured			
Medi Percentage	icaid (FFS & MC) U	ninsured 4%	Financial R	Report 2014	
Percentage Yes Hereby Certify that the	icaid (FFS & MC) U 86% Unformation and data provided on this fo	ninsured 4% rm is accurate and correct	Financial R	Report 2014	

10/29/2014 CAMBA Inc vap_exception_appeal_form

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 appl	ication approva	I. Three allowed	reason	s for grantin	ng an exception	on ar	e shown in Section IV.
I. Are you a M	ledicaid Pro	vider						_	
	Answer	Yes						•	You have chosen the following VAP Exception: iii
II. Appeal App	plicant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	CAMBA, Inc.							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Maimonides Medical Center						-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
option of apply	ing for the \	luated in the context of the F /AP Exception in that PPS as v I and VII of the instructions for	well (if applicable)). Please see the "\				e	the space below, please include: a. A description of your entity in specific relation to being a Health Home.
Pr	rovider Type:	Health Home/Care Management Ag	gency					v	
Provider T	Type - Other:		* · · · *						Please do not submit this form if you are already on the draft Health Home List.
		Operating Certificate/	/License #	MMIS*			NPI*	-11	
Unique	e Identifiers:	operating certificate/	Electise #	01552134		165	59594075	\dashv	
	Agency Code:	31600						-11	
	ing Entity ID:	E0144784							Character Count: 978
		Address		City		State	Zip		This provider is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider or Health Home Care
	Address	1720 Church Avenue	E	Brooklyn		NY	11226		Management Agency.
III. Appeal Poi	int of Conta	ıct					* REQUIF	RED	CAMBA has been a Care Management Agency in the Health Home Program since January 1, 2012. Prior to that time CAMBA provided Medicaid
	Person Kevi							ᆔ	funded targeted case management services to individuals living with HIV through the COBRA, Community Follow-up Program for over 20 years.
		President, Health Home							100% of the participants in the Health Home Care Management Program receive Medicaid.
Contact	Phone 718-	462-8654		Exter	nsion		30400		
Contact	t Email kevir	nm@camba.org							CAMBA has clients in three Brooklyn based designated lead Health Homes including, Brooklyn Health Home, Community Healthcare Network and
IV. Please cho	ose the foll	owing VAP Exception:					_	٦ I	Coordinated Behavioral Care.
of ser	rving the con							ble	CAMBA bills Medicaid directly for over 2100 individuals per month in Health Home care coordination and provides billable outreach services to an additional 500 - 750 per month.
comn	•	iquely qualified to serve base or clear track record of succe	•	,	• • • • • • • • • • • • • • • • • • • •	elationships	within the	Γ	All CAMBA programs serve individuals who are either Medicaid or Medicare eligible or are uninsured or are low-income.
iii Any s	state-designa	ted health home or group of	health homes. **	*			_		
_		ion i & ii – Please indicate wh	_			-		ot	
		d to join, then you will be de			he PPS i	n the "Appe	al Applicant		
	_	you are part of multiple PPSs							
_		ion iii— The Department has s (CMAs) that have already be		_					
_	_	h Home appears on this list a							
		submit this form. If the orga							
		eed to submit this form. If yo	-						
		t provider list, but your organ		that it should quali	ify as a I	Health Home	e, please		
•		vailable on the DSRIP website			/// A		I DDC-		
		if you are joining more than		·	rii) to ac	au auuitiona	1 PP35.		
V. Percentage	of Medicaid	& Uninsured members that y	our facility serve	25	7		<u> </u>	_	
	Me	edicaid (FFS & MC)	Unir	nsured		Data Soul	rce Year		
Percentage		100%				Internal Cla	aims 20	013	
	nd that this i	he information and data pro nformation may be subject t Joanne Opl President an	o audit and I may ustil	y be asked to provi		wer	•	•	
110		eals from the CEO, CFO or		Il be accepted					

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



						passis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
•	public comment 30 days prior to a	pplication approval.	Inree allowed reason	is for granti	ng an exception a	re snown in Section IV.
i. Are you a iv	Medicaid Provider				▼	You have chosen the following VAP Exception: iii
	Answer Yes				V	
	plicant Information					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name: Catholic Charities Dioce	se of Rochester dba Cat	tholic Charities Commui	nity Services	-17.07	"The VAP Exception relies heavily on the statement you provide, so please be concise and thorough"
****	Joined PPS: Finger Lakes PPS	l ppc			· · · · · · ·	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
	ception is evaluated in the context of the context of the valuated in the context of the valuated in the valua					the space below, please include:
	See Section II and VII of the instruction			iitionai PP35	tab to select	a. A description of your entity in specific relation to being a Health Home.
	rovider Type: Other	ns for farther clarificati			_	a. A description of your entity in specific relation to being a nearth nome.
					•	Please do not submit this form if you are already on the draft Health Home List.
Provider	Type - Other: OPWDD and Health Hor					
	Operating Certific	ate/License #	MMIS*		NPI*	
	e Identifiers:		1190629	19	02018971	
	Agency Code: 20640					
Bill	ing Entity ID: 16-0743944		Cit.	Ct-t-	7:-	Character Count: 330 Catholic Charities Community Services (Diocese of Rochester) provides care management and HIV services to the counties in the Finger Lakes PPS
	Address 1099 Jay Street		City	State NY	Zip 14611	through the Health Homes of Upstate NY. We also provide residential and support services through our OPWDD waiver in the PPS region. We are
	Address 1099 Jay Street	KU	ochester	INT	* REQUIRED	safety net providers for both HHUNY and OPWDD.
III. Appeal Po	int of Contact				nedomes	and the product of the state of
Contact	Person Lori VanAuken					
	Title Executive Director					
	Phone 585-339-9800		Extension		225	
Contac	t Email Ivanauken@dor.orf					
IV. Please cho	oose the following VAP Exception:					
of se	mmunity will not be served without g rving the community.	ranting the exception b	pecause no other eligible	e provider is	willing or capable	
comr	hospital is uniquely qualified to serve munity, and/or clear track record of su	•		relationships	s within the	
iii Any s	state-designated health home or grou	o of health homes. **				
When choosing	g VAP Exception i & ii – Please indicat	e what Performing Pro	ovider System (PPS) you	plan on joini	ng. If you do not	
	PPS you intend to join, then you will b			in the "Appe	al Applicant	
	Section II". If you are part of multiple					
-	g VAP Exception iii— The Department		_			
_	ent Agencies (CMAs) that have alread If your Health Home appears on this I		• •			
	o not need to submit this form. If the					
	you do not need to submit this form.				•	
another approv	ved safety net provider list, but your o	rganization believes tha	at it should qualify as a	Health Hom	e, please	
complete this f	orm. List is available on the DSRIP we	osite.				
~ Fo	r Section IV, if you are joining more t	han one PPS, use secon	nd tab (Section VII) to a	dd additiona	al PPSs.	
V. Percentage	of Medicaid & Uninsured members t	nat your facility serves				
	Medicaid (FFS & MC)	Uninsu	ured	Data Sou	rce Year	
Percentage	100%			IRS Billing S	Syster 2013	
-	Certify that the information and data nd that this information may be subje	-		umentation	-	
Nam	ne Lori Va	nAuken	(Yes			
Tit	le Executive D	irector/CEO				
	Only appeals from the CEO, CFO	or comparable will l	be accepted			



Are you a Medicaid Prov	ider				
Answer				▼	You have chosen the following Health Home category: 1
. Appeal Applicant Inform	nation				VI. Restricted to 3500 Characters only!
	Catholic Charities of Broome County				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Select PPS			•	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Ho	me/Care Management Age	псу		or
Provider Type - Other:		ОМН			
,,	Operating Certificate/License #	MMIS*		NPI*	9
11	9	1164149	-	1689710154	
Unique Identifiers: Agency Code:		3H1	_	1003710134	•
Billing Entity ID:		E0183473			
	Address	City	State	Zip	Character Count: 20'
Address :	232 Main Street	Binghamton	NY	13905	am hereby requesting confirmation of approval as a safety net provider as a lead Health Home although our agency has already been design
County:		Broome			safety net provider for OMH. Please confirm our designation.
Wilder State (Marchaelten - Alexandricon					
I. Appeal Point of Contact					
Contact Person Julie S Title Division					a*
Contact Phone (607)7		Extension	. 1	224	
Contact Hone Harry					
1 A State designated		-			
A State designated Home and Downstr If your organization	@ccbc.net wing Health Home category. These a Health Home or Health Home provider th	at is already on the Pendin	g State-Desig	gnated State Health	
A State designated Home and Downstr I A State designated Home and Downstr If your organization your organization bout are choosing VAP Except are Management Agencies (MS approval, but should submit tot, you do not need to submit.)	eccbc.net wing Health Home category. These a Health Home or Health Home provider th eam Care Management Agency List.	at is already on the Pendin me list or on another appro dome, please make this sele draft list of State Designate as safety net providers as w roval, you may be granted a ur Health Home/CMA alrea appear on the draft Health	yed safety nection. d Health Holell as those to VAP Except dy appears common the store of the s	et provider list, but mes and Network that are pending clon pending CMS on another safety net r on another	ž
A State designated Home and Downstr I A State designated Home and Downstr If your organization your organization bout are choosing VAP Except are Management Agencies (MS approval, but should submit tet, you do not need to submit proved safety net provider orm.	wing Health Home category. These a Health Home or Health Home provider the earn Care Management Agency List. In does not appear on the draft Health Home elleves that it should qualify as a Health Home appears on the draft Health Home appears on this list as pending appears form. If the organization operating your organization does not	me list or on another approdume, please make this selections, please make this selections as we roval, you may be granted a ur Health Home/CMA alrea appear on the draft Health should qualify as a Health	yed safety nection. d Health Holell as those to VAP Except dy appears common the store of the s	et provider list, but mes and Network that are pending clon pending CMS on another safety net r on another	
A State designated Home and Downstr A State designated Home and Downstr If your organization bout are choosing VAP Except are Management Agencies (MS approval. If your Health I peroval, but should submit test, you do not need to submit peroved safety net provider orm.	wing Health Home category. These a Health Home or Health Home provider the earn Care Management Agency List. In does not appear on the draft Health Home elieves that it should qualify as a Health Home elieves that it should qualify as a Health Home elieves that it should qualify as a Health Home elieves that it should qualify as a provided a CMAs) that have already been approved a Home appears on this list as pending appoints form. If the organization operating you it this form. If your organization does not list, but your organization believes that it	me list or on another approdume, please make this selections, please make this selections as we roval, you may be granted a ur Health Home/CMA alrea appear on the draft Health should qualify as a Health	yed safety nection. d Health Horell as those to a VAP Except dy appears of Home, please	et provider list, but mes and Network that are pending clon pending CMS on another safety net r on another	
A State designated Home and Downstr A State designated Home and Downstr If your organization bout are choosing VAP Except are Management Agencies (MS approval. If your Health I peroval, but should submit test, you do not need to submit peroved safety net provider orm.	wing Health Home category. These a Health Home or Health Home provider the earn Care Management Agency List. In does not appear on the draft Health Home elieves that it should qualify as a Health Home elieves that it should qualify as a Health Home elieves that it should qualify as a Health Home elieves that it should qualify as a provided a CMAs) that have already been approved a Home appears on this list as pending appoints form. If the organization operating you it this form. If your organization does not list, but your organization believes that it	me list or on another appro Home, please make this sele draft list of State Designate is safety net providers as w roval, you may be granted a roval Home/CMA alrea appear on the draft Health should qualify as a Health	yed safety nection. d Health Horell as those to a VAP Except dy appears of Home, please	et provider list, but mes and Network that are pending cion pending CMS on another safety net or on another e complete this	

10/29/2014 Catholic Charities of Onondaga County

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

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

	•	nent 30 days prior to appl	ication approval. Thr	ee allowed reaso	ons for gran	ting an exception a	re shown in Section IV.
I. Are you a N	Answer					~	You have chosen the following VAP Exception: i
II. Ammaal Am						V	
II. Appeal App			•				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza		Catholic Charities of Ononda	<u>- ' </u>				The VAP Exception relies heavily on the statement you provide, so please be concise and thorough
AA Th - 1/AD E		St. Joseph's Hospital Health Center				• • • • • • • • • • • • • • • • • • •	You chose the qualification i, in the space below please include:
		uated <u>in the context of the F</u> 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
		and VII of the instructions f		_	uultiollai FFS	s tab to select	include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	rovider Type:	Health Home/Care Management A	gency			•	without your organization's involvement given the PPS current configuration of network providers.
	Type - Other:	readir Home/Care management A	gency			10.70	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider	Type - Other.		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		_	NO.	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)
	e Identifiers:				1	922258615	
	Agency Code: ling Entity ID:						Character Count: 3496
Dill	ing Littly ID.	Address		City	State	Zip	A. Catholic Charities of Onondaga County (CCOC) believes it fits the exception qualification because of its unique role in serving two specific
	Address	1654 W. Onondaga Street	Syracı	· · · · · · · · · · · · · · · · · · ·	NY	13204	populations in Onondaga County: 1) individuals who are homeless and/or housing vulnerable and 2) recently resettled refugees. The geographic
			[=7:			* REQUIRED	community in question is Onondaga County which includes the City of Syracuse. The total population for the county is 468,387, with 144,675
III. Appeal Po							residents living in the City of Syracuse. The poverty rate for the county is 15.5% and jumps to 33.2% for Syracuse.
Contact	Person Mich						Homelessness is a growing concern in the community. The 2014 Point in Time Count showed a total of 839 homeless individuals living in
C++	Title Execu Phone (315)	itive Director		Extension		7512	Onondaga County. Of those individuals, 667 were single adults living in households with no children. Over the course of 2013, 2,947 unique
	t Email mme			EXTENSION		7512	individuals stayed at least one night in an emergency shelter in Onondaga County, as did 1,523 families, each consisting of at least two members. At the same time, St. Joseph's Hospital has examined Emergency Department use and has identified homeless individuals as being over-
							represented in terms of utilization.
i i A co of set	mmunity will rrving the com hospital is unimunity, and/c state-designat g VAP Exception II". If y g VAP Exception II g van Health lo not need to you do not need to you do not need safety net form. List is as or Section IV, i	quely qualified to serve base r clear track record of succe ed health home or group of on i & ii – Please indicate with to join, then you will be de you are part of multiple PPSs on iii – The Department has: (CMAs) that have already be Home appears on this list a submit this form. If yo provider list, but your organ ailable on the DSRIP website f you are joining more than	ed on services provided sess in reducing avoidable health homes. ** nat Performing Providenied. Please indicate to see section VII tab. submitted a draft list of een approved as safety is pending approval, your our organization does no inization believes that it e. one PPS, use second to	I, financial viability le hospital use. er System (PPS) yo he name of the PF f State Designated net providers as vu will be granted ar Health Home/C ot appear on the cost should qualify as	y, relationshi ou plan on joi o'S in the "App I Health Hom well as those a VAP Except MA already a draft Health Hor a Health Hor	ps within the ning. If you do not oeal Applicant es and Network that are pending ion pending CMS appears on another dome list or on me, please	CCOC is the single largest provider of emergency shelter and housing services to single homeless adults. Providing shelter to over 220 homeless men, women, and children each night, the agency provides comprehensive services that help chronically homeless individuals move from emergency shelters to CCOC operated supported housing programs. Through case management services and job training programs, many of these individuals are able to become fully integrated into the community, reducing subsequent stays in a homeless shelter. The second population, resettled refugees, presents a special challenge to the medical community. CCOC resettles nearly 600 refugees a year from as many as a dozen different countries. In each case, the refugee is a victim of persecution and has often lived in refugee camps for several years. Refugees are the "internationally homeless" and CCOC plays a unique role in helping these individuals and families acclimate to their new environment while attending to their health, education, and employment needs. Through case management, ESL, job readiness, job placement, and citizenship classes, CCOC provides comprehensive services to this population, beginning with their arrival at the Syracuse Airport. A significant focus of the organization is to ensure that each refugee has a medical screening upon arrival and is connected to primary care. That said, refugees continue to over utilize Emergency Department services which requires a more focused intervention on the part of the overall system. B. CCOC has a 90 year history of serving the most vulnerable members of the community regardless of their religious belief and backgrounds. With over 30 years of experience serving both refugees and the homeless, the agency prides itself at successfully engaging service-resistant individuals which leads to behavioral change. CCOC will enhance the network of services in the PPS in two ways. First, CCOC is currently a Health Home Care Manager for both populations through St. Joseph's Hospital and enjoys a tr
V. Percentage		& Uninsured members that y	•	. 1		l	
	Me	dicaid (FFS & MC)	Uninsure	d	Data So		
Percentage		90%	10%		Agen	cy 2013	
	n d that this ir ne	ne information and data pro Iformation may be subject t Michael F. M Exeuctive Di	o audit and I may be a Melara rector	sked to provide d			
	Only app	eals from the CEO, CFO or	comparable will be	accepted			

10/29/2014 Catholic Charities of Oswego County

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	r public con	nment 30 days prior to appl	ication approval. Thi	ree allowed reasor	s for grant	ing an exception	are shown in Section IV.
I. Are you a N							,
	Answe	Yes				-	You have chosen the following VAP Exception: iii
II. Appeal App	plicant Info	ormation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	zation Name	: Catholic Charities of Oswego	County				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PP:	Upstate University Hospital					You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
		valuated <u>in the context of the F</u>					the space below, please include:
		VAP Exception in that PPS as v		_	litional PPS	s" tab to select	
		III and VII of the instructions for the Health Home/Care Management Age		!		_	a. A description of your entity in specific relation to being a Health Home.
			gency				Please do not submit this form if you are already on the draft Health Home List.
Provider	Type - Othe				1		
		Operating Certificate/	License #	MMIS*		NPI*	4
	ue Identifier			03014808	17	730345109	
	Agency Code ling Entity II)·					Character Count: 71
Biii	iiig Energy is	Address		City	State	Zip	We are a care management program under 2 Health Homes: HHUNY & St Joes
	Address		Fultor		NY	13069	1
		-	•			* REQUIRE	7
III. Appeal Po							,
Contact		ry-Margaret Pekow cutive Director					[]]
Contact		5) 598-3980		Extension		223	1
		npekow@ccoswego.com			1		1
IV. Please cho	oose the fo	llowing VAP Exception:					[]
	ommunity w erving the co	ill not be served without grant mmunity.	ing the exception beca	ause no other eligibl	e provider is	s willing or capabl	
	•	niquely qualified to serve base /or clear track record of succe			relationship	s within the	
iii Any s	state-design	ated health home or group of	health homes. **				
When choosing	g VAP Excep	otion i & ii – Please indicate wh	nat Performing Provid	er System (PPS) you	plan on join	ing. If you do not	
		nd to join, then you will be de		he name of the PPS	in the "App	eal Applicant	
	_	f you are part of multiple PPSs					
		otion iii— The Department has sees (CMAs) that have already be		-			
_	-	th Home appears on this list a		•			
		to submit this form. If the orga		-			
safety net list,	you do not	need to submit this form. If yo	ur organization does n	ot appear on the dr	aft Health H	ome list or on	
		et provider list, but your organ		t should qualify as a	Health Hom	ne, please	
•		available on the DSRIP website		- h /C t' \ \ \ \ \		-I ppc-	
		, if you are joining more than		ab (Section VII) to a	ad addition	iai PPSs.	
v. Percentage	of Medical	d & Uninsured members that y	our facility serves			1	
	N	ledicaid (FFS & MC)	Uninsure	d	Data Sou	urce Year	
Percentage							
understa	ind that this	the information and data pro information may be subject to	o audit and I may be a	sked to provide doo	umentation wer	-	
Nan Tit		Mary-Margare Executive Dir		Yes	O No		
111		peals from the CEO, CFO or		accepted			

10/29/2014 Children's Mental Health Coalition of WNY, Inc.



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

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

Vital Access Provider Excention: The state will consider excentions to the safety not definition

VITAL ACCE	ess Provider	Exception : The state will o	onsider exceptions	s to the safety net (definition of	on a case-by-case	pasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted f	or public com	ment 30 days prior to applic	ation approval.				
Ι Δre vou a	Medicaid Pro	vider					
ii Aic you c	Answer					-	You have chosen the following Health Home category: 2
		Not yet				¥	
II. Appeal A	Applicant Infor	mation					VI. Restricted to 3500 Characters only!
Orga	nization Name:	Children's Mental Health Coa	ition of WNY, Inc.				The narrative section is optional, but you may write additional notes.
OPTION	NAL-Joined PPS:	Select PPS				-	
OFFICE	VAL-Joined FF3.	Selectivis				1850	
Drovie	der Type:		Health Home/Care I	Management Agency	,		I am hereby requesting approval as a safety net entity as I am likely to be approved
FIUVIC	uei Type.						
Provide	er Type - Other:		Family Pe	er Support			shortly as a new health home provider serving children.
		Operating Certificate/L	icense #	MMIS*		NPI*	
		The state of the state of					
Uni	ique Identifiers:						
	Agency Code:						
I	Billing Entity ID:						
		Address		City	State	Zip	Character Count: 0
	Address :	105 Hyledge Drive	Amhe	erst	NY	14226	
	County:		all 19 counties	of Western NY			
III. Appeal	Point of Conta	ct					
Conta	ct Person Mary	/ Skorupa					
	Title Exec	utive Director					
Conta	act Phone 716-	871-8997		Extension			
		orupa716@gmail.com		•			
		0					
		owing Health Home catego		•	•		
Q 1 A:	State designated	d Health Home or Health Hom	e provider that is alre	eady on the Pending	State-Design	nated State Health	
Ho	ome and Downst	tream Care Management Ager	ıcy List.				
2 If							
"		on does not appear on the dra				et provider list, but	
yo	ur organization	believes that it should qualify	as a Health Home, p	lease make this selec	tion.		
		otion iii– The Department has					
_	_	(CMAs) that have already bee					
		h Home appears on this list as					
		this form. If the organization					
net list, you	do not need to	submit this form. If your orgar	ization does not app	pear on the draft Hea	Ith Home lis	st or on another	
approved sa	fety net provide	er list, but your organization be	elieves that it should	qualify as a Health H	ome, please	e complete this	
form.							
V. Percenta	ge of Medicaid	& Uninsured members that yo	our facility serves				
	Ma	edicaid (FFS & MC)	Uninsure		Data Sou	urce Year	
		edicald (FF3 & IVIC)	Offilisure	;u	Data 30t	irce fear	
Percentage	е						
Yes Herel	by Certify that t	he information and data prov	ided on this form is a	accurate and correct	to the best	of	
my kno	owledge. I unde	erstand that this information	may be subject to au	ıdit and I may be ask	ed to provi	de	
docum	entation in sup	port of this appeal.					
				Ans			
N	lame	Mary Skoru	oa	Yes	O No		
	Title	Executive Dire	ctor				
		eals from the CEO, CFO or o		accepted			
	Ciny app	20.5 5 the 620, 610 01	.cparable will be	accepted			

11/10/2014 Citizen



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

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

Answer Yes Appeal Applicant Informa Organization Name: Citi					
T				•	You have chosen the following Health Home category: 1
Organization Name: Citi	tion				VI. Restricted to 3500 Characters only!
	izen Advocates, Inc.				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS: Adi	rondack Health Institute			~	I am hereby requesting approval as a safety net entity as I have been listed by the
-					department of health as a high volume provider of Medicaid care management service
Provider Type:	Health Hor	me/Care Management Agend	v		4or
Provider Type - Other:	Treater file	me, care management rigen	.,]"
Provider Type - Other.	Operating Certificate/License #	MMIS*	1	NPI*	
	Operating Certificate/License #				
Unique Identifiers:		1155215	1	730391012	
Agency Code: Billing Entity ID:		40410 E0184363			
Billing Entity ID.	Address	City	State	Zip	Character Count:
Address : 209	9 Park St.	Malone	NY	12953	I am hereby requesting approval as a safety net entity as I have been listed by the department of health as a high volume provider of M
County:		Franklin			care management services.
Appeal Point of Contact				1	
Contact Person Susan De Title Chief Ex	elehanty ecutive Officer				
Contact Phone 518-483		Extension		2245	
	lehanty@citizenadvocates.net	Extension		22.15	
your organization bel u are choosing VAP Exceptio the Management Agencies (CN IS approval. If your Health Ho proval, but should submit thi	n iii—The Department has submitted a MAs) that have already been approved one appears on this list as pending apps form. If the organization operating yenit this form. If your organization does to, but your organization believes that it,	Home, please make this sele a draft list of State Designate I as safety net providers as w proval, you may be granted in your Health Home/CMA alreats so not appear on the draft He	ection. d Health Hore ell as those to a VAP Except dy appears of	mes and Network that are pending tion pending CMS on another safety ist or on another	
m.		serves			
	ninsured members that your facility s				
Percentage of Medicaid & U		Uninsured	Data So	ource Year	
your organization bel	n iii – The Department has submitted a	Home, please make this seld	ection. d Health Hoi	mes and Network	



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

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

			definition (on a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
	nment 30 days prior to application	approval.			
I. Are you a Medicaid P					
Answe				~	, , , , , , , , , , , , , , , , , , ,
II. Appeal Applicant Info					VI. Restricted to 3500 Characters only!
	: Clubhouse of Suffolk Inc. dba Associ	ation for Mental Health and Welln	ess		The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PP:	S: Stony Brook University Hospital			-	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health	Home/Care Management Agency	,		or
		Thome, care Management Agency			101
Provider Type - Othe					
	Operating Certificate/License	# MMIS*		NPI*	
Unique Identifier	s:	2996261	15	578516738	
Agency Code		16540			
Billing Entity II		E0001941			
	Address	City	State	Zip	Character Count: 0
Address		Ronkonkoma	NY	11779	H
Count	/:	Suffolk			
III. Appeal Point of Conf	tact				
Contact Person Min					
Title CEO)				
Contact Phone 633	l-471-7242	Extension		1304	
Contact Email ms	toltz@mhaw.org]
Home and Down If your organization You are choosing VAP Exc. Care Management Agencie. CMS approval. If your Hea approval, but should submet list, you do not need to approved safety net provident.	ed Health Home or Health Home provi istream Care Management Agency List tion does not appear on the draft Heal in believes that it should qualify as a He eption iii— The Department has submit es (CMAs) that have already been apprint th Home appears on this list as pendin iit this form. If the organization operat to submit this form. If your organization der list, but your organization believes	th Home list or on another approve alth Home, please make this selected a draft list of State Designated oved as safety net providers as we gapproval, you may be granted a ing your Health Home/CMA alread a does not appear on the draft Heath it should qualify as a Health H	ed safety no ition. Health Hor II as those t VAP Except ly appears o Ith Home li	nes and Network hat are pending ion pending CMS on another safety st or on another	
N	ledicaid (FFS & MC)	Uninsured	Data So	urce Year	
Percentage	94%	6%	E.H.F	R 2014	
	the information and data provided or derstand that this information may be pport of this appeal.				
Name Title Only ap	Michael Stoltz CEO peals from the CEO, CFO or compa		O No		



OPTIONAL-Joined PPS: Provider Type: Provider Type - Other: Unique Identifiers:	rmation Clubhouse of Suffolk Inc. dba Association : Stony Brook University Hospital	for Mental Health and Wellr		▼	You have chosen the following Health Home category: 1
Organization Name: OPTIONAL-Joined PPS: Provider Type: Provider Type - Other: Unique Identifiers:	Clubhouse of Suffolk Inc. dba Association Stony Brook University Hospital	for Mental Health and Wellr			VI. Restricted to 3500 Characters only!
OPTIONAL-Joined PPS: Provider Type: Provider Type - Other: Unique Identifiers:	Stony Brook University Hospital	for Mental Health and Welli			,
Provider Type: Provider Type - Other: Unique Identifiers:			ness	1000	The narrative section is optional, but you may write additional notes.
Provider Type - Other: Unique Identifiers:	Health Hon			▼	I am hereby requesting approval as a safety net entity as I have been listed by the
Provider Type - Other: Unique Identifiers:	Health Hon				department of health as a high volume provider of Medicaid care management service
Provider Type - Other: Unique Identifiers:		me/Care Management Agenc	v		dor
Unique Identifiers:			,		10.
			1		
	Operating Certificate/License #	MMIS*		NPI*	
	:	2996261	1	1578516738	
Agency Code:		16540			
Billing Entity ID:		E0001941	,		
	Address	City	State	Zip	Character Count:
	939 Johnson Avenue	Ronkonkoma	NY	11779	
County:	<u>1</u>	Suffolk			
II. Appeal Point of Conta	act				
Contact Person Mich					
Title CEO					
Contact Phone 631-4		Extension		1304	
Contact Email msto					
2 If your organization	on does not appear on the draft Health Ho	me list or on another approx	ved safety n	net provider list, but	
your organization You are choosing VAP Except Care Management Agencies EMS approval. If your Health pproval, but should submit tet list, you do not need to sepproved safety net provide	ion does not appear on the draft Health Ho a believes that it should qualify as a Health ption iii— The Department has submitted a s (CMAs) that have already been approved th Home appears on this list as pending app it this form. If the organization operating you submit this form. If your organization does er list, but your organization believes that i	Home, please make this sele a draft list of State Designated as safety net providers as we proval, you may be granted a our Health Home/CMA alread as not appear on the draft Heat	d Health Ho ell as those VAP Excep dy appears alth Home I	omes and Network that are pending on pending CMS on another safety list or on another	
your organization You are choosing VAP Except Care Management Agencies CMS approval. If your Health approval, but should submit net list, you do not need to sapproved safety net provide form.	ption iii— The Department has submitted a s (CMAs) that have already been approved th Home appears on this list as pending app it this form. If the organization operating you	Home, please make this sele a draft list of State Designated as safety net providers as we proval, you may be granted a our Health Home/CMA alread is not appear on the draft Heal it should qualify as a Health H	d Health Ho ell as those VAP Excep dy appears alth Home I	omes and Network that are pending on pending CMS on another safety list or on another	
your organization You are choosing VAP Exceptore Management Agencies CMS approval. If your Health approval, but should submit het list, you do not need to approved safety net provide form. Y. Percentage of Medicaid &	ption iii— The Department has submitted a s (CMAs) that have already been approved the Home appears on this list as pending apple this form. If the organization operating you submit this form. If your organization does er list, but your organization believes that i	Home, please make this sele a draft list of State Designated as safety net providers as we proval, you may be granted a our Health Home/CMA alread is not appear on the draft Heal it should qualify as a Health H	d Health Ho ell as those VAP Excep dy appears alth Home I	omes and Network that are pending tion pending CMS on another safety list or on another se complete this	

10/29/2014 CNYHHN Inc - Mary Imogene Bassett Hospital



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

			definition	on a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be approve
I. Are you a Medicaid Prov	nent 30 days prior to application appro	vai.			
Answer				-	You have chosen the following Health Home category: 1
				•	
II. Appeal Applicant Inform					VI. Restricted to 3500 Characters only!
	CNYHHN, Inc. (Central New York Health Ho	me Network)			The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Mary Imogene Bassett Hospital			•	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Home	e/Care Management Agenc	· · · · · · · · · · · · · · · · · · ·		or
	Health Home	c/Care Management Agenc	у		. 1 [™]
Provider Type - Other:			1		4 1
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		3549144	1	396151791	
Agency Code:					1
Billing Entity ID:					11
	Address	City	State	Zip	Character Count: 0
Address : 2	1020 Mary Street	Utica	NY	13501	
County:		Oneida			
III. Appeal Point of Contac					
Contact Person Laura					4
Title Execu Contact Phone 315-7	utive Director	Extension	1	2303	
	.eannace@cnyhealthhome.net	Extension	-	2303	1
Contact Email laura.	earmace@criyneartmome.net				4
You are choosing VAP Except Care Management Agencies (CMS approval. If your Health approval, but should submit inet list, you do not need to si	on does not appear on the draft Health Hon believes that it should qualify as a Health Hon iii— The Department has submitted a c (CMAs) that have already been approved a Home appears on this list as pending apprhis form. If the organization operating you ubmit this form. If your organization does r list, but your organization believes that it	ome, please make this sele Iraft list of State Designated s safety net providers as we oval, you may be granted a ur Health Home/CMA alread not appear on the draft Hea	d Health Ho ell as those VAP Excep dy appears alth Home I	mes and Network that are pending tion pending CMS on another safety ist or on another	
	& Uninsured members that your facility sed	rves	Data So	I v	
Percentage	100%	ninsureu	CM		
reiteiltage	100%		CIVI	2012	
· · · · · · · · · · · · · · · · · · ·	ne information and data provided on this for rstand that this information may be subject port of this appeal.	ct to audit and I may be asl	ked to prov		
Name Title Only appe	Laura Eannace Executive Director eals from the CEO, CFO or comparable	Yes	S O No		

10/29/2014 CNYHHN Inc. - Adirondack Health Institute



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

Are you a Medicaid Prov	nent 30 days prior to application appro	val.	t definition o		
	vider	vui.			
	Yes			▼	You have chosen the following Health Home category: 1
. Appeal Applicant Inforn	140				VI. Restricted to 3500 Characters only!
		N-+I-\			•
	CNYHHN, Inc. (Central New York Health Ho	me Network)		-	The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Adirondack Health Institute			- 1	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Hom	e/Care Management Agen	cv		or
Provider Type - Other:		<u> </u>			
Frovider Type - Other.	On anating Contificate History #	MMIS*		NPI*	
	Operating Certificate/License #				
Unique Identifiers:		3549144	13	396151791	
Agency Code:					
Billing Entity ID:					
	Address	City	State	Zip	Character Count: 0
	1020 Mary Street	Utica	NY	13501	
County:		Oneida			
I. Appeal Point of Contac	at .				
Contact Person Laura					
	itive Director	-	-	-	
Contact Phone 315-7		Extension		2303	
Contact Email laura.	eannace@cnyhealthhome.net				
	on does not appear on the draft Health Hor pelieves that it should qualify as a Health H			t provider list, but	
are Management Agencies (MS approval. If your Health pproval, but should submit to et list, you do not need to so	tion iii— The Department has submitted a (CMAs) that have already been approved a Home appears on this list as pending app this form. If the organization operating yo ubmit this form. If your organization does list, but your organization believes that it	as safety net providers as w roval, you may be granted ur Health Home/CMA alrea not appear on the draft He	vell as those th a VAP Exception ady appears of ealth Home lis	hat are pending ion pending CMS in another safety st or on another	
are Management Agencies (MS approval. If your Health pproval, but should submit to the list, you do not need to su pproved safety net provider rrm.	(CMAs) that have already been approved a Home appears on this list as pending app this form. If the organization operating yo ubmit this form. If your organization does list, but your organization believes that it k Uninsured members that your facility se	as safety net providers as w roval, you may be granted ur Health Home/CMA alrex not appear on the draft He should qualify as a Health	rell as those th a VAP Exception ady appears of ealth Home lis Home, please	hat are pending ion pending CMS in another safety st or on another e complete this	
are Management Agencies (MS approval. If your Health approval, but should submit to the list, you do not need to so approved safety net provider arm. Percentage of Medicaid & Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	(CMAs) that have already been approved a Home appears on this list as pending app this form. If the organization operating yo ubmit this form. If your organization does list, but your organization believes that it & Uninsured members that your facility se dicaid (FFS & MC)	as safety net providers as w roval, you may be granted ur Health Home/CMA alre: not appear on the draft He should qualify as a Health	rell as those th a VAP Exception ady appears of ealth Home lis Home, please	hat are pending con pending CMS in another safety st or on another e complete this	
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are Management Agencies (MS approval. If your Health opproval, but should submit tet list, you do not need to supproved safety net provider orm. Percentage of Medicaid & Medicaid & Percentage Bes I Hereby Certify that the my knowledge. I under documentation in supp	(CMAs) that have already been approved a Home appears on this list as pending app this form. If the organization operating yo ubmit this form. If your organization does list, but your organization believes that it a Uninsured members that your facility sedicaid (FFS & MC) 100% Definition and data provided on this irrstand that this information may be subject of this appeal.	as safety net providers as w roval, you may be granted ur Health Home/CMA alrea not appear on the draft He should qualify as a Health rives Ininsured form is accurate and correc ect to audit and I may be as	rell as those the a VAP Exception of the average of	hat are pending from pending CMS in a noother safety st or on another e complete this experience of the complete this experien	
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10/29/2014 CNYHHN Inc. - Auburn Community Hospital



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

			definition	on a case-by-cas	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and m
	nent 30 days prior to application approx	/ai.			
I. Are you a Medicaid Prov					You have chosen the following Health Home category: 1
Answer					
II. Appeal Applicant Inforn					VI. Restricted to 3500 Characters only!
	CNYHHN, Inc. (Central New York Health Ho	me Network)			The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Auburn Community Hospital				I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Haalth Hame	/Care Management Agenc	.,		7 '
	пеанн понн	c/Care Management Agenc	У		or
Provider Type - Other:			1		_
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		3549144	1	396151791	7
Agency Code:					1
Billing Entity ID:					11
, ,	Address	City	State	Zip	Character Count: 0
Address : 2	1020 Mary Street	Utica	NY	13501	
County:	, , , , , , , , , , , , , , , , , , , ,	Oneida			7
· ·					1
III. Appeal Point of Contac	t				
Contact Person Laura					
	tive Director				
Contact Phone 315-7		Extension		2303	_
Contact Email laura.	eannace@cnyhealthhome.net				
You are choosing VAP Except Care Management Agencies (CMS approval. If your Health approval, but should submit inet list, you do not need to si	n does not appear on the draft Health Hom believes that it should qualify as a Health H tion iii— The Department has submitted a d (CMAs) that have already been approved a: Home appears on this list as pending appr his form. If the organization operating you ubmit this form. If your organization does it list, but your organization believes that it	ome, please make this sele iraft list of State Designated is safety net providers as we oval, you may be granted a ir Health Home/CMA alread not appear on the draft Hea	d Health Ho ell as those VAP Excep dy appears alth Home I	mes and Network that are pending tion pending CMS on another safety ist or on another	
	duninsured members that your facility ser	ves	Data So	New Year	
Percentage	100%	iinsureu	CM		d I
reiteiltage	100%		CIVI	3 201	4
•	ie information and data provided on this for rstand that this information may be subject ort of this appeal.	ct to audit and I may be asl			
Name Title Only appe	Laura Eannace Executive Director eals from the CEO, CFO or comparable v	Yes			

10/29/2014 CNYHHN Inc. - Faxton St. Lukes



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

	Exception: The state will consider exc nent 30 days prior to application appro		t 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
. Are you a Medicaid Prov					
Answer	Yes			_	You have chosen the following Health Home category:
I. Appeal Applicant Inform					VI. Restricted to 3500 Characters only!
		ama Naturark)			The narrative section is optional, but you may write additional notes.
Organization Name: CNYHHN, Inc. (Central New York Health Home Network) OPTIONAL-Joined PPS: Faxton St. Luke's Healthcare					
OPTIONAL-Joined PPS:	Faxton St. Luke's Healthcare				I am hereby requesting approval as a safety fiet entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Hom	e/Care Management Ager	icv		or
		.,	-,		1 18
Provider Type - Other:		1		101*	i I
	Operating Certificate/License #	MMIS*		NPI*	.
Unique Identifiers:		3549144	1	.396151791	
Agency Code:					l
Billing Entity ID:		1			
	Address	City	State	Zip	Character Count: 0
	1020 Mary Street	Utica	NY	13501	$\parallel\parallel$
County:		Oneida]
I. Appeal Point of Contac	- -				
Contact Person Laura					1
	utive Director				1
Contact Phone 315-7		Extension		2303	
	.eannace@cnyhealthhome.net	Extension		2505	1
your organization bounce choosing VAP Exceptore Management Agencies MS approval. If your Health pproval, but should submit et list, you do not need to s	on does not appear on the draft Health Hobelieves that it should qualify as a Health Hotelieves that it should qualify as a Health Hotelieves that have already been approved a Home appears on this list as pending app this form. If the organization operating youbmit this form. If your organization does I list, but your organization believes that it	draft list of State Designat as safety net providers as v roval, you may be granted ur Health Home/CMA alre not appear on the draft H	ed Health Ho vell as those a VAP Excep ady appears ealth Home I	mes and Network that are pending tion pending CMS on another safety ist or on another	
	& Uninsured members that your facility se	rves			
Med	dicaid (FFS & MC)	Ininsured	Data So	ource Year	
Percentage	100%		CM		
. c. cc. nuge	100/0		CIVI	2014	
	ne information and data provided on this rstand that this information may be subjeort of this appeal.				
Name Title	Laura Eannace Executive Director		nswer es O No	1	

10/29/2014 CNYHHN Inc. - Samaritan



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

Are you a Medicaid Prov	ent 30 days prior to application appr	oval.		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 are
Are you a medicala riot	rider				
Answer Y	fes			▼	You have chosen the following Health Home category: 1
. Appeal Applicant Inform	nation				VI. Restricted to 3500 Characters only!
Organization Name: C	CNYHHN, Inc. (Central New York Health H	lome Network)			The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS: Samaritan Medical Center					I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management service
Provider Type:	Health Hon	ne/Care Management Agen	cv		40r
Provider Type - Other:		,	-1] "
Trovider Type Other.	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		3549144	1	396151791	
Agency Code:					
Billing Entity ID:					
, ,	Address	City	State	Zip	Character Count: (
Address : 1	L020 Mary Street	Utica	NY	13501	
County:		Oneida			
I. Ammaal Daint of Contact					
Contact Person Laura I				1	
	tive Director				
Contact Phone 315-72		Extension		2303	
	eannace@cnyhealthhome.net		-		
your organization b ou are choosing VAP Except are Management Agencies (i MS approval. If your Health oproval, but should submit t et list, you do not need to su	n does not appear on the draft Health Ho lelieves that it should qualify as a Health ion iii— The Department has submitted a CMAs) that have already been approved Home appears on this list as pending app this form. If the organization operating you bubmit this form. If your organization doed list, but your organization believes that i	Home, please make this sei draft list of State Designat as safety net providers as v proval, you may be granted our Health Home/CMA alre s not appear on the draft H	ection. d Health Ho yell as those a VAP Excep ady appears ealth Home I	mes and Network that are pending tion pending CMS on another safety ist or on another	
	Uninsured members that your facility s				
		Uninsured	Data So		
Percentage	100%		CM	5 2014	
Percentage	100%		CM	5 2014	
es I Hereby Certify that the	e information and data provided on this stand that this information may be subj				

10/29/2014 CNYHHN Inc. - St. Josephs



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

Are you a Medicaid Prov Answer					
	Yes			-	You have chosen the following Health Home category: 1
Appeal Applicant Inforr				•	VI. Restricted to 3500 Characters only!
1		ama Naturarki			The narrative section is optional, but you may write additional notes.
ů .	CNYHHN, Inc. (Central New York Health H	ome Network)		•	
OPTIONAL-Joined PPS:	St. Joseph's Hospital Health Center			N	and hereby requesting approval as a safety fiet entity as I have been fisted by the
					department of health as a high volume provider of Medicaid care management service
Provider Type:	Health Hom	ne/Care Management Ager	ісу		or
Provider Type - Other:					
	Operating Certificate/License #	MMIS*		NPI*	┦
	Operating Certificate/License #		+		-
Unique Identifiers:		3549144		1396151791	<u>-</u>
Agency Code: Billing Entity ID:					- I
Billing Entity ID:	Address	City	State	Zip	Character Count:
Address :	1020 Mary Street	Utica	NY	13501	Character Count.
County:	1020 Mary Street	Oneida	- 111	15501	
7,1					4
Appeal Point of Contac	ct				
Contact Person Laura					
	utive Director	1			41
Contact Phone 315-7		Extension		2303	-
Contact Email llaura.	.eannace@cnyhealthhome.net				
Home and Downsti	tream Care Management Agency List.	nat is already on the Pendii			
If your organization to your o		me list or on another appr Home, please make this se draft list of State Designat as safety net providers as v proval, you may be granted bur Health Home/CMA alre s not appear on the draft H	oved safety r lection. ed Health Hc well as those a VAP Excep ady appears ealth Home	met provider list, bu mes and Network that are pending tion pending CMS on another safety list or on another	
If your organization by u are choosing VAP Exceptore Management Agencies in Sapproval. If your Health proval, but should submit t list, you do not need to sproved safety net provider m.	on does not appear on the draft Health Ho believes that it should qualify as a Health I believes that it should qualify as a Health I believes that have already been approved in Home appears on this list as pending appiths form. If the organization operating you submit this form. If your organization does it list, but your organization believes that it	me list or on another appr Home, please make this se draft list of State Designat as safety net providers as v roval, you may be granted our Health Home/CMA alre s not appear on the draft H t should qualify as a Health	oved safety r lection. ed Health Hc well as those a VAP Excep ady appears ealth Home	met provider list, bu mes and Network that are pending tion pending CMS on another safety list or on another	
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Home and Downstr If your organization to you are choosing VAP Exceptive Management Agencies in MS approval, but should submit to tlist, you do not need to so yoroved safety net provider rm. Percentage of Medicaid 8 Medical Medicaid 8 Percentage	tream Care Management Agency List. In does not appear on the draft Health Ho believes that it should qualify as a Health I believes that it should qualify as a Health I believes that have already been approved in Home appears on this list as pending appetitis form. If the organization operating you submit this form. If your organization does in list, but your organization believes that it wour facility set that it would be the set of t	me list or on another appr Home, please make this se draft list of State Designat as safety net providers as v oroval, you may be granted our Health Home/CMA alre is not appear on the draft H t should qualify as a Health	oved safety r lection. ed Health Howell as those a VAP Excepaday appears ealth Home in Home, plea	omes and Network that are pending tion pending CMS on another safety list or on another se complete this	
Home and Downstr If your organization to you are choosing VAP Exceptive Management Agencies (MS approval. If your Health proval, but should submit set list, you do not need to so you do not need to	on does not appear on the draft Health Ho believes that it should qualify as a Health I obtion iii— The Department has submitted a (CMAs) that have already been approved in Home appears on this list as pending app this form. If the organization operating you submit this form. If your organization does it list, but your organization believes that it would be the companied of the	me list or on another appr Home, please make this se draft list of State Designat as safety net providers as v roval, you may be granted bur Health Home/CMA alre is not appear on the draft H t should qualify as a Health erves Jninsured form is accurate and corre	oved safety relection. ed Health Howell as those a VAP Excepady appears ealth Home, plea	omes and Network that are pending chos pending chos on another safety list or on another se complete this Ource Year S 2014	
Home and Downstr If your organization to your organization to your organization to your end to your Health opproval, but should submit but list, you do not need to supproved safety net provider rm. Percentage of Medicaid 8 Medicaid 8 Percentage of Medicaid 8 Medicaid 8 Percentage I Hereby Certify that the my knowledge. I under	on does not appear on the draft Health Ho believes that it should qualify as a Health I obtion iii— The Department has submitted a (CMAs) that have already been approved in Home appears on this list as pending app this form. If the organization operating you submit this form. If your organization does it list, but your organization believes that it would be the companied of the	me list or on another appr Home, please make this se draft list of State Designat as safety net providers as v roval, you may be granted bur Health Home/CMA alre s not appear on the draft H t should qualify as a Health erves Jininsured form is accurate and corre ect to audit and I may be a	oved safety relection. ed Health Howell as those a VAP Excepady appears ealth Home, plea	omes and Network that are pending CMS on another safety list or on another secomplete this second of the complete	

