



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: Adirondack Health Institute Health Home
 Joined PPS: Adirondack Health Institute

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 3449974 1740557735
 Agency Code:
 Billing Entity ID:
 Address 101 Ridge St City Glens Falls State NY Zip 12801

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 0

III. Appeal Point of Contact

Contact Person Annette Parisi
 Title Health Home Department Manager
 Contact Phone 518-480-0111 Extension 6
 Contact Email aparisi@adkhi.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%	0%	Program	2014

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.

Name Cathy Homkey
 Title CEO
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: AIDS Center of Queens County, Inc. ("ACQC")
 Joined PPS: The New York Hospital Medical Center of Queens

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other: _____
 Operating Certificate/License # _____ MMIS* 2996601 NPI* 1629274972
 Unique Identifiers: _____
 Agency Code: _____
 Billing Entity ID: _____
 Address 161-21 Jamaica Avenue, 6th Floor Jamaica NY 11432-6113
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 105

III. Appeal Point of Contact

Contact Person: Rosemary Lopez
 Title: Associate Executive Director, Program Services
 Contact Phone: 718-896-2500 Extension: 5736
 Contact Email: rlopez@acqc.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	98%	2%	Billing records	2014

VIII. Yes I Herby 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: Mitchel Eisenberg
 Title: CFO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

ACQC is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider



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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: AIDS Community Resources, Inc.
 Joined PPS: Upstate University Hospital

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency

Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	1272031	1477672798	
Agency Code:			
Billing Entity ID:			
Address	City	State	Zip
627 West Genesee Street	Syracuse	NY	13204

* REQUIRED

III. Appeal Point of Contact

Contact Person: Jeanette O'Connor-Shanley
 Title: Director of Support Services
 Contact Phone: 315-475-2430 Extension: 401
 Contact Email: jconnorshanley@acrhealth.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	95%	5%	AIRS Data	2014

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.

Name: Michael Crinnin
 Title: Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:

a. A description of your entity in specific relation to being a Health Home.

Please do not submit this form if you are already on the draft Health Home List.

Character Count: 1798

AIDS Community Resources, Inc. is in a pending-CMS-approval status category of bulk exceptions as a downstream health home provider and was advised by New York State Department of Health to complete the VAP application. AIDS Community Resources, Inc. has been a licensed Medicaid 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 individuals living with chronic diseases in our nine county service area of Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, 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 individuals and families, we are often the first to 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 emergency rooms and inpatient care by referring and linking individuals into primary health care; this being one of the main goals of Health Home care management. AIDS Community Resources, Inc. 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. 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.



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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii iii

II. Appeal Applicant Information

Organization Name: AIDS Council of Northeastern New York
 Joined PPS: Albany Medical Center Hospital

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other: NA
 Operating Certificate/License #: NA
 MMIS*: NA
 NPI*: 12656528685
 Unique Identifiers: NA
 Agency Code: NA
 Billing Entity ID: E1429318
 Address: 927 Broadway, City: Albany, State: NY, Zip: 12207

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 3456

III. Appeal Point of Contact

Contact Person: Michele McClave
 Title: Executive Director
 Contact Phone: 518-434-4686 Extension: 2431
 Contact Email: mmcclave@aidsCouncil.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	50%	45%	nt report; estim	2014

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 Homes throughout 14 counties in Northeastern New York State to provide health home care management. In relation to Albany Medical Center's DSRIP PPS--which spans Albany, Columbia, Greene, Rensselaer, Schenectady, and a portion of Saratoga County--those Health Homes consist of Capital Region Health Connections, Hudson River Health Care, and Care Central. We care manage 350 individuals with a range of chronic health conditions--HIV and other STDs, asthma, obesity, diabetes, etc.--across these three Health Homes. Albany Medical Center's DSRIP project list includes the following projects that the AIDS Council's Health Home care management services will support: 1) Care transitions to reduce 30 day 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 11: patient activation activities to engage, educate, and integrate uninsured and low/non-utilizing Medicaid populations into community based care. The AIDS Council is the only NYSDOH AIDS Institute designated Community Service Program (CSP) in Northeastern New York. CSPs are charged with providing comprehensive HIV supportive services and prevention programs that operate across large geographic tracts, ensuring every infected or at-risk New Yorker has access to HIV services. The AIDS Council offers care management (both Health Home and grant funded), facilitated enrollment into health insurance, behavioral health education, transportation, housing financial assistance and support services, 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 outreach, prisoner reentry support, reengagement activities for people who have fallen out of care, and much more. We are the sole provider of 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 service provider for the subpopulations most affected by HIV/AIDS, such as the LGBT community, which faces unique health issues and barriers to engaging in healthcare, minority populations and substance users. Our experience with these populations, and the level of trust we have with 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 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 initiatives since many parolees and ex-offenders are Medicaid-eligible upon release. Throughout all of our programs, we serve over 5,000 individuals each year; over 90% are either on Medicaid, dual eligible or uninsured.

VIII. Yes I Herby 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: Michele McClave
 Title: Executive Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: AIDS Service Center NYC dba Allied Service Center NYC
OPTIONAL-Joined PPS:

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: 1544

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		1484019	1710109947	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	41 East 11th Street, 5th Floor	New York	NY	10003
County:	Manhattan			

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-Designated Health Home and Downstream Care Management Agency List. ASCNYC has been a licensed Medicaid provider of Health Home Care Management services (formerly Targeted Case Management) for over 20 years, and we have been at the forefront of innovation throughout the Medicaid Redesign process. Furthermore, ASCNYC is a member of iHealth, 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 Health Home contracts to deliver comprehensive care management services: Brooklyn Health Home (formerly Maimonides Health Home), CCMP, Community HealthCare Network Brooklyn Health Home (CHN Brooklyn HH), Mount Sinai Health Home and New York Presbyterian Health Home. The ASCNYC Health Home Care Management Program is receiving direct referrals from all five Health Homes for out-reach and enrollment for clients who are Medicaid-eligible and living with HIV and other chronic conditions.

III. Appeal Point of Contact

Contact Person	Sharen Duke		
Title	ED/CEO		
Contact Phone	212-645-0875	Extension	304
Contact Email	sharen@ascnyc.org		

It is essential that CMS approves NYSDOH's request to identify ASCNYC and all converting TCM providers as a "Vital Access Provider". ASCNYC 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.

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	90%	10%	AIRS (EMR)	2014

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.

Name Yes No
 Title
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following Health Home category:	1
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II. Appeal Applicant Information

Organization Name:	Allegany County Community Services
OPTIONAL-Joined PPS:	Finger Lakes PPS

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: 462

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		1287801	1316111636	
Agency Code:	70620			
Billing Entity ID:	1287801			
	Address	City	State	Zip
Address:	45 North Broad Street	Wellsville	NY	14895
County:	Allegany			

Allegany County Community Services is the LGU for Allegany County. We are one of two legacy case management providers providing Health Home services within Allegany County. We have worked collaboratively with HHUNY to develop and provide services to individuals within Allegany County. We have recently hired an additional care manager to address the needs of individuals being referred and are dedicated to meeting the need of individuals of Allegany County.

III. Appeal Point of Contact

Contact Person	Lindy White		
Title	Assistant Director of Allegany County Community Services		
Contact Phone	585-593-1991	Extension	
Contact Email	white.lindy74@gmail.com		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	96%	4%	units of service	2014

VIII. Yes I Herby 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.



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 exception 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

II. Appeal Applicant Information

Organization Name: Allegany County Community Services
OPTIONAL-Joined PPS: Finger Lakes PPS

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 department of health as a high volume provide

Provider Type: Health Home/Care Management Agency
Operating Certificate/License #, MMIS*, NPI*, Agency Code, Billing Entity ID, Address, City, State, Zip, County

III. Appeal Point of Contact

Contact Person: Lindy White
Title: Assistant Director of Allegany County Community Services
Contact Phone: 585-593-1991
Contact Email: white.lindy74@gmail.com

IV. 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 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.

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

Table with columns: Medicaid (FFS & MC), Uninsured, Data Source, Year. Handwritten values: 95.51%, 4.49%, Units of Service, 2014.

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.

Signature of Robert W. Anderson, PhD.

Name: Dr. Robert W. Anderson, PhD.
Title: Director of Allegany County Community Services

Answer: Yes

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



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

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

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category: 1

II. Appeal Applicant Information

Organization Name: Argus Community, Inc. OPTIONAL-Joined PPS: Select PPS

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: 144

and this provider, Argus Community, Inc., is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider.

Table with Provider Type, Unique Identifiers, and Address information.