10/29/2014 CNYHHN Inc. - Upstate University Hospital



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

	Exception: The state will consider exc nent 30 days prior to application appro		t 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
. Are you a Medicaid Pro					
Answer	Yes			_	You have chosen the following Health Home category: 1
I. Appeal Applicant Infori					VI. Restricted to 3500 Characters only!
		ama Naturark)			The narrative section is optional, but you may write additional notes.
Organization Name: CNYHHN, Inc. (Central New York Health Home Network) OPTIONAL-Joined PPS: Upstate University Hospital					
OPTIONAL-Joined PPS:	Upstate University Hospital				I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Hom	e/Care Management Ager	icv		or
		.,	-,		J
Provider Type - Other:		1		*101*	
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		3549144	1	396151791	
Agency Code:					
Billing Entity ID:		1			
	Address	City	State	Zip	Character Count: 0
Address :	1020 Mary Street	Utica	NY	13501	
County:		Oneida			
II. Appeal Point of Contac	rt .				
Contact Person Laura					
	utive Director				
Contact Phone 315-7		Extension		2303	
	.eannace@cnyhealthhome.net				
your organization look are choosing VAP Exceptare Management Agencies MS approval. If your Health pproval, but should submit et list, you do not need to s	on does not appear on the draft Health Hot believes that it should qualify as a Health H stion iii— The Department has submitted a (CMAs) that have already been approved a Home appears on this list as pending app this form. If the organization operating yo submit this form. If your organization does r list, but your organization believes that it	draft list of State Designat as safety net providers as v roval, you may be granted ur Health Home/CMA alre not appear on the draft H	ed Health Ho vell as those a VAP Excep ady appears ealth Home I	mes and Network that are pending tion pending CMS on another safety ist or on another	
	& Uninsured members that your facility se	erves			
Mei	dicaid (FFS & MC)	Ininsured	Data So	ource Year	
Percentage	100%		CM		
. c. ce.itage	100/0		CIVI	2014	
	ne information and data provided on this restand that this information may be subje port of this appeal.				
Name	Laura Eannace Executive Director		nswer es O No]	

10/29/2014 Community Care Management Partners LLC (CCMP) (2)

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

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

must be poste	d for public comment 30 days pri	or to application a	approval. Three allow	wed r	easons fo	r grantin	ig an exce	ption are shown in Section IV.
I. Are you a M	ledicaid Provider							
	Answer Yes						~	You have chosen the following VAP Exception: iii
II. Appeal App	licant Information							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	tion Name: Community Care Mana	gement Partners LLC	C (CCMP)					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Bronx-Lebanon Hospital Cent	er					-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
	eption is evaluated in the context of							the space below, please include:
	ing for the VAP Exception in that PP		*	II_Add	litional PP	Ss" tab to	select	
	See Section II and VII of the instruction		rication!					a. A description of your entity in specific relation to being a Health Home.
Pro	ovider Type: Health Home/Care Managem	ent Agency					•	Discounts and subscript this forms if you are already on the dueft Harlet Harry Lie
Provider T	ype - Other:							Please do not submit this form if you are already on the draft Health Home List.
	Operating Certific	ate/License #	MMIS*			NPI*		
	e Identifiers:		3606902		13	36678085	50	
	gency Code:							
Billi	ng Entity ID:				1	_		Character Count: 118
	Address 1250 Broadway 22nd Fl		City New York		State NY		ip 001	We are included in the draft Health Home list but since safety net status is still pending we have elected to submit.
	Address 1250 Broadway 221ld Fi	001	New York		INT		REQUIRED	
III. Appeal Poi	nt of Contact							
Contact F	Person Alyssa Lord							
	Title Executive Director							
	Phone (212)216-9911		Extensi	on				
-	Email alyssa.lord@vnsny.org							
	ose the following VAP Exception							
O i A cor	nmunity will not be served without a	ranting the excepti	on because no other e	eligible	e provider	is willing	or	
capab	le of serving the community.							
O ii Any h	ospital is uniquely qualified to serve	hd d						J
	ospital is uniquely qualified to serve nunity, and/or clear track record of s		,		relationshi	ps within	tne	
	• •	_	•					
iii Any s	tate-designated health home or grou	p of health homes.	**					
	VAP Exception i & ii – Please indica) you	plan on joi	ining. If yo	ou do not	
	PS you intend to join, then you will b							
Information – S	ection II". If you are part of multiple	PPSs, see section V	II tab.					
_	VAP Exception iii – The Department		_					
	ent Agencies (CMAs) that have alread						_	
	If your Health Home appears on this on not need to submit this form. If the						-	
	net list, you do not need to submit th		0,					
•	pproved safety net provider list, but	, ,						
	orm. List is available on the DSRIP we			•	•			
~ For	Section IV, if you are joining more t	han one PPS, use se	econd tab (Section VII) to a	dd additior	nal PPSs.		
V Porcentage	of Medicaid & Uninsured members t	hat your facility cou	2105					
v. reiteiltage i	or intention & Offinsured members i	nat your racinty ser	ves					
	Medicaid (FFS & MC)	Un	insured		Data So	urce	Year	
Percentage	100%				NY Sta	ate	2014	
					L			
Yes Hereby (Certify that the information and data	provided on this f	orm is accurate and c	orrect	to the bes	st of my k	nowledge	
-	and that this information may be sul	-				-	_	
appeal.								
	_ Al	a Lord	ſæ	Ansv		Т		
Nam Titl		a Lord e Director	I®	Yes	O NO			
Hu	Only appeals from the CEO, CF		will be accepted			_		



Are you a Medicaid Prov	vider				
Answer	Yes			▼	You have chosen the following Health Home category:
. Appeal Applicant Inforr	mation				VI. Restricted to 3500 Characters only!
Organization Name:	Community Care Management Partners I	LC (CCMP)			The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Mount Sinai Hospitals Group			•	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
D :1 T		10 11		1	
Provider Type:	Health Hon	ne/Care Management Agend	У		or
Provider Type - Other:			1		
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		3606902	1	1366780850	
Agency Code:					
Billing Entity ID:					
	Address	City	State	Zip	Character Count: 1586
	1250 Broadway, 22nd Floor	New York	NY	10001	Community Care Management Partners LLC (CCMP) Health Home is a NYS Medicaid Designated Health Home in the Bronx and Manhattan.
County:					Currently CCMP serves more than 10,000 individuals throughout the five boroughs. Our Governance structure is comprised by 8 partners range
I. Appeal Point of Contac	ct.				from mental health, substance use and HIV providers, federally qualified health centers and a large hospital system. There are five committee
Contact Person Alyssa				1	that meet on a monthly basis that help to inform CCMP's policies, procedures, and shared decision making structure - Governance, Finance, Operations, Quality and HIT/HIE. Although comprised of 8 partners, CCMP has 21 organizations providing care management all of which have
	utive Director				expertise in meeting the needs of individuals eligible for the Health Home. All CCMP care management organizations are deemed safety net
Contact Phone (212)2		Extension			providers. All but three of our care management organizations had existing care management programs such as ICM and TCM. CCMP Has
Contact Email alyssa			•		contracted with more than 10 managed care organizations and has engaged in a number of conversations regarding quality and outcome
A State designated Health Home and D	owing Health Home category. These I Health Home or Health Home provider t Downstream Care Management Agency L on does not appear on the draft Health He	hat is already on the Pendin ist.	g State-Des	ignated State	populations and implementing quality management in the Health Home. CCMP has also contracted with a management service organization
A State designated Health Home and D If your organization but your organization but your organization but your organization but your dealth your Health your organization. If your Health your you do not need to sopproved, but should submit bet list, you do not need to sopproved safety net provider	Health Home or Health Home provider t Downstream Care Management Agency L	hat is already on the Pendin ist. ome list or on another appro- alth Home, please make this of draft list of State Designate as safety net providers as w proval, you may be granted our Health Home/CMA alres is not appear on the draft H	g State-Des	net provider list, omes and Network t that are pending ption pending CMS s on another safety list or on another	populations and implementing quality management in the Health Home. CCMP has also contracted with a management service organization the centralized tracking of all Health Home activities as well as billing. CCMP has also implemented TREAT as a shared EMR platform to share
A State designated Health Home and D If your organization but your organization was choosing VAP Exceptions are Management Agencies (MS approval, but should submit et list, you do not need to supproved safety net provider form.	Health Home or Health Home provider to Downstream Care Management Agency London does not appear on the draft Health Health Health Black Health	hat is already on the Pendin ist. ome list or on another approal. The provider as a safety net providers as we proval, you may be granted our Health Home/CMA alres to tappear on the draft Hit should qualify as a Health	g State-Des	net provider list, omes and Network t that are pending ption pending CMS s on another safety list or on another	populations and implementing quality management in the Health Home. CCMP has also contracted with a management service organization the centralized tracking of all Health Home activities as well as billing. CCMP has also implemented TREAT as a shared EMR platform to share
A State designated Health Home and D If your organization but your organization but your organization ou are choosing VAP Except are Management Agencies MS approval. If your Health opproval, but should submit et list, you do not need to supproved safety net provider orm. Percentage of Medicaid 8	Health Home or Health Home provider to Downstream Care Management Agency Londoes not appear on the draft Health Hoion believes that it should qualify as a Health III. The Department has submitted a (CMAs) that have already been approved in Home appears on this list as pending ap this form. If the organization operating y submit this form. If your organization doe'r list, but your organization believes that	hat is already on the Pendin ist. ome list or on another approalth Home, please make this a draft list of State Designate as safety net providers as we proval, you may be granted our Health Home/CMA alres not appear on the draft Hit should qualify as a Health Herves	g State-Des oved safety selection. ad Health H rell as those a VAP Exce ady appearse ealth Home Home, ples	net provider list, omes and Network that are pending ption pending CMS on another safety list or on another ase complete this	measurement. CCMP offers a grand round series on a monthly basis to discusse best practices in outreach, engagement, working with challer populations and implementing quality management in the Health Home. CCMP has also contracted with a management service organizations the centralized tracking of all Health Home activities as well as billing. CCMP has also implemented TREAT as a shared EMR platform to share care plans across internal and external care management teams and providers.
A State designated Health Home and D If your organization but your organization but your organization ou are choosing VAP Exceptare Management Agencies of MS approval. If your Health opproval, but should submit et list, you do not need to supproved safety net provider orm. Percentage of Medicaid 8	Health Home or Health Home provider to Downstream Care Management Agency Londoes not appear on the draft Health Hoion believes that it should qualify as a Health III. The Department has submitted a (CMAs) that have already been approved in Home appears on this list as pending ap this form. If the organization operating y submit this form. If your organization doer I list, but your organization believes that the Uninsured members that your facility sudicald (FFS & MC)	hat is already on the Pendin ist. ome list or on another approal. The provider as a safety net providers as we proval, you may be granted our Health Home/CMA alres to tappear on the draft Hit should qualify as a Health	g State-Des	net provider list, omes and Network that are pending ption pending CMS s on another safety list or on another ase complete this	populations and implementing quality management in the Health Home. CCMP has also contracted with a management service organization: the centralized tracking of all Health Home activities as well as billing. CCMP has also implemented TREAT as a shared EMR platform to share
A State designated Health Home and D If your organization but your organization but your organization ou are choosing VAP Except are Management Agencies MS approval. If your Health opproval, but should submit et list, you do not need to supproved safety net provider orm. Percentage of Medicaid 8	Health Home or Health Home provider to Downstream Care Management Agency Londoes not appear on the draft Health Hoion believes that it should qualify as a Health III. The Department has submitted a (CMAs) that have already been approved in Home appears on this list as pending ap this form. If the organization operating y submit this form. If your organization doe'r list, but your organization believes that	hat is already on the Pendin ist. ome list or on another approalth Home, please make this a draft list of State Designate as safety net providers as we proval, you may be granted our Health Home/CMA alres not appear on the draft Hit should qualify as a Health Herves	g State-Des oved safety selection. ad Health H rell as those a VAP Exce ady appearse ealth Home Home, ples	net provider list, omes and Network that are pending ption pending CMS s on another safety list or on another ase complete this	populations and implementing quality management in the Health Home. CCMP has also contracted with a management service organization the centralized tracking of all Health Home activities as well as billing. CCMP has also implemented TREAT as a shared EMR platform to share
A State designated Health Home and D Health Home and D If your organization but your organization but your organization but your organization but your dealth your Health your organization. We will be a supproved, but should submit et list, you do not need to supproved safety net provider orm. In Percentage of Medicaid 8 Percentage	Health Home or Health Home provider to Downstream Care Management Agency London does not appear on the draft Health Holion believes that it should qualify as a Health Holion believes that it should qualify as a Health Holion iii— The Department has submitted a (CMAs) that have already been approved in Home appears on this list as pending apthis form. If the organization operating y submit this form. If your organization operating y submit this form. If your organization believes that a Uninsured members that your facility and dicaid (FFS & MC) 100%	hat is already on the Pendin ist. ome list or on another approach alth Home, please make this of draft list of State Designate as safety net providers as viproval, you may be granted our Health Home/CMA alress not appear on the draft Hit should qualify as a Health erves Jininsured s form is accurate and corrected to audit and I may be a	g State-Des	net provider list, omes and Network that are pending ption pending CMS s on another safety list or on another ase complete this	populations and implementing quality management in the Health Home. CCMP has also contracted with a management service organization the centralized tracking of all Health Home activities as well as billing. CCMP has also implemented TREAT as a shared EMR platform to share
A State designated Health Home and D Health Home and D If your organization but your organization but your organization ou are choosing VAP Exception are Management Agencies MS approval. If your Health poproval, but should submit et list, you do not need to sopproved safety net provider orm. Percentage of Medicaid 8 Med Percentage Tes I Hereby Certify that the my knowledge. I under	Health Home or Health Home provider to Downstream Care Management Agency London does not appear on the draft Health Holion believes that it should qualify as a Health Holion believes that it should qualify as a Health Holion iii— The Department has submitted a (CMAs) that have already been approved in Home appears on this list as pending apthis form. If the organization operating y submit this form. If your organization operating y submit this form. If your organization believes that a Uninsured members that your facility and dicaid (FFS & MC) 100%	hat is already on the Pendin ist. ome list or on another approach alth Home, please make this of draft list of State Designate as safety net providers as viproval, you may be granted our Health Home/CMA alress not appear on the draft Hit should qualify as a Health erves Jininsured s form is accurate and corrected to audit and I may be a	g State-Des	net provider list, omes and Network that are pending ption pending CMS so on another safety list or on another ase complete this burce Year S 2014	populations and implementing quality management in the Health Home. CCMP has also contracted with a management service organization the centralized tracking of all Health Home activities as well as billing. CCMP has also implemented TREAT as a shared EMR platform to sha

10/29/2014 Community Care Management Partners LLC (CCMP)

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**

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 poste	ed for public	comment 30 days prior to a	application approv	al. Three allowed	d reasons for	granting an excep	otion are shown in Section IV.
I. Are you a N	Medicaid Pro	vider					
	Answer	Yes				▼	You have chosen the following VAP Exception: iii
II. Appeal App	plicant Infor	mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	Community Care Management	t Partners LLC (CCMI	P)			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Bronx-Lebanon Hospital Center				~	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
^^ The VAP Exc	ception is eva	luated in the context of the PP	S you are joining. If	ou are joining mo	re than one PF	S, you have the	the space below, please include:
		/AP Exception in that PPS as we		_	dditional PPSs	" tab to select	
		I and VII of the instructions for		!			a. A description of your entity in specific relation to being a Health Home.
Pr	rovider Type:	Health Home/Care Management Agen	ncy			~	
Provider 1	Type - Other:						Please do not submit this form if you are already on the draft Health Home List.
		Operating Certificate/Lic	cense #	MMIS*		NPI*	
Uniqu	ie Identifiers:			3606902	136	6780850	
	Agency Code:						
Billi	ling Entity ID:						Character Count: 1620
		Address		City	State	Zip	Community Care Management Partners LLC (CCMP) Health Home is a NYS Medicaid Designated Health Home in the Bronx and Manhattan.
	Address	1250 Broadway 22nd Floor	New Y	ork	NY	10001 * REQUIRED	Currently CCMP serves more than 10,000 individuals throughout the five boroughs. Our Governance structure is comprised by 8 partners ranging from mental health, substance use and HIV providers, federally qualified health centers and a large hospital system. There are five committees
III. Appeal Po	int of Conta	ct				REQUIRED	that meet on a monthly basis that help to inform CCMP's policies, procedures and shared decision making structure - Governance, Finance,
Contact	Person Alyss	a Lord				1	Operations, Quality and HIT/HIE. Although comprised of 8 partners, CCMP has 21 organizations providing care management all of which have
		utive Director					expertise in meeting the needs of individuals eligible for the Health Home. All CCMP care management organizations are deemed safety net
	Phone (212)			Extension			providers. All but three of our care management organizations had existing care management programs such as ICM and TCM. CCMP has
-	•	a.lord@vnsny.org					contracted with more than 10 managed care organizations and has engaged in a number of conversations regarding quality and outcome measurement. CCMP offers a grand round series on a monthly basis for our care management organizations to discuss best practices in outreach,
IV. Please cho	oose the foll	owing VAP Exception:					engagement, working with challenging populations and implementing quality management in the Health Home. CCMP has also contracted with a
O i Aco	mmunity will	not be served without granting	g the exception beca	use no other eligi	ble provider is	willing or	management service organization for the centralized tracking of all Health Home activities as well as billing. CCMP also has implemented TREAT
capal	ble of serving	the community.					as a shared EMR platform to share the care plans across internal and external care management teams and providers.
O ii Any h					1.0		H
		iquely qualified to serve based or clear track record of success			, relationships	within the	
	mamey, ana, c	or cicur truck record or success	iii reducing avoluab	e nospital asc.			
(Any s	state-designa	ted health home or group of he	ealth homes. **				
When choosing	g VAP Except	ion i & ii – Please indicate what	t Performing Provid	er System (PPS) yo	u plan on join	ng. If you do not	
indicate what F	PPS you inten	d to join, then you will be deni	ed. Please indicate	he name of the PF	S in the "Appe	eal Applicant	
		you are part of multiple PPSs, s					
		ion iii – The Department has su		_			
		(CMAs) that have already beer h Home appears on this list as p					
	-	submit this form. If the organ		-	-		
		do not need to submit this forn	,	•		•	
or on another a	approved safe	ety net provider list, but your o	organization believes	that it should qua	lify as a Health	Home, please	
		vailable on the DSRIP website.					
~ Foi	r Section IV, i	if you are joining more than on	ne PPS, use second t	ab (Section VII) to	add additiona	l PPSs.	
V. Percentage	of Medicaid	& Uninsured members that yo	ur facility serves				
		dissid (FFC Q ACC)			D.: 0		
	Me	dicaid (FFS & MC)	Uninsured		Data Sou	ce Year	
Percentage		100%			NY State	2014	
Vac I Harden	Cautifu that t	he information and data	dad on this for !-	annuate and c	to the b	of much mounts	1
	-	he information and data provi information may be subject to				-	
appeal.			a a a a c a c a c a c a c a c a c a c a	assista to provide	a commentatio	3upport of till	
••					swer		
Nam	ne	Alyssa Lord		Ye	es O No		
Tit	tie	Executive Direct	ctor	I .			

11/10/2014 community healthcare



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

	Exception: The state will consider exc ment 30 days prior to application appro		t definition	on a case-by-case	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and r
I. Are you a Medicaid Pro					
Answer				~	You have chosen the following Health Home category: 1
II. Appeal Applicant Infor					VI. Restricted to 3500 Characters only!
	Community Healthcare Network, Inc.				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Select PPS			-	
OPTIONAL-Joined PPS:	Select PPS				and thereby requesting approval as a safety flet entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Hom	e/Care Management Agen	СУ		or
Provider Type - Other:					1 I
r rovider Type - Other.	Operating Costificate /License #	MMIS*	1	NPI*	1
	Operating Certificate/License #				4
Unique Identifiers:	7002119R	01102441	1	952518078]
Agency Code:					4
Billing Entity ID:		1			
	Address	City	State	Zip	Character Count: 0
Address :	60 Madison avenue	ny	ny	10010	-
County:		New York			1
III. Appeal Point of Conta	ct				
Contact Person Alan					1
	VP of Finacne				
Contact Phone 212-5	545-2481	Extension			1
Contact Email awen	ngrosky@chnnyc.org	•			
You are choosing VAP Excep Care Management Agencies CMS approval. If your Health approval, but should submit net list, you do not need to s	on does not appear on the draft Health Hor believes that it should qualify as a Health H ortion iii— The Department has submitted a (CMAs) that have already been approved a n Home appears on this list as pending app this form. If the organization operating yo submit this form. If your organization does ir list, but your organization believes that it	draft list of State Designate as safety net providers as wroval, you may be granted ur Health Home/CMA alreant appear on the draft He	ection. d Health Horell as those to a VAP Exceptod appears continued to the continued to t	nes and Network hat are pending ion pending CMS on another safety st or on another	
	& Uninsured members that your facility se				
		Ininsured	Data So	urce Year	
Percentage	100%				1
my knowledge. I unde documentation in supp		ect to audit and I may be a	sked to provi		
Title Only appo	Alan Wengrofsky CFO eals from the CEO, CFO or comparable		es O No		

11/10/2014	community healthcar

10/29/2014 Coordinated Behavioral Care DSRIP VAP Exception Form

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 must			
	•	nent 30 days prior to appli	cation approva	I. Three allowed reaso	ns for gran	ting an exception	are snown in Section IV.			
I. Are you a M						▼	Variable should be fell with a VAD Samuel and			
<u> </u>	Answer						You have chosen the following VAP Exception: iii			
II. Appeal App							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
		Coordinated Behavioral Care	!			. 1000	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS:						You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In			
		uated <u>in the context of the P</u> AP Exception in that PPS as w					the space below, please include:			
		and VII of the instructions for			uitioliai FF3	s tab to select	a. A description of your entity in specific relation to being a Health Home.			
		Health Home/Care Management Ag				-	a. A description of your entity in specific relation to being a freatur forme.			
-		nearth nome/Care Management Ag	ency			•	Please do not submit this form if you are already on the draft Health Home List.			
Provider I	ype - Other:				1		,, ,			
		Operating Certificate/	License #	MMIS*		NPI*				
	e Identifiers:			3559515	1 1	1730451071				
	gency Code:	F034F0FF					Character Count: 1340			
DIIII	ng Entity ID:	E0345855 Address		City	State	Zip	Coordinated Behavioral Care (CBC) is a not-for-profit organization launched in 2011 by many of New York City's most well-respected not-for-			
	Address	304 Park Avenue South, 11th) FI	NY	NY	10010	profit behavioral health providers, leaders in New York's medical, behavioral health, rehabilitation and supportive housing service systems. CBC			
		50 Trank/Weilae 50atily 12ti			,	* REQUIRED	was designated by the New York State Department of Health as a Phase 1 and Phase 2 lead health home in Brooklyn, Manhattan, and Staten			
III. Appeal Poi							Island in 2012, and merged into one HH in 2013. CBC is also a contracted partner in the Bronx Lebanon Health Home. CBC's network currently			
Contact F	Person Danik						serves members in all five boroughs. As of September 30, CBC is providing outreach or care management services to over 21,000 individuals in			
		itive Director		1	1		the five boroughs of New York City. To date, the HH has processed over 35,000 referrals. CBC is dedicated to realizing the unprecedented			
	Phone 212-5	s@cbcare.org		Extension	l .	N/A	opportunities under Medicaid redesign to improve the quality of care for members and their families, while reducing potentially preventable inpatient and emergency services use by people with serious mental illness, chronic health conditions and/or substance use disorders. CBC is			
	•	owing VAP Exception:					aimed to be at the forefront of the changes in the overall health care delivery system in order to ensure that all members receive the needed			
O i A cor		not be served without granti	ng the exception	because no other eligib	le provider i	is willing or capable	services in their community in the most expeditious and appropriate manner.			
I	ville the com	maney.								
		quely qualified to serve base r clear track record of succes			relationship	ps within the				
iii Any s	tate-designat	ed health home or group of	health homes. **	•						
_		on i & ii – Please indicate wh I to join, then you will be der	_							
	·	ou are part of multiple PPSs,								
_		on iii – The Department has s		_						
	Ü	(CMAs) that have already be Home appears on this list as								
	-	submit this form. If the orga								
		ed to submit this form. If you	•			• •				
another approv	ed safety net	provider list, but your organ	ization believes	that it should qualify as a	Health Hor	me, please				
•		ailable on the DSRIP website								
~ For	r Section IV, i	f you are joining more than	one PPS, use sec	ond tab (Section VII) to	add additio	nal PPSs.				
V. Percentage	of Medicaid 8	& Uninsured members that y	our facility serve	es						
	Med	dicaid (FFS & MC)	Unir	nsured	Data So	ource Year				
Percentage		100%	(0%	Safety N	let List 2014				
	-	ne information and data pro formation may be subject to	o audit and I may	be asked to provide do	cumentatio swer	on in support of this				
Nam	ie	Danika Mi		Ye:	S O No					
Titl	le	Executive Dire	ector			⊣				

10/29/2014 Direcitons in Independent Living, Inc._1



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

	nent 30 days prior to application appro	oval.		•	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and
Are you a Medicaid Prov					
	Yes			-	You have chosen the following Health Home category: 1
Appeal Applicant Inform	nation				VI. Restricted to 3500 Characters only!
	Direcitons in Independent Living, Inc.				The narrative section is optional, but you may write additional notes.
ů	Catholic Medical Partners-Accountable Care IPA INC	<u> </u>		-	
OF HONAL-Joilled FF3.	Catholic Medical Partiers-Accountable Care IPA INC	C.		100	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Hon	ne/Care Management Agen	су		or
Provider Type - Other:					
	Operating Certificate/License #	MMIS*		NPI*	
	Operating Certificate/License #		+ .		
Unique Identifiers:		2971126	1	871889915	
Agency Code:					
Billing Entity ID:	Address	City	State	7in	Character Count: 0
A -l-l		City	NY	Zip 14760	Cnaracter Count: U
Address : 5 County:	512 West State Street	Olean Cattaraugus	NY	14760	
County.		Cattaraugus			
. Appeal Point of Contac	rt .				
Contact Person Leona	ırd X. Liguori				
Title Execu	tive Director				
Contact Phone 716-3	73-4602	Extension		20	
Contact Email lenny	liguori@roadrunner.com				
your organization bout are choosing VAP Except are Management Agencies (MS approval. If your Health approval, but should submit to tlist, you do not need to su	n does not appear on the draft Health Ho believes that it should qualify as a Health tion iii— The Department has submitted a (CMAs) that have already been approved Home appears on this list as pending app this form. If the organization operating you ubmit this form. If your organization does list, but your organization believes that i	Home, please make this sel draft list of State Designate as safety net providers as v proval, you may be granted our Health Home/CMA alre s not appear on the draft H	ection. ed Health Ho yell as those a VAP Excep ady appears ealth Home I	mes and Network that are pending tion pending CMS on another safety ist or on another	
Percentage of Medicaid &	Uninsured members that your facility so	erves			
Med	dicaid (FFS & MC)	Uninsured	Data So	ource Year	
Percentage	75%	25%	mo	2014	
	e information and data provided on this rstand that this information may be subj tort of this appeal.				
		_	nswer		

10/29/2014 Direcitons in Independent Living, Inc._2



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

	Exception: The state will consider exc ment 30 days prior to application appro		t definition	on a case-by-case	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and
I. Are you a Medicaid Pro					
Answer	Yes			-	You have chosen the following Health Home category: 1
II. Appeal Applicant Infori	mation				VI. Restricted to 3500 Characters only!
	Direcitons in Independent Living, Inc.				The narrative section is optional, but you may write additional notes.
_	Erie County Medical Center Corporation			-	
OF HONAL-Joilled FF3.	Ene County Medical Center Corporation			185	and hereby requesting approval as a safety flet entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Hom	e/Care Management Agen	су		or
Provider Type - Other:					1
	Operating Certificate/License #	MMIS*		NPI*	1
	operating certificate/ accrise #		+		∤
Unique Identifiers:		2971126	-	1871889915	
Agency Code:					1 1
Billing Entity ID:	Address	City	State	Zip	Character Count: 0
Address :	512 West State Street	Olean	NY	14760	cnaracter count: 0
County:	312 West state street	Cattaraugus	INT	14700	
county.		Cattaraagas			4
I. Appeal Point of Contac	ct				
Contact Person Leona					
	utive Director				
Contact Phone 716-3		Extension		20	
Contact Email lenny	liguori@roadrunner.com				
your organization look are choosing VAP Exceptare Management Agencies MS approval. If your Health pproval, but should submit et list, you do not need to s	on does not appear on the draft Health Hobelieves that it should qualify as a Health Hobelieves that it should qualify as a Health Hobelieves that it—The Department has submitted a (CMAs) that have already been approved a Home appears on this list as pending app this form. If the organization operating yo submit this form. If your organization does r list, but your organization believes that it	draft list of State Designate as safety net providers as vroval, you may be granted ur Health Home/CMA alre not appear on the draft H	ed Health Ho vell as those a VAP Excep ady appears ealth Home	omes and Network that are pending tion pending CMS on another safety list or on another	
. Percentage of Medicaid 8	& Uninsured members that your facility se	rves			
Me	dicaid (FFS & MC)	Ininsured	Data So	ource Year	
Percentage	75%	25%	mo	2014	
	ne information and data provided on this erstand that this information may be subje port of this appeal.				
Name Title	Leonard X. Liguori Executive Director eals from the CEO, CFO or comparable	Y	es O No]	

10/29/2014 Equinox Inc.



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

	xception: The state will consider ex ent 30 days prior to application appr		t dennition	i on a case-	-ny-case t	asis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and r
I. Are you a Medicaid Prov	ider					
Answer	es es				-	You have chosen the following Health Home category: 1
II. Appeal Applicant Inforn	nation				VI. Restricted to 3500 Characters only!	
Organization Name:	quinox Inc.					The narrative section is optional, but you may write additional notes.
- J	Samaritan Medical Center				-	I am hereby requesting approval as a safety net entity as I have been listed by the
					7.00	, , , , , , , , , , , , , , , , , , , ,
·						department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Hon	ne/Care Management Ager	ісу			or
Provider Type - Other:						
	Operating Certificate/License #	MMIS*		NPI*		
		2995811		1477695021	1	
Unique Identifiers:		2995811		1477695021	1	
Agency Code: Billing Entity ID:		E0144346				
Billing Entity ID.	Address	City	State	Zip	_	Character Count: 141
A ddross . F	500 Central Avenue	Albany	NY	122		Note: we are on the list under our old name, ClearView Center Inc. Equinox, Inc. is a downstream provider of care management services u
Address : 5 County:	oo central Avenue	Albany	INT	122	00	the Capital Region Health Connections. Equinox Health Home Care Management (HHCM) Program offers services to referred clients consis
county.		Albally				with his/her conditions and needs. Core services offered include: care management, intake and screening, assessment, care planning and
. Appeal Point of Contac	t					coordination, crisis intervention, monitoring and follow-up, counseling, referrals and exit planning. Equinox HHCM program provides at least
Contact Person Andre	w Joslin					core service to all clients each month in regards to his/her documented needs. Referrals can be made through a variety of sources includir
Title CFO						providers, family, religious organizations and health systems. Equinox maintains data exchange applications and agreements with all other
Contact Phone 518-43	35-9931	Extension		5233		Region Health Connection providers and service agreements and memorandum of agreements with several area providers in both Albany
Contact Email ajoslin	@equinoxinc.org					Rensselaer counties. All service planning is completed using a person-centered approach to recovery based on needs identified through
your organization by your organization by your are choosing VAP Except are Management Agencies (a.MS approval. If your Health approval, but should submit thet list, you do not need to su	n does not appear on the draft Health Ho elieves that it should qualify as a Health ion iii— The Department has submitted a CMAs) that have already been approved Home appears on this list as pending app his form. If the organization operating yubmit this form. If your organization doe list, but your organization believes that i	Home, please make this se draft list of State Designat as safety net providers as v proval, you may be granted our Health Home/CMA alre s not appear on the draft H	ed Health Hewell as those a VAP Exceedady appears	omes and No e that are pe ption pendir s on another e list or on an	etwork ending ng CMS r safety nother	
/. Percentage of Medicaid &	Uninsured members that your facility s	erves				
Med	licaid (FFS & MC)	Uninsured	Data S	Source	Year	
Percentage	74%	26%	EN	1R	2013	
• •	e information and data provided on this stand that this information may be subj ort of this appeal.					
Name	Andrew Joslin CFO als from the CEO, CFO or comparable		nswer es O No	0		

11/10/2014 Fairview Recovery Services VAP Exception Form 10-25-14



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

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

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

I. Are you a Medicaid Provider									
Answer	Not yet								
II. Appeal Applicant Information									
Organization Name:	Fairview Recovery Services, Inc.								
OPTIONAL-Joined PPS:	United Health Services Hospitals, Inc								

Provider Type:	Health Hom								
Provider Type - Other:									
	Operating Certificate/License #	MMIS*	NPI*						
Unique Identifiers:	150310142	N/A	N/A						
Agency Code:	36020								
Billing Entity ID:	N/A								
	Address	City	State	Zip					
Address :	247 Court Street	Binghamton	NY	13901					
County:									

III. Appeal Point of Contact

Contact Person	Michele Napolitano		
Title	Executive Director		
Contact Phone	607-722-8987	Extension	224
Contact Email	Mnapolitano@frsinc.org	·	

IV. Please choose the following Health Home category. These are all for option 3 of the safety net definition:



A State designated Health Home or Health Home provider that is already on the Pending State-Designated State Health Home and Downstream Care Management Agency List.



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 make this selection.

You are 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 may be granted a VAP Exception pending CMS approval, but should 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

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

_	Medicaid (FFS & MC)	Uninsured
Percentage	Most	Most

Data Source	Year

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

			Ansv	/er	
Name	Michele Napolitano	•	Yes	0	No
Title	Executive Director				
	Only appeals from the CEO, CFO or comparable will be accepted				

You have chosen the following Health Home category: 1

VI. Restricted to 3500 Characters only!

The narrative section is optional, but you may write additional notes.

I am hereby requesting approval as a safety net entity as I have been listed by the department of health as a high volume provider of Medicaid care management services or

Character Count: 3458

Fairview Recovery Services (FRS), a nonprofit that offers a continuum of services for people seeking recovery from addictions is part of the United Health Services DSRIP PPS. FRS staff are working specifically with other providers on Project ID3ai Integration of mental health and substance abuse with primary care services to ensure coordination of care for both services, Project ID3aii Behavioral Health Community Crisis Services, and Project ID4aiii Strengthen Mental Health and Substance Abuse infrastructure across systems. As the ONLY NYS OASAS licensed provider of crisis and long-term residential substance use disorder treatment in Broome County and the surrounding area FRS is vital to the successful DSRIP. The community would not be served without granting the exemption. The vast majority of people being serverd are Medicaid or Medicaid/Medicare recipients. As the organization has grown since its inception in 1970, it has expanded to include direct delivery of addiction crisis services, vocational counseling, recreation therapy, mental health services, and case management as well as a comprehensive continuum of housing programs to meet the needs of clients at various stages of recovery and homelessness. These include residential programs for men and women and women with their children. Our continuum of services emphasizes a holistic treatment model which incorporates the needs of the whole client in treatment. The services include the Addiction Crisis Center, an 18-bed Medically Monitored Withdrawal service designed to serve the needs of individuals in crisis from chemical dependence. Anyone who is intoxicated, experiencing alcohol and/or drug related crisis(i.e. withdrawal) or clients who need a safe, sober environment until a referral to the approriate treatment program can be arrnaged are admitted. This is a significant resource that prevents ER visits and hospital admissions, crucial to the sucess of DSRIP, 724 people were served at the ACC in 2013. Two Community Residences, a 24-bed house for men and a 12-bed house for women offer room and board, case management, support groups, life skills training, relapse prevention, nutrition and cooking classes, and referrals to appropriate programs in the community. All participants engage in the Career Choices Unlimited program which provides a full menu of vocational services including vocational assessment and career planning, referral for training or educational services and programs, job appliction techniques, resume writing, interviewing skills, group workshops, and post-employment support. FRS also offers a 41-bed Supportive Living Program where residents can live up to two years in scatter-site apartments with support from case managers while working toward education and employment goals. The 25-unit Shelter Plus Care program and the 8-unit MRT housing first program are permanent supportive housing options which offer a rent subsidy and case management. FRS is also a down-stream provider offering Health Home Care Management for the UHS and BC Catholic Charities Health Homes. A large faction of the community's high-cost Medicaid users are treated throughout FRS programs. FRS programs save costs by preventing ER and unnecessary hospitalizations. It is crucial to the DSRIP efforts that FRS is granted exemption to the saftey net definition. Currently no FRS programs are Medicaid reimbursable, however that is subject to change in 2015.

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



Vital Access P	rovider l	Exception: The state will	consider excep	otions 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 mus
be posted for pu	ublic comr	nent 30 days prior to appli	ication approva	al. Three allowed re	ason	s for granting	an exception	are shown in Section IV.
I. Are you a Med	dicaid Pro	vider						
	Answer	Yes					~	You have chosen the following VAP Exception: iii
II. Appeal Applie	cant Infor	mation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organizatio	on Name:	Family Services Network of I	New York, Inc.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Jo	oined PPS:	Select PPS					-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
^^ The VAP Excep	tion is eval	uated in the context of the F	PPS you are joini	ng. If you are joining r	more	than one PPS, y	ou have the	the space below, please include:
	_	AP Exception in that PPS as v			_Addi	itional PPSs" ta	b to select	
multiple PPS's. Se	e <u>Section II</u>	and VII of the instructions for	or further clarific	cation!				a. A description of your entity in specific relation to being a Health Home.
Prov	ider Type:	Health Home/Care Management Ag	gency				•	
Provider Typ	oe - Other:							Please do not submit this form if you are already on the draft Health Home List.
		Operating Certificate/	License #	MMIS*		NI	PI*	
Unique I	dentifiers:			01701179		13262	64672	
Age	ency Code:							
Billing	g Entity ID:	E0129904						Character Count: 1031
		Address		City		State	Zip	Family Services Network of New York, Inc. (FSNNY) is a care management agency (CMA) on the NYS DOH draft list of Health Homes and Care
	Address	1420 Bushwick Avenue		Brooklyn		NY	11207	Management Agencies submitted to CMS for approval as meeting the criteria of a safety net provider. FSNNY is also an approved provider of
III. A		-•					* REQUIRED	Harm Reduction Services (HRP) by the NYS Department of Health AIDS Institute. FSNNY has provided critical health and preventive services to
III. Appeal Point								individual who lack access to care and who prior to engagement with FSNNY have no or sporadic interface with the health care providers in our
Contact Per		min O. Igwe						various communities. Our outreach, engagement and linkage to care for persons diagnosed with HIV/AIDS, IDUs and other chronic conditions
Contact Ph		dent/CEO 455-6010		Extensi	on	10	11	allow for timely and life saving care managment and coordination of needed health services, our services are therefore a critical to these
	, ,	e@fsnny.org		Extensi	OH	1)I	oftentimes marginalized individuals in our commuties. Family Services Network of New York, Inc. currently provides care management and coordination services to more than 1200 Medicaid recipients.
	•	owing VAP Exception:						coordination services to more than 1200 weutand recipients.
of service	ng the common the common that is unity, and/out the designated by you intend the common that is a factor of the common that	not be served without grant munity. quely qualified to serve base r clear track record of succeded health home or group of on i & ii – Please indicate what to join, then you will be defected are part of multiple PPSs on iii—The Department has second to submit this form. If the organishment has submit this form. If the organishment has seed to submit this form. If yo provider list, but your organialable on the DSRIP website f you are joining more than & Uninsured members that y	health homes. * health homes. * hat Performing Fenied. Please ind., see section VII submitted a draften approved as s pending appro anization operation organization of the penies of th	ovided, financial viabiliticidable hospital use. * Provider System (PPS) icate the name of the tab. It list of State Designal safety net providers aval, you will be granted ing your Health Home does not appear on the that it should qualify the cond tab (Section VII)	you p PPS i ted He as wel ed a V e/CMA ae dra as a h	elationships wi olan on joining. n the "Appeal A ealth Homes an l as those that a 'AP Exception p A already appea ft Health Home, p	If you do not upplicant d Network are pending CMS rs on another list or on lease	
	Me	dicaid (FFS & MC)	Uni	nsured		Data Source	Year	
Percentage		100%		0%		Billing claims	2013	
understand appeal. Name Title	that this ir	ne information and data pro iformation may be subject to Benjamin O. President/o	o audit and I ma Igwe CEO	y be asked to provide	Ansv	umentation in s		

10/29/2014 Family Services of Chemung County, Inc. MH

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



Vital Access	Provider	Exception: The state will	consider exception	s to the safety net	definition or	າ 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	ication approval. Th	ree allowed reaso	ns for grantii	ng an exception	are shown in Section IV.
I. Are you a M	1edicaid Pro	vider					
	Answer	Yes				▼	You have chosen the following VAP Exception: iii
II. Appeal App	olicant Infor	rmation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Family Services of Chemung	County, Inc. MH				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Finger Lakes PPS				-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
^^ The VAP Exc	eption is eva	luated in the context of the F	PPS you are joining. If	you are joining more	than one PP	S, you have the	the space below, please include:
	•	/AP Exception in that PPS as v		-	ditional PPSs'	tab to select	
multiple PPS's.	See <u>Section I</u>	II and VII of the instructions for	or further clarification	n!			a. A description of your entity in specific relation to being a Health Home.
Pro	ovider Type:	Health Home/Care Management Ag	gency			~	l l
Provider T	Гуре - Other:						Please do not submit this form if you are already on the draft Health Home List.
		Operating Certificate/	License #	MMIS*		NPI*	
Unique	e Identifiers:			02996569	163	19922432	1
A	Agency Code:	50810					
Billi	ing Entity ID:	E0086000					Character Count: 832
		Address		City	State	Zip	a. Family Services of Chemung County MH is listed on the State Designated Health Homes and Downstream Care Management Agencies meeting
	Address	1019 East Water Street	Elmi	а	NY	14901	safety Net Criteria List that is pending approval by CMS, but we received an updated directive from our lead Health Home Entity, HHUNY, stating
III. Appeal Poi	int of Conta	act				* REQUIRED	1
Contact F		d Quirello, CMPE					approval, and the completion of this form is a cautionary measure." Family Services has been one of two TCM converting agencies providing Health Home Care Management Services in Chemung County since July 2013, with Onondaga Case Management Services as its lead Health Home
Contact i		f Financial Officer					entity through HHUNY. Family Services also is a listed Safety Net Provider as an OMH Article 31 Clinic, and as a licensed Home Care agency.
Contact		733-5696		Extension		417	and the first of t
		rello@familyservices.cc					1
B		lowing VAP Exception:					·
ii Any h comm 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	state-designa g VAP Except PPS you inten Section II". If g VAP Except ient Agencies If your Healt if your Healt you do not no yed safety ne orm. List is a r Section IV,	iquely qualified to serve base or clear track record of succes ted health home or group of ion i & ii – Please indicate who do to join, then you will be devou are part of multiple PPSs ion iii—The Department has signified the provided by the total provided by the total provided by the total provided by the provided list, but your organizable on the DSRIP website if you are joining more than & Uninsured members that y	ss in reducing avoidal health homes. ** at Performing Provinited. Please indicate is see section VII tab. submitted a draft list en approved as safet spending approval, y anization operating your organization does nization believes that is. one PPS, use second	der System (PPS) you the name of the PPS of State Designated I y net providers as we ou will be granted a bur Health Home/CM not appear on the dr it should qualify as a	plan on joinin in the "Appe Health Homes Ell as those th VAP Exceptio IA already app aft Health Home	ng. If you do not al Applicant and Network at are pending n pending CMS pears on another me list or on e, please	
	Me	edicaid (FFS & MC)	Uninsure	ed	Data Sou	rce Year	
Percentage		67%	12%		ency Financ	ials Y 2014	
-	nd that this i	the information and data pro information may be subject to David Quirello Chief Financial peals from the CEO, CFO or	o audit and I may be , CMPE Officer	asked to provide do	cumentation swer		

10/29/2014 Family Services of Chemung County, Inc.