III. Appeal Point of Contact

Contact Person: James G. Schiller, PhD, Title: Deputy Executive Director, Contact Phone: 718-401-5733, Contact Email: jschiller@arguscommunity.org

IV. 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 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.

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

Table showing Medicaid (FFS & MC) at 96% and Uninsured at 4% for 2014.

VIII. Yes I Herby 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: Richard Weiss, Title: President & CEO, Answer: Yes

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



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: Baden Street Settlement
 Joined PPS: Finger Lakes PPS

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: OASAS-Article 32
 Provider Type - Other: We are also a Health Home Care Mgmt provider Agency under HHUNY, OPWDD
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 160510671 2085225 1578608832
 Agency Code: 16220
 Billing Entity ID:
 Address 585 Joseph Ave City Rochester State NY Zip 14605

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 830

III. Appeal Point of Contact

Contact Person: Mary Gomez DeSantis
 Title: Director of Behavioral Health Services
 Contact Phone: 585-481-0435 Extension
 Contact Email: mgomez@badenstreet.org

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 became part of HHUNY and provide outreach and care management services to medicaid eligible clients in the 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 management services we offer assistance to clients in promoting positive change and improving medical outcomes by assisting clients in connecting with community resources such as housing, transportation, emergency needs, family supports, pcp's, dentist, mental health services, substance abuse treatment etc. By providing such supports the goal is to improve quality of life, quality of health/health promotion.

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	97%	3%	cfr	2014

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.

Name: Mary Gomez DeSantis on Behalf of Ron Thomas CEO
 Title: Director of Behavioral Health Services
 Only appeals from the CEO, CFO or comparable will be accepted
 Answer: Yes No



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Bronx AIDS Services d/b/a BOOM!Health
OPTIONAL-Joined PPS: Amida Care, Inc.

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		01243521	1669642211	
Agency Code:				
Billing Entity ID:	1669642211			
	Address	City	State	Zip
Address :	540 E. Fordham Rd	Bronx	NY	10458
County:	Bronx			

Character Count: 2585

III. Appeal Point of Contact

Contact Person: Robert Cordero
Title: President / CPO
Contact Phone: (917) 640-6274 Extension:
Contact Email: rcordero@boomhealth.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	92%	8%	Client Records	2013

Bronx AIDS Services (d/b/a BOOM!Health) operates a continuum of care that is designed to address the multi-faceted health and psychosocial 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 Delivery System Reform Incentive Program (DSRIP). BOOM!Health has been a licensed Medicaid provider of Health Home Care Management services (formerly Targeted Case Management) for over 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 Southern Blvd, and the BOOM!Health Central Offices at 540 Fordham Rd) and has been at the forefront of innovation throughout the Medicaid 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!Health 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!Health has co-located Article 28 primary 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.

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.

Name Robert Cordero Yes No
Title President / CPO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Bronx AIDS Services d/b/a BOOM!Health
OPTIONAL-Joined PPS: Bronx-Lebanon Hospital Center

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		01243521	1669642211	
Agency Code:				
Billing Entity ID:	1669642211			
	Address	City	State	Zip
Address :	540 E. Fordham Rd	Bronx	NY	10458
County:	Bronx			

Character Count: 2585

III. Appeal Point of Contact

Contact Person: Robert Cordero
Title: President / CPO
Contact Phone: (917) 640-6274 Extension:
Contact Email: rcordero@boomhealth.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	92%	8%	Client Records	2013

Bronx AIDS Services (d/b/a BOOM!Health) operates a continuum of care that is designed to address the multi-faceted health and psychosocial 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 Delivery System Reform Incentive Program (DSRIP). BOOM!Health has been a licensed Medicaid provider of Health Home Care Management services (formerly Targeted Case Management) for over 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 Southern Blvd, and the BOOM!Health Central Offices at 540 Fordham Rd) and has been at the forefront of innovation throughout the Medicaid 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!Health 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!Health has co-located Article 28 primary 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.

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.

Name Robert Cordero Yes No
Title President / CPO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Bronx AIDS Services d/b/a BOOM!Health
OPTIONAL-Joined PPS: Mount Sinai Hospitals Group

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		01243521	1669642211	
Agency Code:				
Billing Entity ID:	1669642211			
	Address	City	State	Zip
Address :	540 E. Fordham Rd	Bronx	NY	10458
County:	Bronx			

Character Count: 2585

III. Appeal Point of Contact

Contact Person: Robert Cordero
Title: President / CPO
Contact Phone: (917) 640-6274 Extension:
Contact Email: rcordero@boomhealth.org

Bronx AIDS Services (d/b/a BOOM!Health) operates a continuum of care that is designed to address the multi-faceted health and psychosocial 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 Delivery System Reform Incentive Program (DSRIP). BOOM!Health has been a licensed Medicaid provider of Health Home Care Management services (formerly Targeted Case Management) for over 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 Southern Blvd, and the BOOM!Health Central Offices at 540 Fordham Rd) and has been at the forefront of innovation throughout the Medicaid 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!Health 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!Health has co-located Article 28 primary 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.

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

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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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	92%	8%	Client Records	2013

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.

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.

Name Robert Cordero Yes No
Title President / CPO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Bronx AIDS Services d/b/a BOOM!Health
OPTIONAL-Joined PPS: St. Barnabas Hospital (dba SBH Health System)

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		01243521	1669642211	
Agency Code:				
Billing Entity ID:	1669642211			
	Address	City	State	Zip
Address :	540 E. Fordham Rd	Bronx	NY	10458
County:	Bronx			

III. Appeal Point of Contact

Contact Person: Robert Cordero
Title: President / CPO
Contact Phone: (917) 640-6274 Extension:
Contact Email: rcordero@boomhealth.org

IV. 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 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.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	92%	8%	Client Records	2013

Character Count: 2585

Bronx AIDS Services (d/b/a BOOM!Health) operates a continuum of care that is designed to address the multi-faceted health and psychosocial 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 Delivery System Reform Incentive Program (DSRIP). BOOM!Health has been a licensed Medicaid provider of Health Home Care Management services (formerly Targeted Case Management) for over 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 Southern Blvd, and the BOOM!Health Central Offices at 540 Fordham Rd) and has been at the forefront of innovation throughout the Medicaid 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!Health 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!Health has co-located Article 28 primary 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.

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.

Name Robert Cordero Yes No
Title President / CPO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: BronxWorks, Inc.
 Joined PPS: Bronx-Lebanon Hospital Center

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other:
 Operating Certificate/License # MMSIS* NPI*
 Unique Identifiers: 320 01315695 1053504456
 Agency Code:
 Billing Entity ID:
 Address 60 East Tremont Bronx NY 10453

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 915

III. Appeal Point of Contact

Contact Person: Scott Auwarter
 Title: Assistant Executive Director
 Contact Phone: 718-508-3133 Extension
 Contact Email: sauwarter@bronxworks.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	75%	10%	cy Internal Reco	2013

BronxWork is a non-profit community base organization located in the South Bronx. We have been serving the Bronx for over 40+ years. BronxWorks helps individuals and families improved their economic and social well-being. From toddlers to senior, we feed, shelter, teach, and support our neighbors to build a stronger community. BronxWorks provide services to over 35,000 people annually. Services offered include supportive housing, shelter, case management, entitlement advocacy, insurance coverage, immigration, HIV/AIDS, youth and senior services, and Health Home services. BronxWorks partners with the Bronx Health Home (Bronx Lebanon Hospital) and the BAHN Health Home (Montefiore Hospital) since the inception of Health Home. We are partnering with St. Barbanas Hospital and the Bronx Lebanon DSRIP. At this time our role is evolving and we will have a more define role in the next few months.

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.

Name: Eileen Torres
 Title: Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted
 Answer: Yes No



Handwritten signature and date: 10/24/14

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**

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

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category: 1

II. Appeal Applicant Information

Organization Name: Brownsville MultiService Family Health Center
OPTIONAL-Joined PPS: Select PPS

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: 0

Provider Type:	Health Home/Care Management Agency		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	7001256 R	1280340	1831395821
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
Address:	408 Rockaway Avenue	Brooklyn	NY 11212
County:	Kings		

III. Appeal Point of Contact

Contact Person	Harvey Lawrence		
Title	CEO and President		
Contact Phone	718.345.5000	Extension	1118
Contact Email	hlawrence@bmsfhc.org		

IV. 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 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.

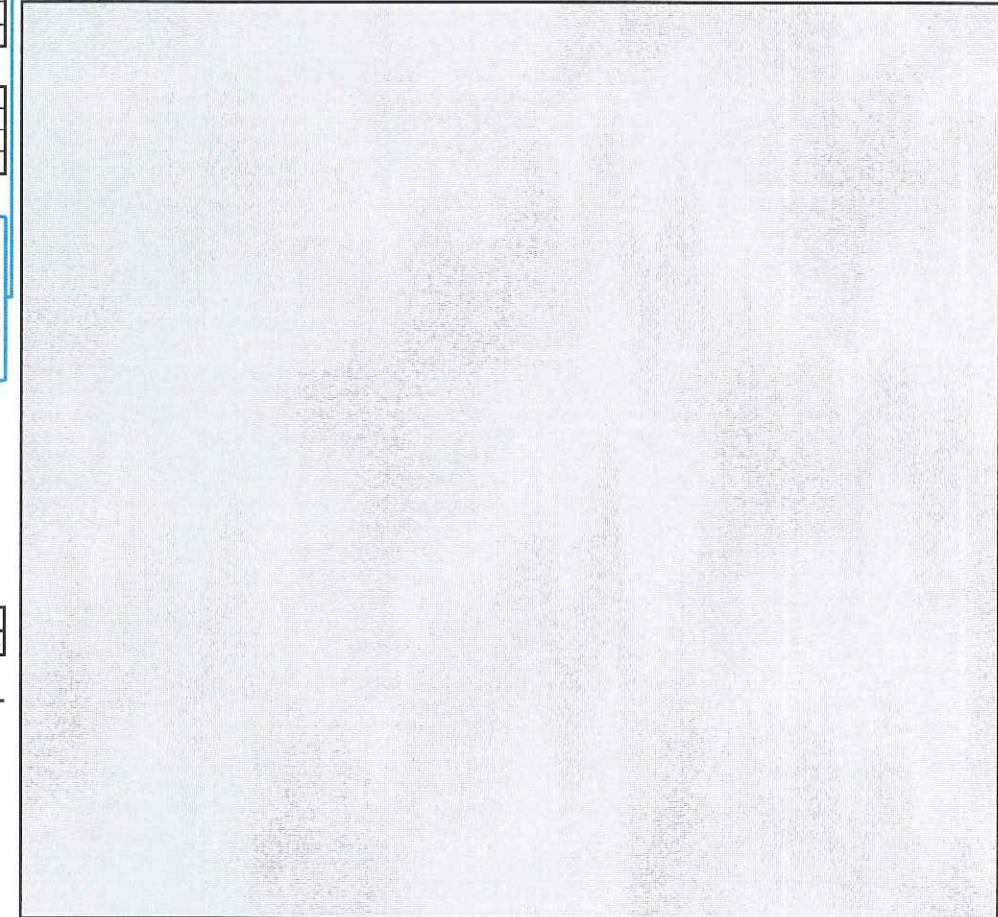
You are choosing VAP Exception iii- The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	86%	4%	Financial Report	2014

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.

Name Harvey Lawrence Yes No
 Title CEO
 Only appeals from the CEO, CFO or comparable will be accepted





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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: CAMBA, Inc.
 Joined PPS: Maimonides Medical Center

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other:
 Operating Certificate/License #
 Unique Identifiers:
 Agency Code: 31600
 Billing Entity ID: E0144784
 Address 1720 Church Avenue City Brooklyn State NY Zip 11226

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 978

III. Appeal Point of Contact

Contact Person Kevin Muir
 Title Vice President, Health Home
 Contact Phone 718-462-8654 Extension 30400
 Contact Email kevinm@camba.org

This provider is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider or Health Home Care Management Agency.

CAMBA has been a Care Management Agency in the Health Home Program since January 1, 2012. Prior to that time CAMBA provided Medicaid funded targeted case management services to individuals living with HIV through the COBRA, Community Follow-up Program for over 20 years. 100% of the participants in the Health Home Care Management Program receive Medicaid.

CAMBA has clients in three Brooklyn based designated lead Health Homes including, Brooklyn Health Home, Community Healthcare Network and Coordinated Behavioral Care.

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.

All CAMBA programs serve individuals who are either Medicaid or Medicare eligible or are uninsured or are low-income.

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		Internal Claims	2013

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.

Name Joanne Oplustil Yes No
 Title President and CEO
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Catholic Charities Diocese of Rochester dba Catholic Charities Community Services
 Joined PPS: Finger Lakes PPS

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: OPWDD and Health Home Downstream provider
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1190629 1902018971
 Agency Code: 20640
 Billing Entity ID: 16-0743944
 Address 1099 Jay Street City Rochester State NY Zip 14611
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 330

Catholic Charities Community Services (Diocese of Rochester) provides care management and HIV services to the counties in the Finger Lakes PPS through the Health Homes of Upstate NY. We also provide residential and support services through our OPWDD waiver in the PPS region. We are safety net providers for both HHUNY and OPWDD.

III. Appeal Point of Contact

Contact Person: Lori VanAuken
 Title: Executive Director
 Contact Phone: 585-339-9800 Extension: 225
 Contact Email: lvanauken@dor.orf

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		IRS Billing System	2013

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.

Name: Lori VanAuken
 Title: Executive Director/CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following Health Home category:	1
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II. Appeal Applicant Information

Organization Name:	Catholic Charities of Broome County
OPTIONAL-Joined PPS:	Select PPS

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:	OMH			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		1164149	1689710154	
Agency Code:	3H1			
Billing Entity ID:	E0183473			
	Address	City	State	Zip
Address:	232 Main Street	Binghamton	NY	13905
County:	Broome			

Character Count: 207

III. Appeal Point of Contact

Contact Person	Julie Smith		
Title	Division Director		
Contact Phone	(607)723-9991	Extension	224
Contact Email	jsmith@ccbc.net		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	60%	est 5%	financials	2013

I am hereby requesting confirmation of approval as a safety net provider as a lead Health Home although our agency has already been designated a safety net provider for OMH. Please confirm our designation.

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.

Name Lori A. Accardi Answer
 Yes No

Lori A. Accardi



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Catholic Charities of Onondaga County
 Joined PPS: St. Joseph's Hospital Health Center

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1922258615
 Agency Code:
 Billing Entity ID:
 Address: 1654 W. Onondaga Street Syracuse NY 13204
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

III. Appeal Point of Contact

Contact Person: Michael F. Melara
 Title: Executive Director
 Contact Phone: (315) 424-1800 Extension: 7512
 Contact Email: mmelara@ccoc.us

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	90%	10%	Agency	2013

Character Count: 3496

A. Catholic Charities of Onondaga County (CCOC) believes it fits the exception qualification because of its unique role in serving two specific populations in Onondaga County: 1) individuals who are homeless and/or housing vulnerable and 2) recently resettled refugees. The geographic community in question is Onondaga County which includes the City of Syracuse. The total population for the county is 468,387, with 144,675 residents living in the City of Syracuse. The poverty rate for the county is 15.5% and jumps to 33.2% for Syracuse. Homelessness is a growing concern in the community. The 2014 Point in Time Count showed a total of 839 homeless individuals living in Onondaga County. Of those individuals, 667 were single adults living in households with no children. Over the course of 2013, 2,947 unique 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. 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 trusting relationship with these populations. This relationship provides the PPS with unique access to these difficult-to-serve populations while also influencing their decisions related to accessing health care. Secondly, CCOC is able to provide direct services to support the goals of the PPS and the entire community.

VIII. Yes I Herby 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: Michael F. Melara
 Title: Executive Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Catholic Charities of Oswego County
 Joined PPS: Upstate University Hospital

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other:
 Operating Certificate/License #
 Unique Identifiers: 03014808 1730345109
 Agency Code:
 Billing Entity ID:
 Address 365 West 1st St City Fulton State NY Zip 13069

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 71

III. Appeal Point of Contact

Contact Person: Mary-Margaret Pekow
 Title: Executive Director
 Contact Phone: (315) 598-3980 Extension: 223
 Contact Email: mmpekow@ccoswego.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage				

VIII. Yes I Herby 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-Margaret Pekow
 Title: Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No

We are a care management program under 2 Health Homes: HHUNY & St Joes



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Not yet

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Children's Mental Health Coalition of WNY, Inc.
OPTIONAL-Joined PPS:

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:	Family Peer Support			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:				
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
	Address : 105 Hyledge Drive	Amherst	NY	14226
	County: all 19 counties of Western NY			

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: 0

III. Appeal Point of Contact

Contact Person	Mary Skorupa		
Title	Executive Director		
Contact Phone	716-871-8997	Extension	
Contact Email	mtskorupa716@gmail.com		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage				

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.