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

Home/Care Management Ager MMIS* 02996569 City Elmira Chemung Extension	State NY		Vi. Restricted to 3500 Characters only! The narrative section is optional, but you may write additional notes. I am hereby requesting approval as a safety net entity as I have been listed by the department of health as a high volume provider of Medicaid care management services or Character Count: 832 a. Family Services of Chemung County MH is listed on the State Designated Health Homes and Downstream Care Management Agencies mee Safety Net Criteria List that is pending approval by CMS, but we received an updated directive from our lead Health Home Entity, HHUNY, sta "if you are included on any of the following lists, the Department is now asking you to file a VAP Exception form. These lists are pending approval, and the completion of this form is a cautionary measure." Family Services has been one of two TCM converting agencies providing Health Home Care Management Services in Chemung County since July 2013, with Onondaga Case Management Services as its lead Health Hentity through HHUNY. Family Services also is a listed Safety Net Provider as an OMH Article 31 Clinic, and as a licensed Home Care agency.
Home/Care Management Ager MMIS* 02996569 City Elmira Chemung Extension	State NY	NPI* 1619922432 Zip 14901 417 t definition:	I am hereby requesting approval as a safety net entity as I have been listed by the department of health as a high volume provider of Medicaid care management services Or Character Count: 832 a. Family Services of Chemung County MH is listed on the State Designated Health Homes and Downstream Care Management Agencies mee Safety Net Criteria List that is pending approval by CMS, but we received an updated directive from our lead Health Home Entity, HHUNY, sta "if you are included on any of the following lists, the Department is now asking you to file a VAP Exception form. These lists are pending approval, and the completion of this form is a cautionary measure." Family Services has been one of two TCM converting agencies providing Health Home Care Management Services in Chemung County since July 2013, with Onondaga Case Management Services as its lead Health H
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City Elmira Chemung Extension	State NY	1619922432 Zip 14901 417 t definition:	a. Family Services of Chemung County MH is listed on the State Designated Health Homes and Downstream Care Management Agencies mee Safety Net Criteria List that is pending approval by CMS, but we received an updated directive from our lead Health Home Entity, HHUNY, sta "if you are included on any of the following lists, the Department is now asking you to file a VAP Exception form. These lists are pending approval, and the completion of this form is a cautionary measure." Family Services has been one of two TCM converting agencies providing Health Home Care Management Services in Chemung County since July 2013, with Onondaga Case Management Services as its lead Health H
City Elmira Chemung Extension	State NY	1619922432 Zip 14901 417 t definition:	a. Family Services of Chemung County MH is listed on the State Designated Health Homes and Downstream Care Management Agencies mee Safety Net Criteria List that is pending approval by CMS, but we received an updated directive from our lead Health Home Entity, HHUNY, sta "if you are included on any of the following lists, the Department is now asking you to file a VAP Exception form. These lists are pending approval, and the completion of this form is a cautionary measure." Family Services has been one of two TCM converting agencies providing Health Home Care Management Services in Chemung County since July 2013, with Onondaga Case Management Services as its lead Health H
02996569 City Elmira Chemung Extension	State NY	1619922432 Zip 14901 417 t definition:	a. Family Services of Chemung County MH is listed on the State Designated Health Homes and Downstream Care Management Agencies mee Safety Net Criteria List that is pending approval by CMS, but we received an updated directive from our lead Health Home Entity, HHUNY, sta "if you are included on any of the following lists, the Department is now asking you to file a VAP Exception form. These lists are pending approval, and the completion of this form is a cautionary measure." Family Services has been one of two TCM converting agencies providing Health Home Care Management Services in Chemung County since July 2013, with Onondaga Case Management Services as its lead Health H
02996569 City Elmira Chemung Extension	State NY	1619922432 Zip 14901 417 t definition:	a. Family Services of Chemung County MH is listed on the State Designated Health Homes and Downstream Care Management Agencies mee Safety Net Criteria List that is pending approval by CMS, but we received an updated directive from our lead Health Home Entity, HHUNY, sta "if you are included on any of the following lists, the Department is now asking you to file a VAP Exception form. These lists are pending approval, and the completion of this form is a cautionary measure." Family Services has been one of two TCM converting agencies providing Health Home Care Management Services in Chemung County since July 2013, with Onondaga Case Management Services as its lead Health H
Extension Esse are all for option 3 of the	State NY	Zip 14901 417 t definition:	a. Family Services of Chemung County MH is listed on the State Designated Health Homes and Downstream Care Management Agencies mee Safety Net Criteria List that is pending approval by CMS, but we received an updated directive from our lead Health Home Entity, HHUNY, sta "if you are included on any of the following lists, the Department is now asking you to file a VAP Exception form. These lists are pending approval, and the completion of this form is a cautionary measure." Family Services has been one of two TCM converting agencies providing Health Home Care Management Services in Chemung County since July 2013, with Onondaga Case Management Services as its lead Health Home Care Management Services in Cheming County Services as its lead Health Home Care Management Services in Cheming County Services as its lead Home Care Management Services in Cheming County Services as its lead Home Care Management Services in Cheming County Services in Cheming County Services as its lead Home Care Management Services in Cheming County Services in Cheming Care Management Services in Cheming County Services in Cheming Care Management Services in Cheming Care Managem
Elmira Chemung Extension ese are all for option 3 of th	NY NY ne safety net	14901 417 t definition:	a. Family Services of Chemung County MH is listed on the State Designated Health Homes and Downstream Care Management Agencies mer Safety Net Criteria List that is pending approval by CMS, but we received an updated directive from our lead Health Home Entity, HHUNY, st "if you are included on any of the following lists, the Department is now asking you to file a VAP Exception form. These lists are pending approval, and the completion of this form is a cautionary measure." Family Services has been one of two TCM converting agencies providing Health Home Care Management Services in Chemung County since July 2013, with Onondaga Case Management Services as its lead Health Home Care Management Services in Care Management Services as its lead Health Home Care Management Services in Care Management Serv
Elmira Chemung Extension ese are all for option 3 of th	NY NY ne safety net	14901 417 t definition:	a. Family Services of Chemung County MH is listed on the State Designated Health Homes and Downstream Care Management Agencies mee Safety Net Criteria List that is pending approval by CMS, but we received an updated directive from our lead Health Home Entity, HHUNY, sta "if you are included on any of the following lists, the Department is now asking you to file a VAP Exception form. These lists are pending approval, and the completion of this form is a cautionary measure." Family Services has been one of two TCM converting agencies providing Health Home Care Management Services in Chemung County since July 2013, with Onondaga Case Management Services as its lead Health Home Care Management Services in Cheming Country Services as its lead Health Home Care Management Services in Cheming Country Services and Management Services in Che
Elmira Chemung Extension ese are all for option 3 of th	NY NY ne safety net	14901 417 t definition:	a. Family Services of Chemung County MH is listed on the State Designated Health Homes and Downstream Care Management Agencies mer Safety Net Criteria List that is pending approval by CMS, but we received an updated directive from our lead Health Home Entity, HHUNY, st "if you are included on any of the following lists, the Department is now asking you to file a VAP Exception form. These lists are pending approval, and the completion of this form is a cautionary measure." Family Services has been one of two TCM converting agencies providing Health Home Care Management Services in Chemung County since July 2013, with Onondaga Case Management Services as its lead Health Home Care Management Services in Care Management Services as its lead Health Home Care Management Services in Care Management Serv
Chemung Extension ese are all for option 3 of th	e safety nel	417 t definition:	Safety Net Criteria List that is pending approval by CMS, but we received an updated directive from our lead Health Home Entity, HHUNY, sta "if you are included on any of the following lists, the Department is now asking you to file a VAP Exception form. These lists are pending approval, and the completion of this form is a cautionary measure." Family Services has been one of two TCM converting agencies providing Health Home Care Management Services in Chemung County since July 2013, with Onondaga Case Management Services as its lead Health Home
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ese are all for option 3 of th	e safety net	t definition:	approval, and the completion of this form is a cautionary measure." Family Services has been one of two TCM converting agencies providin Health Home Care Management Services in Chemung County since July 2013, with Onondaga Case Management Services as its lead Health I
ese are all for option 3 of th	e safety net	t definition:	Health Home Care Management Services in Chemung County since July 2013, with Onondaga Case Management Services as its lead Health
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ese are all for option 3 of th	e safety net	t definition:	entity through HHUNY. Family Services also is a listed Safety Net Provider as an OMH Article 31 Clinic, and as a licensed Home Care agency.
ese are all for option 3 of th	e safety net	t definition:	
ng your Health Home/CMA alre does not appear on the draft H	ed Health Howell as those If a VAP Excepady appears	omes and Network that are pending otion pending CMS on another safety list or on another	
ty serves			
Uninsured	Data S	ource Year	
12%	ency Fina	ancials Y 2014	
this form is accurate and corre	ect to the bes	st of	
ng y doe hat	our Health Home/CMA alrees not appear on the draft Hit should qualify as a Health serves Uninsured 12% s form is accurate and corre	rour Health Home/CMA already appears as not appear on the draft Health Home it should qualify as a Health Home, pleaserves Uninsured Data Sency Final Security Secur	Uninsured Data Source Year

VIII.



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

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

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

posted for public confiner	it 30 days prior to application approval.				
I. Are you a Medicaid Pro	vider				
Answer	Yes			•	You have chosen the following Health Home category: 1
II. Appeal Applicant Infor	mation				VI. Restricted to 3500 Characters only!
Organization Name:	FEGS Health & Human Services				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Stony Brook University Hospital			~	
0, 11011/12 3011104 1 1 0.	The state of the s				I am hereby requesting approval as a safety net entity as I have been listed by the
	•				department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Home	/Care Management Agency			dor l
Provider Type - Other:			and the same	A. A. A. A. A. A.	
	Operating Certificate/License #	MMIS*	1000	NPI*	
		1371571	1	912164120	
Unique Identifiers:		13/13/1	1	912164120	
Agency Code: Billing Entity ID:		E0162796			
Dilling Littly ID.	Address	City	State	Zip	Character Count: 0
Address :	315 Hudson Street	New York	NY	10013	Character Count.
County:				dealer hada la	
III. Appeal Point of Contac					
Contact Person Steve			******		
Contact Phone 516-	ciate Vice President	Extension		211	
Contact Phone 516-		Extension		211	
A State designated Home and Downst If your organization your organization of You are choosing VAP Except Care Management Agencies CMS approval. If your Health approval, but should submit list, you do not need to submapproved safety net provider form.	the proving Health Home category. These are the lealth Home or Health Home provider that tream Care Management Agency List. In does not appear on the draft Health Home believes that it should qualify as a Health Home believes that it should qualify as a Health Home lition iii—The Department has submitted a dra (CMAs) that have already been approved as shome appears on this list as pending approven this form. If the organization operating your init this form. If your organization does not approved its, but your organization believes that it should be the same that it should be the same are the sa	is already on the Pending St list or on another approved me, please make this selection of the list of State Designated Hafety net providers as well al, you may be granted a VA Health Home/CMA already a pear on the draft Health Ho ould qualify as a Health Hor	ate-Design: I safety net on. ealth Home as those tha IP Exception appears on me list or o	provider list, but es and Network that are pending n pending CMS another safety net n another	
V. Percentage of Medicaid 8	Uninsured members that your facility serve	es			
Me	dicaid (FFS & MC) Un	insured	Data Sou	ırce Year	
Percentage	85%	7%	IMA	2014	
	e information and data provided on this for Ind that this information may be subject to a Nort of this appeal.			f my	
	M. Woodlock/ Krist We	plul o yes	ver No		

tle Chief Operating Officer

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

Vital Access Provider Exception Form

10/29/2014 Gay Men's Health Crisis (GMHC)

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



			•				basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by	CMS and
			o application approval. Three a	lowed	reasons fo	granting an e	otion are shown in Section IV.	
I. Are you a M								
	Answer	Yes					You have chosen the following VAP Exception: iii	
II. Appeal App	licant Info	rmation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!	
Organiza	tion Name:	Gay Men's Health Crisis (GM	IHC)				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~	
	Joined PPS:	Maimonides Medical Center					You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Hor	ne list.
	•		<u>PPS</u> you are joining. If you are joini	•			In the space below, please include:	
	-		vell (if applicable). Please see the '	'VII_Ad	lditional PPS	s" tab to select		
		I and VII of the instructions f					a. A description of your entity in specific relation to being a Health Home.	
		Health Home/Care Management A	gency				Places de set estados (Adrillo Ferra Merca estados estados estados de Alexandria (Adrillo Places Cata	
Provider Ty	ype - Other:						Please do not submit this form if you are already on the draft Health Home List.	
		Operating Certificate/	License # MMIS*			NPI*		
Unique	Identifiers:		1422811		19	92903389		
		E0157693						
Billir	ng Entity ID:				1 .	<u> </u>	Character Count:	
	A -l -l	Address	City		State	Zip	GMHC is the first social service organization in the nation which responded to the HIV crisis in the early 1980s. Since then we have	
ļ.	Address	446 West 33rd Street	New York		NY	10001 * REQUIR	delivering a variety of vital services to those infected by the virus, to those affected by the virus, and to those at high-risk of contra virus, throughout all 5 boroughs of New York City. As such, we have been an integral partner within the overall healthcare system	
III. Appeal Poi	nt of Conta	nct				REQUIR	these populations of individuals. Annually, we provide direct services to approximately 9,000 individuals. Among the many services	
		racker, Psy.D.					(e.g., meals, pantry services, nutritional counseling, mental health treatment, substance use services, crisis intervention, workforce	
			Business Strategies Development	:			development, HIV prevention, and legal), we are also a downstream provider of a four health homes (Heritage Health, Mt. Sinai, M	aimonidis,
	Phone 212-3		Exter	nsion			and Queens Coordinated Care Program), and a Class A member of iHealth (a collaborative consortium of 26 Health Homes provided	
	Email billb(GMHC bills Medicaid, through the State of NY, approximately \$1.9 million annually for Health Home services delivered to eligible cl important to note, GMHC is currently in a pending CMS-approval status category of bulk exceptions as a downstream health home	
IV. Please cho	ose the fol	lowing VAP Exception:				_	important to note, Givine is currently in a pending civis-approval status category of bulk exceptions as a downstream health nome	provider.
O ii Any h	ospital is uni nunity, and/o		ed on services provided, financial viss in reducing avoidable hospital unhealth homes. **		relationship	s within the		
When choosing	VAP Except at PPS you ir	ion i & ii – Please indicate w	hat Performing Provider System (Fe denied. Please indicate the name					
Care Manageme CMS approval. I approval and do another safety r or on another a complete this fo	ent Agencies f your Healtl o not need to net list, you o pproved safe orm. List is a	s (CMAs) that have already be h Home appears on this list a o submit this form. If the orga do not need to submit this fo ety net provider list, but your vailable on the DSRIP website	submitted a draft list of State Desi een approved as safety net providi s pending approval, you will be gra anization operating your Health Ho rrm. If your organization does not a organization believes that it shou e. one PPS, use second tab (Section)	ers as v anted a ome/CN appear Id quali	vell as those VAP Excepti //A already a on the draft ify as a Healt	that are pendin on pending CM opears on Health Home lis n Home, please		
V. Percentage	of Medicaid	& Uninsured members that	your facility serves	_				
	Me	dicaid (FFS & MC)	Uninsured		Data Sou	rce Year		
Percentage		38%	18%		AIRS Data	oase FY14		
-	e e	information may be subject Kelsey Louie, MS CEO	ovided on this form is accurate an to audit and I may be asked to put to audit and I may be asked to put to accurate an accurate and to accura	rovide	documentat wer	-		

10/30/2014 Greater Buffalo United IPAGBUAHN



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

	comment 30 days prior to application	n approval.		on on a case-by-cas	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS
. Are you a Medicaid Pro	ovider				
Answer				▼	You have chosen the following Health Home category: 1
I. Appeal Applicant Info	rmation				VI. Restricted to 3500 Characters only!
- ' ' ' '	Greater Buffalo United IPA/GBUAHN				The narrative section is optional, but you may write additional notes.
<u> </u>	Erie County Medical Center Corporation			-	
OF HONAL-Joined FF 3.	the county inedical center corporation			(2.)	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management service
Provider Type:	Health Hon	ne/Care Management Ager	ісу		or
Provider Type - Other:					
Trovider Type Others	Operating Certificate/License #	MMIS*		NPI*	
	Operating Certificate/License #	_			
Unique Identifiers:		3489287	1	1033484894	
Agency Code:					
Billing Entity ID:		E0338409		1	
	Address	City	State	Zip	Character Count: 0
	393 Delaware	Buffalo	NY	14202	
County:		Erie			
II. Appeal Point of Conta	act				
	Vazquez				
	Executive Officer				
	247-5284	Extension			
	vazquez@gbuahn.org	l I			
but your organizate of ou are choosing VAP Exceletwork Care Management are pending CMS approval, but another safety net list, you another safety net list, you	on does not appear on the draft Health Hiton believes that it should qualify as a He ption iii— The Department has submitted. Agencies (CMAs) that have already beer If your Health Home appears on this list a should submit this form. If the organizati do not need to submit this form. If your c ety net provider list, but your organizatio	a draft list of State Designa a aproved as safety net pr so pending approval, you m on operating your Health H organization does not appea	ated Health oviders as w ay be grante ome/CMA a ar on the dra	Homes and ell as those that d a VAP Exception Ilready appears on oft Health Home list	
/. Percentage of Medicaid	& Uninsured members that your facility	serves			
		Jninsured	Data S		
Percentage	100%	0%	10/23/	2014 2014	
my knowledge. I und	he information and data provided on th erstand that this information may be su port of this appeal.				

10/29/2014 Greater Rochester Health Home Network, LLC

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



Vital Access	<u>Provider</u>	Exception: The state will	consider exceptions	to the safety ne	t definition o	n 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. Thr	ee allowed reaso	ons for granti	ng an exception	are shown in Section IV.
I. Are you a M	1edicaid Pro	ovider					
	Answer	Yes				▼	You have chosen the following VAP Exception: iii
II. Appeal App	olicant Info	rmation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Greater Rochester Health Ho	ome Network, LLC				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Finger Lakes PPS				-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
^^ The VAP Exc	eption is eva	luated in the context of the P	PPS you are joining. If y	ou are joining mo	re than one PP	S, you have the	the space below, please include:
option of apply	ing for the \	/AP Exception in that PPS as v	vell (if applicable). Plea	se see the "VII_A	dditional PPSs	tab to select	
multiple PPS's.	See <u>Section</u>	I and VII of the instructions for	or further clarification				a. A description of your entity in specific relation to being a Health Home.
Pr	ovider Type:	Health Home/Care Management Ag	gency			~	
Provider T	Гуре - Other:						Please do not submit this form if you are already on the draft Health Home List.
		Operating Certificate/	License #	MMIS*		NPI*	
Unique	e Identifiers:	The first of the state,		03467301	17-	40554229	
	gency Code:						
Billi	ing Entity ID:						Character Count: 696
		Address		City	State	Zip	The Greater Rochester Health Home Network LLC is listed as AL JORDAN HEALTH CORPORATION/GRHHN on the Designated Health Homes and
	Address	259 Monroe Ave, Level B, Su	ite 300 Roche	ster	NY	14607	Downstream Caer Management Agencies meeting Safety Net Criteria list. The Greater Rochester Health Home Network, LLC (GRHHN) recently
		_				* REQUIRED	1
III. Appeal Poi							VAP application is submitted to ensure there is no confusion - the Greater Rochester Health Home Network LLC is the same organization as was
Contact I		orah Peartree					listed, but is now independent of Jordan Health Center. Please contact Deborah Peartree at 585-737-7522 for any further clarification needed.
		utive Director		Estantia			Thank you.
Contact		737-7522		Extension			
B		artree@therihn.org					·
IV. Please cho	ose the fol	lowing VAP Exception:					
Any h	munity, and/	iquely qualified to serve base or clear track record of succes ted health home or group of ion i & ii – Please indicate wh	ss in reducing avoidable health homes. **	e hospital use.			
indicate what P	PPS you inten	d to join, then you will be der you are part of multiple PPSs	nied. Please indicate t				
		ion iii– The Department has s		f State Designated	Health Homes	and Network	
CMS approval. I approval and do safety net list, y another approv complete this fo	If your Healt o not need to you do not n yed safety ne orm. List is a	is (CMAs) that have already be h Home appears on this list as o submit this form. If the orgs eed to submit this form. If yo t provider list, but your orgar vailable on the DSRIP website if you are joining more than	s pending approval, you anization operating you ur organization does n nization believes that it be.	u will be granted a ur Health Home/Cl ot appear on the c should qualify as	a VAP Exceptio MA already ap draft Health Ho a Health Home	n pending CMS pears on another ome list or on e, please	
V. Percentage	of Medicaid	& Uninsured members that y	our facility serves				
	Me	edicaid (FFS & MC)	Uninsure	ı	Data Sou	rce Year	
Percentage		100%			Claims	2014	
	nd that this i	the information and data pro information may be subject to Deborah Pea Executive Dir	o audit and I may be a ortree octor	sked to provide do	ocumentation nswer		
	Only app	eals from the CEO, CFO or	comparable will be	accepted			

10/29/2014 Harbor View vap_exception_appeal_form

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

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



						e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and
	•	nent 30 days prior to application	n approval. Three allowed	reasons fo	or granting an exc	eption are shown in Section IV.
I. Are you a M	ledicaid Provider					
	Answer Yes				▼	You have chosen the following VAP Exception: iii
II. Appeal App	olicant Informatio	n				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	tion Name: Harbor	View Medical Services				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Stony B	rook University Hospital			▼	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list.
		in the context of the PPS you are jo				In the space below, please include:
	-	eption in that PPS as well (if applica		ditional PP	Ss" tab to select	
		II of the instructions for further cla	arification!			a. A description of your entity in specific relation to being a Health Home.
Pro	ovider Type: Health H	Home/Care Management Agency			▼	
Provider T	ype - Other:					Please do not submit this form if you are already on the draft Health Home List.
	(Operating Certificate/License #	MMIS*		NPI*	
Unique	e Identifiers:	188779	03793886	, 1831487	198, 1922364181,	
Αį	gency Code:					
Billir	ng Entity ID:			, ,		Character Count: 2747
		Address	City	State	Zip	Mather Hospital is submitting three separate, complementary VAP exception forms under the following provider types: hospital, OMH-Article
	Address 75 Nor	th Country Road	Port Jefferson	NY	11777	31, health home. Mather's behavioral health services, including the mental health clinic, are licensed under the Hospital. Harbor View Medic
III. Appeal Poi	int of Contact				* REQUIRED	Services, P.C., is a subsidiary of the Hospital. Harbor View Medical Services includes internal medicine, family medicine, cardiology, neurology pulmonology, endocrinology and vascular physician practices. A non-profit, Harbor View's mission is to provide excellent medical care,
	Person Nancy Uzo					expanded access, and patient centered service to the communities that we serve. Harbor View includes more than 25 physicians and is grow
Contact	Title Vice Preside	ent - Public Affairs				through a variety of partnerships. In 2013, Harbor View billed \$370,569 in Medicaid Managed Care and \$57,666 in Medicaid FFS claims. Pleas
Contact F	Phone 631-476-272	23	Extension			see attachment. In 2014, Medicaid claims are expected to be higher as residents in the Hospital's Graduate Medical Education program (whic
Contact	Email Nuzo@math	nerhospital.org				started this year) have increased capacity. Harbor View is pursing Patient-Centered Medical Home status and expects to have care
IV. Please cho	ose the following	y VAP Exception:				management billing within a year. Harbor View has identified three clinical disease states for potential management- obesity, depression and diabetes. Management of these chronic illnesses would address priority needs identified in the PPS' community needs health assessment,
when choosing not indicate wh. Information – S: When choosing Care Manageme CMS approval and daproval and daproval and daproval and nother safety i or on another a	ole of serving the co- conspital is uniquely of nunity, and/or clear tate-designated here tate-designated tate-des	unalified to serve based on services track record of success in reducing alth home or group of health home ii — Please indicate what Performi o join, then you will be denied. Ple part of multiple PPSs, see section. The Department has submitted a style of the performent has submitted a submit this form. If your or granization open provider list, but your organization provider list, but your organization.	s provided, financial viability, g avoidable hospital use. 25. ** ing Provider System (PPS) yo ease indicate the name of the VII tab. draft list of State Designated as safety net providers as v proval, you will be granted a proval will be granted as you have a proval will be granted a proval will be granted a proval will be granted as you have a proval will be granted a proval will be granted as you have a proval will be granted as you have a proval will be granted as you have a proval will be granted a proval will be granted as you have a proval will be granted as you have a proval will be granted as you have a proval will be granted and will be granted and will be granted a proval will be granted and will be granted and will be granted a proval will be granted and will be granted and will be granted a proval will be granted and will be g	u plan on jo PPS in the Health Hor vell as those VAP Except MA already a on the draft	ining. If you do "Appeal Applicant nes and Network that are pending con pending CMS appears on Health Home list	particularly diabetes, behavioral health and cardiovascular. Harbor View has hired a physician experienced in setting up PCMHs to advance it attainment of these goals. Harbor View is engaged in EMR meaningful use activities and will connect to a RHIO (Mather participates in LIPIX). Many Harbor View physicians serve as faculty for Mather's growing Graduate Medical Education Program, which presently offers residencies Internal Medicine and Transitional Year in association with Stony Brook Medicine. Harbor View is hosting the outpatient portion of the residents' training. By increasing primary care service capacity within the community, Harbor View supports PPS goals. In addition, the Graduate Medical Education Program plans to expand to Psychiatry, helping to address the shortage of psychiatrists in the community. Harbor View, in combination with Mather's continuum of behavioral health services, and Mather's plans to participate in the Integration of Primary Care and Behavioral Health DSRIP project, will play an important role in fulfilling the PPS' vision of care for patients with behavioral health needs. In addition to facilitating integrated behavioral health/primary care for patients, Harbor View will be training new physicians in the model potentially increasing capacity for integrated care in the PPS community.
~ For S	Section IV, if you ar	con the DSRIP website. re joining more than one PPS, use sured members that your facility (FFS & MC)		Data So		
Percentage	2	%		ICR	2013	
	and that this inform al.	rmation and data provided on thi ation may be subject to audit and Joseph Wisnoski	d I may be asked to provide Ans			re.

10/29/2014 Harlem United Community AIDS Center, Inc.





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

I. Are you a Medicaid Provi Answer Ye II. Appeal Applicant Inform Organization Name: Ha OPTIONAL-Joined PPS: See Provider Type: Provider Type - Other:	res mation Harlem United Community AIDS Center			▼	You have chosen the following Health Home category: 1
II. Appeal Applicant Inform Organization Name: Ha OPTIONAL-Joined PPS: Se Provider Type:	mation Harlem United Community AIDS Center			▼	You have chosen the following Health Home category: 1
Organization Name: Ha OPTIONAL-Joined PPS: Se Provider Type:	Harlem United Community AIDS Center				
OPTIONAL-Joined PPS: Se					VI. Restricted to 3500 Characters only!
Provider Type:	Select PPS	, Inc.			The narrative section is optional, but you may write additional notes.
				-	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management service
		/0 11		1	
Provider Type - Other:	Health Ho	me/Care Management Ager	icy		or
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		01756596	1	1609087790	
Agency Code:					
Billing Entity ID:		E0124369			
	Address	City	State	Zip	Character Count: 312
Address : 30	306 Lenox Avenue, 3rd floor	New York	NY	10027	Harlem United is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider. Currently, Harle
County:		New York			United is part of the Community Care Management Partners (CCMP) Health Home in Manhattan and the Bronx; the Brooklyn Health Hou
					the Community Healthcare Network in Queens.
I. Appeal Point of Contact	ct			1	
Contact Person Jacquel	l wil				
Title Chief O	Operating Officer	Extension			
Title Chief O Contact Phone 212-803 Contact Email jkilmer(7. Please choose the follow 1 A State designated H	Operating Officer	that is already on the Pend	he safety r		
Title Chief O Contact Phone 212-80: Contact Email jikilmerd 7. Please choose the follow 1 A State designated Health Home and Do If your organization but your organization but your organization Ou are choosing VAP Exceptietwork Care Management Agending CMS approval. If your enother safety net list, you do on another approved safety	Operating Officer 03-2886 r@harlemunited.org owing Health Home category. The: Health Home or Health Home provider	se are all for option 3 of that is already on the Pend List. Home list or on another apprealth Home, please make the land a draft list of State Designan approved as safety net prending approval, you may be ion operating your Health Horganization does not appear	che safety r ng State-De oved safety is selection. ted Health H voiders as we granted a ' ome/CMA al or on the dra	net provider list, Homes and ell as those that are VAP Exception Iready appears on ft Health Home list	
Title Chief O Contact Phone 212-80: Contact Email jkilmer(V. Please choose the follow 1 A State designated Health Home and Do 1 If your organization but your organization but your organization fou are choosing VAP Exception of the contact of t	Operating Officer 03-2886 r@harlemunited.org Dowing Health Home category. The: Health Home or Health Home provider Downstream Care Management Agency on does not appear on the draft Health Hone on believes that it should qualify as a H tion iii— The Department has submitted Agencies (CMAs) that have already bee ir Health Home appears on this list as p hould submit this form. If the organization ont need to submit this form. If your	se are all for option 3 of that is already on the Pend List. Home list or on another apprealth Home, please make the land a draft list of State Designan approved as safety net prending approval, you may be ion operating your Health Horganization does not appear in believes that it should quite that it should quite the light appears to the lig	che safety r ng State-De oved safety is selection. ted Health H voiders as we granted a ' ome/CMA al or on the dra	net provider list, Homes and ell as those that are VAP Exception Iready appears on ft Health Home list	
Title Chief O Contact Phone 212-80: Contact Email Jikilmeri V. Please choose the follow 1 A State designated Health Home and Do If your organization but your organization but your organization but your organization four are choosing VAP Exceptiletwork Care Management Agending CMS approval. If your bending CMS approval, but shouther safety net list, you do or on another approved safety omplete this form. 7. Percentage of Medicaid & No.	Operating Officer 03-2886 r@harlemunited.org bowing Health Home category. The: Health Home or Health Home provider bownstream Care Management Agency on does not appear on the draft Health Hon believes that it should qualify as a H tion iii—The Department has submittee Agencies (CMAs) that have already bee or Health Home appears on this list as p hould submit this form. If the organizat on to need to submit this form. If your or ty net provider list, but your organization k Uninsured members that your facility	se are all for option 3 of that is already on the Pend List. Home list or on another apprealth Home, please make the land a draft list of State Designan approved as safety net prending approval, you may be ion operating your Health Horganization does not appear in believes that it should quite that it should quite the light appears to the lig	che safety r ng State-De oved safety is selection. ted Health H voiders as we granted a ' ome/CMA al or on the dra	net provider list, Homes and ell as those that are VAP Exception Iready appears on ft Health Home list alth Home, please	

10/29/2014 Health Home Partners of WNY, LLC

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



		ment 30 days prior to application					basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and m are shown in Section IV.
I. Are you a M	ledicaid Pro	ovider					. <u></u>
	Answer	Yes				-	You have chosen the following VAP Exception: iii
II. Appeal App	olicant Infor	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Health Home Partners of WNY	/, LLC				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
- 0	Joined PPS:	Catholic Medical Partners-Accountable				-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
^^ The VAP Exc	eption is eva	luated in the context of the PP.	S you are joining. If you	are joining more	than one PPS	, you have the	the space below, please include:
option of apply	ing for the \	/AP Exception in that PPS as we	ell (if applicable). Please	see the "VII_Add	ditional PPSs"	tab to select	
multiple PPS's.	See <u>Section</u> I	I and VII of the instructions for	further clarification!				a. A description of your entity in specific relation to being a Health Home.
Pr	ovider Type:	Health Home/Care Management Ager	ncy			-	
Provider 1	Type - Other:						Please do not submit this form if you are already on the draft Health Home List.
	**	Operating Certificate/Li	cense #	MMIS*	1	NPI*	
Uniqu	e Identifiers:	operating deranicate/ 2		3465001		0742548	
	gency Code:			3403001	1 170	0742340	
	ing Entity ID:						Character Count: 219
	· ·	Address		City	State	Zip	Health Home Partners of WNY,LLC is filing this exception request based on the guidance received yesterday that we should file same in case of
	Address	227 Thorn Avenue,	Orchard	Park	NY	14127	does not grant a general exception for Health Homes as Safety Net Providers.
		·				* REQUIRED	
III. Appeal Po							·II
Contact	Person Bruc Title Presi						
Contact	Phone 716			Extension		N/A	
		etb@shswny.org		Extension	-I	14/74	
		owing VAP Exception:					'II
Any the common the com	wunity, and/o state-designa g VAP Except PPS you inten- fection II". If g VAP Except ent Agencies Iff your Healt to not need to you do not no yed safety ne- orm. List is a r Section IV,	iquely qualified to serve based or clear track record of success ted health home or group of he ion i & ii — Please indicate what d to join, then you will be denity ou are part of multiple PPSs, s ion iii—The Department has su (CMAs) that have already beer home appears on this list as a possibility of the organized to submit this form. If the organized to submit this form. If your t provider list, but your organized to submit the DSRIP website. If you are joining more than or	in reducing avoidable lealth homes. ** t Performing Provider of the see section VII tab. bmitted a draft list of S in approved as safety ne pending approval, you wit it is a section objection of the see section vII tab. bmitted a draft list of S in approved as safety ne pending approval, you wit it is section believes that it shall be seen that it	system (PPS) you name of the PPS tate Designated It t providers as we will be granted a Health Home/CM appear on the dr ould qualify as a	plan on joinin in the "Appea Health Homes Ill as those tha VAP Exception A already app aft Health Home,	g. If you do not I Applicant and Network It are pending pending CMS ears on another me list or on please	
v. Percentage		& Uninsured members that yo	•			T	
	Me	edicaid (FFS & MC)	Uninsured		Data Sour		
Percentage		100%	0%		DOH	2013/14	
	nd that this i	he information and data provi information may be subject to a Bruce Nisbe President	audit and I may be aske	Ans Yes	umentation i		

10/29/2014 HELPPSI Inc.

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



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 comi	ment 30 days prior to appli	ication approval. Three	allowed reason	s for granting	g an exception a	are shown in Section IV.
I. Are you a M	1edicaid Pro	vider					
	Answer	Yes				▼	You have chosen the following VAP Exception: iii
II. Appeal App	plicant Infor	mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	HELP/PSI Inc.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Maimonides Medical Center				•	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
^^ The VAP Exc	ception is eva	luated in the context of the P	PPS you are joining. If you	are joining more	than one PPS,	, you have the	the space below, please include:
	-	'AP Exception in that PPS as v		see the "VII_Add	litional PPSs"	tab to select	
		I and VII of the instructions for	or further clarification!				a. A description of your entity in specific relation to being a Health Home.
Pr	rovider Type:	Health Home/Care Management Ag	gency			▼	
Provider T	Type - Other:						Please do not submit this form if you are already on the draft Health Home List.
		Operating Certificate/	License #	MMIS*	1	NPI*	
Unique	e Identifiers:			2995339	1346	5464989	
	Agency Code:	13-3464470 (FEIN)					
Billi	ing Entity ID:						Character Count: 674
		Address		City	State	Zip	HELP/PSI Inc. is a care management agency (formerly NYSDOH AIDS Institute COBRA provider) for the following Health Homes: CCMP, QCCP,
	Address					* REQUIRED	Brooklyn Health Home (Maimonides), Mt. Sinai (formerly Continuum Health). As a downstream care management provider, we have approximately 4,000 consumers between the 4 Health Homes. One hundred percent (100%) are Medicaid/Medicaid-Managed-Care recipients,
III. Appeal Poi	int of Conta	ct				REQUIRED	with income levels below 200% of the Federal Poverty Limit.
	Person Sara						pending CMS-approval status category of bulk exceptions as a downstream health home provider
	Title VP, E	Business Operations					
	Phone 718.			Extension	3	3264	
Contact	t Email sgille	en@projectsamaritan.org					
IV. Please cho	ose the foll	owing VAP Exception:					
O i A coi	mmunity will	not be served without grant	ing the exception because	no other eligible	e provider is w	illing or capable	
of ser	rving the con	nmunity.					
O ii Any h]
		iquely qualified to serve base			relationships v	vithin the	
comn	munity, and/o	or clear track record of succes	ss in reducing avoidable n	ospitai use.			
iii Any s	state-designa	ted health home or group of	health homes. **				
When choosing	v VΔP Evcent	ion i & ii – Please indicate wh	nat Performing Provider S	vstem (PPS) vou	nlan on ioinine	If you do not	
_	-	d to join, then you will be de	_				
		you are part of multiple PPSs					
When choosing	g VAP Except	ion iii– The Department has s	submitted a draft list of St	ate Designated H	lealth Homes a	and Network	
Care Managem	ent Agencies	(CMAs) that have already be	en approved as safety net	providers as we	II as those tha	t are pending	
		h Home appears on this list a					
		o submit this form. If the orga eed to submit this form. If yo					
		t provider list, but your organ					
		vailable on the DSRIP website		outa quam, as a	riculti riome,	picase	
~ Fo	r Section IV,	if you are joining more than	one PPS, use second tab	Section VII) to a	dd additional	PPSs.	
V D		0.11-1	6				
v. Percentage	or iviedicaid	& Uninsured members that y	your facility serves				
	Me	edicaid (FFS & MC)	Uninsured		Data Source	e Year	
	1410	alcula (115 & Mic)	Omnsureu		Data Source	.c rear	
Percentage		100%			Internal Reco	ords 2013	
					<u> </u>		
Ves I Hereby (Certify that t	he information and data pro	vided on this form is accu	rate and correct	to the best of	my knowledge.	Π
-	-	nformation may be subject to					
appeal.				•		••	
				Ans			
Nam T:+		Paul Vital Chief Executive Offic		Yes Yes	O No		
Tit		eals from the CEO, CFO or		ented			
	omy app	HOIN HIC CLO, CI O'01	compandore will be acc	CPICU			



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

be posted for public comment 30 days prior to application approval. I. Are you a Medicaid Provider Answer Yes You have chosen the following Health Home category: 1 VI. Restricted to 3500 Characters only! VI. Restricted to 3500 Characters only! The narrative section is optional, but you may write additional notes. Provider Type: Health Home/Care Management Agency DOWNSTREAM CARE MANAGEMENT AGENCY Operating Certificate/License # MMIS* NPI* Unique Identifiers: 2998227 1962596718 Agency Code: 24680	•
II. Appeal Applicant Information Organization Name: CATHOLIC CHARITIES OF BUFFALO NY OPTIONAL-Joined PPS: Catholic Medical Partners-Accountable Care IPA INC Provider Type: Health Home/Care Management Agency Provider Type - Other: DOWNSTREAM CARE MANAGEMENT AGENCY Unique Identifiers: 1998227 1962596718 VI. Restricted to 3500 Characters only! The narrative section is optional, but you may write additional notes. I am hereby requesting approval as a safety net entity as I have been list department of health as a high volume provider of Medicaid care mana or a high volume provider of Medicaid care	•
Organization Name: CATHOLIC CHARITIES OF BUFFALO NY OPTIONAL-Joined PPS: Catholic Medical Partners-Accountable Care IPA INC Provider Type: Health Home/Care Management Agency Provider Type - Other: DOWNSTREAM CARE MANAGEMENT AGENCY Unique Identifiers: 2998227 1962596718 The narrative section is optional, but you may write additional notes. I am hereby requesting approval as a safety net entity as I have been list department of health as a high volume provider of Medicaid care mana or	•
Organization Name: CATHOLIC CHARITIES OF BUFFALO NY OPTIONAL-Joined PPS: Catholic Medical Partners-Accountable Care IPA INC Provider Type: Health Home/Care Management Agency Provider Type - Other: DOWNSTREAM CARE MANAGEMENT AGENCY Unique Identifiers: 12998227 1962596718 The narrative section is optional, but you may write additional notes. I am hereby requesting approval as a safety net entity as I have been list department of health as a high volume provider of Medicaid care mana or	•
OPTIONAL-Joined PPS: Catholic Medical Partners-Accountable Care IPA INC Provider Type: Health Home/Care Management Agency Provider Type - Other: DOWNSTREAM CARE MANAGEMENT AGENCY Operating Certificate/License # MMIS* NPI* Unique Identifiers: 2998227 1962596718	•
Provider Type: Health Home/Care Management Agency Provider Type - Other: DOWNSTREAM CARE MANAGEMENT AGENCY Operating Certificate/License # MMIS* NPI* Unique Identifiers: 2998227 1962596718	•
Provider Type: Health Home/Care Management Agency Provider Type - Other: DOWNSTREAM CARE MANAGEMENT AGENCY Operating Certificate/License # MMIS* NPI* Unique Identifiers: 2998227 1962596718	gement servic
Provider Type - Other: DOWNSTREAM CARE MANAGEMENT AGENCY Operating Certificate/License # MMIS* NPI* Unique Identifiers: 2998227 1962596718	
Operating Certificate/License # MMIS* NPI* Unique Identifiers: 2998227 1962596718	
Operating Certificate/License # MMIS* NPI* Unique Identifiers: 2998227 1962596718	
Unique Identifiers: 2998227 1962596718	
Orique identifiers.	
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	haracter Count:
Address: 741 DELAWARE AVENUE BUFFALO NY 14209 Catholic Charities of Buffalo NY is an affiliated provider of downstream care management services for four Medica New York, including Health Home Partners, Greater Buffalo United Accountable Healthcare Network, Niagara Falls	
County: ENE, CATTARAGGOS, ALLEGANY, CRAUTAUQUA, WYOMING, GENESEE, OKLEANS, NIAGARA Health Home Partners of Upstate New York.	iviemonal ivieuicai c
II. Appeal Point of Contact	
Contact Person BRIAN OHERRON	
Title DIRECTOR, CLINICAL SERVICES	
Contact Phone 716-835-9745 Extension	
Contact Email brian.oherron@ccwny.org	
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 make this selection. Tou are choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network are 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 may be granted a VAP Exception pending CMS peroval, but should submit this form. If the organization operating your Health Home/CMA already appears on another safety et list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another pproved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form.	
V. Percentage of Medicaid & Uninsured members that your facility serves	
Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Year Billing Records 2013	
your organization believes that it should qualify as a Health Home, please make this selection.	



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

II. Appeal Applicant Informa Organization Name: CA	CATHOLIC CHARITIES OF BUFFALO NY Erie County Medical Center Corporation Health Ho	n Home/Care Management Agenc		•	You have chosen the following Health Home category: 1 VI. Restricted to 3500 Characters only! The narrative section is optional, but you may write additional notes.
Organization Name: CA OPTIONAL-Joined PPS: Eric Provider Type: Provider Type - Other:	CATHOLIC CHARITIES OF BUFFALO NY Erie County Medical Center Corporation Health Hc DOWNSTRE	n Home/Care Management Agenc		•	·
OPTIONAL-Joined PPS: Eric Provider Type: Provider Type - Other:	Erie County Medical Center Corporation Health Hc DOWNSTREA	n Home/Care Management Agenc		•	The powerting section is entired, but you may write additional notes
Provider Type: Provider Type - Other:	Health Hc DOWNSTRE	REAM CARE MANAGEMENT AGE		•	The narrative section is optional, but you may write additional notes.
Provider Type - Other:	DOWNSTREA	REAM CARE MANAGEMENT AGE			I am hereby requesting approval as a safety net entity as I have been listed by the
Provider Type - Other:	DOWNSTREA	REAM CARE MANAGEMENT AGE			department of health as a high volume provider of Medicaid care management services
Provider Type - Other:	DOWNSTREA	REAM CARE MANAGEMENT AGE			
					or
Unique Identifiers:	Operating Certificate/License #	# MMIS*			
Unique Identifiers:			NPI*		
		2998227	1962596718		
Agency Code:		24680			
Billing Entity ID:	Address	1962596718	Charles 70a	——I	Character County 20
A d d 74	Address 741 DELAWARE AVENUE	City BUFFALO	State Zip NY 14209		Character Count: 32 Catholic Charities of Buffalo NY is an affiliated provider of downstream care management services for four Medicaid Health Homes in We:
Address: 74 County:	ERIE, CATTARAUGUS, ALLEGANY, C				New York, including Health Home Partners, Greater Buffalo United Accountable Healthcare Network, Niagara Falls Memorial Medical Cen
county	EME, GATTAMAGGOS, ALLEGAMT, C	i, chao hao qoa, who will into, och	ENESCE, ORLEANS, MINOR	uv.	Health Home Partners of Upstate New York.
. Appeal Point of Contact	**				
Contact Person BRIAN C					
Title IDIRECTO	N OHERRON	-			
	N OHERRON CTOR, CLINICAL SERVICES	- Februarian			
Contact Phone 716-835 Contact Email brian.oh Please choose the follow A State designated Home and Downstrea	N OHERRON CTOR, CLINICAL SERVICES 335-9745	der that is already on the Pending	ne safety net definition:		
Contact Phone Contact Email Drian.oh 7. Please choose the follow 1 A State designated He Home and Downstrea 1 If your organization of your organization bel	N OHERRON DITOR, CLINICAL SERVICES 135-9745 Soherron@ccwny.org Dwing Health Home category. These Health Home or Health Home provider ream Care Management Agency List. In does not appear on the draft Health I Delieves that it should qualify as a Healt	nese are all for option 3 of the der that is already on the Pending th Home list or on another appro ealth Home, please make this sele	ne safety net definition: ng State-Designated State roved safety net provider I election.	e Health list, but	
Contact Phone 716-835 Contact Email brian.oh 7. Please choose the follow 1	N OHERRON TOR, CLINICAL SERVICES 135-9745 Oherron@ccwny.org Dwing Health Home category. These Health Home or Health Home provider ream Care Management Agency List.	the Home list or on another appropal to the darft list of State Designate as approved to a darft list of State Designate as we gapproval, you may be granted a fing your Health Home/CMA alreandoes not appear on the draft He	ne safety net definition: ng State-Designated State roved safety net provider I election. ted Health Homes and Net well as those that are pen d a VAP Exception pending eady appears on another s dealth Home list or on ano	e Health list, but twork dding g CMS safety other	
Contact Phone Contact Email Jordan A State designated He Home and Downstrea If your organization be your organization be are Management Agencies (CMS approval. If your Health He proval, but should submit this et list, you do not need to sub proved safety net provider listorm.	NOHERRON CTOR, CLINICAL SERVICES 133-9745 Coherron@ccwny.org Dowing Health Home category. These Health Home or Health Home provider ream Care Management Agency List. In does not appear on the draft Health Home in dielieves that it should qualify as a Healt tion iii— The Department has submitted (CMAs) that have already been approve Home appears on this list as pending a this form. If the organization operating ubmit this form. If your organization do	th Home list or on another appro- ealth Home, please make this sele- ted a draft list of State Designated oved as safety net providers as wi ing approval, you may be granted a ing your Health Home/CMA alrea in does not appear on the draft He that it should qualify as a Health I	ne safety net definition: ng State-Designated State roved safety net provider I election. ted Health Homes and Net well as those that are pen d a VAP Exception pending eady appears on another s dealth Home list or on ano	e Health list, but twork dding g CMS safety other	
Contact Phone To Contact Phone Contact Email To Please choose the follow To Please cho	NOHERRON CTOR, CLINICAL SERVICES (335-9745 Coherron@ccwny.org Cowing Health Home category. These Health Home or Health Home provider ream Care Management Agency List. In does not appear on the draft Health H Coelieves that it should qualify as a Healt tion iii— The Department has submitted (CMAs) that have already been approve Home appears on this list as pending a this form. If the organization operating ubmit this form. If your organization do to list, but your organization believes tha	th Home list or on another appro- ealth Home, please make this sele- ted a draft list of State Designated oved as safety net providers as wi ing approval, you may be granted a ing your Health Home/CMA alrea in does not appear on the draft He that it should qualify as a Health I	ne safety net definition: Ing State-Designated State Proved safety net provider I Election. Ited Health Homes and Net Well as those that are pend Ind a VAP Exception pending Eady appears on another s Health Home list or on ano In Home, please complete to	e Health list, but twork dding g CMS safety other	



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

Allowel	Yes			~	You have chosen the following Health Home category: 1
Appeal Applicant Infor	rmation				VI. Restricted to 3500 Characters only!
Organization Name:		O NY			The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:		· · · · · · · · · · · · · · · · · · ·		~	
OF HONAL-Joined FF3.	ringer cases 773				I am hereby requesting approval as a safety net entity as I have been listed by the
	1				department of health as a high volume provider of Medicaid care management service
Provider Type:	He	ealth Home/Care Manage	ement Agency		dor
Provider Type - Other:	DOW	NSTREAM CARE MANAG	EMENT AGENCY		
	Operating Certificate/Licer	nse # Mi	MIS*	NPI*	
Unique Identifiers:		299	8227	1962596718	
Agency Code:		24680			
Billing Entity ID:		1962596718			
-	Address	C	City State	Zip	Character Count: 3
Address :	741 DELAWARE AVENUE	BUFFALO	NY	14209	Catholic Charities of Buffalo NY is an affiliated provider of downstream care management services for four Medicaid Health Homes in We
County:		ORLEANS, NIAGA	\RA		New York, including Health Home Partners, Greater Buffalo United Accountable Healthcare Network, Niagara Falls Memorial Medical Ce
	_				Health Home Partners of Upstate New York.
Appeal Point of Conta Contact Person BRIA					
	CTOR, CLINICAL SERVICES				
Contact Phone 716-			Extension		
	n.oherron@ccwny.org	ı	Extension		
A State designated Home and Downst	lowing Health Home category. d Health Home or Health Home pr tream Care Management Agency on does not appear on the draft H	rovider that is already or List. Health Home list or on ar	n the Pending State-De	signated State Health	
A State designated Home and Downsi If your organization your organization are choosing VAP Excepte Management Agencies IS approval. If your Health proval, but should submit list, you do not need to proved safety net provide	d Health Home or Health Home pr tream Care Management Agency	rovider that is already or List. dealth Home list or on ar a Health Home, please momitted a draft list of Starpproved as safety net proding approval, you may erating your Health Hom tion does not appear on	n the Pending State-De nother approved safet- nake this selection. the Designated Health I oviders as well as thos be granted a VAP Exc e/CMA already appea the draft Health Hom	r net provider list, but lomes and Network e that are pending eption pending CMS s on another safety e list or on another	
A State designated Home and Downst Home and Downst If your organization u are choosing VAP Excepter Management Agencies 15 approval. If your Health proval, but should submit t list, you do not need to proved safety net providerm.	d Health Home or Health Home pritream Care Management Agency on does not appear on the draft H believes that it should qualify as a ption iii— The Department has sub s (CMAs) that have already been al h Home appears on this list as per t this form. If the organization ope submit this form. If your organiza	rovider that is already or List. Health Home list or on ar a Health Home, please momitted a draft list of Star pproved as safety net priding approval, you may erating your Health Hom tion does not appear on ves that it should qualify	n the Pending State-De nother approved safet- nake this selection. the Designated Health I oviders as well as thos be granted a VAP Exc e/CMA already appea the draft Health Hom	r net provider list, but lomes and Network e that are pending eption pending CMS s on another safety e list or on another	
A State designated Home and Downs! If your organization your organization ware choosing VAP Excepte Management Agencies AS approval. If your Health proval, but should submit t list, you do not need to proved safety net providerm. Percentage of Medicaid	d Health Home or Health Home pritream Care Management Agency on does not appear on the draft H believes that it should qualify as a ption iii— The Department has sub s (CMAs) that have already been al h Home appears on this list as per t this form. If the organization ope submit this form. If your organiza er list, but your organization believ	rovider that is already or List. fealth Home list or on ar a Health Home, please monitted a draft list of Star pproved as safety net prinding approval, you may erating your Health Hom tion does not appear on wes that it should qualify facility serves	the Pending State-De nother approved safety hake this selection. te Designated Health I oviders as well as those be granted a VAP Exce/CMA already appea the draft Health Home, please as a Health Home, please	r net provider list, but lomes and Network e that are pending eption pending CMS s on another safety e list or on another ase complete this	
A State designated Home and Downs! If your organization your organization your organization on the Agencies of Management Agencies MS approval. If your Health proval, but should submit et list, you do not need to approved safety net providerm. Percentage of Medicaid	d Health Home or Health Home pritream Care Management Agency on does not appear on the draft H believes that it should qualify as a ption iii— The Department has sub s (CMAs) that have already been al h Home appears on this list as per t this form. If the organization ope submit this form. If your organiza er list, but your organization believe	rovider that is already or List. Health Home list or on ar a Health Home, please momitted a draft list of Star pproved as safety net priding approval, you may erating your Health Hom tion does not appear on ves that it should qualify	to the Pending State-De nother approved safety nake this selection. te Designated Health I oviders as well as thos be granted a VAP Exce e/CMA already appea the draft Health Home, plo	r net provider list, but lomes and Network e that are pending eption pending CMS s on another safety e list or on another	



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

Are you a Medicaid Pro	ovider				
Answer	Yes			-	You have chosen the following Health Home category: 1
. Appeal Applicant Infor	rmation				VI. Restricted to 3500 Characters only!
Organization Name:	CATHOLIC CHARITIES OF BUFFALO NY				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Niagara Falls Memorial Medical Center			-	I am hereby requesting approval as a safety net entity as I have been listed by the
<u> </u>					department of health as a high volume provider of Medicaid care management services
	I	<i>'</i>			1 1
Provider Type:		ne/Care Management Ager	-		or
Provider Type - Other:		// CARE MANAGEMENT AG	GENCY		
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		2998227	1	1962596718	
Agency Code:		24680			
Billing Entity ID:		1962596718			
	Address	City	State	Zip	Character Count: 32:
Address : County:		PRLEANS, NIAGARA	NY	14209	Catholic Charities of Buffalo NY is an affiliated provider of downstream care management services for four Medicaid Health Homes in Wes New York, including Health Home Partners, Greater Buffalo United Accountable Healthcare Network, Niagara Falls Memorial Medical Cent
County.		MELANS, MIAGANA			Health Home Partners of Upstate New York.
I. Appeal Point of Conta	act				
Contact Person BRIA					
	ECTOR, CLINICAL SERVICES	F. dan alian			
	835-9745 n.oherron@ccwny.org	Extension	1		
Home and Downst	d Health Home or Health Home provider th tream Care Management Agency List. on does not appear on the draft Health Ho		ing State-Desi	ignated State Health	
Home and Downst If your organization ou are choosing VAP Excepare Management Agencies MS approval. If your Health pproval, but should submit et list, you do not need to	d Health Home or Health Home provider th tream Care Management Agency List.	me list or on another appi Home, please make this se draft list of State Designat as safety net providers as foroval, you may be granted bur Health Home/CMA alirs is not appear on the Maft H	roved safety i election. ted Health Ho well as those d a VAP Excep eady appears Health Home	gnated State Health net provider list, but omes and Network that are pending otion pending CMS on another safety list or on another	
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Home and Downst If your organization ou are choosing VAP Excepare Management Agencies MS approval. If your Health poroval, but should submit et list, you do not need to soproved safety net provide	d Health Home or Health Home provider the tream Care Management Agency List. on does not appear on the draft Health Hobelieves that it should qualify as a Health I ption iii— The Department has submitted a (CMAs) that have already been approved in Home appears on this list as pending app this form. If the organization operating you submit this form. If your organization does	me list or on another appi Home, please make this se draft list of State Designat as safety net providers as foroval, you may be granted bur Health Home/CMA alirs is not appear on the Maft H	roved safety i election. ted Health Ho well as those d a VAP Excep eady appears Health Home	gnated State Health net provider list, but omes and Network that are pending otion pending CMS on another safety list or on another	
Home and Downst If your organization ou are choosing VAP Except are Management Agencies MS approval. If your Health oproval, but should submit et list, you do not need to sopproved safety net provide orm. Percentage of Medicaid a	d Health Home or Health Home provider the tream Care Management Agency List. on does not appear on the draft Health Hobelieves that it should qualify as a Health leption iii— The Department has submitted a so (CMAs) that have already been approved the Home appears on this list as pending appoint this form. If the organization operating you submit this form. If your organization does er list, but your organization believes that it.	me list or on another appi Home, please make this se draft list of State Designat as safety net providers as proval, you may be granted bur Health Home/CMA aire is not appear on the draft H t should qualify as a Health	roved safety is election. ted Health Howell as those d a VAP Excepady appears Health Home, plea	met provider list, but omes and Network that are pending on pending CMS on another safety list or on another se complete this	
Home and Downst If your organization your organization your organization Du are choosing VAP Exceptore Management Agencies MS approval. If your Health your onto the provide safety net provide your organization. Percentage of Medicaid & Me Percentage of Medicaid & Me	d Health Home or Health Home provider the tream Care Management Agency List. on does not appear on the draft Health Hobelieves that it should qualify as a Health I believes that it should qualify as a Health I believes that it should qualify as a Health I believes that it should qualify as a Health I believes that it should qualify as a Health I believes that it so common the property of the pr	me list or on another appi Home, please make this se draft list of State Designat as safety net providers as proval, you may be granter by not appear on the draft it t should qualify as a Health erves Joinsured 16%	roved safety is election. ted Health Howell as those da VAP Excepeady appears Health Home, plea Data Si Billing R	met provider list, but omes and Network that are pending tion pending CMS on another safety list or on another se complete this ource Year ecords 2013	

10/29/2014 Hillside Children's Center_1



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

	Exception: The state will consider ex- nent 30 days prior to application appro		t definition	on a case-by-cas	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and
I. Are you a Medicaid Prov					
Answer					You have chosen the following Health Home category: 2
II. Appeal Applicant Inforn					VI. Restricted to 3500 Characters only!
- ' ' ' ' '	Hillside Children's Center				The narrative section is optional, but you may write additional notes.
	AND THE RESIDENCE OF THE PARTY				
OPTIONAL-Joined PPS:	Erie County Medical Center Corporation				
					- I
Provider Type:	Health Hom	ne/Care Management Agen	су		I am hereby requesting approval as a safety net entity as I am likely to be approved
Provider Type - Other:					shortly as a new health home provider serving children.
	Operating Certificate/License #	MMIS*		NPI*	1 1 '
Hainus Idankifians	We have many - avail on request	969333	1	1639267933	1
Unique Identifiers: Agency Code:		EIN: 16-1453581		1033207333	-
Billing Entity ID:		1639267933			1
Dilling Littity ID.	Address	City	State	Zip	Character Count: 0
Address : 1	1183 Monroe Ave	Rochester	NY	14620	C.M. State Communication
County:	1103 Wolli de Ave	Monroe		14020	-
,					-
II. Appeal Point of Contac					
Contact Person Pamel					<u>- </u>
	tor of Service Development	1			
Contact Phone (585)		Extension			41
Contact Email payers	s@niiiside.com				J
your organization b You are choosing VAP Except Care Management Agencies (CMS approval. If your Health approval, but should submit inet list, you do not need to si	n does not appear on the draft Health Ho believes that it should qualify as a Health tion iii— The Department has submitted a (CMAs) that have already been approved Home appears on this list as pending app this form. If the organization operating you ubmit this form. If your organization does list, but your organization believes that i	draft list of State Designate as safety net providers as viroval, you may be granted our Health Home/CMA alrest not appear on the draft H	ection. ed Health Ho vell as those a VAP Excep ady appears ealth Home I	mes and Network that are pending tion pending CMS on another safety ist or on another	
	Uninsured members that your facility se	erves			
		Jninsured	Data So		
Percentage	56%	1%	HCC	BI 201	4
•	e information and data provided on this rstand that this information may be subj ort of this appeal.	ect to audit and I may be a	sked to prov	ide	
Name	Clyde Comstock COO eals from the CEO, CFO or comparable		es O No		

10/30/2014 Hillside Children's Center_2



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

	Exception : The state will consider ex comment 30 days prior to application		et definitio	n on a case-by-cas	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and
I. Are you a Medicaid Prov		арриста			
Answer Y				▼	You have chosen the following Health Home category: 2
I. Appeal Applicant Inform					VI. Restricted to 3500 Characters only!
- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Hillside Children's Center				The narrative section is optional, but you may write additional notes.
					The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS: 5	St. Joseph's Hospital Health Center			<u> </u>	
Provider Type:	Health Home	/Care Management Agen	CV		I am hereby requesting approval as a safety net entity as I am likely to be approved
Provider Type - Other:			•		
Provider Type - Other.	Operating Certificate/License # MMIS* NPI*				shortly as a new health home provider serving children.
	Operating Certificate/License #				
Unique Identifiers:	We have many - avail on request	969333	1	639267933	
Agency Code:		IN: 16-1453581			
Billing Entity ID:		1639267933			
	Address	City	State	Zip	Character Count: 0
	1183 Monroe Ave	Rochester	NY	14620	
County:		Monroe			
I. Appeal Point of Contac	-+				
Contact Person Pamel				1	
	or of Service Development				
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Contact Email payers		LACEIISIOII			
but your organization ou are choosing VAP Except etwork Care Management A ending CMS approval. If you	n does not appear on the draft Health Ho on believes that it should qualify as a Hea tion iii—The Department has submitted a Agencies (CMAs) that have already been a ur Health Home appears on this list as pen hould submit this form. If the organization	Ith Home, please make thi draft list of State Designal approved as safety net pro ding approval, you may be	s selection. ed Health H viders as we granted a V	domes and ell as those that are /AP Exception	
nother safety net list, you do r on another approved safet omplete this form.	o not need to submit this form. If your org ty net provider list, but your organization k. Uninsured members that your facility s	ganization does not appear believes that it should qua	on the draf	ft Health Home list	
		ninsured	Data So		
Percentage	56%	1%	HCC	BI 2014	
	e information and data provided on this rstand that this information may be subj ort of this appeal.				
Name	Clyde Comstock COO	An Ye	swer No]	

10/29/2014 Hillside Children's Center_3



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

	:xception: The state will consider enter the state will be stated as the stated will be stated will be stated as the stated will be stated wil	•	t aetinition	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
Are you a Medicaid Prov	vider				
Answer	Yes			~	You have chosen the following Health Home category: 2
I. Appeal Applicant Inforn	nation				VI. Restricted to 3500 Characters only!
Organization Name:	Hillside Children's Center				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Upstate University Hospital			-	
Provider Type:	Health Ho	me/Care Management Ager	ісу		I am hereby requesting approval as a safety net entity as I am likely to be approved
Provider Type - Other:					shortly as a new health home provider serving children.
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:	We have many - avail on request	969333	:	1639267933	
Agency Code:		EIN: 16-1453581	•		
Billing Entity ID:		1639267933			
	Address	City	State	Zip	Character Count: 0
	1183 Monroe Ave	Rochester	NY	14620	
County:		Monroe			
I. Appeal Point of Contac	t				
Contact Person Pamel]
	tor of Service Development				$\ \ $
Contact Phone (585)		Extension			
Contact Email payers	s@hillside.com				I
your organization b ou are choosing VAP Except are Management Agencies (MS approval. If your Health pproval, but should submit t et list, you do not need to su	n does not appear on the draft Health I believes that it should qualify as a Healt tion iii— The Department has submitted (CMAs) that have already been approve Home appears on this list as pending a this form. If the organization operating ubmit this form. If your organization do list, but your organization believes tha	a draft list of State Designat d as safety net providers as v oproval, you may be granted your Health Home/CMA alre es not appear on the draft H	ed Health Howell as those a VAP Excepady appears	omes and Network that are pending otion pending CMS on another safety list or on another	
	Uninsured members that your facility		_		
	dicaid (FFS & MC)	Uninsured	Data S		
Percentage	56%	1%	HCC	BI 2014	
my knowledge. I under documentation in supp	·	oject to audit and I may be a	isked to prov	vide	
Name	Clyde Comstock COO eals from the CEO, CFO or comparab		es O No	<u>'</u>	

10/29/2014 Hillside Children's Center_4



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

	Exception: The state will consider ex nent 30 days prior to application appr		definition	on a case-by	case bas	sis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and m
. Are you a Medicaid Prov		ovai.				
Answer					▼	You have chosen the following Health Home category: 2
I. Appeal Applicant Inforn					با ب	VI. Restricted to 3500 Characters only!
						,
. 0	Hillside Children's Center					The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Finger Lakes PPS				•	
Provider Type:	Health Hon	ne/Care Management Agen	CV			I am hereby requesting approval as a safety net entity as I am likely to be approved
Provider Type - Other:		·	<u> </u>			shortly as a new health home provider serving children.
Provider Type - Other:		1	1		_	shortly as a new health nome provider serving children.
	Operating Certificate/License #	MMIS*		NPI*		
Unique Identifiers:	We have many - avail on request	969333	1	1639267933		
Agency Code:		EIN: 16-1453581				
Billing Entity ID:		1639267933				
	Address	City	State	Zip	— II.	Character Count: 0
	1183 Monroe Ave	Rochester	NY	14620		
County:		Monroe				
II. Annual Daint of Contac	•				- 11	
II. Appeal Point of Contact Contact Person Pame					—III	
	tor of Service Development					
Contact Phone (585)		Extension				
Contact Email payers					-111	
your organization by your organization by your organization by your are choosing VAP Except Care Management Agencies (CMS approval. If your Health approval, but should submit thet list, you do not need to submit the list.	n does not appear on the draft Health Ho believes that it should qualify as a Health tion iii— The Department has submitted a (CMAs) that have already been approved Home appears on this list as pending app his form. If the organization operating you ubmit this form. If your organization doed is list, but your organization believes that in	Home, please make this self draft list of State Designate as safety net providers as w proval, you may be granted our Health Home/CMA alres s not appear on the draft He	d Health Ho rell as those a VAP Excep ady appears ealth Home	omes and Netw that are pendi otion pending (on another sa list or on anoth	ork ng MS ety er	
	Uninsured members that your facility s					
		Uninsured	Data So		_	
Percentage	56%	1%	HCC	BI	2014	
	e information and data provided on this restand that this information may be subjuort of this appeal.				-	
Name Title	Clyde Comstock COO eals from the CEO, CFO or comparable	Ye	swer No			

11/10/2014 HONOR



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

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

Answer Applicant Info Organization Name OPTIONAL-Joined PPS	ormation			~	You have chosen the following Health Home category: 1
Organization Name					
Organization Name					VI. Restricted to 3500 Characters only!
					The narrative section is optional, but you may write additional notes.
	S: Montefiore Medical Center			•	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Ho	me/Care Management Ag	encv		or
Provider Type - Othe		me, care management, ig	,]"
Trovider Type Office	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifier		353319	1	1881957678	
Unique Identifiers Agency Code		333313		1001337070	
Billing Entity ID					
0 - 7	Address	City	State	Zip	Character Count: 3263
Address	: 38 Seward Avenue	Middletown	NY	10940	Orange County is made up of 42 municipalities which range from 3 cities to 19 villages and 20 towns of varying size surround the transporta
County	y:	Orange			corridors. Orange County is centrally located, in the Tri-State area (NY, NJ, PA). Demographically, the County is urban/rural in nature. Acco
Appeal Point of Cont	tact				to the U.S. Census Bureau, the County had a population of 375,592 in 2013. The three major urban areas in the County are Middletown, Po
Contact Person Chr				1	Jervis, and Newburgh. These three cities show a much higher number of people living below the poverty line as compared to all of Orange County. HONOR is the most experienced provider of emergency shelters, transitional, permanent supportive, permanent, detox services, a
	ef Operations Officer				Housing First programs. For 42 years our agency has been under contract with Orange County to provide these services 24/7. We operate
	5-343-7115	Extensio	n	302	Addictions Crisis Center an overnight Warming Station for street Homeless, Street Outreach, Case Management and Employment Developn
Contact Email cm	olinelli@honorehg.org				programs. We have linkage agreements with over 60 government and community based providers of health, mental health, substance abu
your organization are choosing VAP Excest Management Agencies approval. If your Heal roval, but should submist, you do not need to roved safety net providus.	tion does not appear on the draft Health In believes that it should qualify as a Healt eption iii— The Department has submitted as (CMAs) that have already been approve ith Home appears on this list as pending a nit this form. If the organization operating o submit this form. If your organization deder list, but your organization believes that	a draft list of State Designa d as safety net providers as proval, you may be grante your Health Home/CMA al es not appear on the draft it should qualify as a Heal	election. ated Health Hose well as those of a VAP Excepready appears Health Home	omes and Network that are pending otion pending CMS on another safety list or on another	from substance abuse and mental health residing in Orange County, New York. The goal of the MATS program is to provide on-going care management services to individuals who have histories of relapses and hospital readmissions that result in a high usage of Medicaid dollar to ensure that all of the dimensions of these individual's lives are being treated so they may enjoy holistic wellness and maintain recovery decreasing the use of Medicaid spending. We are a proud partner with New York State Health Home and a Medicaid Vendor. We initiated process for offering enrollment of all homeless households served in our shelters into the Health Home Network and our Case Managers well determine Medicaid eligibility for those we serve which is increasingly leading to households acquiring Medicaid benefits. This represents major effort at utilizes mainstream resources to supplant the traditional support service resources which are diminishing. We believe that our Agency could greatly assist in enhancing the PCP due to our vast array of services as well as our ability to utilize these in conjunction with PCP goals of lowering hospital readmission by ensuring access to primary and preventative care with the support and guidance of our Health Home MATS Case Managers.
-	d & Uninsured members that your facility			1	
	Medicaid (FFS & MC)	Uninsured	Data So		
rcentage	90%	10%	MATS Pr	rogram 2013	
	the information and data provided on th derstand that this information may be sul pport of this appeal.				
documentation in su					

10/29/2014 Housing Works DSRIP VAP Exception Form

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



Vital Access Provi	ider Exception: The state will	consider exceptions to the	ie safety net o	definition on	a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for public	comment 30 days prior to appl	ication approval. Three all	owed reason	s for grantin	ng an exception	are shown in Section IV.
I. Are you a Medicai	d Provider					
Ans	swer Yes				-	You have chosen the following VAP Exception: i
II. Appeal Applicant	Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization Na	ame: Housing Works Inc					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined					-	You chose the qualification i, in the space below please include:
	is evaluated in the context of the F	PPS you are joining. If you are	e inining more	than one PPS	S you have the	Too chose the quantitation y, if the space below please mediae.
•	the VAP 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
	ction II and VII of the instructions for					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider ⁻	Type: Health Home/Care Management Ac	gency			~	without your organization's involvement given the PPS current configuration of network providers.
Provider Type - O		3477			10000	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider Type - O				1		of services for the PPS in this community (ies).
	Operating Certificate/		MIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique Identi		13	50509	153	8379573	
Agency (
Billing Enti	ty ID: E0164894	1	Cit.	Ct-r	7:-	Character Count: 1117
٨٨٨	Address		City	State	Zip 11201	Housing Works is a Health Home Care Management Agency serving approximately 2200 Medicaid Health Home clients in three boroughs of New York City (Manhattan, Brooklyn, Bronx). We provide critical care coordination and care management services to Medicaid Health Home
Add	ress 57 Willoughby Street, 2nd Fl	loor Brooklyn		NY	* REQUIRED	recipients who are living with chronic diseases that are the focus of the PPS's efforts. As we will be coordinating community based services city
III. Appeal Point of C	Contact				REQUIRED	wide for the clients attributed to the AmidaCare PPS we will be instrumental in enabling the PPS to achieve it's project goals around preventing 90
Contact Person						Day Hospital readmissions, care transitions, and developing community based health navigation services. We were advised by NYS DOH to
Title						submit this VAP application with the notation that "this provider is in a pending CMS-approval status category of bulk exceptions as a
Contact Phone	347-473-7475		Extension			downstream health home provider", since as of this time the NYS Department of Health has not yet received approval from the federal CMS of
Contact Email	clarke@housingworks.org					pending categories of Safety Net providers, which includes care management providers who billed more than \$10,000 in Medicaid claims in 2013
IV. Please choose the	e following VAP Exception:				_	
of serving th Any hospital community, Any state-de When choosing VAP Es indicate what PPS you Information – Section I When choosing VAP Es Care Management Age CMS approval. If your I approval and do not no safety net list, you do a another approved safe complete this form. Lis ~For Section	ty will not be served without grant e community. is uniquely qualified to serve base and/or clear track record of successignated health home or group of exception i & ii – Please indicate whithen to join, then you will be deil!". If you are part of multiple PPSs exception iii – The Department has sencies (CMAs) that have already be Health Home appears on this list a leed to submit this form. If you tred to submit this form. If you try net provider list, but your organts is available on the DSRIP website on IV, if you are joining more than icaid & Uninsured members that y	ed on services provided, final sss in reducing avoidable hos health homes. ** nat Performing Provider Systinied. Please indicate the naily, see section VII tab. submitted a draft list of State ben approved as safety net per per pending approval, you will anization operating your Health of the second pro- per pending approval, you will anization believes that it shoule. one PPS, use second tab (Second PPS) and provided the second pro	ncial viability, r pital use. tem (PPS) you p me of the PPS i e Designated H roviders as wel be granted a V alth Home/CM. bear on the dra Id qualify as a l	plan on joinin in the "Appea ealth Homes Il as those tha /AP Exception A already app aft Health Home Health Home	within the ang. If you do not al Applicant and Network at are pending an pending CMS bears on another me list or on and, please	
	Medicaid (FFS & MC)	Uninsured		Data Sour	ce Year	
Percentage	100%	0%		gement can o	only 2013	
understand that appeal. Name Title	that the information and data pro this information may be subject to Charles Ki CEO, Housing y appeals from the CEO, CFO or	o audit and I may be asked I ing Works	Ansv	umentation i		

10/30/2014 Hudson Valley Care Coalition



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

Are you a Medicaid Prov	vider				
Answer	Not yet			▼	You have chosen the following Health Home category: 2
Appeal Applicant Inforr	mation				VI. Restricted to 3500 Characters only!
Organization Name:	Hudson Valley Care Coalition				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Select PPS			-	
T					
Provider Type:	Health Home	e/Care Management Ageno	:y		I am hereby requesting approval as a safety net entity as I am likely to be approved
Provider Type - Other:	C	Case Mangement			shortly as a new health home provider serving children.
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:					
Agency Code:					
Billing Entity ID:					
-	Address	City	State	Zip	Character Count: 292
Address :	303 South Broadway, Suite 321	Tarrytown	NY	10591	We are a Phase II State Designated Health Home previously doing business under Open Door Family Medical Center in Ossining, NY. We re-
County:	Westchester, Orange,	Putnam, Rockland, Sullivar	n, Dutchess		became incorporated and have our own ETIN. An application for our NPI has been submitted and upon receiving an NPI we will apply for o
Annual Deint of Contro	-*				Medicaid MMIS.
. Appeal Point of Contac					
Contact Person Glady	ram Manager				
Contact Phone 914-6		Extension			
Contact Email gjohn					
Please choose the folio A State designated Home and Downsto	owing Health Home category. These a I Health Home or Health Home provider the ream Care Management Agency List.	at is already on the Pendinį	g State-Desig	gnated State Health	
A State designated Home and Downsto If your organization to you are choosing VAP Except re Management Agencies to Sapproval, but should submit to list, you do not need to s	owing Health Home category. These a	at is already on the Pending me list or on another appro lome, please make this sele draft list of State Designate s safety net providers as w roval, you may be granted a ur Health Home/CMA alrea not appear on the draft He	yed safety nection. d Health Horell as those to a VAP Except dy appears calth Home li	gnated State Health et provider list, but mes and Network that are pending tion pending CMS on another safety ist or on another	
A State designated Home and Downsti A State designated Home and Downsti If your organization by the state of the state o	owing Health Home category. These a did Health Home or Health Home provider the tream Care Management Agency List. In does not appear on the draft Health Hore believes that it should qualify as a Health Hore to the control of the	ne list or on another appro lome, please make this selected draft list of State Designate is safety net providers as we roval, you may be granted a ur Health Home/CMA alrea not appear on the draft He should qualify as a Health	yed safety nection. d Health Horell as those to a VAP Except dy appears calth Home li	gnated State Health et provider list, but mes and Network that are pending tion pending CMS on another safety ist or on another	
A State designated Home and Downstration of the Home and Downstration of t	owing Health Home category. These and Health Home or Health Home provider the cream Care Management Agency List. In does not appear on the draft Health Home believes that it should qualify as a Health Home inition iii— The Department has submitted a company of the company of the company of the company of the form. If the organization operating your submit this form. If your organization does relist, but your organization believes that it	ne list or on another appro lome, please make this selected draft list of State Designate is safety net providers as we roval, you may be granted a ur Health Home/CMA alrea not appear on the draft He should qualify as a Health	yed safety nection. d Health Horell as those to a VAP Except dy appears calth Home li	et provider list, but mes and Network that are pending tion pending CMS on another safety ist or on another ie complete this	
A State designated Home and Downstration of the Home and Downstration of t	owing Health Home category. These and Health Home or Health Home provider the cream Care Management Agency List. In does not appear on the draft Health Home believes that it should qualify as a Health Home inition iii— The Department has submitted a company of the company of the company of the company of the form. If the organization operating your submit this form. If your organization does relist, but your organization believes that it	ne list or on another appro lome, please make this sele draft list of State Designate is safety net providers as w roval, you may be granted a ur Health Home/CMA alrea not appear on the draft He should qualify as a Health	g State-Desig ved safety n ection. d Health Ho ell as those t a VAP Except dy appears of Home, pleas	mes and Network that are pending tion pending CMS on another safety ist or on another se complete this	
A State designated Home and Downstr Vour organization your organization your organization to Vour Organization to	bowing Health Home category. These a did Health Home or Health Home provider the gream Care Management Agency List. In does not appear on the draft Health Home believes that it should qualify as a Health Home believes that it should qualify as a Health Home in the company of	me list or on another approlome, please make this selectory in the selecto	yed safety nection. d Health Horell as those to VAP Except dy appears of alth Home, pleas Data So Claim	mes and Network that are pending tion pending CMS on another safety sist or on another to complete this	

10/29/2014 Hudson Valley Community Services, Inc.

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	nent 30 days prior to appli	ication approval.	Three allowed reason	ons for grantir	ng an exception a	are shown in Section IV.
I. Are you a N		vider					
	Answer	Yes				▼	You have chosen the following VAP Exception: i
II. Appeal App	plicant Infor	mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name:	Hudson Valley Community Se	ervices, Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	HealthAlliance of the Hudson Valley	, HealthAlliance Hospit	al: Broadway Campus		-	You chose the qualification i, in the space below please include:
		uated in the context of the P					
		AP Exception in that PPS as we and VII of the instructions for			dditional 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
				uoni		~	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.
		Health Home/Care Management Ag				•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider	Type - Other:	Community Service Provider					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)
	e Identifiers:			1295394	184	1339728	
	Agency Code: ling Entity ID:	F0170375					Character Count: 3032
Dill	ing Entity ID.	Address		City	State	Zip	a. In Ulster County, Hudson Valley Community Services, Inc., (HVCS) is the only community-based (non-medical) care management provider with
	Address	40 Saw Mill River Road	На	awthorne	NY	10532	several decades of extensive experience providing medicaid-reimbursed services, first to people with HIV and AIDS, and now to people living wit
						* REQUIRED	a broad array of chronic illnesses. Our expertise lies in finding people lost to service, working with active substance using clients, accessing and
III. Appeal Po						1	working with the lesbian, gay, bisexual and transgender (LGBT) communities, providing extensive community supports such as housing assistance
Contact	Person Andr	ty Executive Director					expedited drug and mental health treatment referrals, food and nutritional support, transportation, etc., all services that are essential for facilitating adherence to medical protocols. Without our participation many hard to reach individuals, who currently access services only in crise
Contact	Phone 914-	•		Extension			and emergencies, will be lost to service and not have the opportunity to stabilize their medical care. b. HVCS is a DOH Community Service
Contac	t Email astra	us@hudsonvalleycs.org		•	•		Provider (CSP), incorporated as a 501(c)3 in New York State since 1986. HVCS has provided intensive, targeted care management to people with
IV. Please cho	oose the foll	owing VAP Exception:					HIV/AIDS for nearly 30 years, beginning prior to COBRA, then becoming a COBRA care management provider in the early 90's, and subsequently
of se	ommunity will erving the com	not be served without granti munity.	ing the exception I	because no other eligi	ole provider is v	willing or capable	since 2012, providing care management services to people with a broad array of chronic illnesses under the Health Home Program. HVCS serves counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester with offices in all counties and specifically in Ulster for the Health Alliance DSRIP application. We are affiliated with the Institute for Family Health Health Home in this region and are on the Health Home
		quely qualified to serve base or clear track record of succes	•		, relationships	within the	Advisory Board. We currently serve nearly 1000 clients annually and more than 85% of our clients have Medicaid or no insurance, integral part of the care management continuum dedicated to ensuring quality care management for clients, reduced costs, and r and hospitalizations. We maintain over 100 Memoranda of Understanding with our community partners. HVCS offers a wide array haved supportive sensings that appares the effectiveness of care management to both the chronic care population and to people
O iii Any	state-designa	ed health home or group of	health homes. **				based supportive services that enhance the effectiveness of care management to both the chronic care population and to people with HIV (some services are only available to people with HIV due to funding restrictions), and these include: rental and utility assistance, food and nutrition,
		on i & ii – Please indicate wh	_				transportation, legal supportive services, assistance with obtaining health insurance, van-based outreach and harm reduction services to substance users and expedited linkage to services, behavioral health education, and a variety of HIV, STI and Hepatitis C screening, testing and
		d to join, then you will be der you are part of multiple PPSs,			'S in the "Appea	ai Applicant	prevention interventions. This integrated network of services will greatly enrich the care management offered to patients in the Ulster PPS and
		on iii– The Department has s		 '	Health Homes	and Network	is essential that HVCS be included in DSRIP as a safety net provider. HVCS is in a pending CMS-approval status category of bulk exceptions as a
		(CMAs) that have already be		_			harm reduction community provider.
	-	Home appears on this list as				-	
		submit this form. If the orga ed to submit this form. If you					
	•	provider list, but your organ					
		ailable on the DSRIP website		iat it silouid quality us	a ricaitii rioiiic	, picasc	
~ Fo	or Section IV,	f you are joining more than	one PPS, use seco	nd tab (Section VII) to	add additional	I PPSs.	
V. Percentage	of Medicaid	& Uninsured members that y	our facility serves	i			
	Me	dicaid (FFS & MC)	Unins	sured	Data Sour	ce Year	
Percentage		85%	39	%	nternal data	abase 2013	
	n d that this i me	ne information and data pro information may be subject to Jeffrey Kra Executive Dir eals from the CEO, CFO or	o audit and I may I aus ector	be asked to provide d	ocumentation i		1

10/29/2014 Huther Doyle

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



Vital Access P	Provider	Exception: The state will	consider excep	otions to the safety net	definition	on a case	-by-case h	pasis 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 p	ublic comr	ment 30 days prior to applic	cation approva	al. Three allowed reaso	ns for gra	nting an ex	ception a	re shown in Section IV.						
I. Are you a Me														
	Answer	Yes					▼	You have chosen the following VAP Exception: iii						
II. Appeal Appli	cant Infor	mation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>						
Organizati	ion Name:	Huther Doyle						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
J	oined PPS:	Select PPS					-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In						
		luated in the context of the Pl						the space below, please include:						
	-	AP Exception in that PPS as w		· —	ditional Pl	'Ss" tab to s	select							
		and VII of the instructions fo	or further clarific	cation!				a. A description of your entity in specific relation to being a Health Home.						
Prov	vider Type:	Select One					\▼	Discount of the state of the st						
Provider Typ	pe - Other:							Please do not submit this form if you are already on the draft Health Home List.						
		Operating Certificate/L	Certificate/License # MMIS* NPI*											
Unique l	Identifiers:	150410827; 16101	1669	954572		107361453	3							
Age	ency Code:	6013												
Billing	g Entity ID:	E0204306						Character Count: 1286						
		Address		City	State	Zi		We are the Health Home lead agency for Health Homes of Upstate New York (HHUNY) in ten (10) counties in the Finger Lakes Region of the state						
	Address	360 East Avenue		Rochester	NY	146		We already appear on the Safety Net Provider List but are submitting this application form per an email received on October 14, 2014 from the						
III. Appeal Poin	t of Conta	rt				TR	REQUIRED	Finger Lakes DSRIP leadership. The lead Agency and the Health Home are members of the Finger Lakes PPS network. At present, we have an extensive and inclusive Health Home network of medical, behavioral health and community support service providers and multiple care						
		rt R. Lebman					$\overline{}$	management agencies in each of the 10 counties. This Health Home is providing outreach and engagement or direct care management services						
		dent & CEO						more than 10,000 individuals at this time. The majority of our care management entities are safethy net providers. We are the only Health Home						
	hone 585-3			Extension		3501	$\overline{}$	certified in nine (9) of the counties served and house one of six (6) criminal justice Health Home pilots; we have initiated a number of unique						
Contact E	mail rlebn	nan@hutherdoyle.com						initiatives to engage and serve eligible releasees in an effort ti both reduce unnecessary emergeny room visits and inpatient admissions and						
IV. Please choo	se the foll	owing VAP Exception:						criminal justice recidivism. Representatives from the Health Home are actively involved in the development of DSRIP projects across all 14						
of servi Any ho commu Any sta When choosing V indicate what PPS Information – See When choosing V Care Managemer CMS approval. If approval and do a safety net list, yo another approve complete this for	ing the com- spital is unit. inity, and/c ate-designal /AP Excepti S you inten- ction II". If- /AP Excepti at Agencies your Health not need to u do not need d safety net rm. List is av	not be served without granting in the property of the property	d on services priss in reducing avenealth homes. * at Performing Fied. Please indisee section VIII ubmitted a drafen approved as approved	ovided, financial viability, oidable hospital use. * Provider System (PPS) you cate the name of the PPS tab. It list of State Designated safety net providers as wal, you will be granted a ng your Health Home/CN does not appear on the dithat it should qualify as a table to the provider of the dithat it should qualify as a safety net provider.	relationsh i plan on jo i in the "Ap Health Hor ell as those VAP Excep VAP already raft Health Ho	ips within t ining. If you ineal Applic nes and Nei that are pe tion pendir appears on Home list of me, please	u do not cant twork ending ng CMS							
V. Percentage of	Medicaid 8	& Uninsured members that ye	our facility serv	es										
	Me	dicaid (FFS & MC)	Uni	nsured	Data S	ource	Year							
Percentage		82%	:	12%	OA	SAS	2012							
	that this in	he information and data prov nformation may be subject to Robert R. Leb President & (eals from the CEO, CFO or	o audit and I ma oman CEO	y be asked to provide do	cumentati swer	on in suppo	•							

10/29/2014 Institute for Family Health



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

Health Hor Health Hor g Certificate/License # 7002137R	903700 129572940 E0209381	Vou have chosen the following Health Home category: VI. Restricted to 3500 Characters only! The narrative section is optional, but you may write additional notes. I am hereby requesting approval as a safety net entity as I have been listed by the department of health as a high volume provider of Medicaid care management service or
Health Hor g Certificate/License # 7002137R	e # MMIS* NPI* 903700 129572940 E0209381	The narrative section is optional, but you may write additional notes. I am hereby requesting approval as a safety net entity as I have been listed by the department of health as a high volume provider of Medicaid care management service.
Health Hor g Certificate/License # 7002137R	e # MMIS* NPI* 903700 129572940 E0209381	I am hereby requesting approval as a safety net entity as I have been listed by the department of health as a high volume provider of Medicaid care management services.
Health Hor g Certificate/License # 7002137R	e # MMIS* NPI* 903700 129572940 E0209381	department of health as a high volume provider of Medicaid care management service
g Certificate/License # 7002137R	e # MMIS* NPI* 903700 129572940 E0209381	
g Certificate/License # 7002137R	e # MMIS* NPI* 903700 129572940 E0209381	or ————————————————————————————————————
7002137R	903700 129572940 E0209381	
7002137R	903700 129572940 E0209381	
7002137R	903700 129572940 E0209381	
	E0209381	
Address		
Address		-
	City State Z	Character Count:
	New York NY 100	I am hereby requesting approval as a saftey net entity as our Health Home organization meets Safety Net Designation based on NPI ma
	Ulster	
		— <u> </u>
Psychosocial Services		
	Extension 1337	<u> </u>
).org		II
partment has submitted a ve already been approved on this list as pending ap to organization operating y in I your organization doe	alth Home list or on another approved safety net provide Health Home, please make this selection. nitted a draft list of State Designated Health Homes and Noroved as safety net providers as well as those that are piling approval, you may be granted a VAP Exception pendiating your Health Home/CMA already appears on anothe on does not appear on the draft Health Home list or on a set that it should qualify as a Health Home, please comple	ork eng ensymptotic stety ener
mbers that your facility s	ncility serves	
	Uninsured Data Source	ar
c)		2013
C)	1470 Epic	2015
C)	on this form is accurate and correct to the best of	
_		

10/29/2014 Jewish Child Care Association of 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