Name Yes No
 Title
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Citizen Advocates, Inc.
OPTIONAL-Joined PPS: Adirondack Health Institute

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		1155215	1730391012	
Agency Code:	40410			
Billing Entity ID:	E0184363			
	Address	City	State	Zip
Address :	209 Park St.	Malone	NY	12953
County:	Franklin			

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: 168

III. Appeal Point of Contact

Contact Person: Susan Delehanty
Title: Chief Executive Officer
Contact Phone: 518-483-1251 Extension: 2245
Contact Email: susandelehanty@citizenadvocates.net

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.

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	94%	6%	CFR	2013

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.

Name Susan Delehanty Yes No
Title Chief Executive Officer
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Clubhouse of Suffolk Inc. dba Association for Mental Health and Wellness
 OPTIONAL-Joined PPS: Stony Brook University Hospital

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2996261	1578516738	
Agency Code:	16540			
Billing Entity ID:	E0001941			
	Address	City	State	Zip
Address :	939 Johnson Avenue	Ronkonkoma	NY	11779
County:	Suffolk			

III. Appeal Point of Contact

Contact Person	Michael Stoltz		
Title	CEO		
Contact Phone	631-471-7242	Extension	1304
Contact Email	mstoltz@mhaw.org		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	94%	6%	E.H.R	2014

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.

Name Michael Stoltz Yes No
 Title CEO
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Clubhouse of Suffolk Inc. dba Association for Mental Health and Wellness
 OPTIONAL-Joined PPS: Stony Brook University Hospital

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2996261	1578516738	
Agency Code:	16540			
Billing Entity ID:	E0001941			
	Address	City	State	Zip
Address :	939 Johnson Avenue	Ronkonkoma	NY	11779
County:	Suffolk			

III. Appeal Point of Contact

Contact Person	Michael Stoltz		
Title	CEO		
Contact Phone	631-471-7242	Extension	1304
Contact Email	mstoltz@mhaw.org		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	94%	6%	E.H.R	2014

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.

Name Michael Stoltz Yes No
 Title CEO
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: CNYHNN, Inc. (Central New York Health Home Network)
OPTIONAL-Joined PPS: Mary Imogene Bassett Hospital

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3549144	1396151791	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	1020 Mary Street	Utica	NY	13501
County:	Oneida			

III. Appeal Point of Contact

Contact Person	Laura Eannace		
Title	Executive Director		
Contact Phone	315-724-6907	Extension	2303
Contact Email	laura.eannace@cnyhealthhome.net		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		CMS	2014

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.

Name Laura Eannace Yes No
 Title Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: CNYHNN, Inc. (Central New York Health Home Network)
OPTIONAL-Joined PPS: Faxton St. Luke's Healthcare

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3549144	1396151791	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	1020 Mary Street	Utica	NY	13501
County:	Oneida			

III. Appeal Point of Contact

Contact Person	Laura Eannace		
Title	Executive Director		
Contact Phone	315-724-6907	Extension	2303
Contact Email	laura.eannace@cnyhealthhome.net		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		CMS	2014

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.

Name Laura Eannace Yes No
Title Executive Director
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category: 1

II. Appeal Applicant Information

Organization Name: CNYHHN, Inc. (Central New York Health Home Network)
OPTIONAL-Joined PPS: Samaritan Medical Center

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3549144	1396151791	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	1020 Mary Street	Utica	NY	13501
County:	Oneida			

III. Appeal Point of Contact

Contact Person: Laura Eannace
Title: Executive Director
Contact Phone: 315-724-6907 Extension: 2303
Contact Email: laura.eannace@cnyhealthhome.net

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		CMS	2014

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.

Name: Laura Eannace
Title: Executive Director
Only appeals from the CEO, CFO or comparable will be accepted

Answer: Yes No



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category: **1**

II. Appeal Applicant Information

Organization Name: CNYHNN, Inc. (Central New York Health Home Network)
 OPTIONAL-Joined PPS: St. Joseph's Hospital Health Center

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3549144	1396151791	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	1020 Mary Street	Utica	NY	13501
County:	Oneida			

III. Appeal Point of Contact

Contact Person: Laura Eannace
 Title: Executive Director
 Contact Phone: 315-724-6907 Extension: 2303
 Contact Email: laura.eannace@cnyhealthhome.net

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		CMS	2014

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.

Name: Laura Eannace Yes No
 Title: Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category: 1

II. Appeal Applicant Information

Organization Name: CNYHNN, Inc. (Central New York Health Home Network)
OPTIONAL-Joined PPS: Upstate University Hospital

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3549144	1396151791	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	1020 Mary Street	Utica	NY	13501
County:	Oneida			

III. Appeal Point of Contact

Contact Person: Laura Eannace
Title: Executive Director
Contact Phone: 315-724-6907 Extension: 2303
Contact Email: laura.eannace@cnyhealthhome.net

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		CMS	2014

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.

Name: Laura Eannace Yes No
Title: Executive Director
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Community Care Management Partners LLC (CCMP)
 Joined PPS: Bronx-Lebanon Hospital Center

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other: _____
 Operating Certificate/License # _____ MMIS* 3606902 NPI* 1366780850
 Unique Identifiers: _____
 Agency Code: _____
 Billing Entity ID: _____
 Address 1250 Broadway 22nd Floor City New York State NY Zip 10001
 * REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

III. Appeal Point of Contact

Contact Person Alyssa Lord
 Title Executive Director
 Contact Phone (212)216-9911 Extension _____
 Contact Email alyssa.lord@vnsny.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		NY State	2014

Character Count: 118

We are included in the draft Health Home list but since safety net status is still pending we have elected to submit.

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.

Name Alyssa Lord Yes No
 Title Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Community Care Management Partners LLC (CCMP)
OPTIONAL-Joined PPS: Mount Sinai Hospitals Group

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3606902	1366780850	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	1250 Broadway, 22nd Floor	New York	NY	10001
County:				

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: 1586

Community Care Management Partners LLC (CCMP) Health Home is a NYS Medicaid Designated Health Home in the Bronx and Manhattan. 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 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 expertise in meeting the needs of individuals eligible for the Health Home. All CCMP care management organizations are deemed safety net providers. All but three of our care management organizations had existing care management programs such as ICM and TCM. CCMP has 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 to discuss best practices in outreach, engagement, working with challenging populations and implementing quality management in the Health Home. CCMP has also contracted with a management service organizations for the centralized tracking of all Health Home activities as well as billing. CCMP has also implemented TREAT as a shared EMR platform to share the care plans across internal and external care management teams and providers.

III. Appeal Point of Contact

Contact Person: Alyssa Lord
Title: Executive Director
Contact Phone: (212)216-9911 Extension:
Contact Email: alyssa.lord@vnsny.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		NYS	2014

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.

Name: Alyssa Lord Yes No
Title: Executive Director
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii iii

II. Appeal Applicant Information

Organization Name: Community Care Management Partners LLC (CCMP)
 Joined PPS: Bronx-Lebanon Hospital Center

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency

Operating Certificate/License #	MMIS*	NPI*	
	3606902	1366780850	
Unique Identifiers:			
Agency Code:			
Billing Entity ID:			
Address	City	State	Zip
1250 Broadway 22nd Floor	New York	NY	10001

* REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:

a. A description of your entity in specific relation to being a Health Home.

Please do not submit this form if you are already on the draft Health Home List.

III. Appeal Point of Contact

Contact Person: Alyssa Lord
 Title: Executive Director
 Contact Phone: (212)216-9911 Extension:
 Contact Email: alyssa.lord@vnsny.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		NY State	2014

Character Count: 1620

Community Care Management Partners LLC (CCMP) Health Home is a NYS Medicaid Designated Health Home in the Bronx and Manhattan. 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 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 expertise in meeting the needs of individuals eligible for the Health Home. All CCMP care management organizations are deemed safety net providers. All but three of our care management organizations had existing care management programs such as ICM and TCM. CCMP has 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, engagement, working with challenging populations and implementing quality management in the Health Home. CCMP has also contracted with a management service organization for the centralized tracking of all Health Home activities as well as billing. CCMP also has implemented TREAT as a shared EMR platform to share the care plans across internal and external care management teams and providers.

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.

Name: Alyssa Lord Yes No
 Title: Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Community Healthcare Network, Inc.
OPTIONAL-Joined PPS:

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	7002119R	01102441	1952518078	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	60 Madison avenue	ny	ny	10010
County:	New York			

III. Appeal Point of Contact

Contact Person: Alan Wengrofsky
Title: CFO/VP of Finance
Contact Phone: 212-545-2481 Extension:
Contact Email: awengrofsky@chnnyc.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%			

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.

Name Alan Wengrofsky Yes No
Title CFO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: Coordinated Behavioral Care
 Joined PPS: Select PPS

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other: Operating Certificate/License # MMSIS* NPI*
 Unique Identifiers: 3559515 1730451071
 Agency Code:
 Billing Entity ID: E0345855
 Address 304 Park Avenue South, 11th Fl NY NY 10010
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 1340

III. Appeal Point of Contact

Contact Person Danika Mills
 Title Executive Director
 Contact Phone 212-590-2407 Extension N/A
 Contact Email dmills@cbcare.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%	0%	Safety Net List	2014

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-profit behavioral health providers, leaders in New York's medical, behavioral health, rehabilitation and supportive housing service systems. CBC 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 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 serves members in all five boroughs. As of September 30, CBC is providing outreach or care management services to over 21,000 individuals in the five boroughs of New York City. To date, the HH has processed over 35,000 referrals. CBC is dedicated to realizing the unprecedented 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 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 services in their community in the most expeditious and appropriate manner.

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.

Name Danika Mills Yes No
 Title Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category: 1

II. Appeal Applicant Information

Organization Name: Direcitons in Independent Living, Inc.
OPTIONAL-Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2971126	1871889915	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	512 West State Street	Olean	NY	14760
County:	Cattaraugus			

III. Appeal Point of Contact

Contact Person: Leonard X. Liguori
Title: Executive Director
Contact Phone: 716-373-4602 Extension: 20
Contact Email: lennyliguori@roadrunner.com

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	75%	25%	mc	2014

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.

Name: Leonard X. Liguori Yes No
Title: Executive Director
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category: 1

II. Appeal Applicant Information

Organization Name:
 OPTIONAL-Joined PPS:

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2971126	1871889915	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	512 West State Street	Olean	NY	14760
County:	Cattaraugus			

III. Appeal Point of Contact

Contact Person
 Title
 Contact Phone Extension
 Contact Email

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	75%	25%	mc	2014

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.

Name Yes No
 Title
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Equinox Inc.
OPTIONAL-Joined PPS: Samaritan Medical Center

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: 1410

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2995811	1477695021	
Agency Code:				
Billing Entity ID:	E0144346			
	Address	City	State	Zip
Address :	500 Central Avenue	Albany	NY	12206
County:	Albany			

Note: we are on the list under our old name, ClearView Center Inc. Equinox, Inc. is a downstream provider of care management services under the Capital Region Health Connections. Equinox Health Home Care Management (HHCM) Program offers services to referred clients consistent with his/her conditions and needs. Core services offered include: care management, intake and screening, assessment, care planning and coordination, crisis intervention, monitoring and follow-up, counseling, referrals and exit planning. Equinox HHCM program provides at least one core service to all clients each month in regards to his/her documented needs. Referrals can be made through a variety of sources including other providers, family, religious organizations and health systems. Equinox maintains data exchange applications and agreements with all other Capital Region Health Connection providers and service agreements and memorandum of agreements with several area providers in both Albany and Rensselaer counties. All service planning is completed using a person-centered approach to recovery based on needs identified through comprehensive assessments. Equinox is now in its second year being a downstream provider of HHCM services with Capital Region Health Connections. Currently there are approximately 100 clients enrolled in Equinox's HHCM Program with more than 100 in various phases of the outreach process.

III. Appeal Point of Contact

Contact Person: Andrew Joslin
Title: CFO
Contact Phone: 518-435-9931 Extension: 5233
Contact Email: ajoslin@equinoxinc.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	74%	26%	EMR	2013

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.

Name Andrew Joslin Yes No
Title CFO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer	Not yet
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You have chosen the following Health Home category:	1
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II. Appeal Applicant Information

Organization Name:	Fairview Recovery Services, Inc.
OPTIONAL-Joined PPS:	United Health Services Hospitals, Inc.

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

Provider Type:	Health Home/Care Management Agency			
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:				

Character Count: 3458

III. Appeal Point of Contact

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

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 served 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 appropriate treatment program can be arranged are admitted. This is a significant resource that prevents ER visits and hospital admissions, crucial to the success 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 application 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 fraction 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 safety net definition. Currently no FRS programs are Medicaid reimbursable, however that is subject to change in 2015.

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	Most	Most		

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.

Name Michele Napolitano Yes No

Title Executive Director Yes No

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



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Family Services Network of New York, Inc.
 Joined PPS:

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 01701179 1326264672
 Agency Code:
 Billing Entity ID: E0129904
 Address 1420 Bushwick Avenue City Brooklyn State NY Zip 11207
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 1031

III. Appeal Point of Contact

Contact Person Benjamin O. Igwe
 Title President/CEO
 Contact Phone (718)455-6010 Extension 101
 Contact Email bigwe@fsnny.org

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 Management Agencies submitted to CMS for approval as meeting the criteria of a safety net provider. FSNNY is also an approved provider of Harm Reduction Services (HRP) by the NYS Department of Health AIDS Institute. FSNNY has provided critical health and preventive services to 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 various communities. Our outreach, engagement and linkage to care for persons diagnosed with HIV/AIDS, IDUs and other chronic conditions allow for timely and life saving care management and coordination of needed health services. our services are therefore a critical to these oftentimes marginalized individuals in our communities. Family Services Network of New York, Inc. currently provides care management and coordination services to more than 1200 Medicaid recipients.

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%	0%	Billing claims	2013

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.

Name Benjamin O. Igwe Yes No
 Title President/CEO
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Family Services of Chemung County, Inc. MH
 Joined PPS: Finger Lakes PPS

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other:
 Operating Certificate/License #
 Unique Identifiers: Agency Code: 50810
 Billing Entity ID: E0086000
 Address: 1019 East Water Street City: Elmira State: NY Zip: 14901

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 832

III. Appeal Point of Contact

Contact Person: David Quirello, CMPE
 Title: Chief Financial Officer
 Contact Phone: (607) 733-5696 Extension: 417
 Contact Email: dquirello@familyservices.cc

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	67%	12%	Agency Financials	2014

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.

Name: David Quirello, CMPE
 Title: Chief Financial Officer
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No

a. Family Services of Chemung County MH is listed on the State Designated Health Homes and Downstream Care Management Agencies meeting Safety Net Criteria List that is pending approval by CMS, but we received an updated directive from our lead Health Home Entity, HHUNY, stating "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 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.



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Family Services of Chemung County, Inc.
OPTIONAL-Joined PPS: Finger Lakes PPS

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		02996569	1619922432	
Agency Code:	50810			
Billing Entity ID:	E0086000			
	Address	City	State	Zip
Address :	1019 East Water Street	Elmira	NY	14901
County:	Chemung			

III. Appeal Point of Contact

Contact Person	David Quirello, CMPE		
Title	Chief Financial Officer		
Contact Phone	(607) 733-5696	Extension	417
Contact Email	dqirello@familyservices.cc		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	67%	12%	Agency Financials	2014

a. Family Services of Chemung County MH is listed on the State Designated Health Homes and Downstream Care Management Agencies meeting Safety Net Criteria List that is pending approval by CMS, but we received an updated directive from our lead Health Home Entity, HHUNY, stating "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 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.

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.

Name David Quirello, CMPE Yes No
 Title Chief Financial Officer
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following Health Home category:	1
---	---

II. Appeal Applicant Information

Organization Name:	FEGS Health & Human Services
OPTIONAL-Joined PPS:	Stony Brook University Hospital

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		1371571	1912164120	
Agency Code:				
Billing Entity ID:	E0162796			
	Address	City	State	Zip
Address:	315 Hudson Street	New York	NY	10013
County:				

III. Appeal Point of Contact

Contact Person	Steve Rutter		
Title	Associate Vice President		
Contact Phone	516-505-2003	Extension	211
Contact Email	srutter@fegs.org		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	85%	7%	IMA	2014

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.

Name Kristin M. Woodlock/ *Kristin Woodlock* Yes No

Title Chief Operating Officer

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





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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Gay Men's Health Crisis (GMHC)
 Joined PPS: Maimonides Medical Center

**** 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!**

Provider Type: Health Home/Care Management Agency
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1422811 1992903389
 Agency Code: E0157693
 Billing Entity ID:
 Address 446 West 33rd Street City New York State NY Zip 10001

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough ~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 1264

GMHC is the first social service organization in the nation which responded to the HIV crisis in the early 1980s. Since then we have been 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 contracting the virus, throughout all 5 boroughs of New York City. As such, we have been an integral partner within the overall healthcare system that serves these populations of individuals. Annually, we provide direct services to approximately 9,000 individuals. Among the many services we provide (e.g., meals, pantry services, nutritional counseling, mental health treatment, substance use services, crisis intervention, workforce development, HIV prevention, and legal), we are also a downstream provider of a four health homes (Heritage Health, Mt. Sinai, Maimonides, and Queens Coordinated Care Program), and a Class A member of iHealth (a collaborative consortium of 26 Health Homes providers). Currently, GMHC bills Medicaid, through the State of NY, approximately \$1.9 million annually for Health Home services delivered to eligible clients. It is important to note, GMHC is currently in a pending CMS-approval status category of bulk exceptions as a downstream health home provider.