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

be posted for	public comn	ment 30 days prior to appl	ication approv	val. Three allowed reason	ons	for gran	ting an excep	tion are	shown	n in Section IV.								
I. Are you a M	u a Medicaid Provider																	
	Answer	Yes						-	Yo	ou have chosen the fol	lowing VAP Exception:	iii						
II. Appeal App	licant Infor	mation							VI. Rest	tricted to 3500 Chara	acters only! - <u>Please read</u>	instructions for cla	rification!					
Organiza	ation Name:	Jewish Child Care Association	n of NY						~ The V	/AP Exception relies	heavily on the statement	you provide, so pl	ease be concis	se and thoro	ugh~			
_	Joined PPS:	Select PPS						-	Υ	You chose qualificati	on iii and are indicating t	hat your Health Ho	me is not liste	ed on the DC	OH draft H	ealth Home	list. In	7
^^ The VAP Exce	eption is eval	uated <u>in the context of the F</u>	PPS you are join	ing. If you are joining mo	re t	han one F	PS, you have t	he		the space below, ple		•						
option of applyi	ing for the V	AP Exception in that PPS as v	well (if applicab	le). Please see the "VII_A	ddit	tional PPS	is" tab to seled	t										
multiple PPS's.	See <u>Section II</u>	and VII of the instructions for	or further clarif	fication!					 → a	a. A description of yo	our entity in specific relati	on to being a Heal	th Home.					
Pro	ovider Type:	OMH-Article 31						•										
Provider T	ype - Other:	we also provide OMH waive	r, B2H, prevent	ive services, ICM, Foster	Care	e services	and operate r	sider	P	Please do not submit	t this form if you are alrea	dy on the draft He	alth Home Lis	it.				
	,,,,	Operating Certificate/	•	MMIS*	1		NPI*											
Unique	a Idantifiara	6705121A	License #	00272688	_	1	467571653											
	e Identifiers: gency Code:			00272088			40/3/1033											
	ing Entity ID:								L						Char	acter Count	: 0	_
Billi	ing Entity ID.	Address		City	1	State	Zip	— II г							Chare	icter count	<u> </u>	_
	Address	858 E. 29th St.		Brooklyn		NY	11210											
<u> </u>				1			* REQU	IRED										
III. Appeal Poi	int of Conta	ct																
Contact F	Person Robe																	
		President, Mental Health and	d Preventive Se					III										
Contact		08-4555		Extension														
Contact	t Email cizma	ar@jccany.org						—										
IV. Please cho	ose the follo	owing VAP Exception:						\neg \sqcup										
O i A cor	mmunity will	not be served without grant	ing the exception	on because no other eligi	ible	provider i	s willing or ca	able										
	rving the com			,		•		- 111										
a	-	•																
		quely qualified to serve base			y, re	elationship	os within the											
comm	nunity, and/o	or clear track record of succe	ss in reducing a	voidable hospital use.														
iii Any s	tata dasianat	ted health home or group of	haalth hamas	**														
- III Ally S	tate-designat	ted fleattif florifie or group of	nearth nomes.															
•		on i & ii – Please indicate wh	-			,	0 ,	not										
		d to join, then you will be de			PS ir	n the "App	eal Applicant											
		you are part of multiple PPSs																
_		on iii– The Department has s		_														
_	_	(CMAs) that have already be						-										
		n Home appears on this list a submit this form. If the orga																
		eed to submit this form. If yo																
		provider list, but your organ																
		ailable on the DSRIP website		s that it should qualify as		.cu.tio.	iie, pieuse											
•		f you are joining more than		econd tab (Section VII) to	ad	d addition	nal PPSs.											
V. Percentage o	of Medicaid 8	& Uninsured members that y	our facility ser	ves														
Γ					Ī													
	Me	dicaid (FFS & MC)	Ur	ninsured		Data So	urce Yea	r										
Percentage		86%		6%	ľ	intorn	ol 5V 14											
Percentage		80%		0%	L	intern	ial FY 14											
	-	he information and data pro					-	- 1										
	nd that this in	nformation may be subject to	o audit and I m	ay be asked to provide d	locu	mentatio	n in support o	this										
appeal.																		
Nam	10	Richard Altı	man	T (a)	nsw	O No	T											
						J 110	1											
110	Title Chief Executive Officer Only appeals from the CEO, CFO or comparable will be accepted																	

10/29/2014 Kids Oneida



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

Are you a Medicaid Pro Answer Appeal Applicant Infor Organization Name:		UVdI.			
Answer Appeal Applicant Infor					
Appeal Applicant Infor	Yes				
				▼	You have chosen the following Health Home category: 1
Organization Name	mation				VI. Restricted to 3500 Characters only!
	Kids Oneida				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Faxton St. Luke's Healthcare			~	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management service
Provider Type:	Health Hom	ne/Care Management Ager	cv		4or
Provider Type - Other:		,	-,]
Provider Type - Other.	Operating Cortificate /License #	MMIS*		NPI*	
	Operating Certificate/License #				
Unique Identifiers:	9063010A	2276286	1	770787079	
Agency Code:	28220				
Billing Entity ID:	Address	City	State	7in	Character Count:
Address :	310 Main Street	City	NY	Zip 13501	Character Count:
County:		Oneida/ Herkimer	INT	13301	
		Oncida, frendinci			
. Appeal Point of Conta					
Contact Person Steve					
	/Executive Director- Interim	E. de contra			
Contact Phone 315- Contact Email sbulg		Extension			
your organization ou are choosing VAP Exceptive Management Agencies Als approval. If your Health proval, but should submit tit list, you do not need to	on does not appear on the draft Health Ho believes that it should qualify as a Health I ption iii— The Department has submitted a s (CMAs) that have already been approved the Home appears on this list as pending appt this form. If the organization operating yo submit this form. If your organization does er list, but your organization believes that it	Home, please make this se draft list of State Designat as safety net providers as v proval, you may be granted bur Health Home/CMA alre s not appear on the draft H	ection. ed Health Ho vell as those a VAP Excep ady appears ealth Home I	mes and Network that are pending tion pending CMS on another safety ist or on another	
Percentage of Medicaid	& Uninsured members that your facility se	erves			
		Jninsured	Data So	ource Year	
Percentage	92%	3%	eport/ Cli		
	3270	5/0	cport/ Cli	C 1418 2013	
es Hereby Certify that t	he information and data provided on this erstand that this information may be subj				
	port of this appeal.	А	nswer		
my knowledge. I unde	port of this appeal. Steven Bulger		nswer es () No	1	

10/29/2014 Lakeview Health Services

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



								basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
•	•	ment 30 days prior to appli	ication approval. 1	Three allowed	reason:	s for granti	ng an exception a	are shown in Section IV.
I. Are you a M								
	Answer	Yes					▼	You have chosen the following VAP Exception: iii
II. Appeal App	olicant Infor	mation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	Lakeview Health Services						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Finger Lakes PPS					•	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
		luated in the context of the P						the space below, please include:
	-	/AP Exception in that PPS as v			"VII_Add	itional PPSs	tab to select	
		I and VII of the instructions for	or further clarification	ion!				a. A description of your entity in specific relation to being a Health Home.
Pr	ovider Type:	Health Home/Care Management Ag	gency				~	Street described by the form of consequences and the destruction of the state of th
Provider T	Гуре - Other:							Please do not submit this form if you are already on the draft Health Home List.
		Operating Certificate/	License #	MMIS*			NPI*	
Unique	e Identifiers:			0299368	0	103	33155833	
A	Agency Code:	OMH Agency Code - 10490						
Billi	ing Entity ID:							Character Count: 445
		Address		City		State	Zip	Lakeview provides care management services in Ontario, Seneca and Wayne Counties within the FLPPS region. With the creation of a
	Address	600 W. Washington Street	Ger	neva		NY	14456	comprehensive, accountable system of care which integrates physical and behavioral health, care managers play an integral role in its
III. Appeal Poi	int of Conta	ırt					* REQUIRED	implementation. Care Managers are knowledgeable in the resources in each community and in ways to engage members in accessing these resources to ensure optimal health outcomes.
Contact I		y Lovejoy						resources to ensure optimal health outcomes.
		f Program Officer						
Contact	Phone 315-	789-5501		Exte	ension		2217	
Contact	t Email clove	ejoy@lakeviewhs.org						
IV. Please cho	ose the foll	owing VAP Exception:						
of ser	mmunity will rving the con	I not be served without grant nmunity.	ing the exception be	ecause no othe	er eligible	e provider is	willing or capable	
	•	iquely qualified to serve base or clear track record of succes	•			relationships	within the	
iii Any s	state-designa	ted health home or group of	health homes. **					
_		ion i & ii – Please indicate wh		, ,			· ,	
	•	d to join, then you will be de			the PPS i	in the "Appe	al Applicant	
		you are part of multiple PPSs, ion iii – The Department has s	-	="	anatod U	oalth Homor	and Notwork	
_		(CMAs) that have already be			-			
_	-	h Home appears on this list a						
approval and do	o not need to	submit this form. If the orga	anization operating	your Health Ho	ome/CM/	A already ap	pears on another	
		eed to submit this form. If yo	-					
		t provider list, but your organ		at it should qua	alify as a I	Health Home	e, please	
		vailable on the DSRIP website			\(\dots \)		I DDC-	
		if you are joining more than & Uninsured members that y		id tab (Section	vii) to ac	ad additiona	I PPSs.	
		edicaid (FFS & MC)	Uninsu	ıred	1	Data Sou	rce Year	
Percentage		87%	13%	6	1	tronic healt	h rec 2013	
	Certify that t	he information and data pro	vided on this form i	is accurate and	d correct	to the best		_
-	-	nformation may be subject to				umentation	-	
Nam	ne	Cathy Love	joy	П	Yes			
Tit		Chief Program	• •			_		
		eals from the CEO, CFO or		be accepted				



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

. Appeal Applicant Infor Organization Name: L OPTIONAL-Joined PPS: I	Liberty Resources Inc.				You have chosen the following Health Home category: 1
Organization Name: L OPTIONAL-Joined PPS:	Liberty Resources Inc.			▼	
OPTIONAL-Joined PPS:					VI. Restricted to 3500 Characters only!
Provider Type:	Y 1 1 000				The narrative section is optional, but you may write additional notes.
	Finger Lakes PPS			•	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management service
	Hoalth Ho	me/Care Management Agen	C) (
	пеанно	ne/Care Management Agen	Су		or
Provider Type - Other:			1		
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		2994810	1	1225254881	
Agency Code:					
Billing Entity ID:		E0001939			
	Address	City	State	Zip	Character Count: 0
	1045 James Street	Syracuse	NY	13203	
County:		Onondaga			
. Appeal Point of Contac	ct				
	a Durkin				
	President of Behavioral Healthcare				
Contact Phone (315)4	425-1004	Extension		1556	
Contact Email mdurk	lein @liborter resources are				
Please choose the folio A State designated Health Home and D If your organization	owing Health Home category. Thes I Health Home or Health Home provider Downstream Care Management Agency on does not appear on the draft Health H ion believes that it should qualify as a He	that is already on the Pendi List. ome list or on another appr	ng State-Des	signated State	
A State designated Health Home and C If your organization but your	owing Health Home category. Thes I Health Home or Health Home provider Downstream Care Management Agency on does not appear on the draft Health H ion believes that it should qualify as a He extion iii— The Department has submitted Agencies (CMAs) that have already beer ur Health Home appears on this list as pe hould submit this form. If the organizati to not need to submit this form. If your or	that is already on the Pendi List. Tome list or on another apprealth Home, please make the a draft list of State Designan approved as safety net pro- ending approval, you may be on operating your Health Horganization does not appea	ng State-Des oved safety is selection. ted Health H widers as we e granted a V ome/CMA all r on the draf	net provider list, Homes and ell as those that are VAP Exception Iready appears on ft Health Home list	
A State designated Health Home and D If your organization but Sapproval. If you ending CMS approval, but shoother safety net list, you do not nother approved safety or on another approved safety organization.	owing Health Home category. Thes I Health Home or Health Home provider Downstream Care Management Agency In does not appear on the draft Health H ion believes that it should qualify as a He extion iii— The Department has submitted Agencies (CMAs) that have already beer ur Health Home appears on this list as p hould submit this form. If the organizati	that is already on the Pendi List. Tome list or on another apprealth Home, please make the a draft list of State Designant approved as safety net pro- ending approval, you may be on operating your Health Horganization does not appear to be lieves that it should quarters.	ng State-Des oved safety is selection. ted Health H widers as we e granted a V ome/CMA all r on the draf	net provider list, Homes and ell as those that are VAP Exception Iready appears on ft Health Home list	
A State designated Health Home and D If your organization but your organization but your organization ou are choosing VAP Exceptetwork Care Management Jending CMS approval, but sling CMS approval,	owing Health Home category. Thes I Health Home or Health Home provider Downstream Care Management Agency on does not appear on the draft Health H ion believes that it should qualify as a He extion iii—The Department has submitted Agencies (CMAs) that have already beer ur Health Home appears on this list as pe should submit this form. If the organizati to not need to submit this form. If your of ty net provider list, but your organizatio & Uninsured members that your facility	that is already on the Pendi List. Tome list or on another apprealth Home, please make the a draft list of State Designan approved as safety net proending approval, you may be on operating your Health Horganization does not appean in believes that it should quareserves	oved safety, is selection. ted Health H widers as we e granted a \text{V} me/CMA all r on the draf lifty as a Hea	net provider list, Homes and ell as those that are VAP Exception fready appears on ft Health Home list alth Home, please	
A State designated Health Home and D I I I I Your organization but your organization but your organization but your organization but your organization ou are choosing VAP Exceptetwork Care Management Jending CMS approval. If you ending CMS approval, but sling CMS approval, but sling CMS approval, but sling CMS approval, but sling CMS approval with a ron another approved safetomplete this form. Percentage of Medicaid 8	owing Health Home category. Thes I Health Home or Health Home provider Downstream Care Management Agency on does not appear on the draft Health H ion believes that it should qualify as a He extion iii—The Department has submitted Agencies (CMAs) that have already beer ur Health Home appears on this list as pe should submit this form. If the organizati to not need to submit this form. If your of ty net provider list, but your organizatio & Uninsured members that your facility	that is already on the Pendi List. Tome list or on another apprealth Home, please make the a draft list of State Designant approved as safety net pro- ending approval, you may be on operating your Health Horganization does not appear to be lieves that it should quarters.	ng State-Des oved safety is selection. ted Health H widers as we e granted a V ome/CMA all r on the draf	net provider list, Homes and ell as those that are VAP Exception fready appears on ft Health Home list alth Home, please	



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

nust be posted for public o	comment 30 days prior to application	n approval.			
Are you a Medicaid Prov	vider				
Answer Y	fes .			▼	You have chosen the following Health Home category: 1
. Appeal Applicant Inforn	mation				VI. Restricted to 3500 Characters only!
Organization Name: L	iberty Resources Inc.				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS: U	Jpstate University Hospital			-	I am hereby requesting approval as a safety net entity as I have been listed by the
T					department of health as a high volume provider of Medicaid care management service
Provider Type:	Health Hom	e/Care Management Agen	СУ		or or
Provider Type - Other:					
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:			1225254881	1	
Agency Code:					
Billing Entity ID:		E0001939			
	Address City State Zip				Character Count: 0
Address : 1	.045 James Street	Syracuse	NY	13203	
County:		Onondaga			1
. Appeal Point of Contac					
Contact Person Marta					
Contact Phone (315)4	resident of Behavioral Healthcare	Enteredien		1556	
	kin@liberty-resources.org	Extension		1556	1
u are choosing VAP Except twork Care Management Anding CMS approval. If you nding CMS approval, but sh other safety net list, you do on another approved safet	n does not appear on the draft Health Ho on believes that it should qualify as a Health tion iii— The Department has submitted a Agencies (CMAs) that have already been ir Health Home appears on this list as per hould submit this form. If the organization on ont need to submit this form. If your or cy net provider list, but your organization	alth Home, please make thing a draft list of State Designat approved as safety net pronding approval, you may be noperating your Health Hoganization does not appear	s selection. ed Health I viders as w granted a me/CMA a	Homes and ell as those that are VAP Exception Iready appears on ft Health Home list	
nplete this form. Percentage of Medicaid &	Uninsured members that your facility	serves			
Medi	icaid (FFS & MC)	Ininsured	Data S	ource Year	
Percentage	98%	2%	Progran	n Stats 2014	
	e information and data provided on this rstand that this information may be sub ort of this appeal. Carl Coyle	ject to audit and I may be	asked to pr	ovide	
Title	CEO eals from the CEO, CFO or comparable		J 10		

10/30/2014 Long Island Association for AIDS Care, Inc. (LIAAC)



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

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

Vital Access Provider 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 I. Are you a Medicaid Pro	comment 30 days prior to application	approval.			
Answer				▼	You have chosen the following Health Home category: 1
II. Appeal Applicant Infor	rmation				VI. Restricted to 3500 Characters only!
Organization Name:	Long Island Association for AIDS Care, Inc.	(LIAAC)			The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Stony Brook University Hospital				I am hereby requesting approval as a safety net entity as I have been listed by the
•					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Home	/Care Management Agen	су		or
Provider Type - Other:					
	Operating Certificate/License #	MMIS*	NPI*		
Unique Identifiers:		1743457	1	1154446557	
Agency Code:					
Billing Entity ID:		E0125681	-	1	
	Address	City	State	Zip	Character Count: 3500
Address : County:	60 Adams Ave.	Hauppauge	NY 11788		This provider is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider. The Long Island Association for AIDS Care, Inc., (LIAAC) is the nation's oldest suburban AIDS Service Organization, designated by the NYSDOH as the only
County.					Community Service Provider (CSP) for the Nassau/Suffolk Metropolitan Statistical Area (MSA) since 1986. For 28 years, LIAAC has been t
III. Appeal Point of Conta	act				safety net provider for anyone in our catchment area infected/affected by or at high risk of HIV/AIDS and other associated co-morbidities
Contact Person Cathe					as substance use, mental illness, diabetes, heart disease, Hepatitis C and other STI. LIAAC has been a licensed Medicaid provider of what is not
	Operating Officer				Health Home Care Management services (formerly Targeted Case Management) for over 20 years, and at the forefront of innovation
Contact Phone 631-3 Contact Email chart		Extension			throughout the Medicaid Redesign process. Currently, LIAAC is a member of iHealth, Inc., and is represented on multiple committees for regional Health Homes on Long Island: Nassau Wellness Partners (FEGS), Suffolk Wellness Partners (FEGS), North Shore/LIJ (Nassau, Suffolk, a
but your organizat You are choosing VAP Excep Network Care Management bending CMS approval. If you bending CMS approval, but sending cMS approval, but sending cMS approval. The control of the contr	on does not appear on the draft Health Hor tion believes that it should qualify as a Heal ption iii—The Department has submitted a Agencies (CMAs) that have already been a rur Health Home appears on this list as penshould submit this form. If the organization do not need to submit this form. If your orgety net provider list, but your organization lety	th Home, please make thi draft list of State Designa pproved as safety net pro ding approval, you may be operating your Health Ho anization does not appea	ted Health Health Health Forders as we granted a Norme/CMA altronthed to the draw	Homes and ell as those that are VAP Exception Iready appears on ft Health Home list	communities who, without our support, could not overcome these barriers on their own. We know the communities, and have earned t trust, often the first to encounter residents living with chronic illnesses and challenged by homelessness, addiction and mental illness. O Health Home Care Coordinators are skilled at linking clients to medical care and needed social services reducing ER and hospital visits. O experience has taught us that a major segment of Long Islanders will not access vital services without our team going to the clients own finding and engaging them on a one to one basis and providing linkage to care, care coordination and follow-up services. Under our Heal Home initiative we provide community- based behavioral health and support services to Medicaid-eligible individuals and families; annu delivering comprehensive care management services to over 1,100 Medicaid-eligible individuals living with HIV/AIDS and other chronic conditions; Medicaid enrollees represent 100% of our clients. LIAAC is a vital part of NYS's strategy to achieve the triple aim of improved improved health and reduced costs. It is essential that NYSDOH/DSRIP identify LIAAC and all the Health Home provider agencies of iHeal Safety Net Provider. In closing LIAAC must be included in DSRIP as a Safety Net Provider either through an initial designation by NYSDOH through the VAP exception process. Current HH Care Management Census Total=823 Medicaid Managed Care: 666 FFS: 57; Duals: 100
V. Percentage of Medicaid	& Uninsured members that your facility so	erves			
Med	dicaid (FFS & MC) Ur	ninsured	Data So	ource Year	1
Percentage	100%		Internal	report 2013	
	he information and data provided on this erstand that this information may be subj port of this appeal.				
Name Title	Catherine Hart, LMSW Chief Operating Officer	⊚ Ye	es O No		

10/30/2014 Long Island Association for AIDS Care

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 pu	ublic comn	nent 30 days prior to appli		al. Three allo					, , , , , , , , , , , , , , , , , , , ,
I. Are you a Med	dicaid Prov	vider							
	Answer	Yes						•	You have chosen the following VAP Exception: iii
II. Appeal Applic	cant Inform	nation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organizatio	on Name:	Long Island Association for A	AIDS Care						∼ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough∼
Jo	oined PPS:	Stony Brook University Hospital						-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
^^ The VAP Excep	tion is eval	uated in the context of the F	PPS you are joinir	ng. If you are j	oining more	than one P	PS, you have	the	the space below, please include:
		AP Exception in that PPS as v			he "VII_Add	litional PPS	s" tab to sele	ct	
		and VII of the instructions for	or further clarific	cation!				_	a. A description of your entity in specific relation to being a Health Home.
Prov	ider Type:	Other						▼	
Provider Typ	e - Other:	Care Management Agency							Please do not submit this form if you are already on the draft Health Home List.
		Operating Certificate/	License #	MM	IS*		NPI*		
Unique I				1743	457	1	154446557		
	ency Code:	504.25504							Sharata Sauta 2004
Billing	Entity ID:	E0125681 Address	1	Cit	.,	State	Zip		Character Count: 3281 This provider is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider. Since 1986, the Long
	Address	60 Adams Ave.		Hauppauge	У	NY	11788		Island Association for AIDS Care, Inc., (LIAAC), the nation's oldest suburban AIDS Service Organization, has been designated by the NYSDOH as the
	/ laur coo	oo Addins Ave.	1	Паарраавс				UIRED	only Community Service Provider (CSP) for the Nassau/Suffolk Metropolitan Statistical Area (MSA). For 28 years, LIAAC has been the only safety
III. Appeal Point									net provider for any individual in our catchment area infected/affected by or at high risk of HIV/AIDS and other associated co-morbidities-such a
		rine Hart, LMSW							substance use, mental illness, diabetes, heart disease, Hepatitis C and other STI. LIAAC has been a licensed Medicaid provider of what is now
	Title Chief none 631-3	Operating Officer Extension 139				1	139		Health Home Care Management services (formerly Targeted Case Management) for over 20 years, and at the forefront of innovation throughout the Medicaid Redesign process. Currently, LIAAC is a member of iHealth, Inc., and is represented on multiple committees for regional Health
	mail chart			1	LACEIISIOII	I	133		Homes on Long Island: Nassau Wellness Partners (FEGS), Suffolk Wellness Partners (FEGS), North Shore/LIJ (Nassau, Suffolk, and Queens) and
B		owing VAP Exception:							Queens Care Coordinated Partners, in Queens. While our services evolved over the years to meet client needs, we have always provided field-
A common for serving for servi	munity will ng the com spital is unionity, and/o te-designat AP Exception of the AP Ex	not be served without grant	d on services pross in reducing avenues. * that Performing Penied. Please indiction in the service section VII I submitted a draft en approved as a sending approvantation operation of the service section via the service section of the section o	ovided, financioidable hospi * Provider Systeicate the nam- tab. It list of State I safety net proval, you will being your Healt does not appe that it should cond tab (Sect	n (PPS) you of the PPS besignated H viders as we granted a \ 1 Home/CM ar qualify as a	plan on joir in the "App lealth Home Il as those t VAP Excepti A Facebady a faft Health Hon	os within the ning. If you do neal Applicant es and Netwo that are pendi on pending C ppears on and dome list or on ne, please	o not cork ing cms	based care coordination, prevention, disease management, treatment adherence and care navigation. We have the regions only toll free HIV/AIDS/Chronic Illness bi-lingual crisis hotline that serves as an information and referral resource for residents. Health care disparities and limited access to care- fueled by poverty, lack of trust in the health care system and an inadequate transportation system- have always been major barriers to care for our clients. Our field-based model of service delivery was designed to reach individuals living in Long Island's disenfranchised communities who, without our support, would not be able to overcome these barriers on their own. We know the communitie and have earned their trust, often the first to encounter residents living with chronic illnesses and challenged by homelessness, addiction and mental illness. Our Health Home Care Coordinators are skilled at linking clients to medical care and needed social services reducing ER and hospital visits. We are convinced that a major segment of Long Islanders will not be able to access vital services without our outreach endeavor: Under our Health Home initiative we provide community- based behavioral health and support services to Medicaid-eligible individuals and families; annually delivering comprehensive care management services to over 1,100 Medicaid-eligible individuals living with HIV/AIDS and othe chronic conditions; Medicaid enrollees represent 100% of our clients. LIAAC is a vital part of NYS's strategy to achieve the triple aim of improved quality, improved health and reduced costs in NYS. It is essential that NYSDOH/DSRIP identify LIAAC and all the Health Home provider agencies of iHealth as a Safety Net Provider. In closing LIAAC must be included in DSRIP as a Safety Net Provider either through an initial designation by NYSDOH or through the VAP exception process. Current HH Care Management September 2014 Census Total=823 Medicaid Managed Care: 666 FFS:57; Duals:100
Γ	Med	dicaid (FFS & MC)	Unii	nsured		Data So	urce Ye	ar	
Percentage		100%				internal r	eport	2013	
-	that this in	te information and data proformation may be subject to Catherine Hart Chief Operating	o audit and I man , LMSW g Officer	y be asked to	Ans Yes	umentatio	-	_	

10/30/2014 Mental Health Association of the Southern Tier, Inc.



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

					appiovai.	c comment 30 days prior to application :	ust be posted for public
						,	Are you a Medicaid Pro
	e category: 2	You have chosen the following Health Home category:	▼				
	<u> </u>	VI. Restricted to 3500 Characters only!				ormation	. Appeal Applicant Infor
	ı may write additional notes.	The narrative section is optional, but you may write			Tier. Inc.	Mental Health Association of the Southern	
	,		-		,	United Health Services Hospitals, Inc	
			[222			white treatment for the principal and	OF HONAL JOINED FT 3.
to be approved	I am hereby requesting approval as a safety net entity as I am likely to be approved		gency	/Care Management Ag	Health Home,	Provider Type:	
• • •	nme provider serving children	shortly as a new health home pro-		pport Programs	specializing in Peer Sur	Mental Health Agency	Provider Type - Other:
	one provider serving dimarem	shortly as a new nearth name pro	NPI*		MMIS*	Operating Certificate/License #	•
			3955092	10	pending		Unique Identifiers:
			3333032	10.	12010		Agency Code:
					12010		Billing Entity ID:
Character Count: 2018	Character C		Zip	State	City	Address	
Home, hereby requests appro	n Tier, Inc., a United Health Services Hospitals Medicaid Health Home, hereby r	The Mental Health Association of the Southern Tier, Inc., a	13901	NY	Binghamton	153 Court Street	Address :
a Safety Net entity as UHSH Medicaid Health Home has been listed by the Department of Health as a high volume provider of Medicaid and		County: Broome					
•	s. UHSH Medicaid Health Home operates as both a Lead Health Home as well a	<u> </u>					
•	participants. The population served by the UHSH Health Home fully consists o	1 · · · · · · · · · · · · · · · · · · ·					I. Appeal Point of Conta
, ,	ssociation of the Southern Tier (MHAST) offers numerous programs for childre	•					Contact Person Keith
adults. Our agency has been serving the community since 1927, providing immediate support and linkage to appropriate services. We operat a peer run recovery center and offer peer support services that fit into the 1915i waiver. MHAST is the only agency in our community that	349	ion	Extensio	rutive Director -771-8888			
- :	peer services manifest through workshops in art therapy, community integrati		349	ION	Extensi	h.leahey@yourmha.com	
		recovery, and ultimately decreasing the need for hospital:	nes and as those that are P Exception ady appears on Health Home list	e this selection. gnated Health Hor providers as well y be granted a VA n Home/CMA alre pear on the draft I	th Home, please make draft list of State Desig pproved as safety net ding approval, you may operating your Health anization does not app	ion does not appear on the draft Health Hon lition believes that it should qualify as a Healt eption iii— The Department has submitted a it Agencies (CMAs) that have already been a our Health Home appears on this list as penc should submit this form. If the organization do not need to submit this form. If your organization to ety net provider list, but your organization be	but your organization are choosing VAP Exceptions (CMS approval, If you ending CMS approval, but so their safety net list, you do their safety net list, you do
					erves	& Uninsured members that your facility se	Percentage of Medicaid 8
			_	Data Sou internal d	insured 5%	edicaid (FFS & MC) Un	
ort to ider	t aimed at reducing barriers and providing intervention to reduce unner viduals in our community by providing immediate caring support to ider r utilization of services, reducing mental health crises, strengthening th for hospital and crises intervention.	MHAST programming has become vital to individuals in our eferring appropriate services, ensuring proper utilization	t provider list, mes and as those that are	pproved safety nee e this selection. gnated Health Hoi providers as well	ne list or on another ag th Home, please make draft list of State Desig pproved as safety net	eption believes that it should qualify as a Heal eption iii– The Department has submitted a t Agencies (CMAs) that have already been a	Health Home and I If your organization but your organization are choosing VAP Exceptetwork Care Management

10/30/2014 Mental Health Providers of Western Queens



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

Answer Yes Appeal Applicant Information Organization Name: Mental I OPTIONAL-Joined PPS: Health & I					
Organization Name: Mental I OPTIONAL-Joined PPS: Health & I				▼	u have chosen the following Health Home category: 1
OPTIONAL-Joined PPS: Health &					lestricted to 3500 Characters only!
OPTIONAL-Joined PPS: Health &	Health Providers of Western Que	eens			narrative section is optional, but you may write additional notes.
	Hospital Corportation			-	I am hereby requesting approval as a safety net entity as I have been listed by the
Provider Type:	- coperation			18.81	
Provider Type:				,	department of health as a high volume provider of Medicaid care management service
	Health Hor	me/Care Management Agenc	у		or
Provider Type - Other:	Car	re Management Agency			
0	perating Certificate/License #	MMIS*		NPI*	
	16140	2324885			
Unique Identifiers:	16140			1023173820	
Agency Code: Billing Entity ID:		321 E00667615			
Billing Entity ID:	Address	City	State	Zip	Character Count:
Address : 40-23 62	2nd St. 2nd Floor	Woodside	NY	11377	Character Count.
County:	.iid St. 2iid Floor	Queens	INT	113//	
county.		Queens			
Appeal Point of Contact					
Contact Person John Lavin, LC	:SW				
Title Clincial Direct	or				
Contact Phone 718-476-0076	j	Extension			
Contact Email jlavin@mhpw	q.org				
are choosing VAP Exception iii— e Management Agencies (CMAs) is S approval. If your Health Home e roval, but should submit this forr list, you do not need to submit th roved safety net provider list, but	that have already been approved appears on this list as pending ap m. If the organization operating y nis form. If your organization doe	d as safety net providers as we oproval, you may be granted a your Health Home/CMA alrea es not appear on the draft He	ell as those a VAP Excep dy appears alth Home l	that are pending tion pending CMS on another safety ist or on another	
n.	red members that your facility :	serves			
Percentage of Medicaid & Uninsu	<u> </u>	Uninsured	Data So	Nico V	
Percentage of Medicaid & Uninsu	TC O MAC)	Uninsurea	Data 30	ource Year	
Percentage of Medicaid & Uninsu Medicaid (Fercentage 939		7%	reco		
your organization believes	not appear on the draft Health He that it should qualify as a Health	n Home, please make this sele	ection.	_	

10/30/2014 MHA in Essex, 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



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

				•	asis in it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by Civis and must
be posted for public com	ment 30 days prior to application appro	oval. Three allowed reasor	ns for grantii	ng an exception a	re shown in Section IV.
I. Are you a Medicaid Pro	ovider				
Answer	Yes			▼	You have chosen the following VAP Exception: i
II. Appeal Applicant Info	rmation				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organization Name:	MHA in Essex, Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough∼
Joined PPS:	Adirondack Health Institute			-	You chose the qualification i, in the space below please include:
^^ The VAP Exception is eva	lluated in the context of the PPS you are join	ning. If you are joining more	than one PP	S, you have the	
	/AP Exception in that PPS as well (if applica		litional PPSs'	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's. See <u>Section</u>	II and 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
Provider Type:	Other			▼	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).
Unique Identifiers:	.,,	1550370	148	87940870	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency Code:	12370				
Billing Entity ID:					Character Count: 3470
	Address	City	State	Zip	Essex County is the second largest county in the state covering over 1500 square miles. There are vast expanses of rural areas with limited
Address	6096 Rt 9 N	Westport	NY	12993	population, Many people that live within this county lead marginal existences. There is not a central hub for the population rather there are
				* REQUIRED	many small town spread over many miles. The economy is poor with seasonal wealthy people coming to the area for summer homes.
III. Appeal Point of Contact Contact Person Vale				i	Unemployment is high, substance abuse predominant through the county and the suicide rate for the North Country region has frequently been
	cutive Director				twice that of the state rate based on DOH statistics. MHA in Essex County is the only non-clinical mental health provider in the county and this agency works closely with the Essex County Mental Clinic and the area hospitals, The services that MHA in Essex provides are vital to many
Contact Phone (518		Extension		226	people'e existence and sucess in recovery. We provide Care Coordination as a down stream privder with AHI. We provide Community Center
Contact Email vain	sworth@mhainessex.org				activities, Transportation, Supported Education, Supported Employment, Self Help, Supported Housing and we have a 24/7 warm line staffed by
IV. Please choose the fol	lowing VAP Exception:				peers with a respite program and mobil crisis services. There is no other agency in the county that provides these servives. We work very closely
of serving the concommunity, and/o iii Any state-designa When choosing VAP Except indicate what PPS you inten Information – Section II". If When choosing VAP Except indicate what PMS you intensify the care Management Agencies CMS approval. If your Healt approval and do not need to safety net list, you do not n another approved safety net complete this form. List is a a ~ For Section IV,	I not be served without granting the except inmunity. iquely qualified to serve based on services or clear track record of success in reducing the health home or group of health homes in i & ii – Please indicate what Performin d to join, then you will be denied. Please i you are part of multiple PPSs, see section \(\) ion iii – The Department has submitted a dis (CMAs) that have already been approved the Home appears on this list as pending apposibility in the provider list, but your organization oper eed to submit this form. If your organization to provider list, but your organization believ vailable on the DSRIP website. if you are joining more than one PPS, use & Uninsured members that your facility see	provided, financial viability, avoidable hospital use. ** g Provider System (PPS) you ndicate the name of the PPS //II tab. raft list of State Designated he as safety net providers as we roval, you will be granted a lating your Health Home/CM in does not appear on the drest that it should qualify as a second tab (Section VII) to a	plan on joining in the "Appe dealth Homes ill as those the WAP Exception A already appaft Health Homes	ng. If you do not al Applicant s and Network at are pending n pending CMS pears on another ome list or on e, please	with all the other human service agencies and have created many strong natural supports for our consumers. Many of the consumers that we serve are Medicaid recipients or individuals with no insurance. We work with seriously and persistently mentally ill individuals many who are homeless or struggling with severe symptoms while dealing with very limited public transportation, isolated locations, struggling to pay for heating and no hope of finding employment. Even if they find employment they typically cannot find a way to get there. There is much lost hope and despair in this county and the services that MHA provides assists people in creating a sucessful recovery for themselves with natural supports. MHA will continue to provide all of the above services to ensure all residnets of Essex County are affrded the mental health and phayscial health services and linlages that they require. Our goal is to assist people in finding natural supports, roles for themslevs within their communitieis and a means to stay healthy and productive. Our array of services complements the other services that are in the area such as primary care docotors with whol we have created f=good working relations hisps with. Due to the scaricty of resources we have forged very strong working relationships with Public Health Social Services Adult Protective Services, local hospitals and law enforcement. Given the wide reach that this little agency is able to extend to some many provders and consuers in the regios it is vital that we remain providing the services that we do and the other providers in the area would greatly miss our collabortaive efforts. MHA in Essex prides itself on the being the legs of the county, in that we are constantly covering every inch of this large county ans ensuring that all potential reciepitns are receiving the services that they need and that all linkages are occurring and collabortation amongst all the providers is foremost. This type of services are fairly comaprativley inexpensive to provide and are invaluabl
			<u> </u>		
	· · · · ·	Ininsured	Data Sou	rce Year	
Percentage	90%	5%	HER	2013	
•	the information and data provided on this information may be subject to audit and I in Valerie Ainsworth	may be asked to provide doo Ans			

10/30/2014 MHA in Essex, Inc.2

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**

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

be posted for	public comment 30 days pri		al. Three allowed reason			, , , , , , , , , , , , , , , , , , , ,				
I. Are you a M	ledicaid 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	ation Name: MHA in Essex, Inc					∼ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough∼				
	Joined PPS: Adirondack Health Ins	titute			-	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	ing. If you are joining more	than one P	PPS, you have the					
	ing for the VAP Exception in th		· -	itional 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				
	See Section II and VII of the ins	tructions for further clarifi	cation!			include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Pro	ovider Type: Other				▼	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 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)				
Unique	e Identifiers:		1550370	1	487940870	c. Any supporting documentation to substantiate your narrative (attach as FDF in the email when submitting)				
	gency Code: 12370									
Billi	ng Entity ID: E0144960					Character Count: 3470				
		Address	City	State	Zip	Essex County is the second largest county in the state covering over 1500 square miles. There are vast expanses of rural areas with limited				
	Address 6096 Rt 9 N		Westport	NY	12993 * REQUIRED	population, Many people that live within this county lead marginal existences. There is not a central hub for the population rather there are				
III. Appeal Poi	int of Contact				REQUIRED	many small town spread over many miles. The economy is poor with seasonal wealthy people coming to the area for summer homes. Unemployment is high, substance abuse predominant through the county and the suicide rate for the North Country region has frequently been				
Contact F						twice that of the state rate based on DOH statistics. MHA in Essex County is the only non-clinical mental health provider in the county and this				
	Title Executive Director					agency works closely with the Essex County Mental Clinic and the area hospitals, The services that MHA in Essex provides are vital to many people'e existence and sucess in recovery. We provide Care Coordination as a down stream privder with AHI. We provide Community Center				
Contact			Extension		226					
Contact	Email vainsworth@mhainess	ex.org				activities, Transportation, Supported Education, Supported Employment, Self Help, Supported Housing and we have a 24/7 warm line staffed by peers with a respite program and mobil crisis services. There is no other agency in the county that provides these servives. We work very closely				
i A cor of ser o	mmunity will not be served wit ving the community. Inospital is uniquely qualified to nunity, and/or clear track record tate-designated health home of the community, and to give person it in Please in Ps you intend to join, then you election II". If you are part of must yap Exception iii—The Depart ent Agencies (CMAs) that have if your Health Home appears or on on theed to submit this form, you do not need to submit this red safety net provider list, but orm. List is available on the DSI or Section IV, if you are joining to Medicaid & Uninsured mem	serve based on services part of success in reducing an argoup of health homes. In a success in reducing an argoup of health homes. In the success in the success in the submitted a draw already been approved as an this list as pending approfif the organization operation. If your organization your organization believes the website.	rovided, financial viability, voidable hospital use. ** Provider System (PPS) you plicate the name of the PPS tab. ft list of State Designated H safety net providers as well as you, you will be granted a Ving your Health Home/CM, does not appear on the drast that it should qualify as a coond tab (Section VII) to according to the condition of the coordinate of the coo	plan on joir in the "App ealth Hom il as those t 'AP Excepti A fathealth h	ps within the ning. If you do not beal Applicant es and Network that are pending ion pending CMS ppears on another Home list or on me, please	with all the other human service agencies and have created many strong natural supports for our consumers. Many of the consumers that we serve are Medicaid recipients or individuals with no insurance. We work with seriously and persistently mentally ill individuals many who are homeless or struggling with severe symptoms while dealing with very limited public transportation, isolated locations, struggling to pay for heating and no hope of finding employment. Even if they find employment they typically cannot find a way to get there. There is much lost hope and despair in this county and the services that MHA provides assists people in creating a sucessful recovery for themselves with natural supports. MHA will continue to provide all of the above services to ensure all residnets of Essex County are affreded the mental health and phsycial health services and linlages that they require. Our goal is to assist people in finding natural supports, roles for themslevs within their communitieis and a means to stay healthy and productive. Our array of services complements the other services that are in the area such as primary care docotors with whol we have created fegood working relatiosn hsips with. Due to the scaricty of resources we have forged very strong working relationships with Public Health Social Services Adult Protective Services, local hospitals and law enforcement. Given the wide reach that this little agency is able to extend to some many provders and consuers in the regios it is vital that we remain providing the services that we currently provide. Many people would suffer greatly if MHA was no longer providing the services that we do and the other providers in the area would greatly miss our collabortaive efforts. MHA in Essex prides itself on the being the legs of the county, in that we are constantly covering every inch of this large county ans ensuring that all potential recipitns are receiving the servies that they need and that all linkages are occurring and collabortation amongst all the provider				
v. Percentage o					11					
	Medicaid (FFS & MC)	Un	insured	Data So						
Percentage	90%		5%	HER	R 2013					
-	Certify that the information and that this information may b	-	ay be asked to provide doc	umentatio	n in support of this					
Nam		llerie Ainsworth	Yes	O No						
Titl	ie Ex	ecutive Director			4					

10/30/2014 Mid Erie Mental Health Services, Inc.