III. Appeal Point of Contact

Contact Person Bill Bracker, Psy.D.
 Title Managing Director, Health Care & Business Strategies Development
 Contact Phone 212-367-1524 Extension
 Contact Email billb@gmhc.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	38%	18%	AIRS Database	FY14

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.

Name Kelsey Louie, MSW, MBA
 Title CEO
 Answer Yes No

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



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category: 1

II. Appeal Applicant Information

Organization Name: Greater Buffalo United IPA/GBUAHN
OPTIONAL-Joined PPS: Erie County Medical Center Corporation

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: 0

Provider Type: Health Home/Care Management Agency
Operating Certificate/License #, MMIS*, NPI*
Unique Identifiers: 3489287, 1033484894
Agency Code, Billing Entity ID: E0338409
Address: 393 Delaware, Buffalo, NY, 14202
County: Erie

III. Appeal Point of Contact

Contact Person: Raul Vazquez
Title: Chief Executive Officer
Contact Phone: 716-247-5284
Contact Email: raul.vazquez@gbuahn.org

IV. 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 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.

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

Table with columns: Medicaid (FFS & MC), Uninsured, Data Source, Year. Values: 100%, 0%, 10/23/2014, 2014

VIII. Yes I Herby 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: Raul Vazquez, MD
Title: CEO
Answer: Yes

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



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: Greater Rochester Health Home Network, LLC
 Joined PPS: Finger Lakes PPS

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII. Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other:
 Operating Certificate/License #
 Unique Identifiers: MMIS* 03467301 NPI* 1740554229
 Agency Code:
 Billing Entity ID:
 Address 259 Monroe Ave, Level B, Suite 300 City Rochester State NY Zip 14607
 *REQUIRED

III. Appeal Point of Contact

Contact Person Deborah Peartree
 Title Executive Director
 Contact Phone 585-737-7522 Extension
 Contact Email dpeartree@therihn.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		Claims	2014

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.

Name Deborah Peartree Yes No
 Title Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 696

The Greater Rochester Health Home Network LLC is listed as AL JORDAN HEALTH CORPORATION/GRHNN on the Designated Health Homes and Downstream Caer Management Agencies meeting Safety Net Criteria list. The Greater Rochester Health Home Network, LLC (GRHNN) recently completed the process to transfer ownership of its NPI and MMIS numbers from JORDAN to itself and is now a free-standing Health Home. This VAP application is submitted to ensure there is no confusion - the Greater Rochester Health Home Network LLC is the same organization as was listed, but is now independent of Jordan Health Center. Please contact Deborah Peartree at 585-737-7522 for any further clarification needed. Thank you.



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: Harbor View Medical Services
Joined PPS: Stony Brook University Hospital

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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's.

Provider Type: Health Home/Care Management Agency
Operating Certificate/License #, MMIS*, NPI*, Unique Identifiers, Agency Code, Billing Entity ID, Address, City, State, Zip

III. Appeal Point of Contact

Contact Person: Nancy Uzo
Title: Vice President - Public Affairs
Contact Phone: 631-476-2723
Contact Email: Nuzo@matherhospital.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
iii 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".

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.

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

Table with columns: Medicaid (FFS & MC), Uninsured, Data Source, Year. Row 1: Percentage, 2%, ICR, 2013

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

The VAP Exception relies heavily on the statement you provide, so please be concise and thorough

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
a. A description of your entity in specific relation to being a Health Home.
Please do not submit this form if you are already on the draft Health Home List.

Character Count: 2747

Mather Hospital is submitting three separate, complementary VAP exception forms under the following provider types: hospital, OMH-Article 31, health home. Mather's behavioral health services, including the mental health clinic, are licensed under the Hospital. Harbor View Medical 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, expanded access, and patient centered service to the communities that we serve. Harbor View includes more than 25 physicians and is growing through a variety of partnerships. In 2013, Harbor View billed \$370,569 in Medicaid Managed Care and \$57,666 in Medicaid FFS claims. Please see attachment. In 2014, Medicaid claims are expected to be higher as residents in the Hospital's Graduate Medical Education program (which started this year) have increased capacity. Harbor View is pursuing Patient-Centered Medical Home status and expects to have care 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, particularly diabetes, behavioral health and cardiovascular. Harbor View has hired a physician experienced in setting up PCMHs to advance its 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 in 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.

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

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

Name: Joseph Wisnoski
Title: Senior Vice President & CFO
Answer: Yes

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



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category: **1**

II. Appeal Applicant Information

Organization Name: Harlem United Community AIDS Center, Inc.
OPTIONAL-Joined PPS: Select PPS

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: 312

Harlem United is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider. Currently, Harlem United is part of the Community Care Management Partners (CCMP) Health Home in Manhattan and the Bronx; the Brooklyn Health Home; and the Community Healthcare Network in Queens.

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		O1756596	1609087790	
Agency Code:				
Billing Entity ID:	E0124369			
	Address	City	State	Zip
Address:	306 Lenox Avenue, 3rd floor	New York	NY	10027
County:	New York			

III. Appeal Point of Contact

Contact Person: Jacquelyn Kilmer
Title: Chief Operating Officer
Contact Phone: 212-803-2886 Extension:
Contact Email: jkilmer@harlemunited.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	99%	1%	ADS	2013

VIII. Yes I Herby 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: Jacquelyn Kilmer Yes No
Title: Chief Operating Officer

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



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Health Home Partners of WNY, LLC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 3465001 1760742548
 Agency Code:
 Billing Entity ID:
 Address 227 Thorn Avenue, Orchard Park NY 14127
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 219

III. Appeal Point of Contact

Contact Person: Bruce Nisbet
 Title: President
 Contact Phone: 716 597 8336 Extension: N/A
 Contact Email: Nisbetb@shswny.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%	0%	DOH	2013/14

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.

Name: Bruce Nisbet
 Title: President
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

Health Home Partners of WNY, LLC is filing this exception request based on the guidance received yesterday that we should file same in case CMS does not grant a general exception for Health Homes as Safety Net Providers.



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: HELP/PSI Inc.
 Joined PPS: Maimonides Medical Center

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency

Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	2995339	1346464989
Agency Code: 13-3464470 (FEIN)		
Billing Entity ID:		
Address	City	State Zip

* REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:

a. A description of your entity in specific relation to being a Health Home.

Please do not submit this form if you are already on the draft Health Home List.

Character Count: 674

HELP/PSI Inc. is a care management agency (formerly NYSDOH AIDS Institute COBRA provider) for the following Health Homes: CCMP, QCCP, 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, with income levels below 200% of the Federal Poverty Limit. HELP/PSI is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider

III. Appeal Point of Contact

Contact Person: Sara Gillen
 Title: VP, Business Operations
 Contact Phone: 718.681.8700 Extension: 3264
 Contact Email: sgillen@projectsamaritan.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		Internal Records	2013

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.

Name: Paul Vitale
 Title: Chief Executive Officer/President
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: CATHOLIC CHARITIES OF BUFFALO NY
OPTIONAL-Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:	DOWNSTREAM CARE MANAGEMENT AGENCY			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2998227	1962596718	
Agency Code:	24680			
Billing Entity ID:	1962596718			
	Address	City	State	Zip
Address :	741 DELAWARE AVENUE	BUFFALO	NY	14209
County:	ERIE, CATTARAUGUS, ALLEGANY, CHAUTAUQUA, WYOMING, GENESEE, ORLEANS, NIAGARA			

Character Count: 321

III. Appeal Point of Contact

Contact Person: BRIAN OHERRON
Title: DIRECTOR, CLINICAL SERVICES
Contact Phone: 716-835-9745 Extension:
Contact Email: brian.oherron@ccwny.org

Catholic Charities of Buffalo NY is an affiliated provider of downstream care management services for four Medicaid Health Homes in Western New York, including Health Home Partners, Greater Buffalo United Accountable Healthcare Network, Niagara Falls Memorial Medical Center, and Health Home Partners of Upstate New York.

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	84%	16%	Billing Records	2013

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.

Name Dennis C. Walczyk Yes No
Title CEO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: CATHOLIC CHARITIES OF BUFFALO NY
OPTIONAL-Joined PPS: Erie County Medical Center Corporation

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:	DOWNSTREAM CARE MANAGEMENT AGENCY			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2998227	1962596718	
Agency Code:	24680			
Billing Entity ID:	1962596718			
	Address	City	State	Zip
Address :	741 DELAWARE AVENUE	BUFFALO	NY	14209
County:	ERIE, CATTARAUGUS, ALLEGANY, CHAUTAUQUA, WYOMING, GENESEE, ORLEANS, NIAGARA			

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: 321

III. Appeal Point of Contact

Contact Person: BRIAN OHERRON
Title: DIRECTOR, CLINICAL SERVICES
Contact Phone: 716-835-9745 Extension:
Contact Email: brian.oherron@ccwny.org

Catholic Charities of Buffalo NY is an affiliated provider of downstream care management services for four Medicaid Health Homes in Western New York, including Health Home Partners, Greater Buffalo United Accountable Healthcare Network, Niagara Falls Memorial Medical Center, and Health Home Partners of Upstate New York.

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	84%	16%	Billing Records	2013

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.

Name Dennis C. Walczyk Yes No
Title CEO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: CATHOLIC CHARITIES OF BUFFALO NY
OPTIONAL-Joined PPS: Finger Lakes PPS

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: 321

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:	DOWNSTREAM CARE MANAGEMENT AGENCY			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2998227	1962596718	
Agency Code:	24680			
Billing Entity ID:	1962596718			
	Address	City	State	Zip
Address :	741 DELAWARE AVENUE	BUFFALO	NY	14209
County:	ORLEANS, NIAGARA			

Catholic Charities of Buffalo NY is an affiliated provider of downstream care management services for four Medicaid Health Homes in Western New York, including Health Home Partners, Greater Buffalo United Accountable Healthcare Network, Niagara Falls Memorial Medical Center, and Health Home Partners of Upstate New York.

III. Appeal Point of Contact

Contact Person: BRIAN OHERRON
Title: DIRECTOR, CLINICAL SERVICES
Contact Phone: 716-835-9745 Extension:
Contact Email: brian.oherron@ccwny.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	84%	16%	Billing Records	2013

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.

Name Dennis C. Walczyk Yes No
Title CEO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: CATHOLIC CHARITIES OF BUFFALO NY
OPTIONAL-Joined PPS: Niagara Falls Memorial Medical Center

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:	DOWNSTREAM CARE MANAGEMENT AGENCY			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2998227	1962596718	
Agency Code:	24680			
Billing Entity ID:	1962596718			
	Address	City	State	Zip
Address :	741 DELAWARE AVENUE	BUFFALO	NY	14209
County:	ORLEANS, NIAGARA			

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: 321

III. Appeal Point of Contact

Contact Person	BRIAN OHERRON		
Title	DIRECTOR, CLINICAL SERVICES		
Contact Phone	716-835-9745	Extension	
Contact Email	brian.oherron@ccwny.org		

Catholic Charities of Buffalo NY is an affiliated provider of downstream care management services for four Medicaid Health Homes in Western New York, including Health Home Partners, Greater Buffalo United Accountable Healthcare Network, Niagara Falls Memorial Medical Center, and Health Home Partners of Upstate New York.

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	84%	16%	Billing Records	2013

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.

Name Dennis C. Walczyk Yes No
Title CEO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Hillside Children's Center
OPTIONAL-Joined PPS: Erie County Medical Center Corporation

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	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
Address :	1183 Monroe Ave	Rochester	NY	14620
County:	Monroe			

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: 0

III. Appeal Point of Contact

Contact Person: Pamela Ayers
Title: Director of Service Development
Contact Phone: (585) 766-1265 Extension:
Contact Email: payers@hillside.com

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	56%	1%	HCC BI	2014

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.

Name Clyde Comstock Yes No
Title COO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category: 2

II. Appeal Applicant Information

Organization Name: Hillside Children's Center
OPTIONAL-Joined PPS: St. Joseph's Hospital Health Center

VI. Restricted to 3500 Characters only!

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

Provider Type: Health Home/Care Management Agency
Operating Certificate/License #, MMIS*, NPI*
Unique Identifiers: We have many - avail on request
Agency Code: EIN: 16-1453581
Billing Entity ID: 1639267933
Address: 1183 Monroe Ave, Rochester, NY, 14620

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: 0

III. Appeal Point of Contact

Contact Person: Pamela Ayers
Title: Director of Service Development
Contact Phone: (585) 766-1265
Contact Email: payers@hillside.com

IV. 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 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.

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

Table with columns: Medicaid (FFS & MC), Uninsured, Data Source, Year. Values: 56%, 1%, HCC BI, 2014

VIII. Yes I Herby 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: Clyde Comstock
Title: COO
Answer: Yes

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





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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Hillside Children's Center
OPTIONAL-Joined PPS: Upstate University Hospital

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	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
Address :	1183 Monroe Ave	Rochester	NY	14620
County:	Monroe			

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: 0

III. Appeal Point of Contact

Contact Person: Pamela Ayers
Title: Director of Service Development
Contact Phone: (585) 766-1265 Extension:
Contact Email: payers@hillside.com

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	56%	1%	HCC BI	2014

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.

Name Clyde Comstock Yes No
Title COO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category: 2

II. Appeal Applicant Information

Organization Name: Hillside Children's Center
OPTIONAL-Joined PPS: Finger Lakes PPS

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	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
Address :	1183 Monroe Ave	Rochester	NY	14620
County:	Monroe			

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: 0

III. Appeal Point of Contact

Contact Person: Pamela Ayers
Title: Director of Service Development
Contact Phone: (585) 766-1265 Extension:
Contact Email: payers@hillside.com

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	56%	1%	HCC BI	2014

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.

Name Clyde Comstock Yes No
Title COO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: HONOR ehg, Inc.
OPTIONAL-Joined PPS: Montefiore Medical Center

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		353319	1881957678	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	38 Seward Avenue	Middletown	NY	10940
County:	Orange			

Character Count: 3263

III. Appeal Point of Contact

Contact Person: Christopher Molinelli
Title: Chief Operations Officer
Contact Phone: 845-343-7115 Extension: 302
Contact Email: cmolinelli@honorehg.org

Orange County is made up of 42 municipalities which range from 3 cities to 19 villages and 20 towns of varying size surround the transportation corridors. Orange County is centrally located, in the Tri-State area (NY, NJ, PA). Demographically, the County is urban/rural in nature. According 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, Port 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, and Housing First programs. For 42 years our agency has been under contract with Orange County to provide these services 24/7. We operate an Addictions Crisis Center an overnight Warming Station for street Homeless, Street Outreach, Case Management and Employment Development programs. We have linkage agreements with over 60 government and community based providers of health, mental health, substance abuse, legal and homeless services and employ 115 staff in all of our programs. We serve over 3,000 homeless men, women, families with children, and adolescents residentially each year and another 20,000 poor and disenfranchise members of our community non-residentially through our 24 hour crisis line, street outreach, food pantries and aftercare case management services. In 2013, we assisted 1 out of every 16 people living throughout our county. We were the first and remain the only agency to implement a Housing First Initiative. We presently have oversight of four scattered-site housing units for two chronically homeless individuals and two chronically homeless families. Expansion of this service is paramount for the agency in years to come. HONOR's Health Home Managed Addiction Treatment Program (MATS) assists individuals who suffer 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 dollars and to ensure that all of the dimensions of these individual's lives are being treated so they may enjoy holistic wellness and maintain recovery while decreasing the use of Medicaid spending. We are a proud partner with New York State Health Home and a Medicaid Vendor. We initiated a process for offering enrollment of all homeless households served in our shelters into the Health Home Network and our Case Managers work to determine Medicaid eligibility for those we serve which is increasingly leading to households acquiring Medicaid benefits. This represents our 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 services 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.

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	90%	10%	MATS Program	2013

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.

Name John Harper Yes No
Title Executive Director
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Housing Works Inc
 Joined PPS: Amida Care, Inc.

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1350509 1538379573
 Agency Code:
 Billing Entity ID: E0164894
 Address 57 Willoughby Street, 2nd Floor City State Zip
 Brooklyn NY 11201

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1117

III. Appeal Point of Contact

Contact Person Michael Clarke
 Title Senior Vice President
 Contact Phone 347-473-7475 Extension
 Contact Email clarke@housingworks.org

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 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 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 Day Hospital readmissions, care transitions, and developing community based health navigation services. We were advised by NYS DOH to submit this VAP application with the notation that "this provider is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider", since as of this time the NYS Department of Health has not yet received approval from the federal CMS of 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 following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%	0%	gement can only	2013

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.