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

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

Vital Access Provider Excention: The state will consider excentions to the safety not definition

			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			
	comment 30 days prior to applicati	on approval.						
I. Are you a Medicaio] [
Ans	wer Yes			~				
II. Appeal Applicant	Information				VI. Restricted to 3500 Characters only!			
Organization Na	me: Mid Erie Mental Health Services,	Inc.			The narrative section is optional, but you may write additional notes.			
OPTIONAL-Joined	PPS: Erie County Medical Center Corporation			-	I am hereby requesting approval as a safety net entity as I have been listed by the			
					department of health as a high volume provider of Medicaid care management services			
Provider Type:	На	ealth Home/Care Manager	ment Agency		1 ' ' '			
		atti riome/care ivianagei	ment Agency		or			
Provider Type - O					4			
	Operating Certificate/Licer	nse # MN	/IIS*	NPI*				
Unique Identif	fiers: 6791100A							
Agency C								
Billing Entit		E0086760		-				
	Address	Ci	· -	Zip	Character Count: 585			
Addr	ress: 1526 Walden Avenue, Suite 400 unty:	Cheektowaga Erie	n NY	14225	I am hereby requesting approval as a safety net entity as I have been listed by the Department of Health as a high volume provider of Medicaid care management services. Please note that we are also a member of the Catholic Medical Partners-Accountable Care IPA, INC and the Finger			
Cot	arrey.	Life			Lakes PPS. We also have clinics in Niagara, Orleans and Monroe Counties in addition to Erie. Additional operating certificates are: 6791100F,			
III. Appeal Point of C	ontact				6791100D, 6791100J, 6791100G, 6791100H, 6791100I, 6791100L, 6791100K, 150410876, 160310875, 6791120J, 6791120D, 6791120A,			
Contact Person	Elizabeth Mauro				791120I, 6791120H, 6791120K, 6791021A.			
	Chief Executive Officer	1						
Contact Phone	716-895-6700 Emauro@mid-erie.org		Extension	4051	-			
CONTACT EMAIL	Emadro@mid-ene.org				4			
You are choosing VAP Care Management Age CMS approval. If your lapproval, but should sunet list, you do not nee approved safety net proform.	nization does not appear on the draft Hation believes that it should qualify as in Exception iii— The Department has subnicies (CMAs) that have already been a dealth Home appears on this list as perubmit this form. If the organization oped to submit this form. If your organization believes	a Health Home, please mannitted a draft list of State pproved as safety net pronding approval, you may be the state of the	e Designated Health Ho oviders as well as those be granted a VAP Excep c/CMA already appears the draft Health Home	omes and Network that are pending otion pending CMS on another safety list or on another				
V. Percentage of Medi	caid & Uninsured members that your	•		1				
Percentage	Medicaid (FFS & MC) 85%	Uninsured 4%	Data S		4			
Percentage	85%	4%	CF	R 2012	<u>4</u>			
my knowledge. I	hat the information and data provide understand that this information may n support of this appeal.							
Name	Elizabeth L. Maur	0	Answer Yes O No	5				
Title	Chief Executive Offi							
	appeals from the CEO, CFO or con		ed					



Answer Y	/es			▼	You have chosen the following Health Home category: 2
ADDEAL ADDIICANT INTORM				·	VI. Restricted to 3500 Characters only!
				1	·
	Monroe Plan for Medical Care			- Booker	The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS: U	Jnited Health Services Hospitals, Inc			~	
				1	
Provider Type:	Health Hom	e/Care Management Agen	су		I am hereby requesting approval as a safety net entity as I am likely to be approved
Provider Type - Other:	Operating Certificate/License #	MMIS*	1	NPI*	shortly as a new health home provider serving children.
Unique Identifiers:	operating destineate, precise in	3616704	1	1780935502	
Agency Code:					
Billing Entity ID:					
Dilling Entity ID.	Address	City	State	Zip	Character Count: 863
A d d 1	120 Pittsford-Victor Rd	Pittsford	NY	14534	Monroe Plan for Medical Care is a health care services organization providing downstream care management services for individuals enrolle
	.120 Pittsford-victor Rd		INY	14534	
County:		Monroe			Medicaid Managed Care and Medicaid Fee for Service. Monroe Plan provides care management on behalf of individuals who select a State
Annaal Daint of Contact	•				designated Health Home through the Health Home of Upstate New York, Greater Rochester Integrated Health Home or United Health Servi
. Appeal Point of Contact				1	Health Home. Monroe Plan receives monthly referrals from the Health Homes and has approximately 400 open Health Home cases its curr
Contact Person Kim He					management to ensure individuals are linked to appropriate services and community resources to ensure the best health outcomes. Monroe Plan will continue to work with Health Homes to provide care management through our patient-centered approach to address preventive care
	Operating Officer				
Contact Phone 585-25		Extension			and the management of chronic conditions.
Contact Email khess@	@monroeplan.com				
	earn Care Management Agency List.	,		gnated State Health	
If your organization by your organization by your organization by your are choosing VAP Exceptions of MS approval. If your Health is proval, but should submit the list, you do not need to su	eam Care Management Agency List. In does not appear on the draft Health Hoelieves that it should qualify as a Health Hoelieves that it should qualify as a Health Hoelieves that have already been approved a Home appears on this list as pending apphis form. If the organization operating you bmit this form. If your organization does list, but your organization believes that it	me list or on another approdume, please make this sel draft list of State Designate is safety net providers as w roval, you may be granted ur Health Home/CMA alre: not appear on the draft He	oved safety rection. In the definition of the d	net provider list, but mes and Network that are pending tition pending CMS on another safety list or on another	
If your organization by your organization by your organization by your are choosing VAP Exceptiare Management Agencies (6 MS approval. If your Health Proproval, but should submit that list, you do not need to supproved safety net provider form.	n does not appear on the draft Health Ho elieves that it should qualify as a Health I ion iii— The Department has submitted a CMAs) that have already been approved a Home appears on this list as pending app his form. If the organization operating you	me list or on another appro dome, please make this sel draft list of State Designate is safety net providers as w roval, you may be granted ur Health Home/CMA alre not appear on the draft Hi should qualify as a Health	oved safety rection. In the definition of the d	net provider list, but mes and Network that are pending tition pending CMS on another safety list or on another	
If your organization by the provided of the pr	in does not appear on the draft Health Ho elieves that it should qualify as a Health Ho ion iii— The Department has submitted a CMAs) that have already been approved a Home appears on this list as pending apphis form. If the organization operating you bim this form. If your organization does list, but your organization believes that it	me list or on another appro dome, please make this sel draft list of State Designate is safety net providers as w roval, you may be granted ur Health Home/CMA alre not appear on the draft Hi should qualify as a Health	oved safety rection. In the definition of the d	met provider list, but mes and Network that are pending tition pending CMS on another safety list or on another se complete this	
If your organization by the provided of the pr	in does not appear on the draft Health Ho elieves that it should qualify as a Health Ho ion iii— The Department has submitted a CMAs) that have already been approved a Home appears on this list as pending app his form. If the organization operating you ubmit this form. If your organization does list, but your organization believes that it	me list or on another appro dome, please make this sel draft list of State Designate is safety net providers as w roval, you may be granted ur Health Home/CMA alren not appear on the draft He should qualify as a Health	oved safety rection. ed Health Ho vell as those a VAP Excep appears ealth Home I Home, pleas	omes and Network that are pending tion pending CMS on another safety list or on another se complete this	
If your organization by your organization or your organization by your o	in does not appear on the draft Health Ho elieves that it should qualify as a Health Hole in the Department has submitted a CMAs) that have already been approved a Home appears on this list as pending apphis form. If the organization operating you bmit this form. If your organization does list, but your organization believes that it Uninsured members that your facility selicaid (FFS & MC)	me list or on another appro dome, please make this sel draft list of State Designate is safety net providers as w roval, you may be granted ur Health Home/CMA alren not appear on the draft He should qualify as a Health	oved safety rection. ed Health Hovel as those a VAP Excepady appears ealth Home I Home, pleas	omes and Network that are pending tion pending CMS on another safety list or on another se complete this	
If your organization by your feather organizati	in does not appear on the draft Health Ho elieves that it should qualify as a Health Ho ion iii— The Department has submitted a CMAs) that have already been approved a Home appears on this list as pending apphis form. If the organization operating you bimit this form. If your organization does list, but your organization believes that it Uninsured members that your facility se iicaid (FFS & MC) 87% Le information and data provided on this stand that this information may be subjectives.	me list or on another approdume, please make this seldraft list of State Designate is safety net providers as wroval, you may be granted ur Health Home/CMA alreinot appear on the draft Hishould qualify as a Health rives	oved safety rection. In the definition of the safety of t	met provider list, but mes and Network that are pending tition pending CMS on another safety list or on another se complete this purce Year e Enroll 2014	

11/10/2014 monroe plan hh_downstream_exception_form(1)



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

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

	ment 30 days prior to application appr		t deminion	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
I. Are you a Medicaid Pro		Ovai.			
Answer				-	You have chosen the following Health Home category: 2
II. Appeal Applicant Infor	rmation				VI. Restricted to 3500 Characters only!
Organization Name:	Monroe Plan for Medical Care				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:				-	
Provider Type:	Health Ho	me/Care Management Ager	ісу		I am hereby requesting approval as a safety net entity as I am likely to be approved
Provider Type - Other:					shortly as a new health home provider serving children.
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		3616704		1780935502	
Agency Code:					
Billing Entity ID:					
-	Address	City	State	Zip	Character Count: 86
Address :	1120 Pittsford-Victor Rd	Pittsford	NY	14534	Monroe Plan for Medical Care is a health care services organization providing downstream care management services for individuals enro
County:		Monroe			Medicaid Managed Care and Medicaid Fee for Service. Monroe Plan provides care management on behalf of individuals who select a Stat
I Annual Daint of Conta					designated Health Home through the Health Home of Upstate New York, Greater Rochester Integrated Health Home or United Health Ser
I. Appeal Point of Conta Contact Person Kim				1	Health Home. Monroe Plan receives monthly referrals from the Health Homes and has approximately 400 open Health Home cases its cu
	f Operating Officer				management to ensure individuals are linked to appropriate services and community resources to ensure the best health outcomes. Monroe Plan will continue to work with Health Homes to provide care management through our patient-centered approach to address preventive care and the management of chronic conditions.
Contact Phone 585-		Extension			
	s@monroeplan.com				
your organization You are choosing VAP Exception Care Management Agencies LMS approval. If your Health Approval, but should submit tiet list, you do not need to	on does not appear on the draft Health Hebelieves that it should qualify as a Health ption iii—The Department has submitted as (CMAs) that have already been approved h Home appears on this list as pending ap this form. If the organization operating y submit this form. If your organization doer list, but your organization believes that	Home, please make this se a draft list of State Designat I as safety net providers as proval, you may be granted rour Health Home/CMA alres sont appear on the draft H	ed Health Howell as those a VAP Excepady appears	omes and Network that are pending otion pending CMS on another safety list or on another	
	& Uninsured members that your facility s				
	` '	Uninsured	Data S		
Percentage	87%		aged Care	e Enrolli 2014	
	the information and data provided on this erstand that this information may be sub uport of this appeal.				
Name	Dennis J. Graziano CFO & President	(a)	nswer es O No	7	

10/30/2014 NARCO FREEDOM VAP Exception Appeal Form

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

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

be posted for	public comm	ent 30 days prior to appli	ication approval.	Three allowed reas	ons for g	granting	an exception	are shown in Section IV.
I. Are you a M	ledicaid Prov	ider						
	Answer Y	'es					-	You have chosen the following VAP Exception: iii
II. Appeal App	plicant Inform	nation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name: N	larco Freedom INC						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: B	ronx-Lebanon Hospital Center					-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
^^ The VAP Exc	ception is evalu	ated in the context of the F	PPS you are joining.	If you are joining mo	re than o	ne PPS,	you have the	the space below, please include:
		P Exception in that PPS as v			dditional	l PPSs" ta	ab to select	
multiple PPS's.	See <u>Section II</u> a	and VII of the instructions for	or further clarificat	ion!				a. A description of your entity in specific relation to being a Health Home.
Pr	rovider Type: H	lealth Home/Care Management Ag	gency				~	
Provider T	Type - Other:							Please do not submit this form if you are already on the draft Health Home List.
		Operating Certificate/	License #	MMIS*		N	IPI*	
Unique	e Identifiers:			1222191		1245	272772	
A	Agency Code:				_			
Billi	ing Entity ID: E	0177676						Character Count: 0
		Address		City	Sta		Zip	
	Address 2	50 Grand Concourse	Br	onx	N)	Y	10451	
III. Appeal Poi	int of Contact						* REQUIRED	
		da Jordan LCSWR						
Contact	Title Directo							
Contact	Phone 718-40			Extension		1	160	
Contact	t Email malyno	da.jordan@narcofreedom.c	com					
IV. Please cho	ose the follo	wing VAP Exception:						
	mmunity will n	ot be served without grant	ing the exception b	ecause no other eligi	ble provi	der is wi	lling or capable	
O ii Any h	hospital is uniq	uely qualified to serve base clear track record of succe			y, relatio	nships w	ithin the	
iii Any s	state-designate	d health home or group of	health homes. **					
indicate what P Information – S When choosing Care Managem CMS approval. I approval and do safety net list, y another approv	PPS you intend fection II". If you gar VAP Exception II". If you gar VAP Exception III". If your Health I o not need to sayou do not need yed safety net prom. List is ava	n i & ii – Please indicate who to join, then you will be de uare part of multiple PPSs in iii—The Department has sCMAs) that have already be thome appears on this list a submit this form. If the orgs to to submit this form. If yo provider list, but your organilable on the DSRIP website you are joining more than	nied. Please indica , see section VII tal submitted a draft li ten approved as saf s pending approval anization operating ur organization do nization believes the	te the name of the PI 2. st of State Designated ety net providers as v , you will be granted your Health Home/C es not appear on the at it should qualify as	PS in the difference of the second of the se	"Appeal dependence of the control of	Applicant nd Network are pending pending CMS ars on another ie list or on please	
V. Percentage	of Medicaid &	Uninsured members that y	our facility serves					
	Med	icaid (FFS & MC)	Unins	ured	Dat	ta Source	e Year	
Percentage		92%	8%	6			2013	
-	nd that this infine	e information and data pro ormation may be subject to Gerald Bet CEO	o audit and I may t	e asked to provide d	ocument nswer	ation in	-	
	Only appea	als 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**

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

	Yes			~	You have chosen the following Health Home category: 1
I. Appeal Applicant Infor	rmation				VI. Restricted to 3500 Characters only!
	North-Shore University Hospital Health Hon	ne		1	The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Long Island Jewish Medical Center			-	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Home	/Care Management Agenc	24		
	neatti nome	/Care Management Agent	-y		or
Provider Type - Other:	Operating Certificate/License #	MMIS*		NPI*	
	Operating Certificate/License #				
Unique Identifiers:		*03457054	1932472107		
Agency Code: Billing Entity ID:		E0334635			
Billing Entity ID.	Address	City	State	Zip	Character Count: 2214
Address :	300 Community Drive	Manhasset	NY	11030	The North-Shore University Hospital Health Home (the "HH") hereby submits this Vital Access Provider ("VAP") exception appeal and requests
County:	·	au, Suffolk, Queens	1 1		approval as a safety net provider, as it is a health home designated by the New York State Department of Health as a high volume provider of
				-	Medicaid care management services. The HH is a participant in the Long Island Jewish Hospital PPS (the "PPS").
II. Appeal Point of Conta					The HH operates in Nassau, Suffolk and Queens Counties within the PPS's service area. It provides care coordination to high-use adult Medica
Contact Person Jerry					patients who live in the community and have complex chronic conditions and long-term care needs. The HH focuses on providing patients acc
Contact Phone 516-4	President, Strategic Planning	Extension			to appropriate services, while reducing preventable hospitalizations and emergency room visits, and avoiding unnecessary care.
Contact Email jhirso		Extension			Using a person-centered planning approach, the HH provides coordinated, comprehensive medical and behavioral health care and social serv linkages to patients to address all of the clinical and non-clinical care needs of an individual, including mental health and substance abuse
р.					services, chronic disease management services, and long-term care services, as needed.
your organization You are choosing VAP Exceptance Management Agencies EMS approval. If your Health	on does not appear on the draft Health Hom believes that it should qualify as a Health Hor ption iii— The Department has submitted a dis s (CMAs) that have already been approved as h Home appears on this list as pending appro- t this form. If the organization operating you submit this form. If your organization does n	ome, please make this sele raft list of State Designate is safety net providers as w oval, you may be granted a ir Health Home/CMA alrea not appear on the draft He	ection. d Health Home ell as those tha a VAP Exceptio dy appears on ealth Home list	es and Network at are pending n pending CMS another safety	and identification of gaps in care including preventive services. The HH will be an essential partner in the PPS to meet the Delivery System Reform Incentive Payment program goals, and we therefore respectfully request that it be designated as a safety net provider or in the alternative, its VAP exception appeal be granted.
net list, you do not need to supproved safety net provide orm.	er list, but your organization believes that it s		riome, pieuse	complete this	
net list, you do not need to approved safety net provide orm. J. Percentage of Medicaid a	& Uninsured members that your facility ser	ves			
net list, you do not need to approved safety net provide orm. J. Percentage of Medicaid and Medicaid	& Uninsured members that your facility sen	ves	Data Sour	ce Year	
net list, you do not need to approved safety net provide orm. J. Percentage of Medicaid a	& Uninsured members that your facility ser	ves		ce Year	

10/30/2014 Northeast Parent & Child Society, Inc.



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

	Exception: The state will consider exc ment 30 days prior to application appro		t definition on a ca	se-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
I. Are you a Medicaid Pro		• • • • • • • • • • • • • • • • • • • •			
Answer	Yes				You have chosen the following Health Home category: 2
II. Appeal Applicant Infor	mation				VI. Restricted to 3500 Characters only!
Organization Name:	Northeast Parent & Child Society, Inc.				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Ellis Hospital			~	, , , , , , , , , , , , , , , , , , , ,
0	acros storegreate			[8,80]	
Provider Type:	Health Hom	e/Care Management Agend	су		I am hereby requesting approval as a safety net entity as I am likely to be approved
Provider Type - Other:					shortly as a new health home provider serving children.
	Operating Certificate/License #	MMIS*	NPI*		
Unique Identifiers:	7308001A	02664359	1003901	695	
Agency Code:		13050			
Billing Entity ID:					
	Address	City	State	Zip	Character Count: 0
Address :	530 Franklin Street	Schenectady	NY 1	12305	
County:		Schenectady			
I. Appeal Point of Conta	at				
Contact Person Audr					
	Operating Officer				
Contact Phone (518)		Extension			
	ey.lafrenier@northernrivers.org	Extension			
your organization You are choosing VAP Exceptare Management Agencies EMS approval. If your Health pproval, but should submit telt list, you do not need to s	on does not appear on the draft Health Hor believes that it should qualify as a Health Hor believes that it should qualify as a Health Hor believes that have already been approved a n Home appears on this list as pending app this form. If the organization operating yo submit this form. If your organization does or list, but your organization believes that it	draft list of State Designate s safety net providers as w roval, you may be granted ur Health Home/CMA alrea not appear on the draft He	ection. Ind Health Homes and well as those that are a VAP Exception per ady appears on anote alth Home list or or	d Network pending nding CMS her safety n another	
/. Percentage of Medicaid 8	& Uninsured members that your facility se	rves			
Me	dicaid (FFS & MC)	ninsured	Data Source	Year	
Percentage	83%	6%	EMR	2014	
Percentage		6%	EMR		
my knowledge. I unde documentation in supp	erstand that this information may be subje port of this appeal.	·	·		
Name Title Only app	Audrey LaFrenier Chief Operating Officer eals from the CEO, CFO or comparable	•	O No		



aid Provider Inswer Yes Ves Ves	VI. Restricted to 3500 Characters only! The narrative section is optional, but you may write additional notes.
The Information Name: Onondaga Case Management Services Inc. ed PPS: Upstate University Hospital Health Home/Care Management Agency Other: ACT Team Operating Certificate/License # MMIS* NPI* ntifiers: 8044479A 02994838 1235184235 y Code: 12600 ntity ID: E0028423 Address City State Zip ddress: 620 Erie Boulevard West, Suite 302 Syracuse NY 13204 County: Onondaga f Contact in Scott Ebner le Executive Director le 315-472-7363 Extension 145	VI. Restricted to 3500 Characters only! The narrative section is optional, but you may write additional notes. I am hereby requesting approval as a safety net entity as I have been listed by the department of health as a high volume provider of Medicaid care management services or Character Count: 67: Assertive Community Treatment is the highest level community based care management that currently exists in health home. Our ACT tea officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behaviroal health recipier need of services in our communities. We are applying under this operating certificate based on the instructions to inicude all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpatic
Name: Onondaga Case Management Services Inc. ed PPS: Upstate University Hospital F Health Home/Care Management Agency ACT Team Operating Certificate/License # MMIS* NPI* ntifiers: 8044479A 02994838 1235184235 y Code: 12600 ntity ID: E0028423 Address City State Zip ddress: 620 Erie Boulevard West, Suite 302 Syracuse NY 13204 County: Onondaga F Contact in Scott Ebner le Executive Director le 315-472-7363 Extension 145	The narrative section is optional, but you may write additional notes. I am hereby requesting approval as a safety net entity as I have been listed by the department of health as a high volume provider of Medicaid care management services or Character Count: 67: Assertive Community Treatment is the highest level community based care management that currently exists in health home. Our ACT tea officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behaviroal health recipier need of services in our communities. We are applying under this operating certificate based on the instructions to include all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpatic
ed PPS: Upstate University Hospital Health Home/Care Management Agency Other: ACT Team Operating Certificate/License # MMIS* NPI* ntifiers: 8044479A 02994838 1235184235 y Code: 12600 ntity ID: E0028423 Address City State Zip ddress: 620 Erie Boulevard West, Suite 302 Syracuse NY 13204 County: Onondaga f Contact in Scott Ebner le Executive Director le 315-472-7363 Extension 145	I am hereby requesting approval as a safety net entity as I have been listed by the department of health as a high volume provider of Medicaid care management services or Character Count: 67: Assertive Community Treatment is the highest level community based care management that currently exists in health home. Our ACT tea officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behavioral health recipier need of services in our communities. We are applying under this operating certificate based on the instructions to inicude all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpatic
Health Home/Care Management Agency	department of health as a high volume provider of Medicaid care management services or Character Count: 67: Assertive Community Treatment is the highest level community based care management that currently exists in health home. Our ACT tea officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behaviroal health recipier need of services in our communities. We are applying under this operating certificate based on the instructions to inicude all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpating
Other: ACT Team	Character Count: 67: Assertive Community Treatment is the highest level community based care management that currently exists in health home. Our ACT tea officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behaviroal health recipier need of services in our communities. We are applying under this operating certificate based on the instructions to inlcude all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpati
Other: ACT Team	Character Count: 67: Assertive Community Treatment is the highest level community based care management that currently exists in health home. Our ACT tea officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behaviroal health recipier need of services in our communities. We are applying under this operating certificate based on the instructions to inlcude all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpatic
Operating Certificate/License # MMIS* NPI*	Assertive Community Treatment is the highest level community based care management that currently exists in health home. Our ACT tee officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behaviroal health recipier need of services in our communities. We are applying under this operating certificate based on the instructions to inlcude all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpati
Operating Certificate/License # MMIS* NPI*	Assertive Community Treatment is the highest level community based care management that currently exists in health home. Our ACT to officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behaviroal health recipie need of services in our communities. We are applying under this operating certificate based on the instructions to inlcude all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpat
Note	Assertive Community Treatment is the highest level community based care management that currently exists in health home. Our ACT to officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behaviroal health recipie need of services in our communities. We are applying under this operating certificate based on the instructions to inlcude all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpat
Y Code 12600	Assertive Community Treatment is the highest level community based care management that currently exists in health home. Our ACT to officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behaviroal health recipie need of services in our communities. We are applying under this operating certificate based on the instructions to inlcude all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpat
thity ID: E0028423 Address City State Zip ddress: 620 Erie Boulevard West, Suite 302 Syracuse NY 13204 County: Onondaga f Contact In Scott Ebner E Executive Director In State Zip MY 13204 Donondaga F Extension 145	Assertive Community Treatment is the highest level community based care management that currently exists in health home. Our ACT to officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behaviroal health recipie need of services in our communities. We are applying under this operating certificate based on the instructions to inlcude all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpat
Address City State Zip ddress: 620 Erie Boulevard West, Suite 302 Syracuse NY 13204 County: Onondaga F Contact In Scott Ebner E Executive Director In S1315-472-7363 Extension 145	Assertive Community Treatment is the highest level community based care management that currently exists in health home. Our ACT to officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behaviroal health recipie need of services in our communities. We are applying under this operating certificate based on the instructions to inlcude all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpat
Sout Ebner Executive Director Executive Direc	Assertive Community Treatment is the highest level community based care management that currently exists in health home. Our ACT to officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behaviroal health recipie need of services in our communities. We are applying under this operating certificate based on the instructions to inlcude all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpat
County: Onondaga f Contact in Scott Ebner le Executive Director ie 315-472-7363 Extension 145	officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behaviroal health recipie need of services in our communities. We are applying under this operating certificate based on the instructions to inlcude all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpat
Contact	need of services in our communities. We are applying under this operating certificate based on the instructions to inlcude all identifiers. separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpat
n Scott Ebner le Executive Director le 315-472-7363 Extension 145	-
le Executive Director le 315-472-7363 Extension 145	Treamtent individuals are served in our community. The billing model for ACT is different form health home.
e 315-472-7363 Extension 145	
	-
il sebner@ocmsinc.org	4
	∆
ganization does not appear on the draft Health Home list or on another approved safety net provider list, buinzation believes that it should qualify as a Health Home, please make this selection. AP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network agencies (CMAs) that have already been approved as safety net providers as well as those that are pending ur Health Home appears on this list as pending approval, you may be granted a VAP Exception pending CMS is submit this form. If the organization operating your Health Home/CMA already appears on another safety need to submit this form. If your organization does not appear on the draft Health Home list or on another provider list, but your organization believes that it should qualify as a Health Home, please complete this	
edicaid & Uninsured members that your facility serves	
Medicaid (FFS & MC) Uninsured Data Source Year	
75% 25% Internal Data 2013	
y that the information and data provided on this form is accurate and correct to the best of . I understand that this information may be subject to audit and I may be asked to provide	-
n in support of this appeal. Answer	
Scott Ebner	
Executive Director	



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

Vital Access Provider Expension: The ctate will consider excentions to the safety not definition on a case by case basis if it is decembed in the best interest of Medicaid members. Any excentions that are considered must be approved by CMS and must

		·	ins to the safety het o	eminom	on a case-by-case	basis in it is deemed in the best interest of Medicald members. Any exceptions that are considered must be approved by CMS and must
	blic comment 30 days prior to	application approval.				
I. Are you a Med	Answer Yes				▼	You have chosen the following Health Home category: 1
					•	
	ant Information					VI. Restricted to 3500 Characters only!
	on Name: Onondaga Case Mana	gement Services Inc.				The narrative section is optional, but you may write additional notes.
OPTIONAL-Jo	pined PPS: Upstate University Hospital				▼	I am hereby requesting approval as a safety net entity as I have been listed by the
						department of health as a high volume provider of Medicaid care management services
Provider Ty	pe:	Health Home/Care	e Management Agency			or
Provider Typ	e - Other:					
,,,	Operating Certi	ficate/License #	MMIS*		NPI*	
			02994838	1.	235184235	
Unique la	ncy Code:		12600	1.	233164233	
	Entity ID:		028423			
		ress	City	State	Zip	Character Count: 108
	Address : 620 Erie Boulevard W	est, Suite 302 Syra	acuse	NY	13204	We are applying for VAP due to our presence on the Health Home and Care Management Safety Net Provider list.
	County:	On	nondaga			
III. Appeal Point	of Contact					
	son Scott Ebner				1	
	Fitle Executive Director					
Contact Ph	one 315-472-7363		Extension		145	
Contact Er	mail sebner@ocmsinc.org					
You are choosing Care Management CMS approval. If y approval, but shoth net list, you do not approved safety in form.	designated Health Home or Heal and Downstream Care Manageme organization does not appear on ganization believes that it should vAP Exception iii— The Department Agencies (CMAs) that have alrefour Health Home appears on this lad submit this form. If the organit need to submit this form. If yoe et provider list, but your organiz Medicaid & Uninsured members	the draft Health Home list qualify as a Health Home, ent has submitted a draft I ady been approved as safe s list as pending approval, ization operating your Heaur organization does not a ation believes that it shoul	t or on another approve, please make this select list of State Designated ety net providers as well you may be granted a lath Home/CMA alreadppear on the draft Heal	ed safety no tion. Health Hor I as those t /AP Except y appears o th Home li	nes and Network hat are pending ion pending CMS on another safety st or on another	
	Medicaid (FFS & MC)	Uninsu	red	Data So	urce Year	
Percentage	92%	8%		Internal	Data 2013	
		•	-			
my knowled		•	audit and I may be aske	ed to provi		
	Only appeals from the CEO, C		oe accepted			

10/30/2014 Orleans County Department of Mental Health

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



Joined PPS: Fin	5			▼	You have chosen the following VAP Exception: iii
I. Appeal Applicant Informa Organization Name: Or Joined PPS: Fin	ation			▼	You have chosen the following VAP Exception:
Organization Name: Or Joined PPS: Fin					Tou have chosen the following VAF Exception.
Joined PPS: Fin	leans County Department of Mental He				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	icans county beparement or wichter me	ealth			[∼] The VAP Exception relies heavily on the statement you provide, so please be concise and thorough [∼]
	ger Lakes PPS			-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
^ The VAP Exception is evalua	ted <u>in the context of the PPS</u> you are jo	ining. If you are joining mor	e than one PPS,	you have the	the space below, please include:
	Exception in that PPS as well (if applica		lditional PPSs" t	ab to select	
nultiple PPS's. See <u>Section II an</u>	nd VII of the instructions for further clar	rification!			a. A description of your entity in specific relation to being a Health Home.
Provider Type: He	alth Home/Care Management Agency			▼	
Provider Type - Other:					Please do not submit this form if you are already on the draft Health Home List.
	Operating Certificate/License #	MMIS*	N	NPI*	
Unique Identifiers:	6943100A	2993759	1043	345713	
	250				
Billing Entity ID: 72	W				Character Count: 11
	Address	City	State	Zip	Orleans County Department of Mental Health is a care management agency and is part of the HHUNY Health Home system.
Address 14	014 Route 31 W.	Albion	NY	14411	
II. Annual Daint of Control				* REQUIRED	
II. Appeal Point of Contact Contact Person Mark O'	Brien I CSW-R				
	of Mental Health and Community Serv	ires			
Contact Phone (585) 58		Extension			
Contact Email Mark.O'					
/. Please choose the follow	ing VAP Excention:				
community, and/or community, and/or community, and/or community and comm		avoidable hospital use. 5. ** Ing Provider System (PPS) you ndicate the name of the PP. VII tab. raft list of State Designated as safety net providers as woroval, you will be granted a rating your Health Home/CN on does not appear on the does that it should qualify as	J plan on joining S in the "Appeal Health Homes a rell as those that VAP Exception MA already appe raft Health Home,	g. If you do not Applicant and Network are pending pending CMS aras on another ne list or on please	
	Ininsured members that your facility so		add additional i	, r r 33.	
Medic	aid (FFS & MC)	Jninsured	Data Source	e Year	
Percentage	67%	5%	CFR	2013	
nother approved safety net promplete this form. List is avail For Section IV, if y Percentage of Medicaid & U Medic	ovider list, but your organization believe able on the DSRIP website. ou are joining more than one PPS, use Uninsured members that your facility so taid (FFS & MC)	ves that it should qualify as second tab (Section VII) to erves Jninsured 5%	Data Source CFR	please PPSs. e Year 2013	

10/30/2014 Orleans County Department of Mental Health2

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

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

		ment 30 days prior to appl	ication approval. Th	ree allowed rea	sons	for granti	ng an exc	ception a	re shown in Se	ction IV.												
I. Are you a M													T	1								
	Answer							▼			ollowing VAP Exc		iii]								
II. Appeal App											racters only! - I											
		Orleans County Department								-	s heavily on the								_			
	Joined PPS:	Erie County Medical Center Corpora						•		•	tion iii and are	indicating th	nat your	r Hea	alth Hom	e is not li	isted on	the DOF	draft H	ealth Hor	ne list.	ln
		luated <u>in the context of the F</u>							the sp	ace below, ple	ease include:											
	•	AP Exception in that PPS as value of the Instructions for the Instruction in the		_	Addit	ional PPSs	" tab to se	elect														
				111					a. A de	escription of yo	our entity in s	pecific relati	on to be	eing	а неакп	Home.						
	ovider Type:	Health Home/Care Management Ag	gency					~	Please	do not submi	it this form if y	ou are alrea	dy on th	ho di	raft Heal	th Home	Liet					
Provider T	ype - Other:								licuse	. do not subim	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ou ure uneu	uy on th	iic ui	i ai c i i cai	tii Hoine	Listi					
		Operating Certificate/	License #	MMIS*			NPI*															
	e Identifiers:	6943100A		2993759		10-	43345713	3														
	gency Code:																					
Billi	ing Entity ID:			Cit.	Т	Charta	7:		Orloans Count	. Danartmant a	of Mental Health	is a save man		+ 222	nav and is	nort of th	ha HILLIN	V Hoolth I		acter Cour	nt: 11	.5
	Address	Address 14014 Route 31 W.	Albio	City		State NY	Zip 1441		Orieans Count	y Department o	or Mental Health	is a care man	iagement	it age	ency and is	s part of tr	пе нном	r Health i	nome sys	tem.		
	Address	14014 Route 51 W.	Albit)II	I.	INT		EQUIRED														
III. Appeal Poi	int of Conta	ct																				
Contact F	Person Mark	O'Brien LCSW-R																				
		tor of Mental Health and Co	mmunity Services																			
Contact	, ,	589-3292		Extension	n																	
	•	c.O'Brien@orleansny.com																				
IV. Please cho	ose the foll	owing VAP Exception:																				
	mmunity will rving the com	not be served without grant nmunity.	ing the exception bed	cause no other elig	gible _l	provider is	willing or	capable														
		iquely qualified to serve base or clear track record of succe			ity, re	lationships	within th	ne														
(Any s	tate-designat	ted health home or group of	health homes. **																			
_		ion i & ii – Please indicate wh d to join, then you will be de	-			-																
Information – S	Section II". <u>If v</u>	you are part of multiple PPSs	s, see section VII tab.																			
Care Manageme	ent Agencies	ion iii— The Department has s (CMAs) that have already be n Home appears on this list a	een approved as safet	y net providers as	well	as those th	at are per	nding														
		submit this form. If the orga		-				-														
		ed to submit this form. If yo																				
another approv	ed safety net	t provider list, but your organ	nization believes that	it should qualify a	as a H	ealth Home	e, please															
		vailable on the DSRIP website																				
~ For	r Section IV, i	if you are joining more than	one PPS, use second	tab (Section VII) t	to ado	d additiona	al PPSs.															
V. Percentage	of Medicaid 8	& Uninsured members that y	your facility serves		-																	
	Me	dicaid (FFS & MC)	Uninsur	ed		Data Sou	rce	Year														
Percentage		67%	5%			CFR		2013														
	•	he information and data pro nformation may be subject t		asked to provide		mentation	•															
Nam Titl	le	Mark O'Br Director of Mental Health & eals from the CEO, CFO or	Community Services		Yes	O No																

10/30/2014 Orleans County Department of Mental Health3

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 post	ed for publi	comment 30 days prior t	o application ap	proval. Three all	owed r	easons for g	granting a	n exce	ption are shown in Section IV.
I. Are you a N	Medicaid Pro	ovider							
	Answer	Yes						•	You have chosen the following VAP Exception: iii
II. Appeal Ap	plicant Info	rmation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name:	Orleans County Departmen	t of Mental Health	ı					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Niagara Falls Memorial Medical C	enter					•	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list.
		luated in the context of the							In the space below, please include:
		AP Exception in that PPS as III and VIII of the instructions			VII_Add	itional PPSs"	" tab to sel	ect	
		Health Home/Care Management		ation:				•	a. A description of your entity in specific relation to being a Health Home.
	Type - Other:	reacti nome/care management/	ngency						Please do not submit this form if you are already on the draft Health Home List.
	.,,,,	Operating Certificate	/License #	MMIS*		-	NPI*		
Uniqu	ie Identifiers:	6943100A		2993759			3345713		
ļ	Agency Code:	70250	•						
Bill	ling Entity ID:	72W							Character Count: 115
		Address		City		State	Zip		Orleans County Department of Mental Health is a care management agency and is part of the HHUNY Health Home system.
	Address	14014 Route 31 W.	A	lbion		NY	14411 * REO	UIRED	
III. Appeal Po	oint of Conta	act					neq.	OINED	
Contact		c O'Brien LCSW-R							
		ctor of Mental Health and Co	mmunity Services						
	Phone (585	s.O'Brien@orleansny.com		Exten	sion				
		lowing VAP Exception:						_	
O i Aco	mmunity will	not be served without grant the community.	ting the exception	because no other	eligible	provider is v	willing or		
		iquely qualified to serve base or clear track record of succe				elationships	within the	ŀ	
iii Any	state-designa	ted health home or group of	f health homes. **	*					
not indicate w Information –	hat PPS you in Section II". <u>If</u>	tion i & ii – Please indicate w ntend to join, then you will b you are part of multiple PPS:	e denied. Please s, see section VII t	indicate the name <u>ab</u> .	of the I	PPS in the "A	ppeal Appl	licant	
Care Managen CMS approval. approval and o	nent Agencie If your Healt do not need to	tion iii – The Department has s (CMAs) that have already b h Home appears on this list a o submit this form. If the org do not need to submit this fo	een approved as a as pending approv anization operatir	safety net provide ral, you will be gran ng your Health Hon	rs as we nted a V me/CM/	ell as those th 'AP Exception A already app	hat are per n pending (pears on	nding CMS	
complete this	form. List is a	ety net provider list, but you vailable on the DSRIP websit f you are joining more than	e.					ase	
V. Percentage	of Medicaid	& Uninsured members that	your facility serv	es	_				
	Me	dicaid (FFS & MC)	Unin	sured		Data Sourc	ce Ye	ar	
Percentage		67%	5	%		CFR		2013	
-	tand that this	he information and data pri information may be subjec				ocumentatio	-	_	
Nan Tit	tle	Mark O'Br Director of Mental Health & eals from the CEO, CFO o	Community Servi	ices		O No			

10/30/2014 Parsons Child and Family Center



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

	Exception: The state will consider exception: The state will consider exception to application		et definition	n on a case-by-cas	se basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS a
I. Are you a Medicaid Pro		арргочат.			
Answer				_	You have chosen the following Health Home category: 1
. Appeal Applicant Info					VI. Restricted to 3500 Characters only!
	Parsons Child and Family Center				The narrative section is optional, but you may write additional notes.
ū	Albany Medical Center Hospital				
OPTIONAL-Joined Pro.	Albany Medical Center Hospital			1.	and hereby requesting approval as a safety flet entity as I have been listed by the
					_ department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Home	e/Care Management Agend	су		or
Provider Type - Other:					1 1
rionae type outen	Operating Certificate/License #	MMIS*	$\overline{}$	NPI*	1
			+		
Unique Identifiers:	6223100A	02998034	1	1922171305	
Agency Code:		40400			4
Billing Entity ID:	Address	City	State	Zip	Character Count: 0
Address :		Albany	NY	12205	Character Count. 0
County:	oo Academy Road	Albany	INT	12203	4
county.		Albaily			4
Appeal Point of Conta	act				
Contact Person Audr					
	f Operating Officer				.
	3) 431-1652	Extension			4
Contact Email laudr	rey.lafrenier@northernrivers.org				」 │
but your organization are choosing VAP Exceptive K Care Management ending CMS approval. If your ending CMS approval, but nother safety net list, you	ion does not appear on the draft Health Hoi tition believes that it should qualify as a Heal eption iii— The Department has submitted a t Agencies (CMAs) that have already been a our Health Home appears on this list as pen should submit this form. If the organization do not need to submit this form. If your org fety net provider list, but your organization	Ith Home, please make thi draft list of State Designat approved as safety net pro- iding approval, you may be n operating your Health Ho ganization does not appear	is selection. ted Health H widers as we e granted a V ome/CMA ali r on the draf	Homes and ell as those that are VAP Exception dready appears on ft Health Home list	
Percentage of Medicaid	& Uninsured members that your facility s	erves			
Me	edicaid (FFS & MC) U	ninsured	Data So	ource Year	
Percentage	63%	3%	PARME	ENU 2013	
	the information and data provided on this lerstand that this information may be subj pport of this appeal.				
Name Title	Audrey LaFrenier Chief Operating Officer peals from the CEO, CFO or comparable	•	No No]	



I. Are you a Medicaid Provider Answer Yes II. Appeal Applicant Informatic Organization Name: The P	es ation the Pederson Krag Center tony Brook University Hospital Health Hor Operating Certificate/License # 6816100/A	Home/Care Management Age		▼	You have chosen the following Health Home category: 1
Answer Yes II. Appeal Applicant Informatic Organization Name: The P OPTIONAL-Joined PPS: Story Provider Type: Provider Type - Other: Unique Identifiers: Agency Code: 50436	es ation the Pederson Krag Center tony Brook University Hospital Health Hor Operating Certificate/License # 6816100/A	Home/Care Management Age		▼	You have chosen the following Health Home category:
II. Appeal Applicant Informatic Organization Name: The P OPTIONAL-Joined PPS: Story Provider Type: Provider Type - Other: Unique Identifiers: Agency Code: 50430	Action the Pederson Krag Center tony Brook University Hospital Health Hot Operating Certificate/License # 6816100/A	Home/Care Management Age			
Organization Name: The P OPTIONAL-Joined PPS: Stony Provider Type: Provider Type - Other: Unique Identifiers: Agency Code: 50436	he Pederson Krag Center tony Brook University Hospital Health Hor Operating Certificate/License # 6816100/A	Home/Care Management Age			VI. Restricted to 3500 Characters only!
OPTIONAL-Joined PPS: Stony Provider Type: Provider Type - Other: Unique Identifiers: Agency Code: 50430	tony Brook University Hospital Health Hor Operating Certificate/License # 6816100/A	Home/Care Management Age			The narrative section is optional, but you may write additional notes.
Provider Type: Provider Type - Other: Unique Identifiers: Agency Code: 50430	Health Hor Operating Certificate/License # 6816100/A	Home/Care Management Age		-	
Provider Type - Other: Unique Identifiers: Agency Code: 50430	Operating Certificate/License # 6816100/A	Home/Care Management Age		1250	I am hereby requesting approval as a safety net entity as I have been listed by the
Provider Type - Other: Unique Identifiers: Agency Code: 50430	Operating Certificate/License # 6816100/A	Home/Care Management Age			department of health as a high volume provider of Medicaid care management services
Unique Identifiers: Agency Code: 50430	6816100/A	1	ncy		or
Unique Identifiers: Agency Code: 50430	6816100/A				
Agency Code: 50430	6816100/A	MMIS*	$\overline{}$	NPI*	
Agency Code: 50430		2993575	+-	1013964170	
	0430	2995575		1013904170	
Dilling Littity ID.					
	Address	City	State	Zip	Character Count: 189
Address : 11 Rt	1 Rt 111	Smithtown	NY	11787	The Pederson Krag Center Care Coordination Department currently (10/14) provides care coordination to 552 Health Home consumers and
County:		Suffolk			continues to grow. The largest payor source is Medicaid.
•				•	
II. Appeal Point of Contact					
Contact Person Rebecca Co					
Title Chief Oper Contact Phone 631-920-80	Operating Officer	Extension			
Contact Phone 631-920-80 Contact Email rcosta@pe		EXTENSION	.1		
A State designated Heal	wing Health Home category. These Health Home or Health Home provider t Deam Care Management Agency List.				
A State designated Healthome and Downstream If your organization doe your organization believ You are choosing VAP Exception i Care Management Agencies (CMA CMS approval. If your Health Hom approval, but should submit this finet list, you do not need to submit approved safety net provider list,	wing Health Home category. These	er that is already on the Pendi Home list or on another app Ith Home, please make this so and a draft list of State Designa red as safety net providers as approval, you may be grante g your Health Home/CMA alr does not appear on the draft i	ing State-Desi roved safety r election. ted Health Ho well as those d a VAP Excep ready appears Health Home I	gnated State Health net provider list, but omes and Network that are pending otion pending CMS on another safety list or on another	
A State designated Healthome and Downstream If your organization doe your organization believ You are choosing VAP Exception i Care Management Agencies (CMA CMS approval. If your Health Hom approval, but should submit this finet list, you do not need to submit approved safety net provider list, form.	wing Health Home category. These Health Home or Health Home provider to the arm Care Management Agency List. I does not appear on the draft Health Health elieves that it should qualify as a Health on iii—The Department has submitted a CMAs) that have already been approved home appears on this list as pending aphis form. If the organization operating yellow this form. If your organization does the second control of the	er that is already on the Pendi Home list or on another app Ith Home, please make this se od a draft list of State Designa red as safety net providers as approval, you may be granter g your Health Home/CMA alr loes not appear on the draft i lat it should qualify as a Healt	ing State-Desi roved safety r election. ted Health Ho well as those d a VAP Excep ready appears Health Home I	gnated State Health net provider list, but omes and Network that are pending otion pending CMS on another safety list or on another	
A State designated Healthome and Downstream If your organization doe your organization believ You are choosing VAP Exception in Care Management Agencies (CMA CMS approval. If your Health Home approval, but should submit this formet list, you do not need to submit approved safety net provider list, form. V. Percentage of Medicaid & Unit	wing Health Home category. These Health Home or Health Home provider to the am Care Management Agency List. I does not appear on the draft Health Health Health with the series of the	er that is already on the Pendi Home list or on another app Ith Home, please make this se od a draft list of State Designa red as safety net providers as approval, you may be granter g your Health Home/CMA alr loes not appear on the draft i lat it should qualify as a Healt	ing State-Desi roved safety r election. ted Health Ho well as those d a VAP Excep ready appears Health Home I	gnated State Health net provider list, but omes and Network that are pending tion pending CMS on another safety list or on another se complete this	



Answe	Provider				
	er Yes			▼ You ha	ve chosen the following Health Home category: 1
I. Appeal Applicant Info	formation			VI. Rest	icted to 3500 Characters only!
Organization Name	e: PSCH, Inc.			The nar	ative section is optional, but you may write additional notes.
OPTIONAL-Joined PP					am hereby requesting approval as a safety net entity as I have been listed by the
					epartment of health as a high volume provider of Medicaid care management services
					
Provider Type:	Health H	ome/Care Management Agen	Σγ	f°	r
Provider Type - Othe	er:				
	Operating Certificate/License #	MMIS*	NPI*		
Unique Identifier	rs:	2189655	1386817	06	
Agency Cod					
Billing Entity II					
	Address	City		Zip	Character Count: C
Address Count		Flushing Queens	NY 1	.351	
Count	Ly.	Queens			
III. Appeal Point of Con	ıtact				
Contact Person Joh					
	/P, Strategy and Business Development				
Contact Phone (71	18) 559-0525 hn.Kastan@psch.org	Extension			
Contact Email 301	IIII.Rastan@pscii.org				
your organization You are choosing VAP Exc Care Management Agenci CMS approval. If your Hea	ation does not appear on the draft Health on believes that it should qualify as a Health ception iii— The Department has submitted iies (CMAs) that have already been approve alth Home appears on this list as pending a mit this form. If the organization operation to submit this form. If your organization do ider list, but your organization believes the	th Home, please make this sel d a draft list of State Designate ed as safety net providers as w approval, you may be granted your Health Home/CMA alre- bes not appear on the draft H	ed Health Homes and vell as those that are a VAP Exception per ady appears on anot ealth Home list or or	Network bending fling CMS er safety another	
net list, you do not need t approved safety net provi form.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ete this	
net list, you do not need t approved safety net provi form. V. Percentage of Medicai	id & Uninsured members that your facility				
net list, you do not need t approved safety net provi form. V. Percentage of Medicai	id & Uninsured members that your facility Medicaid (FFS & MC)	Uninsured	Data Source	Year	
net list, you do not need t approved safety net provi form. V. Percentage of Medicai	id & Uninsured members that your facility Medicaid (FFS & MC)	Uninsured	Data Source	Year	
net list, you do not need to approved safety net proving form. V. Percentage of Medical Percentage Yes I Hereby Certify that	id & Uninsured members that your facility	Uninsured 10% nis form is accurate and corre	Data Source Financial Stmt		
net list, you do not need to approved safety net proving form. V. Percentage of Medical Percentage Yes I Hereby Certify that my knowledge. I un	id & Uninsured members that your facility Medicaid (FFS & MC) 85% at the information and data provided on the	Uninsured 10% nis form is accurate and corre	Data Source Financial Stmt	Year	
net list, you do not need to approved safety net proviform. V. Percentage of Medical Percentage Yes I Hereby Certify that my knowledge. I un	id & Uninsured members that your facility Medicaid (FFS & MC) 85% at the information and data provided on the standard of t	Uninsured 10% nis form is accurate and corre	Data Source Financial Stmt	Year	
ret list, you do not need to approved safety net proviorm. V. Percentage of Medical Percentage Yes I Hereby Certify that my knowledge. I un documentation in st	id & Uninsured members that your facility Medicaid (FFS & MC) 85% It the information and data provided on the standard that this information may be support of this appeal.	Uninsured 10% nis form is accurate and corre	Data Source Financial Stmt ct to the best of sked to provide	Year	



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

Vital Access Provider Excention: The state will consider

II. Appeal Applicant Informati Organization Name: PSCF OPTIONAL-Joined PPS: Long Provider Type: Provider Type - Other:	CH, Inc. g Island Jewish Medical Center				
OPTIONAL-Joined PPS: Long Provider Type:	g Island Jewish Medical Center				VI. Restricted to 3500 Characters only!
OPTIONAL-Joined PPS: Long Provider Type:	g Island Jewish Medical Center				The narrative section is optional, but you may write additional notes.
Provider Type:				-	I am hereby requesting approval as a safety net entity as I have been listed by the
	Health Ho				
	Health Ho				department of health as a high volume provider of Medicaid care management service
Provider Type - Other:		ome/Care Management Agen	су		or
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		2189655	1	386817906	
Agency Code:					
Billing Entity ID:					
	Address	City	State	Zip	Character Count:
	2-02 20th Avenue	Flushing	NY	11351	
County:		Queens			
. Appeal Point of Contact					
Contact Person John Kasta	tan				
	ntegy and Business Development				
Contact Phone (718) 559		Extension			
Contact Email John.Kast	tan@psch.org				
Home and Downstream	halth Home or Health Home provider mr Care Management Agency List.			gnated State Health	
Home and Downstrean If your organization do your organization belie ou are choosing VAP Exception are Management Agencies (CM. MS approval. If your Health Hor pproval, but should submit this et list, you do not need to subm pproved safety net provider list,		r that is already on the Pendin Home list or on another approth th Home, please make this sel d a draft list of State Designate ed as safety net providers as v approval, you may be granted ty your Health Home/CMA alre oes not appear on the draft Hi	oved safety no lection. ed Health Hor vell as those t a VAP Except ady appears o ealth Home li	met provider list, but mes and Network that are pending tion pending CMS on another safety ist or on another	
Home and Downstrean If your organization do your organization belie You are choosing VAP Exception Care Management Agencies (CM. CMS approval. If your Health Hor approval, but should submit this net list, you do not need to submapproved safety net provider list, form.	m Care Management Agency List. loes not appear on the draft Health I leves that it should qualify as a Healt n iii— The Department has submitted AAs) that have already been approve ome appears on this list as pending a s form. If the organization operating mit this form. If your organization do	Home list or on another approth Home, please make this select as afety net providers as wapproval, you may be granted by your Health Home/CMA alrest the should qualify as a Health the same of the same at it should qualify as a Health	oved safety no lection. ed Health Hor vell as those t a VAP Except ady appears o ealth Home li	met provider list, but mes and Network that are pending tion pending CMS on another safety ist or on another	
Home and Downstream If your organization do your organization belie You are choosing VAP Exception are Management Agencies (CM. MS approval. If your Health Hor pproval, but should submit this let list, you do not need to subm pproved safety net provider list, orm. Y. Percentage of Medicaid & Un Medicai	m Care Management Agency List. Joes not appear on the draft Health I leves that it should qualify as a Healt I leves that it should qualify as a Healt I leves that have already been approve one appears on this list as pending a soform. If the organization operating mit this form. If your organization dot, but your organization believes that	Home list or on another approth Home, please make this select as afety net providers as wapproval, you may be granted by your Health Home/CMA alrest the should qualify as a Health the same of the same at it should qualify as a Health	oved safety no lection. ed Health Hor vell as those t a VAP Except ady appears o ealth Home li	met provider list, but mes and Network that are pending tion pending CMS on another safety list or on another se complete this	



			definition	on a case-by-cas	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mu
I. Are you a Medicaid Pro	ment 30 days prior to application appr	ovai.			
Answer					You have chosen the following Health Home category: 1
L					VI. Restricted to 3500 Characters only!
II. Appeal Applicant Infor					¬
	PSCH, Inc.			- 1	The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Lutheran Medical Center				I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Hon	ne/Care Management Agenc	v		or or
		,	,		- 1 ⁵ '
Provider Type - Other:		1	1		4
	Operating Certificate/License #	MMIS*		NPI*	_
Unique Identifiers:		2189655	1	.386817906	
Agency Code:					
Billing Entity ID:					
	Address	City	State	Zip	Character Count: 0
Address :	142-02 20th Avenue	Flushing	NY	11351	
County:		Queens			
III. Annual Balut of Conta					
III. Appeal Point of Conta					
Contact Person John	Strategy and Business Development				
Contact Phone (718)		Extension			-
Contact Email John		Extension			
	67 0				-
You are choosing VAP Excep Care Management Agencies CMS approval. If your Healtl approval, but should submit net list, you do not need to	on does not appear on the draft Health Ho believes that it should qualify as a Health otion iii—The Department has submitted a (CMAs) that have already been approved h Home appears on this list as pending app t this form. If the organization operating you submit this form. If your organization does er list, but your organization believes that i	Home, please make this sele draft list of State Designate as safety net providers as w proval, you may be granted a bur Health Home/CMA alrea s not appear on the draft He	d Health Ho ell as those to a VAP Except dy appears of alth Home li	mes and Network that are pending tion pending CMS on another safety ist or on another	
	& Uninsured members that your facility s				
		Jninsured	Data So		_
Percentage	85%	10%	Financia	l Stmt 201	3
• •	he information and data provided on this erstand that this information may be subj port of this appeal.				_
Name Title Only app	Robert T. Hettenbach President eals from the CEO, CFO or comparable	⊚ Ye	s O No		



I. Are you a Medicaid Provid Answer Ves II. Appeal Applicant Informa Organization Name: PSI OPTIONAL-Joined PPS: Mo Provider Type: Provider Type - Other: Unique Identifiers: Agency Code: Billing Entity ID:	s ation ICH, Inc. ount Sinai Hospitals Group	me/Care Management Agenc		You have chosen the following Health Home category: 1
I. Appeal Applicant Informa Organization Name: PS OPTIONAL-Joined PPS: Mo Provider Type: Provider Type - Other: Unique Identifiers: Agency Code:	ation ICH, Inc. ount Sinal Hospitals Group Health Hor	ne/Care Management Agenc		
Organization Name: PSI OPTIONAL-Joined PPS: Mo Provider Type: Provider Type - Other: Unique Identifiers: Agency Code:	CH, Inc. ount Sinai Hospitals Group Health Hor	ne/Care Management Agenc		VI. Restricted to 3500 Characters only!
OPTIONAL-Joined PPS: Mo Provider Type: Provider Type - Other: Unique Identifiers: Agency Code:	ount Sinai Hospitals Group Health Hor	ne/Care Management Agenc		The narrative section is optional, but you may write additional notes.
Provider Type: Provider Type - Other: Unique Identifiers: Agency Code:	Health Hor	ne/Care Management Agend		
Provider Type - Other: Unique Identifiers: Agency Code:		ne/Care Management Agend		all hereby requesting approval as a safety flet entity as I have been listed by the
Provider Type - Other: Unique Identifiers: Agency Code:		me/Care Management Agend		department of health as a high volume provider of Medicaid care management service
Unique Identifiers: Agency Code:	Operating Certificate/License #	5 0-	су	or
Agency Code:	Operating Certificate/License #			
Agency Code:		MMIS*	NPI*	1
Agency Code:		2189655	1386817906	1
		2105055	1500017500	-
				11
5 . , , - ,	Address	City	State Zip	Character Count:
Address : 14	12-02 20th Avenue	Flushing	NY 11351	
County:		Queens		
III. Appeal Point of Contact Contact Person John Kas	ectan			
	rategy and Business Development			
Contact Phone (718) 55		Extension		
Contact Email John.Kas				7
your organization bel You are choosing VAP Exceptio Care Management Agencies (CN	does not appear on the draft Health Ho lieves that it should qualify as a Health on iii— The Department has submitted a MAs) that have already been approved lome appears on this list as pending ap its form. If the organization operating y omit this form. If your organization doe	a draft list of State Designate d as safety net providers as w proval, you may be granted your Health Home/CMA alree es not appear on the draft He	ection. ded Health Homes and Networ vell as those that are pending a VAP Exception pending CM ady appears on another safet ealth Home list or on another	
net list, you do not need to sub approved safety net provider lis form.	st, but your organization believes that		,	
net list, you do not need to sub approved safety net provider lis form. V. Percentage of Medicaid & U	ist, but your organization believes that Joinsured members that your facility s	serves		
net list, you do not need to sub approved safety net provider lis form. V. Percentage of Medicaid & U	ist, but your organization believes that Joinsured members that your facility s		Data Source Year Financial Stmt 20	

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



	r public comment 30 days prior to			uemillon or	i a case-by-case i
	Medicaid Provider	αργιτατίστι αρμίσναι.	•		
II AIC YOU U IV	Answer Yes				▼
II. Appeal App	plicant Information				
Organiza	zation Name: PSCH, Inc.				
OPTIONAL	L Joined PPS: Long Island Jewish Medical C	enter			-
Pr	rovider Type: OMH 1915i Provider				~
	Type - Other: DO NOT USE				
Trovider	Operating Certifi	rate/License #	MMIS		NPI
Uniqu	ue Identifiers: 74010		3269096	147	77864866
	Agency Code:		3203030		7001000
Billi	ling Entity ID:				
	Addre		City	State	Zip
	Address: 142-02 20th Avenue County:		lushing Queens	NY	11351
	county.		Queens		
	oint of Contact				1
Contact I	Person John Kastan Title SVP, Strategy and Business D	ovolonment			
Contact	t Phone (718) 559-0525	evelopment	Extension		
	ct Email John.Kastan@psch.org				
IV. Please cho	oose the following 1915i Category	<i>y</i> :			
	an OMH 1915i or OASAS 1915i provi ty Net OMH/OASAS 1915i Providers	der that is already on o	ne of the following pend	ding DSRIP list	s: Pending —
Sarety	ty Net OIVIH/OASAS 1915I Providers				
	n a Harm Reduction 1915i provider t	nat is on one the follow	wing pending DSRIP list	s: Pending S	afety Net Harm
Redu	uction 1915i Providers.				_
V. Percentage	of Medicaid & Uninsured members	that your facility serve	es .		
ſ			. 1		1
	Medicaid (FFS & MC)	Unins	sured	Data Soul	rce Year
Percentage	85%	10	0%	Financial St	ate. 2013
Yes I Hereby C	Certify that the information and data	provided on this form	n is accurate and correct	to the best o	of my knowledge.
	nd that this information may be subj	•			
appeal.					
Nam	ne Robert T.	Hettenbach	Ans Yes	swer No	
Tit		sident		O NO	
	Only appeals from the CEO, CF		be accepted		

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



		Exception: The state wi			uemillion (on a case-by-cas
		ment 30 days prior to app	lication approval.			
I. Are you a N	Medicaid Pro Answer					▼
II. Appeal App		100				•
	zation Name:					
		Nassau University Medical Center				-
OFFICINAL	AL Joined 11 3.	Nassau University Medical Center				~
		OWIT 1919 FTOVIGET				▼.
Provider T	Type - Other:	DO NOT USE				
		Operating Certificate,	/License #	MMIS		NPI
	ue Identifiers:	7401025A		3269096	14	177864866
	Agency Code: lling Entity ID:					
Dilli	illing Effecty ID.	Address		City	State	Zip
	Address:	142-02 20th Avenue	Flu	ushing	NY	11351
	County:		(Queens		
III. Appeal Po	oint of Conta	act				
	Person John	Kastan				
		Strategy and Business Devel	opment	1 - 5 - 1 - 1 - 1		
	t Phone (718)) 559-0525 .Kastan@psch.org		Extension		
		lowing 1915i Category:				
TV. Flease clic	ioose the ion	lowing 1913i Category.				
		5i or OASAS 1915i provider t	hat is already on on	ne of the following pend	ling DSRIP lis	sts: Pending
Safety	ty Net OMH/C	DASAS 1915i Providers				
2 I am	n a Harm Red	luction 1915i provider that i	s on one the follow	vina pendina DSRIP list	s: Pendina	Safety Net Harm
	uction 1915i F			9 F 9		,
						_
V. Percentage	e of Medicaid	& Uninsured members that	vour facility serves	5		
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Percentage		85%	109		Financial	
rencentage		03/0	107	/0	i illalicidi .	Z013
Ves I Horoby (Cortify that th	he information and data pro	wided on this form	is accurate and correct	to the heet	of my knowlodge
	-	ne information and data pro nformation may be subject t				
appeal.				•		
N	mo	Robert T. Heti	tenhach		wer	
Nam Tit		Presider		© Yes	O No	
110		eals from the CEO, CFO or		be accepted		
			•	-		

10/30/2014 Queens Coordinated Care Partners, LLC.

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

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

must be poste	ed for publ	ic comment 30 days prior t	to application approval.	. Three allowed	I reasons for	granting an exc	eption are shown in Section IV.
I. Are you a N	/ledicaid P	rovider					·
	Answer	Yes				▼	You have chosen the following VAP Exception: iii
II. Appeal App	plicant Info	ormation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name	Queens Coordinated Care P	artners, LLC.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
_	Joined PPS	The Jamaica Hospital				•	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list.
^^ The VAP Exc	ception is ev	aluated in the context of the	PPS you are joining. If you	ı are joining mor	e than one P	PS, you have the	In the space below, please include:
option of apply	ing for the	VAP Exception in that PPS as	well (if applicable). Please	see the "VII_Ac	ditional PPS	s" tab to select	
multiple PPS's.	See <u>Section</u>	II and VII of the instructions	for further clarification!				a. A description of your entity in specific relation to being a Health Home.
Pr	rovider Type	: Health Home/Care Management	Agency			-	
Provider T	Type - Other	:					Please do not submit this form if you are already on the draft Health Home List.
		Operating Certificate	/License #	MMIS*		NPI*	
Unique	e Identifiers			03785206	#	!###	
	Agency Code	:					
Billi	ing Entity ID	:					Character Count: 446
		Address		City	State	Zip	The QCCP Health Home was recognized as a Health Home after the initial VAP designations were made. QCCP was formerly recognized as a
	Address						part of the Community Healthcare Network Health Home and now requires a separate designation as the state now formally reconzised the
III. Appeal Po	int of Con	to at				* REQUIRED	Queens Coorrdinated Care Partners as a seperate Health Home Program. This provider is in a pending CMS-approval status category of bulk
	Person Val						exceptions as a health home provider.
Contact		ional Deputy Director					
Contact		-510-7278		Extension			
Contact	t Email vcr	uz@chnnyc.org			•		
IV. Please cho	oose the fo	llowing VAP Exception:					
_		Il not be served without grang the community.	ting the exception becaus	se no other eligib	le provider is	willing or	
		niquely qualified to serve base for clear track record of succe			, relationships	s within the	J
©		ated health home or group o	-				
not indicate wh	hat PPS you	otion i & ii – Please indicate w intend to join, then you will b f you are part of multiple PPS	e denied. Please indicate				
When choosing Care Managem	g VAP Exception	otion iii— The Department has es (CMAs) that have already b th Home appears on this list a	s submitted a draft list of speen approved as safety n	et providers as v	well as those	that are pending	
approval and d	lo not need	to submit this form. If the org	anization operating your	Health Home/CN	лA already ap	opears on	
		do not need to submit this fo					
		fety net provider list, but you	-	at it should qual	ify as a Healtl	h Home, please	
-		available on the DSRIP websit		(Cootion \(\(\) to	مداها مططاها مد	al DDCa	
		if you are joining more than 1 & Uninsured members that		(Section VII) to	add addition	ai PP35.	
	М	edicaid (FFS & MC)	Uninsured		Data Sou	rce Year	
Percentage		100%					
I understa this appe	and that thi	the information and data pr s information may be subject	t to audit and I may be a	sked to provide Ans	documentati swer	-	re.
Nam		Paul Vita Treasurer (© Yes	No No		
Tit		peals from the CEO, CFO o		cepted			

10/30/2014 Sayville Project - SUNY SB



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

Are you a Medicaid Pro	c comment 30 days prior to applicat				
•					
				▼	You have chosen the following Health Home category: 1
I. Appeal Applicant Info					VI. Restricted to 3500 Characters only!
	Sayville Project - SUNY SB			1	The narrative section is optional, but you may write additional notes.
	Stony Brook University Hospital			▼	
OPTIONAL-Joined PPS:	Story Brook University Hospital				I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health H	ome/Care Management Agend	у		or
Provider Type - Other:					
Trovider Type Other.	Operating Certificate/License #	MMIS*		NPI*	
	Operating Certificate/License #		+		
Unique Identifiers:		1571851	1	124224084	
Agency Code:		16100			
Billing Entity ID:	Address	E City	State	Zip	Character Count: 520
Address	640 Johnson Avenue, Suite 2	Bohemia	NY	11716	I am hereby requesting approval as a safety net entity as I have been listed by the NYS Department of Health as a high volume provider o
Address : County:	040 Johnson Avenue, Suite 2	Bollelilla	INT	11/10	Medicaid care management services in our Health Home Care Management and Adult Home Initiative SCM programs and serve a high
county.					percentage of the uninsured (and pending Medicaid) adult population in our OMH State Aid Care Management Service (for those ineligib
II. Appeal Point of Conta	act				Health Home Care Management services) and through our Suffolk County Discharge Planning Care Coordination Initiative.
Contact Person Bridg	get Baio				
Title Direc	ctor				
Contact Phone 631-	563-2290	Extension		209	
Contact Email bridg	get.baio@stonybrook.edu				
but your organiza You are choosing VAP Exceletwork Care Management ending CMS approval. If you ending CMS approval, but nother safety net list, you	on does not appear on the draft Health tion believes that it should qualify as a ption iii— The Department has submitte t Agencies (CMAs) that have already be our Health Home appears on this list as should submit this form. If the organize do not need to submit this form. If your ety net provider list, but your organizat	Health Home, please make this ed a draft list of State Designat en approved as safety net pro- pending approval, you may be ation operating your Health Ho r organization does not appear	ed Health H viders as we granted a \ me/CMA al on the draf	domes and ell as those that are I/AP Exception ready appears on ft Health Home list	
_	& Uninsured members that your facili	ty serves			
	edicaid (FFS & MC)	Uninsured	Data Sc		
Percentage	75%	9%	Client re	ecords 2013	
	the information and data provided on erstand that this information may be spect of this appeal				
	.poor and appears				

10/30/2014 Schuyler County MHC MH



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

Home and Downstream Care Management Agency List. 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 make this selection. Du are choosing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network are Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending MS approval. If your Health Home appears on this list as pending approval, you may be granted a VAP Exception pending CMS approval, but should submit this form. If the organization operating your Health Home/CMA already appears on another safety	I. Are you a Medicaid Provide Answer Yes II. Appeal Applicant Informa Organization Name: Sch OPTIONAL-Joined PPS: Sele Provider Type: Provider Type - Other:	der es ation chuyler County MHC MH elect PPS Health Hom	me/Care Management Age	ency		VI. Restricted to 3500 Characters only! The narrative section is optional, but you may write additional notes.
Appeal Applicant Information Organization Name Schulyfer County MHC MH OPTIONAL Joined PPS I Mean P	Answer Yes II. Appeal Applicant Informa Organization Name: Sch OPTIONAL-Joined PPS: Sele Provider Type: Provider Type - Other:	ation :huyler County MHC MH elect PPS Health Hom		ency		VI. Restricted to 3500 Characters only! The narrative section is optional, but you may write additional notes.
Appeal Applicant Information Organization Name Schwier County MHC MH Organization Name Schwier County MHC MH Organization Name Schwier County MHC MH Organization Name Schwier County MHC MH Organization Name Schwier County MHC MH Organization Name Schwier County MHC MH Organization Name Schwier County MHC MH Organization Name Schwier County MHC MH Organization Name Schwier County MHC MH Organization Name Schwier County MHC MH Organization Name Schwier County MHC MH Organization Name Schwier County MHC MH Organization Name Schwier County MHC MH Organization Name Schwier County MHC MH Organization Name Schwier County MHC MH Organization Name Schwier Name Schwier County MHC MH Organization Name Schwier Name Meanth Name Schwier Name Schwier I Appeal Point of Contact Contact Proma Schwier Name Schwier Name Schwier I Aster designated Health Home created in Home provider that is already on the Pending State-Designated State Health Home and Downstream Care Management Agency List I Aster designated Health Home created in Home provider that is already on the Pending State-Designated State Health Home and Downstream Care Management Agency List Organization Meanth Name Schwier Organization Schwier Schwier	Organization Name: Sch OPTIONAL-Joined PPS: Sele Provider Type: Provider Type - Other:	ation :huyler County MHC MH :lect PPS Health Hom		ency	•	VI. Restricted to 3500 Characters only! The narrative section is optional, but you may write additional notes.
Operating Certificate/License # Medith Home/Care Management Agency Frouder Type: Health Home Agency Frouder Type: Frouder Type: Health Home Agency Frouder Type: Fro	Organization Name: Sch OPTIONAL-Joined PPS: Sele Provider Type: Provider Type - Other:	chuyler County MHC MH elect PPS Health Hom		ency	· •	The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS Select PPS Provider Type: Health Home/Care Management Agency Provider Type: Other:	OPTIONAL-Joined PPS: Selection of the Provider Type: Provider Type - Other:	elect PPS Health Hom		ency	•	
Provider Type: Health Home/Care Management Agency Provider Type: Other: Operating Certificate/Ucense # MMIS* NPI* Unique Identifiers: 6946100A 2993502 1003869165 Agency Code: Billing Frinty ID: 1371457 Address: 106 South Perry Street, Suite 4 Valstins Glen NV 14891 Country: Schuyfer I. Appeal Point of Contact Contact Person Shawn Rosno Title Director of Community Services Contact Person (507) 535-8280 Extension Contact Person (507) 535-8280 Extension Title Director of Community Services Contact Pensil stronogleo.cschuyler.ny us A Please choose the following Health Home category. These are all for option 3 of the safety net definition: 1 A State designated Health Home or Health Home provider that is already on the Pending State-Designated State Health Home and Downstream Care Management Agency List. 2 2 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 make this selection. Sour are choosing VAP Exception III—The Department has submitted a draft list of State Designated Health Home and Downstream Care Management Agencies (CMAs) that have already been approved as safety net provider as well as those that are pending CMS sprovoul, if your Health Home appears on this list as pending poroul, you may be granted a VAP Exception pending CMS sprovoul, if your Health Home appears on this list as pending poroul, you may be granted a VAP Exception pending CMS sprovoul, if your Health Home appears on this list as pending poroul, you may be granted a VAP Exception pending CMS sprovoul, if your Health Home appears on this list as pending poroul, you may be granted a VAP Exception pending CMS	Provider Type: Provider Type - Other:	Health Hom		ency	 	I am hereby requesting approval as a safety net entity as I have been listed by the
Provider Type: Health Home/Care Management Agency Provider Type - Other Operating Certificate/Lucense # MMIIS* NPI* Unique Identifiers: 6946100A 2993502 1003869165 Agency Code Billing Entity ID 1371457 Address: 105 South Perry Street, Suite 4 Wathsis Glen NY 14891. Country: Schuyler I. Appeal Point of Contact Contact Person Shawn Rosno Title Director of Community Services Contact Person (507) 535-230 Extension Contact Person (507) 535-230 Extension Title Director of Community Services Contact Person (507) 535-230 Extension Contact Penson (507) 535-230 Contact Email ProsnogCoo, Schuyler ruyus I. Appeal Point of Contact Contact Penson (507) 535-230 Extension Contact Penson (507) 535-230 Contact Email ProsnogCoo, Schuyler ruyus I. Please choose the following Health Home category. These are all for option 3 of the safety net definition: 1 A State designated Health Home or Health Home provider that is already on the Pending State-Designated State Health Home and Downstream Care Management Agency Ust. 2 If your organization does not appear on the draft Health Home, please make this selection. 3 are choosing VAP Exception IIII—The Department has submitted a draft List of State Designated Health Homes and Network are Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending MS approval, It your Health Home appears on this list as pending approval you may be granted a VAP Exception pending CMS provous. It is your Health Home appears on this list as pending approval, us nother safety	Provider Type - Other:			ency		
Provider Type - Other Operating Certificate/License # MMils* NPI* Unique Identifiers 6946100A 2993502 1003869165 Agency Code Billing Entity ID 1371457 Address 106 South Perry Street, Suite 4 Watkins Glen NY 14891 County Schuyler I. Appeal Point of Contact Contact Person Shawn Rosno Extension Contact Person Shawn Rosno Contact Person Shawn Rosno Extension Contact Person Shawn Rosno Contact Person Shawn Rosno Extension Contact Person Shawn Rosno Contact Person Shawn Rosno Extension Contact Person Shawn Rosno Contact Person Shawn Rosno Extension Contact Person Shawn Rosno Contact Person Contact P	Provider Type - Other:			ency		department of health as a high volume provider of Medicaid care management service
Provider Type - Other: Operating Certificate/License # MMIIs* NPI* Unique Identifiers 6946100A 2993502 1003869165 Agency Code: Billing Entity ID: 1371457 Address 106 South Perry Street, Suite 4 Wakkins Glen NY 14891 County: Schuyler I. Appeal Point of Contact Contact Person Shawn Rosno Extension Contact Person Shawn Rosno Contact Person Shawn Rosno Extension Contact Person Shawn Rosno Contact Person Shawn Rosno Extension Contact Person Shawn Rosno Contact Person Contact Pers		Operating Certificate/License #	NANAIC*			or
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Unique Identifiers: 6946100A 299350Z 1003869165 Agency Code: Billing Entity ID: Address City State Zip Address: 106 South Perry Street, Suite 4 Watkins Glen NY 14891 County Schuyler I. Appeal Point of Contact Contact Person Shawn Rosno Title Director of Community Services Contact Person (607) 353-8280 Extension At State designated Health Home category. These are all for option 3 of the safety net definition: 7. Please choose the following Health Home category. These are all for option 3 of the safety net definition: 1 A State designated Health Home or Health Home provider that is already on the Pending State-Designated State Health Home and Downstream Care Management Agency List. 2 If your organization does not appear on the draft Health Home, please make this selection. 3 our arc choosing VAP Exception Iii—The Department has submitted a draft list of State Designated Health Homes and Network are Management Agencies (CMAs) that have already been approved as afety net providers as well as those that are pending MS approval. If your resank Home appears on this list as pending approval, you may be granted a VAP Exception pending CMS proval. If your health Home appears on this list as pending approval, you may be granted a VAP Exception pending CMS proval. If your health Home appears on this list as pending approval, you may be granted a VAP Exception pending CMS proval. If your health Home Can pending CMS pervoval. If your health Home Can pending CMS pervoval. If your health Home Can pending CMS pervoval, If your health Home Can pending CMS pervoval. If your health Home Can pending CMS pervoval, If your health Home Can pending CMS pervoval, If your health Home Can pend a pending CMS pervoval. If your health Home Can pend a pending CMS pervoval. If your health Home Can pending CMS pervoval, If your health Home Can pending CMS pervoval, If your health Home Can pending CMS p		Operating Certificate/License #		1	NDIX	
Agency Code: Billing Entity ID: Address City State Zip Address 106 South Perry Street, Suite 4 Watkins Glen NY 14891 County Schuyler I. Appeal Point of Contact Contact Person Shawn Rosno Title Director of Community Services Contact Person G007 1535-8280 Extension Contact Email strosno@co.schuyler.ny.us I. Please choose the following Health Home category. These are all for option 3 of the safety net definition: 1	11 1 11 116					
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Address: 106 South Perry Street, Suite 4 Watkins Glen NY 14891 Country: Schuyler I. Appeal Point of Contact Contact Person Shawn Rosno Title Director of Community Services Contact Phone (607) 535-8280 Extension Contact Person Shawn Rosno Title Director of Community Services Contact Person Shawn Rosno Title Director of Community Services Contact Person Shawn Rosno Title Director of Community Services Contact Phone (607) 535-8280 Extension I. A State designated Health Home category. These are all for option 3 of the safety net definition: I. A State designated Health Home or Health Home provider that is already on the Pending State-Designated State Health Home and Downstream Care Management Agency List. I. 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 make this selection. Dou are choosing VAP Exception IIi—The Department has submitted a draft list of State Designated Health Homes and Network are Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending MS approval. If your Health Home gapears on this list as pending approval, you may be granted a VAP Exception pending CMS proproval, but should submit this form. If the organization operating your Health Home/CMA already appears on another safety	Billing Entity ID:					
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M. Please choose the following Health Home category. These are all for option 3 of the safety net definition: A State designated Health Home or Health Home provider that is already on the Pending State-Designated State Health Home and Downstream Care Management Agency List. 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 make this selection. Ou are choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network are Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending MS approval. If your Health Home appears on this list as pending approval, you may be granted a VAP Exception pending CMS approval, but should submit this form. If the organization operating your Health Home/CMA already appears on another safety	Contact Phone (607) 53	35-8280	Extension			
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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

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

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II. Appeal Applicant Information
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Ill. Appeal Point of Contact Person Contact Person Title Title Title Forestro of Programs Contact Person Extension Extension Extension 123 Contact Person Contact Person Extension 124 Community Service Programs (CSPs). The Souther Title AIDS Program (STAP) is a filliated with the United Health Services Hospitals, finc. Health Home as a designated Newton's Care Management Agency, as well as a network partner. STAP also serves countes (Contact, Phone BO7-798-1706 I Accommunity 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. I 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. I 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. I 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. I 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 surprise specifical members are assisted with active housing stability, thus increasing medical outcomes and overall wellness. These services are ratical at a point when many municipalities in our area or are no longer accepting applications for HUD housing services. We serve a largely rural region and address transportation of success in reducing avoidable hospital surprise and every every every
Contact Person Michelle McEtroy Title Director of Programs Contact Phone 607-798-1706 Extension 123 Contact Thome 607-798-1706 Extension 123 Contact Final Immediov@stapinc.org N. 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. Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community. Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community. Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community. Any the choosing VAP Exception I & II - Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provid
Title Director of Programs Contact Phone 607-798-1706 Contact Phone 707-98-1706 Contact Phone 707-98-1706 Contact Phone 707-98-1706 Contact Phone 707-98-1706 Contact Email Immeer/og@stapinc.org 708-1807 N. Please choose the following VAP Exception: 808-1808 809
Contact Fonce G07-798-1706 Extension 123 Services covered under the Cortand Regional Medical Center PSy, which is actively under consideration for joining with the UHS PPS. By acting this capacity, the agency works to decrease avoidable hospitalizations and improve health outcomes for some of the most intensive and costly Health Homes Exposed Homes Supported Housing initiative. Thus, agency will be doing additional work to help ensure that yet another segment of the highest-cost Medicaid members are assisted with achievir of serving the community. 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 ii & 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 ii & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not need to submit this form. If your organization does not appear on the draft 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 and too network to submit this form. If the orga
Contact Email Immelroy@stapinc.org W. 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 i & iii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not add on on need to submit this form. If your repartation operating your Health Homes and Network approval and do not need to submit this form. If your organization does not appear on the draft 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 VIII) to add additional PPSs."
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V. Percentage of Medicaid & Uninsured members that your facility serves
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Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name John Barry Name John Barry No No
Title Executive Director



I. Are you a Medicaid Pro	c commont 20 days prior to applicatio		t deminio	n on a case-by-cas	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and
	c comment 30 days prior to application	n approvai.			
Answer				_	You have chosen the following Health Home category: 1
				•	
II. Appeal Applicant Info	T .				VI. Restricted to 3500 Characters only!
Organization Name:	ST LUKES ROOSEVELT HOSPITAL CENTER	DBA MOUNT SINAI HEALTH	HOME		The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Mount Sinai Hospitals Group			▼	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Hoolth Hos	ne/Care Management Agend			
	пеанн пог	ne/Care ivianagement Agent	.у		or
Provider Type - Other:		1			
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:	7002032H	00354967	- :	104982917	
Agency Code:					
Billing Entity ID:					
	Address	City	State	Zip	Character Count: 0
Address :	1111 Amsterdam Avenue	New York	NY	10025	
County:		New York	•		
III. Appeal Point of Conta					
	esa Soriano, MD, MPH				
	ical Director, Health Home Program	1			
Contact Phone (212)		Extension			
Contact Email There	esa.Soriano@mountsinai.org				
but your organizat You are choosing VAP Exce Network Care Management pending CMS approval. If you pending CMS approval, but another safety net list, you	on does not appear on the draft Health H tion believes that it should qualify as a He ption iii— The Department has submitted t Agencies (CMAs) that have already beer our Health Home appears on this list as p should submit this form. If the organizati do not need to submit this form. If your o ety net provider list, but your organizatio	alth Home, please make thi a draft list of State Designat a approved as safety net pro ending approval, you may be on operating your Health Ho rganization does not appear	ed Health I viders as w granted a me/CMA a on the dra	domes and ell as those that are I/AP Exception ready appears on ft Health Home list	
V. Percentage of Medicaid	& Uninsured members that your facility	serves			
		Uninsured	Data S		
Percentage	98%	2%	HHTS/Ir	ternal 2013	
	he information and data provided on th erstand that this information may be su pport of this appeal.				

11/10/2014 Strong Memorial Hospital

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



							e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
		ment 30 days prior to appli	cation approval. Th	ree allowed reaso	ons for grant	ng an exceptio	n are shown in Section IV.
I. Are you a N							
	Answer	Yes					You have chosen the following VAP Exception: iii
II. Appeal App	plicant Info	rmation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	Strong Memorial Hospital					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Finger Lakes PPS					You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
^^ The VAP Exc	ception is eva	luated in the context of the P	PS you are joining. If	ou are joining mo	re than one P	S, you have the	the space below, please include:
option of apply	ing for the \	/AP Exception in that PPS as w	ell (if applicable). Ple	ase see the "VII_A	dditional PPS:	" tab to select	
$multiple\ PPS's.$	See <u>Section</u>	II and VII of the instructions fo	r further clarification	!			a. A description of your entity in specific relation to being a Health Home.
Pr	rovider Type:	Health Home/Care Management Ag	ency				
Provider 1	Type - Other:						Please do not submit this form if you are already on the draft Health Home List.
	71	Operating Certificate/I	icense #	MMIS*		NPI*	1
Union	e Identifiers:	2701005H	icerise #	279034	1.5	46285657	-
	Agency Code:	2701005H		279034	1.5	40263037	-
	ling Entity ID:	F0271171					Character Count: 366
5	mig Entity is	Address		City	State	Zip	STRONG MEMORIAL HOSPITAL OPERATES DOWNSTREAM CARE MANAGEMENT SERVICES UNDER CONTRACT TO THE TWO HEALTH HOMES
	Address	601 ELMWOOD AVE	ROCH	IESTER	NY	14642	SERVING MONROE COUNTY, GRHHN AND HHUNY. STRONG MEMORIAL HOSPITAL IS LISTED ON A STATE LIST WITH A SAFETY NET DESIGNATION
			1		1	* REQUIRE	┙ ┃┃
III. Appeal Po	int of Conta	ıct					MANAGEMENT PROVIDER.
Contact		L MCARTHUR					
		IINISTRATOR, PSYCHIATRY					<u> </u>
Contact		275-6732		Extension			411
		_mcarthur@urmc.rochester.e	au				┚
IV. Please cho	oose the fol	lowing VAP Exception:				_	n
	mmunity wil rving the cor	I not be served without granti nmunity.	ng the exception bec	ause no other eligi	ole provider is	willing or capab	
		iquely qualified to serve based or clear track record of succes			, relationship	s within the	
(Any s	state-designa	ted health home or group of I	nealth homes. **				
indicate what P	PPS you inten	ion i & ii – Please indicate wh d to join, then you will be der you are part of multiple PPSs,	ied. Please indicate				
		ion iii– The Department has s		of State Designated	Health Home	s and Network	
Care Managem	ent Agencies	(CMAs) that have already bee	en approved as safety	net providers as v	vell as those t	nat are pending	
${\sf CMS} \ {\sf approval}.$	If your Healt	h Home appears on this list as	pending approval, ye	ou will be granted a	a VAP Exception	on pending CMS	
		o submit this form. If the orga					r
	-	eed to submit this form. If you	-				
		t provider list, but your organ		t should quality as	a Health Hom	e, please	
		vailable on the DSRIP website. if you are joining more than of		ah (Saction VIII) ta	add addition	ol DDCs	
				ab (Section VII) to	auu auuitioii	ai FF35.	
V. Percentage	of Medicaid	& Uninsured members that y	our facility serves		_		¬
	Me	edicaid (FFS & MC)	Uninsure	d	Data Sou	rce Year	_
Percentage		20%	2%		ICR	20:	3
-	nd that this i	the information and data prov information may be subject to ADAM ANO	audit and I may be a	sked to provide d	ocumentation	-	
Tit		CFO					
110		peals 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

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 nosted for public comment 30 days prior to application approval

See Address Toward Tow	Answer	
## Appeal Point of Contest Contest Project	II. Appeal Applicant Information VI. Restricted to 3500 Characters only!	
## Contact Transport (Contact T		
Treacher Type: Neath Home/Care Management Agency	Organization Name: Suffolk County Dept of Health, Division of Community Mental Hygiene Care Management Program The narrative section is optional, but you may write additional notes.	
Treacher Type: Neath Home/Care Management Agency		
Provider Type	OPTIONAL-Joined PPS: Story Brook University Hospital	
Project Type: Other Project Type: Other Project Type: Other Operating Certificate/Jucons # Millis' NPP' Unique listentifiers 177-277 1599877811 Agency Code Operating Certificate/Jucons # 177-277 1599877811 Agency Code Operating Certificate Operating Certif	Turn hereby requesting approval as a surety net entity as 1 have been instead by the	
Provider Type - Other Dissiple Identifiants	department of health as a high volume provider of Medicaid care management service	s or
Unique Identification Agency Code Agency Code Billing Entity 0 Address Columb Solid Contest West New 11729-9008 Address Solid Survive Highway P.D. Box 9006 Crest West New 11729-9008 Country Title Opaphy Unector Contact Planne Solid Survive Highway P.D. Box 9006 Suffolk	Provider Type: Health Home/Care Management Agency	
Unique Memferce Management	Provider Type - Other:	
Agency Code Silling Entity ID Address Col 1823-961	Operating Certificate/License # MMIS* NPI*	
Agency Code Silling Entity ID Address Col 1823-961	Heigen Identification 1175277 1699877811	
Billing Christy (D)	Onlyde identifiers.	
Address 5000 Suntre Highway, P.O. Box 9000 Great New NY 11739-9000 Bit Appeal Point of Contact Country One of Contact Co		
Bil. Appeal Point of Contact		0
III. Appeal Point of Contact Contact Person Jean Marie Coorny Title Deputy Director Contact Penson (as) 485/3-108		
Contact Penne 631-853-3108	County: Suffolk	
Contact Penne 631-853-3108		
Title Deputy Director Contact Email annual cosorny@suffolkcountyny.gov IV. Please choose the following Health Home category. These are all for option 3 of the safety net definition: IV. Please choose the following health Home or Health Home provider that is already on the Pending State Designated Health Home and Downstream Care Management Agency List. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization does not appear on the draft Health Home, please make this selection. You are 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 it as pending approval, but your designated with the more appears on the list as pending approval, but your designated with the more appears on the list as pending approval, but you do not need to submit this form. If your organization does not appear on the draft Health Home, please complete this form. You do not need to submit this form. If your organization does not appear on the draft Health Home, please complete this form. Ye percentage of Medicaid & Uninsured members that your facility serves Medicaid (FS & MC) Uninsured Medicaid (FS & MC) Uninsured Medicaid (FS & MC) Uninsured members that your facility serves Medicaid (FS & MC) Uninsured members that your facility serves Medicaid (FS & MC) Uninsured members that your facility serves Medicaid (FS & MC) Uninsured members that your facility serves Medicaid (FS & MC) Uninsured members that your facility serves Medicaid (FS & MC) Uninsured members that your facility serves Medicaid (FS & MC) Uninsured members that your facility serves Medicaid (FS & MC) Uninsured members that your facility serves Medicaid (FS & MC) Uninsured members that your facility serves Medicaid (FS & MC) Uninsured members that y		
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V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC)		
Medicaid (FFS & MC) Uninsured Percentage 96% 4% Name Ann Marie Csorny, LCSW-R Data Source Year agnecy EMR 2014 Data Source Year agnecy EMR 2014 Answer Name Ann Marie Csorny, LCSW-R	form.	
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Answer Name Ann Marie Csorny, LCSW-R O No		
Name Ann Marie Csorny, LCSW-R ® Yes O No		
Name Ann Marie Csorny, LCSW-R S Yes No	documentation in support of this appear.	
Name Ann Marie Csorny, LCSW-R S Yes No		
Title Deputy Director		
Only appeals from the CEO, CFO or comparable will be accepted	Unly appeals from the CEU, CFU or comparable will be accepted	

10/30/2014 The Children's Collaborative, Inc.



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

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

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

be posted for public com	nment 30 days prior to application appro-	val.		,	
I. Are you a Medicaid Pr	ovider				
Answer	Not yet			▼	You have chosen the following Health Home category: 2
II. Appeal Applicant Info	ormation			_	VI. Restricted to 3500 Characters only!
Organization Name:	: The Children's Collaborative, Inc.				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS	Select PPS			-	
Provider Type:	Health Home	e/Care Management Agency			I am hereby requesting approval as a safety net entity as I am likely to be approved
Provider Type - Other	n e				shortly as a new health home provider serving children.
	Operating Certificate/License #	MMIS*		NPI*	,
Unique Identifiers		Health Home Pending	Health	Home Pending	
Agency Code					
Billing Entity ID					
	Address	City	State	Zip	Character Count: 3494
Address	: 463 Hawthorne Ave	Yonkers	NY	10705	We believe it is of critical importance that the Children's Collaborative (CC) be granted a vital access provider exception on the grounds that as a
County	<i>y</i> :				children's health home, the CC will coordinate the care for the overwhelming majority of high-needs children in its service area. This makes the
III. Appeal Point of Cont	nort.				CC a crucial partner for PPSs seeking to improve health, improve care, and reduce unnecessary utilization among their attributed populations.
Contact Person Alai				1	The CC is a consortium of agencies that serve children and families in the five boroughs of New York City as well as Westchester, Suffolk, and Nassau. The CC represents 28 agencies that together serve nearly 100 percent of the youth in foster care in New York City. The CC also provides
	cutive Director, Leake and Watts				services to more than 8,000 (nearly 60 percent) of the children and youth receiving preventive services in the NYC area. As of October 2014, CC
Contact Phone 914		Extension			membership is still growing.
Contact Email amu	ucatel@leakeandwatts.org				The CC has submitted a Letter of Intent to the NYS DOH to become a regional Children's Health Home, serving Long Island, New York City and
A State designate Home and Down If your organization You are choosing VAP Exceeding Supproval. If your Heal approval, but should submet list, you do not need to	Illowing Health Home category. These are death Home or Health Home provider the stream Care Management Agency List. It is not does not appear on the draft Health Home in believes that it should qualify as a Health Heaption iii— The Department has submitted a cast (CMAs) that have already been approved at th Home appears on this list as pending apprint this form. If the organization operating you is submit this form. If your organization does the list, but your organization believes that it	at is already on the Pending some list or on another approve ome, please make this selections as the selection of the selecti	d safety notion. Health Hora as those to AP Except to appears of the Home life.	et provider list, but mes and Network that are pending tion pending CMS on another safety st or on another	Westchester. It is currently in discussions with existing adult health homes to create a cost effective partnership that would benefit from uniform reporting processes, shared information technology platforms and integrated care management approaches for families. Once established, the CC anticipates that it would serve over 30,000 children in the Children's Health Home and a significant number of additional children as the downstream care managers for existing health homes that expand to serve children. DSRIP is another essential piece of the CC's goal of providing better-coordinated care. The CC has been actively engaged in discussions with all relevant PPSs in the New York City, Long Island, and Westchester geographies. The CC brings considerable expertise that will be beneficial to PPS: that lack significant experience in the youth population. 100% of foster care children are in Medicaid. Children and youth in foster care are amon the Medicaid beneficiaries with complex health needs and high costs; better health care and lower costs are important goals in this segment of the population. The CC seeks to partner with hospitals and other providers and offer its resources to achieve key DSRIP project metrics for children and youth in foster care or preventive services. The children the CC serves are often more costly Medicaid patients due to their unique medical and behavioral health needs. The average permember-per-month expenditure on a child in foster care is nearly \$1,000, compared to roughly \$200 for children in Medicaid who are not in foster care. The emergency room utilization of children in foster care and preventive services is higher than that of the general pediatric population. Moreover, during the twelve months preceding entry to foster care, over 40 percent of children have an ER visit. During the first yea of foster care, this figure remains at 30 percent or greater. The CC brings significant expertise from all of the major children's services agencies in NYC, Westchester, and Long Island. The
V. Percentage of Medicaid	I & Uninsured members that your facility ser	rves			in DSRIP. We therefore request that you consider our appeal to be granted a vital access provider exception.
-		ninsured	Data So	urce Year	
Percentage	100%	illisureu	Data 30	urce rear	
	10070				
my knowledge. I und documentation in su Name	the information and data provided on this for derstand that this information may be subject pport of this appeal.				
Title Only an	neals from the CEO, CEO or comparable	will be accepted		=	

10/30/2014 The Family & Children's Society, Inc.



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

	comment 30 days prior to application	approval.	deminio	ii oii a case-by-casi	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS at
Are you a Medicaid Pro	, , , , , , ,				
Answer				▼	You have chosen the following Health Home category: 1
. Appeal Applicant Infor					VI. Restricted to 3500 Characters only!
	The Family & Children's Society, Inc.				The narrative section is optional, but you may write additional notes.
ů	United Health Services Hospitals, Inc			-	
OPTIONAL-Joined PPS:	United Health Services Hospitals, Inc			(*)	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Home	e/Care Management Agency	y		or
Provider Type - Other:	Health Home	e/Care Management Agency			
Trovider Type Other.		MMIS*	1	NPI*	
	Operating Certificate/License #		+		
Unique Identifiers:		679155	1	.972552776	
Agency Code:					
Billing Entity ID:	0.44	City		7:	Character Count: 0
	Address	City	State	Zip	Character Count: 0
	355 Riverside Drive	Johnson City	NY	13790	
County:		Broome			
I. Appeal Point of Conta	ct				
Contact Person Andre	ea Quezada				
	or of Home Care				
Contact Phone 607-2	31-8364	Extension		233	
Contact Email aquez	ada@familycs.org				
but your organization are choosing VAP Exceptetwork Care Management. ending CMS approval. If you ending CMS approval, but soother safety net list, you d	n does not appear on the draft Health Hoi ion believes that it should qualify as a Hea stion iii— The Department has submitted a Agencies (CMAs) that have already been a ur Health Home appears on this list as pen hould submit this form. If the organization o not need to submit this form. If your org ty net provider list, but your organization	of the thing of th	selection. ed Health Fiders as we granted a Nee/CMA alon the draf	domes and ell as those that are VAP Exception ready appears on ft Health Home list	
. Percentage of Medicaid 8	& Uninsured members that your facility s	erves			
Med	licaid (FFS & MC)	ninsured	Data So	ource Year	
Percentage	76%	3%	Clinic Tr		
creentage	7070	370	Cillic II	2013	
my knowledge. I unde	ne information and data provided on this rstand that this information may be subj				
documentation in supp	oort of this appeal.				



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

	comment 30 days prior to application			, , , , , , , , , , , , , , , , , , , ,	e bass in the decined in the best interest of interestal incliners. They exceptions that the considered most be approved by this of
Answer				▼	You have chosen the following Health Home category: 1
II. Appeal Applicant Infor	rmation				VI. Restricted to 3500 Characters only!
	The Salvation Army HIV Health Home Care	e Management			The narrative section is optional, but you may write additional notes.
_	Health & Hospital Corportation			₩	I am hereby requesting approval as a safety net entity as I have been listed by the
Of Front Laborated Front				10000	
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Health Hom	e/Care Management Age	ncy		or
Provider Type - Other:					
	Operating Certificate/License #	MMIS*		NPI*	
Unional desablican	, , , , , , , , , , , , , , , , , , , ,	01391120	190	02080401	
Unique Identifiers: Agency Code:		01331120	130	02080401	
Billing Entity ID:		178			
Simily Entirey 15.	Address	City	State	Zip	Character Count: 116
Address :	601 Crescent Avenue	Bronx	NY	10458	This provider is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider.
County:		Bronx			
III. Appeal Point of Conta					.
Contact Person Majo	•				
	l Services Ministries Secretary	1			
Contact Phone 212-3	an.stoops@use.salvationarmy.org	Extension			
but your organizat You are choosing VAP Excep Network Care Management pending CMS approval. If yo pending CMS approval, but s another safety net list, you o	on does not appear on the draft Health Ho cion believes that it should qualify as a Hea ption iii— The Department has submitted a Agencies (CMAs) that have already been ur Health Home appears on this list as per should submit this form. If the organizatio do not need to submit this form. If your or ety net provider list, but your organization	alth Home, please make the draft list of State Designa approved as safety net pro- nding approval, you may be n operating your Health H ganization does not appea	nis selection. ated Health Horoviders as welling granted a VA alome/CMA alread on the draft H	mes and as those that are P Exception ady appears on Health Home list	
•	& Uninsured members that your facility s	serves			
Me	dicaid (FFS & MC) U	ninsured	Data Sour	rce Year	
Percentage	About 87%	5%	Program I	nfo 2014	
	he information and data provided on this erstand that this information may be sub port of this appeal.	ject to audit and I may be			
Name Title Only app	Major Steven Stoops Social Ministries Secretary eals from the CEO, CFO or comparable	● Y	es O No		



OPTIONAL-Joined PPS: Maimonides N Provider Type: Provider Type - Other: Oper Unique Identifiers: Agency Code: Billing Entity ID:	Action the Salvation Army HIV Health Home Care taimonides Medical Center Health Hom Operating Certificate/License #	Health Home/Care Management. i.i.cense # MMIS* 01391120	I am hereby requesting approval as a safety net entity as I have been listed by t department of health as a high volume provider of Medicaid care management or	VI. Restricted to 3500 Characters only! The narrative section is optional, but you may write additional notes. I am hereby requesting approval as a safety net entity as I have been listed by the department of health as a high volume provider of Medicaid care management service or	VI. Restricted to 3500 Characters only! The Salvation Army HIV Health Home Care Management TIONAL-Joined PPS: Maimonides Medical Center Toyoider Type: Operating Certificate/License # MMIS* NPI* VI. Restricted to 3500 Characters only! 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Answer Ves I. Appeal Applicant Information Organization Name: The Salvation Army HIV Health Home Care Management OPTIONAL-Joined PPS: St. Barnabas Hospital (dba SBH Health System) Provider Type: Health Home/Care Management Agency Provider Type - Other: Operating Certificate/License # MMIIS* NPI* Unique Identifiers: 01391120 1902080401 Agency Code: Billing Entity ID: 178 Address: 601 Crescent Avenue Bronx NY 10458 County: Bronx You have chosen the following Health Home category: 1 You have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 Vol have chosen the following Health Home category: 1 The narrative section is optional, but you may write additional notes. I am hereby requesting approval as a safety net entity as department of health as a high volume provider of Medical Provider Type: 1 The narrative section is optional, but you may write additional notes. I am hereby requesting approval as a safety net entity as department of health as a high volume provider of Medical Provider Supplies the narrative section is optional, b	
Organization Name: The Salvation Army HIV Health Home Care Management OPTIONAL-Joined PPS: St. Barnabas Hospital (dba SBH Health System) Provider Type: Health Home/Care Management Agency Provider Type - Other: Operating Certificate/License # MMIS* NPI* Unique Identifiers: 01391120 1902080401 Agency Code: Billing Entity ID: 178 Address: 601 Crescent Avenue Bronx NY 10458 County: Bronx The Salvation Army HIV Health Home Care Management Agency I am hereby requesting approval as a safety net entity as department of health as a high volume provider of Medical Adepartment of health as a high volume provider of Medical	
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Provider Type: Health Home/Care Management Agency Provider Type - Other: Operating Certificate/License # MMIS* NPI* Unique Identifiers: 01391120 1902080401 Agency Code: Billing Entity ID: 178 Address: 601 Crescent Avenue Bronx NY 10458 County: Bronx Tall flereby requesting approval as a Safety flet entity as department of health as a high volume provider of Medical Corrections as a Safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections as a safety flet entity as department of health as a high volume provider of Medical Corrections and health as a high volume provider of Medical Corrections as a safety flet entity as department of health	
Provider Type: Health Home/Care Management Agency Provider Type - Other: Operating Certificate/License # MMIS* NPI* Unique Identifiers: 01391120 1902080401 Agency Code: Billing Entity ID: 178 Address: 601 Crescent Avenue Bronx NY 10458 County: Bronx Or This provider is in a pending CMS-approval status category of bulk exceptions as a downstree.	oicaid care management serv
Operating Certificate/License # MMIS* NPI* Unique Identifiers: 01391120 1902080401 Agency Code: Billing Entity ID: 178 Address City State Zip Address: 601 Crescent Avenue Bronx NY 10458 County: Bronx This provider is in a pending CMS-approval status category of bulk exceptions as a downstree	
Operating Certificate/License # MMIS* NPI* Unique Identifiers: 01391120 1902080401 Agency Code: Billing Entity ID: 178 Address: 601 Crescent Avenue Bronx NY 10458 County: Bronx This provider is in a pending CMS-approval status category of bulk exceptions as a downstre	
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Billing Entity ID: 178 Address City State Zip Address: 601 Crescent Avenue Bronx NY 10458 County: Bronx This provider is in a pending CMS-approval status category of bulk exceptions as a downstre	
Address City State Zip Address: 601 Crescent Avenue Bronx NY 10458 County: Bronx This provider is in a pending CMS-approval status category of bulk exceptions as a downstre	
Address: 601 Crescent Avenue Bronx NY 10458 County: Bronx This provider is in a pending CMS-approval status category of bulk exceptions as a downstre	Character County
County: Bronx	Character Count:
	tream health nome provider.
Annoal Hoint of Contact	
I. Appeal Point of Contact Contact Person Major Steven Stoops	
Title Social Services Ministries Secretary	
Contact Phone 212-337-7221 Extension	
Contact Email Steven.stoops@use.salvationarmy.org	
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 make this selection. Du are choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network are Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending MS approval. If your Health Home appears on this list as pending approval, you may be granted a VAP Exception pending CMS approval, but should submit this form. If the organization operating your Health Home/CMA already appears on another safety	
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 make this selection. ou are choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network are Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending MS approval. If your Health Home appears on this list as pending approval, you may be granted a VAP Exception pending CMS approval, but should submit this form. If the organization operating your Health Home/CMA already appears on another safety et 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.	
2 If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but	



write additional notes. val as a safety net entity as I have been listed by the h volume provider of Medicaid care management service Character Count: 11
val as a safety net entity as I have been listed by the h volume provider of Medicaid care management service
val as a safety net entity as I have been listed by the h volume provider of Medicaid care management service
h volume provider of Medicaid care management service
Character Count: 11
ategory of bulk exceptions as a downstream health home provider.



II. Appeal Applicant Information Organization Name: The Substance of OPTIONAL-Joined PPS: Adirondack Health Provider Type: Provider Type - Other: Unique Identifiers: Agency Code: Billing Entity ID: Address: 173 Lord Howe County: III. Appeal Point of Contact Contact Person Douglas G. Terbeek Executive Director Contact Phone 518-585-7424 Contact Phone 518-585-7424 IV. Please choose the following Health Home and Downstream Ca	Health Home Substance Certificate/License # Address St.	Essex County, Inc. e/Care Management Agency Abuse Prevention Agency MMIS* City Ticonderoga Essex Extension	•	NPI* Zip 12883	VI. Restricted to 3500 Characters only! The narrative section is optional, but you may write additional notes. I am hereby requesting approval as a safety net entity as I am likely to be approved shortly as a new health home provider serving children. Character Count:
Provider Type: Provider Type - Other: Operating Unique Identifiers: Agency Code: Billing Entity ID: Address: 173 Lord Howe County: III. Appeal Point of Contact Contact Person Douglas G. Terbeek Title Executive Director Contact Phone 518-585-7424 Contact Email doug@preventionte: V. Please choose the following Health 1 A State designated Health Home of	Health Home Substance Certificate/License # Address St.	e/Care Management Agency Abuse Prevention Agency MMIS* City Ticonderoga Essex	State	NPI*	I am hereby requesting approval as a safety net entity as I am likely to be approved shortly as a new health home provider serving children.
Provider Type : Provider Type - Other: Operating Unique Identifiers: Agency Code: Billing Entity ID: Address: 173 Lord Howe County: III. Appeal Point of Contact Contact Person Douglas G. Terbeek Title Executive Director Contact Phone 518-585-7424 Contact Email doug@preventionte: IV. Please choose the following Health 1 A State designated Health Home of	Health Home Substance Certificate/License # Address St.	Abuse Prevention Agency MMIS* City Ticonderoga Essex	State	NPI*	shortly as a new health home provider serving children.
Provider Type - Other: Operating Unique Identifiers: Agency Code: Billing Entity ID: Address: 173 Lord Howe County: III. Appeal Point of Contact Contact Person Douglas G. Terbeek Title Executive Director Contact Phone 518-585-7424 Contact Email doug@preventiontei V. Please choose the following Health 1 A State designated Health Home of	Substance Certificate/License # Address St.	Abuse Prevention Agency MMIS* City Ticonderoga Essex	State	Zip	shortly as a new health home provider serving children.
Provider Type - Other: Operating Unique Identifiers: Agency Code: Billing Entity ID: Address: 173 Lord Howe County: III. Appeal Point of Contact Contact Person Douglas G. Terbeek Title Executive Director Contact Phone 518-585-7424 Contact Email doug@preventiontei V. Please choose the following Health 1 A State designated Health Home of	Substance Certificate/License # Address St.	Abuse Prevention Agency MMIS* City Ticonderoga Essex	State	Zip	shortly as a new health home provider serving children.
Provider Type - Other: Operating Unique Identifiers: Agency Code: Billing Entity ID: Address: 173 Lord Howe County: III. Appeal Point of Contact Contact Person Douglas G. Terbeek Title Executive Director Contact Phone 518-585-7424 Contact Email doug@preventiontei V. Please choose the following Health 1 A State designated Health Home of	Substance Certificate/License # Address St.	Abuse Prevention Agency MMIS* City Ticonderoga Essex	State	Zip	shortly as a new health home provider serving children.
Unique Identifiers: Agency Code: Billing Entity ID: Address: 173 Lord Howe County: II. Appeal Point of Contact Contact Person Contact Prone Contact Phone Contact Pinne Contact Email Contact Email A State designated Health Home of	Address St.	City Ticonderoga Essex	State	Zip	
Unique Identifiers: Agency Code: Billing Entity ID: Address: 173 Lord Howe County: III. Appeal Point of Contact Contact Person Title Executive Director Contact Phone 518-585-7424 Contact Email doug@preventionte: IV. Please choose the following Health 1 A State designated Health Home of	Address St.	City Ticonderoga Essex		Zip	Character Count:
Agency Code: Billing Entity ID: Address: 173 Lord Howe County: III. Appeal Point of Contact Contact Person Douglas G. Terbeek Title Executive Director Contact Phone 518-585-7424 Contact Email doug@preventionte: IV. Please choose the following Health 1 A State designated Health Home of	St.	Ticonderoga Essex			Character Count:
Address: 173 Lord Howe County: III. Appeal Point of Contact Contact Person Douglas G. Terbeek Title Executive Director Contact Phone 518-585-7424 Contact Email doug@preventionte: IV. Please choose the following Health 1 A State designated Health Home of	St.	Ticonderoga Essex			Character Count:
Address: 173 Lord Howe County: III. Appeal Point of Contact Contact Person Douglas G. Terbeek Title Executive Director Contact Phone 518-585-7424 Contact Email doug@preventionter IV. Please choose the following Health Ook 1	St.	Ticonderoga Essex			Character Count:
III. Appeal Point of Contact Contact Person Title Contact Phone Contact Phone Contact Email V. Please choose the following Health A State designated Health Home of	St.	Ticonderoga Essex			Character Count:
County: II. Appeal Point of Contact Contact Person Douglas G. Terbeek Title Executive Director Contact Phone 518-585-7424 Contact Email doug@preventionte: V. Please choose the following Health 1 A State designated Health Home of the contact	m.org	Essex	NY	12883	
III. Appeal Point of Contact Contact Person Douglas G. Terbeek Title Executive Director Contact Phone 518-585-7424 Contact Email doug@preventionte: V. Please choose the following Health 1 A State designated Health Home of					
Contact Person Douglas G. Terbeek Title Executive Director Contact Phone 518-585-7424 Contact Email doug@preventionte V. Please choose the following Health 1 A State designated Health Home of		Extension			
Title Executive Director Contact Phone 518-585-7424 Contact Email doug@preventionte: V. Please choose the following Health 1 A State designated Health Home of		Extension			
Contact Phone 518-585-7424 Contact Email doug@preventionte: IV. Please choose the following Health 1 A State designated Health Home of		Extension			
Contact Email doug@preventiontes IV. Please choose the following Health		Extension			
V. Please choose the following Health A State designated Health Home of		•		101	
If your organization does not app but your organization believes that your organization believes that your are choosing VAP Exception iii—The Deletwork Care Management Agencies (CMA rending CMS approval. If your Health Home rending CMS approval, but should submit the your provider safety net its, you do not need to sur on another approved safety net provider omplete this form.	t it should qualify as a Heal partment has submitted a s) that have already been a appears on this list as pen is form. If the organization ubmit this form. If your org	Ith Home, please make this draft list of State Designat approved as safety net providing approval, you may be noperating your Health Hoganization does not appear	ted Health He oviders as wel e granted a V ome/CMA alr r on the draft	lomes and Ill as those that are /AP Exception ready appears on it Health Home list	
V. Percentage of Medicaid & Uninsured mo	mbers that your facility so	erves			
Medicaid (FFS & M	C) Ur	ninsured	Data So	ource Year	
Percentage N/A		N/A	N/A	١	
		ninsured			

10/30/2014 Transitional Services for New York, inc



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

Appeal Applicant Inform					
· · · · · · · · · · · · · · · · · · ·	Yes			▼	You have chosen the following Health Home category:
Organization Name:	mation				VI. Restricted to 3500 Characters only!
	Transitional Services for New York, inc				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Select PPS			-	I am hereby requesting approval as a safety net entity as I have been listed by the
•					department of health as a high volume provider of Medicaid care management service
Provider Type:	Health Hor	ne/Care Management Agen	су		or
Provider Type - Other:					
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:		2189875	1	1780855213	
Agency Code:					
Billing Entity ID:					
	Address	City	State	Zip	Character Count: 2
Address :	90-27 Sutphin Boulevard	Jamaica	NY	11435	We are submitting the VAP exception for our Care Management program. While we are an OMH safety net provider by definition and lis
County:		Queens			the health home sheet on the DOH website, it remains unclear if filing is required so we are doing so to insure our designation.
Appeal Point of Contac					
Contact Person Danie	Operating Officer				
Contact Phone (718)		Extension			
Contact Email ddon		Extension			
your organization I are choosing VAP Excep e Management Agencies S approval. If your Health roval, but should submit list, you do not need to s	on does not appear on the draft Health Hobelieves that it should qualify as a Health tion iii— The Department has submitted a (CMAs) that have already been approved. Home appears on this list as pending appears form. If the organization operating y ubmit this form. If your organization doer list, but your organization believes that	Home, please make this sel draft list of State Designate as safety net providers as w proval, you may be granted our Health Home/CMA alre- s not appear on the draft H-	ection. d Health Ho rell as those a VAP Excep ady appears ealth Home I	omes and Network that are pending thion pending CMS on another safety list or on another	
rm.	& Uninsured members that your facility s	erves			
rm. Percentage of Medicaid 8		Uninsured	Data So	ource Year	
2 If your organization by your organization by	believes that it should qualify as a Health	Home, please make this sel	ection.		

10/30/2014 Trillium Health Inc VAP Exception Appeal Form final

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



						basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
	nment 30 days prior to applica	ation approval. Three	allowed reason	ns for grantii	ng an exception	are shown in Section IV.
I. Are you a Medicaid Pr						
Answei	Yes				▼	You have chosen the following VAP Exception: iii
II. Appeal Applicant Info	rmation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organization Name	Trillium Health, Inc.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined PPS	Finger Lakes PPS				•	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
· ·	aluated in the context of the PPS					the space below, please include:
	VAP Exception in that PPS as we		ee the "VII_Add	litional PPSs'	' tab to select	
· ·	II and VII of the instructions for	further clarification!			_	a. A description of your entity in specific relation to being a Health Home.
Provider Type	Health Home/Care Management Ager	ncy			▼	
Provider Type - Other	:					Please do not submit this form if you are already on the draft Health Home List.
	Operating Certificate/Lie	cense #	MMIS*		NPI*	
Unique Identifiers	: 2701230R	0	1230991	186	51496358	
Agency Code	: NA					
Billing Entity IC						Character Count: 1787
	Address		City	State	Zip	Trillium Health is a local community service provider and medical clinic. We provide Health Homes Care Management and are a downstream Care
Address	259 Monroe Avenue	Rochester		NY	14607	Management provider for the Health Home of Upstate New York (HHUNY). We serve adults who live in several counties including Monroe,
III. Appeal Point of Cont	art				* REQUIRED	Wayne, Ontario, Livingston, Seneca, Yates, Schuyler, and Steuben. We serve economically disadvantaged, communities and individuals with a hos
	ee Savino-Hondorf					of chronic health conditions and socioeconomic factors that contribute to inappropriate utlization of the Health Care systemparticularly emergency departments. Without the services/supports that Trillium Health offers, many of our patients/clients would have no where else to
	ociate Director of Health Homes	<u> </u>				turn. We currently have six full time Health Home Care Managers in the Rochester office and three staff who work in our Bath and Geneva sites.
	5) 210-4106		Extension		NA	In addition, we have outreach specialists who assist us with outreach and engagement for potential candidates we receive from both the DOH
Contact Email rho	ndorf@trilliumhealth.org					lists along with community and internal referrals.
IV. Please choose the fo	llowing VAP Exception:					Our comprehensive and integrated care offers:
O i A community w	ill not be served without granting mmunity.	g the exception because	no other eligible	e provider is	willing or capable	Health Homes Care Management primary care Specialized healthcare for LGBT communities Women's health Behavioral Wellness/Counseling
	niquely qualified to serve based for clear track record of success			relationships	within the	
<i>"</i>	ated health home or group of he	· ·				HIV/AIDS specialty care STD and rapid HIV testing On-site pharmacy services through the Pleasant Street Apothecary
indicate what PPS you inte	tion i & ii – Please indicate what nd to join, then you will be denie f you are part of multiple PPSs, s	ed. Please indicate the r				
When choosing VAP Excep	tion iii – The Department has sul	bmitted a draft list of Sta	te Designated H	lealth Homes	and Network	
Care Management Agencie	es (CMAs) that have already beer	n approved as safety net	providers as we	II as those th	at are pending	
	th Home appears on this list as p		_			
safety net list, you do not i	to submit this form. If the organi need to submit this form. If your	organization does not a	ppear on the dra	aft Health Ho	me list or on	
complete this form. List is	et provider list, but your organiz available on the DSRIP website. , if you are joining more than or					
	. It you are joining more than or		section vii) to a	uu auuitiona	i FF35.	
N	ledicaid (FFS & MC)	Uninsured		Data Sou	rce Year	
Percentage	40%	1%		Billing De	ept 2013-2014	
understand that this appeal. Name Title	the information and data provi information may be subject to a Carla D'Angel SVP, Administra peals from the CEO, CFO or co	audit and I may be asked lo Ition	Ans Yes	umentation wer		



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

	ublic comment 30 days prior			. ucminition of	ra case by case i	basis in it is decined in the best interest of wich lead in embers. Any exceptions that are considered must be approved by ewis and must
	dicaid Provider					
•	Answer Yes				-	You have chosen the following Health Home category: 1
II. Appeal Appli	icant Information					VI. Restricted to 3500 Characters only!
Organizat	ion Name: United Health Servi	ces Hospitals, Inc Medi	caid Health Home			The narrative section is optional, but you may write additional notes.
OPTIONAL-	Joined PPS: United Health Services I	Hospitals, Inc			•	I am hereby requesting approval as a safety net entity as I have been listed by the
						department of health as a high volume provider of Medicaid care management services or
Provider T	ype:	Health Hom	e/Care Management Agen	су		
Provider Ty			, , ,	•		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ertificate/License #	MMIS*		NPI*	
Unique		03001H	3004639	15	18998699	
	ency Code:					i
	g Entity ID:					
		ddress	City	State	Zip	Character Count: 677
	Address : 10-42 Mitchell Aver	nue	Binghamton	NY	13903	The United Health Services Hospitals Medicaid Health Home hereby requests approval as a Safety Net entity as UHSH Medicaid Health Home has
	County:	gy: Broome				been listed by the Department of Health as a high volume provider of Medicaid and Managed Medicaid Care Management services. UHSH Medicaid Health Home operates as both a Lead Health Home as well as provides Care Management Services for UHSH Health Home participant
III. Appeal Poin	t of Contact					Medicaid Health Home operates as both a Lead Health Home as well as provides Care Management Services for UHSH Health Home participant The population served by the UHSH Health Home fully consists of Medicaid beneficiaries, however it is of note that the NPI number for the Health Home is shared with United Health Services Hospitals as an overarching company which also serves non-Medicaid beneficiaries.
Contact Pe	erson Robin Kinslow-Evans					
	Title Vice President of Strateg	y and Market Developm				
	hone 607-762-2801 Email Robin Kinslow-Evans@u	h	Extension			
Contact	Liliali Kobili_Kilisiow-Lvalis@u	115.01 g				¹
You are choosing Care Managemen CMS approval. If approval, but sho net list, you do n approved safety form.	organization does not appear organization does not appear organization believes that it should be the compart of the compart o	on the draft Health Hon ald qualify as a Health H ment has submitted a c ready been approved a this list as pending appr anization operating you your organization does i nization believes that it	ome, please make this sele draft list of State Designate s safety net providers as w oval, you may be granted a ir Health Home/CMA alrea not appear on the draft He should qualify as a Health	ection. d Health Hom ell as those th a VAP Exceptic dy appears on alth Home list	es and Network at are pending in pending CMS another safety or on another	
Γ	Medicaid (FFS & MC)	U	ninsured	Data Sou	rce Year	
Percentage	100%		0%	eMedNY/R		1
		•			•	
my knowle documenta	ertify that the information and dge. I understand that this info	•	ct to audit and I may be as			
Name Title		tegy and Market Devel	opment	.3 0 140		

10/30/2014 Venture House



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

Provider Type: Provider Type - Other: Unique Identifiers:	ation nuture House lect PPS	Home/Care Management Age		▼	You have chosen the following Health Home category: 1 VI. Restricted to 3500 Characters only!			
Organization Name: Ventu OPTIONAL-Joined PPS: Select Provider Type: Provider Type - Other: Unique Identifiers:	enture House lect PPS Health Ho	Home/Care Management Age						
OPTIONAL-Joined PPS: Select Provider Type: Provider Type - Other: Unique Identifiers:	lect PPS Health Ho	Home/Care Management Age			The narrative section is optional, but you may write additional notes.			
Provider Type: Provider Type - Other: Unique Identifiers:	Health Ho	Home/Care Management Age		-				
Provider Type - Other: Unique Identifiers:		Home/Care Management Age		<u> </u>	I am hereby requesting approval as a safety net entity as I have been listed by the			
Provider Type - Other: Unique Identifiers:		Home/Care Management Age			department of health as a high volume provider of Medicaid care management services			
Unique Identifiers:	Operating Certificate/License #		ency		or			
	Operating Certificate/License #	OMH 1915i provider						
		MMIS*	N	PI*				
Agency Code:		19620						
Billing Entity ID:		1						
	Address	City	State	Zip	Character Count: 577			
	0-10 Hillside Ave.	Jamaica	NY 11432		Venture House is a downstream provider in the COORDINATED BEHAVIORAL CARE INC. health home network. Venture House serves a population of the coordinate of t			
County:					of people who have a mental illnes and are receiving SSI or SSD benefits because of the illness. Venture House is located in Jamaica, Queens			
Annual Daint of Contact					medically underserved area and is the only Accredited Cluhouse in western Queens. Venture House provides employment, skills building,			
Appeal Point of Contact	al Calanas da				wellness, housing, supported education and a range of other recovery based opportunities that reduce isolation, build an individuals network.			
Contact Person Raymond S	id Schwartz				support wellness.			
Contact Phone 646-747-15	ve Director	Futancia						
Contact Empil ray@yontu	ve Director 7-1509	Extensio	on					
A State designated Heal Home and Downstream	ve Director 7-1509	se are all for option 3 of t	he safety net def					
IV. Please choose the following 1	ve Director 7-1509 nturehouse.org ving Health Home category. Thes ealth Home or Health Home provider	se are all for option 3 of t er that is already on the Pend Home list or on another app Ith Home, please make this s ed a draft list of State Designa red as safety net providers as approval, you may be grante g your Health Home/CMA all does not appear on the draft	the safety net def ding State-Designate proved safety net p selection. atted Health Homes s well as those that ad a VAP Exception ready appears on a Health Home list o	and Network are pending CMS nother safety or on another				
V. Please choose the following A State designated Healt Home and Downstream If your organization doe your organization believ You are choosing VAP Exception in Care Management Agencies (CMA 2MS approval. If your Health Home approval, but should submit this finet list, you do not need to submit approved safety net provider list, form.	ve Director 7-1509 nturehouse.org ving Health Home category. These ealth Home or Health Home provider am Care Management Agency List. does not appear on the draft Health I lieves that it should qualify as a Health I lieves that it should qualify as a Health I lieves that it should part that have already been approve ome appears on this list as pending a is form. If the organization operating omit this form. If your organization does not prove the control of the cont	se are all for option 3 of t er that is already on the Pend that is already on the Pend that is already on the Pend that is already on another app that is already on another app that is do a draft list of State Designa red as safety net providers as approval, you may be grante g your Health Home/CMA all does not appear on the draft that it should qualify as a Heal	the safety net def ding State-Designate proved safety net p selection. atted Health Homes s well as those that ad a VAP Exception ready appears on a Health Home list o	and Network are pending CMS nother safety or on another				
A State designated Heal Home and Downstream If your organization doe your organization believ ou are choosing VAP Exception i are Management Agencies (CMA MS approval. If your Health Hompproval, but should submit this fet list, you do not need to submit perpoved safety net provider list, orm. Percentage of Medicaid & Unit Medicaid	ve Director 7-1509 nturehouse.org ving Health Home category. These ealth Home or Health Home provider am Care Management Agency List. does not appear on the draft Health I lieves that it should qualify as a Health I lieves that it should qualify as a Health I lieves that it should palify as a Health I lieves that it should palify as a Health I lieves that it should palify as a Health I lieves that it should palify as a Health I lieves that the part of the p	se are all for option 3 of t er that is already on the Pend that is already on the Pend that is already on the Pend that is already on another app that is already on another app that is do a draft list of State Designa red as safety net providers as approval, you may be grante g your Health Home/CMA all does not appear on the draft that it should qualify as a Heal	the safety net def ding State-Designate proved safety net p selection. atted Health Homes s well as those that ad a VAP Exception ready appears on a Health Home list o	and Network are pending pending CMS nother safety r on another mplete this				

10/30/2014 Villa of Hope



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

Are you a Medicaid Prov	vider				
Answer	Yes			▼	You have chosen the following Health Home category: 1
Appeal Applicant Inform	mation				VI. Restricted to 3500 Characters only!
Organization Name:	Villa of Hope				The narrative section is optional, but you may write additional notes.
OPTIONAL-Joined PPS:	Finger Lakes PPS			-	I am hereby requesting approval as a safety net entity as I have been listed by the
					department of health as a high volume provider of Medicaid care management services
Provider Type:	Hoalth Home	e/Care Management Agenc	,	1	
	neatti nome	e/Care ivianagement Agenc	у		or
Provider Type - Other:		14446*	1	NO.	
	Operating Certificate/License #	MMIS*		NPI*	
Unique Identifiers:	Multiple-see narrative to right	02996312	15	5789640298	
Agency Code:		37220			
Billing Entity ID:	Address	n/a City	State	7in	Character Count: 798
Address : 3	3300 Dewey Ave	City Rochester	NY	Zip 14616	The Villa of Hope is a downstream care management provider for both the HHUNY (Health Homes of Upstate New York) and GRHHN (Grea
County:	3300 Dewey Ave	nochestel	1 141	14010	Rochester Health Home Network) as well as a provider of OASAS, OMH, and OCFS Foster Care services. While we are on the Safety Net Pro
· •					Rochester Health Home Network) as well as a provider of OASAS, OMH, and OCFS Foster Care services. While we are on the Safety Net Pro list as OMH, OASAS, Foster Care agencies, and downstream Care Management we are applying to ensure that as a downstream provider w
. Appeal Point of Contac					designated a Saftey Net Provider for Health Home Care Management. Our Unique Identifiers - Operating Certificate/License #s from left of
Contact Person Jodi B					are as follows: (OASAS 817- 160911629) (OASAS 822-160511362) (OMH RTF- 7598040) (OMH Community Residence- 7598431) (OCFS-
Contact Phone 585-8	tor of Program Development and Quality	Extension	_	370	Residential - Agency ID-W14, Regular Beds -RID-189340 and VID 00A02154B, Hard to Place Beds - RID-20858545 and VID 0A102398).
	parbera@villaofhope.org	Extension		370	
A State designated Home and Downstr	owing Health Home category. These and Health Home or Health Home provider the tream Care Management Agency List.	· ·	•		
A State designated Home and Downstr If your organizatio	Health Home or Health Home provider that	at is already on the Pending	State-Desig	gnated State Health	
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10/30/2014 VillageCare TCM

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 Expertion: The ctate will consider exceptions to the safety not definition on a case by case basis if it is decembed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must

				•				oasis in tis deemed in the best interest of interior of medical members. Any exceptions that are considered must be approved by Civis and must
		nent 30 days prior to appl	ication approval. Th	ree allowed reaso	ns for grant	ting an	exception a	re shown in Section IV.
I. Are you a Mo	edicaid Pro	vider						
	Answer	Yes					-	You have chosen the following VAP Exception: iii
II. Appeal App	licant Infor	mation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	tion Name:	Village Center for Care						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
_	Joined PPS:	Maimonides Medical Center					-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
^^ The VAP Exce	eption is eva	uated <u>in the context of the F</u>	PPS you are joining. If	you are joining more	than one P	PS, you	have the	the space below, please include:
		AP Exception in that PPS as v						
multiple PPS's. S	See Section I	and VII of the instructions for	or further clarification	n!				a. A description of your entity in specific relation to being a Health Home.
Pro	ovider Type:	Health Home/Care Management Ac	gency				~	
Provider Ty	vne - Other:		,,					Please do not submit this form if you are already on the draft Health Home List.
Trovider 1	ype Other.	On another Contificate	11:	MMIS*	1	NPI*		
		Operating Certificate/	License #					
	Identifiers:			01539335	10	0635731	.52	
	gency Code:	50445052						Character Count: 113
Billir	ng Entity ID:		-	6.1	6			
	A -l -l	Address		City	State		Zip	This provider is in a pending CMS approval status category of bulk exception as a downstream health home provider
	Address	120 Broadway, Suite 2840	New	York	NY		0271	
III. Appeal Poir	nt of Conta	rt					REQUIRED	
	erson Alliso							
COIIIaci P		Strategy Officer						
Contact				Extension				
	Phone 212-3	ons@villagecare.org		EXTENSION				
	-							
IV. Please choo	ose the foll	owing VAP Exception:						
Any he comm	tate-designat VAP Excepti PS you intend	quely qualified to serve base or clear track record of succe ted health home or group of on i & ii – Please indicate wh d to join, then you will be de	ss in reducing avoidal health homes. ** nat Performing Provionied. Please indicate	ole hospital use. der System (PPS) you	plan on join	ning. If y	ou do not	
		you are part of multiple PPSs						
_	-	on iii– The Department has s		_				
CMS approval. If approval and do safety net list, you another approve complete this fo	f your Health o not need to ou do not ne ed safety net orm. List is av	(CMAs) that have already be a Home appears on this list a submit this form. If the orga- ted to submit this form. If yo provider list, but your orgar vailable on the DSRIP website	s pending approval, y anization operating your organization does nization believes that e.	ou will be granted a our Health Home/CN not appear on the dr it should qualify as a	VAP Exception IA already appraise the Health Homeon	on pend ppears o Iome list ne, pleas	ing CMS on another or on ee	
- For	Section IV,	if you are joining more than	one PPS, use second	tab (Section VII) to a	add addition	iai PPSS.		
V. Percentage o	of Medicaid 8	& Uninsured members that y	our facility serves					
	Me	dicaid (FFS & MC)	Uninsur	ed	Data So	urce	Year	
Percentage		100%	0%		AIRS	5	2013	
-	d that this ir e e	he information and data pro information may be subject to Emma Dev. President and Chief Ex	o audit and I may be /ito /iccutive Officer	asked to provide do	cumentation swer	-	_	



CFO

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**

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

	•	comment 30 days prior to	o application ap	proval.		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
I. Are you a M	ledicaid Pro Answer					▼	You have chosen the following Health Home category: 1
II. Appeal App						<u></u>	VI. Restricted to 3500 Characters only!
		Visiting Nurse Services of No	ortheastern NY (a	dha of Visiting Nurse	e Service Ass	ociation of Schenecta	The narrative section is optional, but you may write additional notes.
		Ellis Hospital	incusterii ivi (u	aba or visiting ivals	c Scrvice Ass	▼	I am hereby requesting approval as a safety net entity as I have been listed by the
						ş	department of health as a high volume provider of Medicaid care management services
Provider	Туре:		Health Home/C	are Management Ag	ency		or
Provider T	ype - Other:		СННА а	and Health Home			
		Operating Certificate/	License #	MMIS*		NPI*	
Unique	e Identifiers:	4601600		02997684		1841360740	
	gency Code:						
Billi	ng Entity ID:	Address	T	City	State	e Zip	Character Count: 3500
	Address :	108 Erie Blvd	S	Schenctady	NY	12305	The Visiting Nurse Services of Northeastern NY (VNS NENY) is a member of the Ellis Medicine PPS servicing 172,000 are Medicaid enrollees in
	County:			chenectady	1		Albany, Rensselaer, Saratoga, Schenectady, Montgomery and Fulton Counties. The ability of the PPS to service patients would be compromised
III. Appeal Poi	int of Conta	ct					if VNS NENY is not included. The VNS NENY meets the expectations of the appeal because the three reasons:
Contact F							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 of
	Title CFO			1	,		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
	Phone 518-3	82-8050 ert@vnshomecare.org		Extension	on	258	sole Health Home in Schenectady County and the sole Health Home serving South Saratoga County, the VNS NENY is integral in DSRIP PPS performance. The VNS NENY does appear on the draft list of state designated Health Homes.
A Star Healt 2 If you but you	te designated h Home and l ur organizatio our organizat ng VAP Excep	owing Health Home cate, I Health Home or Health Hor Downstream Care Managem on does not appear on the dr ion believes that it should qu betion iii—The Department ha Agencies (CMAs) that have a	ne provider that nent Agency List. raft Health Home ualify as a Health	is already on the Per list or on another ap Home, please make aft list of State Desig	oproved safet this selection	Designated State ty net provider list, n.	2. VNS NENY meets the 35% safety net criteria when considering its CHHA services and Health Home services both in visits / encounters. The VNS NENY combined Medicaid and eligible services rate is 40.73%. The original formula (CHHA visits / encounters) for the Safety Net appeal showed a utilization of 32.40%, just short of the 35% required. This data excluded patient encounters through our Health Home, services which are billed by the VNS under the same NPI. 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 agency revenue, exceeding the 35% threshold. Service Visits/Encounters [Percentage] CHHA 18,245 [32.40%] Health Home – 2013 (1st full year) 7,916 [100%]
pending CMS ap another safety or on another a complete this fo	pproval, but s net list, you o pproved safe orm.	ur Health Home appears on thould submit this form. If the lonot need to submit this fotty net provider list, but your the things of the long the lo	e organization op orm. If your organ organization bel	perating your Health nization does not app lieves that it should c	Home/CMA ear on the d	already appears on raft Health Home list	Total 26,161 [40.73%] If we look at 2013 Medicaid revenue instead of utilization the argument becomes stronger as shown below: Service Revenue Percentage CHHA \$4,546,371 [37.28%] Health Home \$1,723,417 [100%]
	Med	dicaid (FFS & MC)		sured		Source Year	Total \$6,269,788 [45.05%]
Percentage		100%		0%		y Reports 2013	The VNS NENY is the primary CHHA (majority of patients served) in Schenectady County serving Medicaid enrollees. Until recently it was the only CHHA in Schenectady County. The VNS NENY is affiliated with the largest acute care provider in Schenectady County Ellis Medicine.
my knowl	edge. I unde	ne information and data proess erstand that this information port of this appeal.					The VNS provides comprehensive home care services to residents in 7 counties – Schenectady, Saratoga, Albany, Schoharie, Warren, Essex and Franklin. Along with our home care program and Health Home, we also operate:
		Tim David			Answer		Care Choices -a specialized palliative program for the coordination of healthcare services in the homecare setting for persons with very serious illnesses. Care Choices works in collaboration with Ellis Medicine and Community Hospice and will be in integral part of the PPS. This program recently received a BIP award of \$347,000 to serve fee-for-service Medicaid members.

Vital Access Provider Exception Form

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 10/30/2014 VNA Homecare Options VAP Exception Application

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 I	Exception: The state will o	consider exceptions to the	e safety net	definition of	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 comn	nent 30 days prior to applic	cation approval. Three allo	owed reasor	ns for grant	ing an exception a	re shown in Section IV.
I. Are you a Medicaid Provider							
Answer Yes ▼							You have chosen the following VAP Exception: i
II. Appeal Applicant Information							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization Name: VNA Homecare Options							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined PPS: Upstate University Hospital						•	You chose the qualification i, in the space below please include:
^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the						PS, you have the	
option of apply	ing for the V	AP Exception in that PPS as w	ell (if applicable). Please see	the "VII_Add	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
multiple PPS's.	See Section II	and VII of the instructions for	r further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider Type: Health Home/Care Management Agency							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
	7,000	Operating Certificate/L	iconco # MA	MIS*		NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers:	Operating Certificate/L	** **	29059	10	301140777	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:		0354	29059	10	501140777	
Billing Entity ID:							Character Count: 2112
5	ing Entity io	Address		ity	State	Zip	VNA Homecare Options is a Medicaid Managed Long Term Care (MLTC) Program serving a 9 county area in Central and Eastern New York; this
	Address	1050 West Genesee St	Syracuse	,	NY	13204	service area includes Cayuga, Madison, Onondaga and Oswego Counties within the Upstate University Hospital Performing Provider System (PPS).
		* REQUIRED					VNA Homecare Options serves a population of Medicaid-eligible adults who require long term care services. The key benefit that VNA Homecare
III. Appeal Point of Contact							Options offers as a Vital Access Provider (VAP) is through the intensive care management that is provided to its members. The care management
Contact I	Person Mary	Kate Rolf	ate Rolf				model at VNA Homecare Options includes Registered Nurses and Licensed Medical Social Workers who coordinate care and services for the
	Title Presid						members under their caseloads. The other advantages of VNA Homecare Options include:
	Phone (315)			Extension			- A single point of access to help members navigate the health care system,
Contact Email mkrolf@477home.org							- An individualized plan of care, developed by the care manager in collaboration with an interdisciplinary team, which relies heavily on community services that results in good clinical outcomes and supports the member and care giver, - Keeps the member in a setting that meets his/her medical/behavioral health needs without over or under-utilizing service - Ability to be creative and flexible when developing the careplan Care managers are in frequent contact with MLTC members and are able to quickly detect symptoms of worsening behavioral and medical conditions. Members are both connected with the resources they require to avoid an exacerbation and in engagement and self-management of their conditions. The efficacy of these efforts is demonstrated in VNA Homecare Options' member hospitalization rate; the average monthly rate of hospitalization is only 9.65%, compared to the MLTC 2013 reported state average of 15%. VNA Homecare Options is able to maximize health outcomes, mitigate chronic disease exacerbation and prevent unnecessary utilization of inpatient services through intensive care management and the judicious provision of in home services to Medicaid-recipients throughout Upstate University Hospital's PPS service area.
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 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 Medicaid (FFS & MC) Uninsured Data Source Year						ing. If you do not eal Applicant es and Network that are pending on pending CMS opears on another one list or on he, please	
Percentage		100%	0%		Meditu	ire 2014	
rercentage		100%	U70		ivieditt	2014	
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Mary Kate Rolf No N							
Title President/CFO							