Name Charles King
 Title CEO, Housing Works
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer	Not yet
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You have chosen the following Health Home category:	2
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II. Appeal Applicant Information

Organization Name:	Hudson Valley Care Coalition
OPTIONAL-Joined PPS:	Select PPS

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:	Case Mangement			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:				
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	303 South Broadway, Suite 321	Tarrytown	NY	10591
County:	Westchester, Orange, Putnam, Rockland, Sullivan, Dutchess			

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: 292

III. Appeal Point of Contact

Contact Person	Gladys Johnson		
Title	Program Manager		
Contact Phone	914-606-3305	Extension	
Contact Email	gjohnson@hcheq.org		

We are a Phase II State Designated Health Home previously doing business under Open Door Family Medical Center in Ossining, NY. We recently became incorporated and have our own ETIN. An application for our NPI has been submitted and upon receiving an NPI we will apply for our Medicaid MMIS.

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		Claims	2013-2014

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.

Name Lena Johnson Yes No

Title Executive Director

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



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Hudson Valley Community Services, Inc.
 Joined PPS: HealthAlliance of the Hudson Valley, HealthAlliance Hospital: Broadway Campus

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other: Community Service Provider for DOH. Former COBRA Case Management Provider.
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1295394 1841339728
 Agency Code:
 Billing Entity ID: E0170375
 Address 40 Saw Mill River Road City Hawthorne State NY Zip 10532

III. Appeal Point of Contact

Contact Person: Andrea C Straus
 Title: Deputy Executive Director
 Contact Phone: 914-785-8265 Extension
 Contact Email: astraus@hudsonvalleycs.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	85%	3%	Internal database	2013

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3032

a. In Ulster County, Hudson Valley Community Services, Inc., (HVCS) is the only community-based (non-medical) care management provider with several decades of extensive experience providing medicare-reimbursed services, first to people with HIV and AIDS, and now to people living with a broad array of chronic illnesses. Our expertise lies in finding people lost to service, working with active substance using clients, accessing and working with the lesbian, gay, bisexual and transgender (LGBT) communities, providing extensive community supports such as housing assistance, 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 crises and emergencies, will be lost to service and not have the opportunity to stabilize their medical care. b. HVCS is a DOH Community Service Provider (CSP), incorporated as a 501(c)3 in New York State since 1986. HVCS has provided intensive, targeted care management to people with HIV/AIDS for nearly 30 years, beginning prior to COBRA, then becoming a COBRA care management provider in the early 90's, and subsequently, since 2012, providing care management services to people with a broad array of chronic illnesses under the Health Home Program. HVCS serves 7 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 Advisory Board. We currently serve nearly 1000 clients annually and more than 85% of our clients have Medicaid or no insurance. HVCS is an integral part of the care management continuum dedicated to ensuring quality care management for clients, reduced costs, and reduced ER visits and hospitalizations. We maintain over 100 Memoranda of Understanding with our community partners. HVCS offers a wide array of community-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, 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 prevention interventions. This integrated network of services will greatly enrich the care management offered to patients in the Ulster PPS and it 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 harm reduction community provider.

VIII. Yes I Herby 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: Jeffrey Kraus
 Title: Executive Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Huther Doyle
 Joined PPS:

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:
 Provider Type - Other:

Operating Certificate/License #	MMIS*	NPI*
150410827; 161011669	954572	1073614533

 Unique Identifiers:
 Agency Code: 6013
 Billing Entity ID: E0204306

Address	City	State	Zip
360 East Avenue	Rochester	NY	14604

 * REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:

a. A description of your entity in specific relation to being a Health Home.

Please do not submit this form if you are already on the draft Health Home List.

III. Appeal Point of Contact

Contact Person: Robert R. Lebman
 Title: President & CEO
 Contact Phone: 585-325-5100 Extension: 3501
 Contact Email: rlebman@hutherdoyle.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	82%	12%	OASAS	2012

Character Count: 1286

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. 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 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 management agencies in each of the 10 counties. This Health Home is providing outreach and engagement or direct care management services to more than 10,000 individuals at this time. The majority of our care management entities are safety net providers. We are the only Health Home 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 initiatives to engage and serve eligible releasees in an effort to both reduce unnecessary emergency room visits and inpatient admissions and criminal justice recidivism. Representatives from the Health Home are actively involved in the development of DSRIP projects across all 14 counties in the application.

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.

Name: Robert R. Lebman Yes No
 Title: President & CEO
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Institute for Family Health
OPTIONAL-Joined PPS: Westchester Medical Center

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: 136

I am hereby requesting approval as a safety net entity as our Health Home organization meets Safety Net Designation based on NPI match.

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	7002137R	903700	1295729408	
Agency Code:				
Billing Entity ID:	E0209381			
	Address	City	State	Zip
Address :	16 East 16th st.	New York	NY	10003
County:	Ulster			

III. Appeal Point of Contact

Contact Person: Virna Little
Title: Sr. Vice President of Psychosocial Services
Contact Phone: 212-633-0800 Extension: 1337
Contact Email: vlittle@institute2000.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	60%	14%	Epic	2013

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.

Name: Alan Woghin Yes No
Title: Chief Financial Officer
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: Jewish Child Care Association of NY
 Joined PPS: Select PPS

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: OMH-Article 31
 Provider Type - Other: we also provide OMH waiver, B2H, preventive services, ICM, Foster Care services and operate residential
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 6705121A 00272688 1467571653
 Agency Code: 0021300
 Billing Entity ID: E0179492
 Address 858 E. 29th St. Brooklyn NY 11210

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 0

III. Appeal Point of Contact

Contact Person: Robert Cizma
 Title: Vice-President, Mental Health and Preventive Services
 Contact Phone: 917808-4555 Extension
 Contact Email: cizmar@jccany.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	86%	6%	internal	FY 14

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.

Name: Richard Altman
 Title: Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted
 Answer: Yes No



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Kids Oneida
OPTIONAL-Joined PPS: Faxton St. Luke's Healthcare

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	9063010A	2276286	1770787079	
Agency Code:	28220			
Billing Entity ID:				
	Address	City	State	Zip
Address :	310 Main Street	Utica	NY	13501
County:	Oneida/ Herkimer			

III. Appeal Point of Contact

Contact Person: Steven Bulger
Title: CEO/Executive Director- Interim
Contact Phone: 315-731-2603 Extension:
Contact Email: sbulger@kidsoneida.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	92%	3%	Report/ Client Mgt	2013

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.

Name Steven Bulger Yes No
Title CEO/Executive Director- Interim
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: Lakeview Health Services
 Joined PPS: Finger Lakes PPS

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other:
 Operating Certificate/License # MMSIS* NPI*
 Unique Identifiers: 02993680 1033155833
 Agency Code: OMH Agency Code - 10490
 Billing Entity ID:
 Address 600 W. Washington Street Geneva NY 14456
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 445

III. Appeal Point of Contact

Contact Person: Cathy Lovejoy
 Title: Chief Program Officer
 Contact Phone: 315-789-5501 Extension: 2217
 Contact Email: clovejoy@lakeviewhs.org

Lakeview provides care management services in Ontario, Seneca and Wayne Counties within the FLPPS region. With the creation of a comprehensive, accountable system of care which integrates physical and behavioral health, care managers play an integral role in its 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.

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	87%	13%	Electronic health red	2013

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.

Name: Cathy Lovejoy
 Title: Chief Program Officer
 Only appeals from the CEO, CFO or comparable will be accepted
 Answer: Yes No



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category: **1**

II. Appeal Applicant Information

Organization Name: Liberty Resources Inc.
OPTIONAL-Joined PPS: Finger Lakes PPS

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

Character Count: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2994810	1225254881	
Agency Code:				
Billing Entity ID:	E0001939			
	Address	City	State	Zip
Address:	1045 James Street	Syracuse	NY	13203
County:	Onondaga			

III. Appeal Point of Contact

Contact Person: Marta Durkin
Title: Vice President of Behavioral Healthcare
Contact Phone: (315)425-1004 Extension: 1556
Contact Email: mdurkin@liberty-resources.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	98%	2%	Program Stats	2014

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.

Name: Carl Coyle Yes No
Title: CEO
Only appeals from the CEO, CFO or comparable will be accepted





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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Liberty Resources Inc.
OPTIONAL-Joined PPS: Upstate University Hospital

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2994810	1225254881	
Agency Code:				
Billing Entity ID:	E0001939			
	Address	City	State	Zip
Address:	1045 James Street	Syracuse	NY	13203
County:	Onondaga			

III. Appeal Point of Contact

Contact Person	Marta Durkin		
Title	Vice President of Behavioral Healthcare		
Contact Phone	(315)425-1004	Extension	1556
Contact Email	mdurkin@liberty-resources.org		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	98%	2%	Program Stats	2014

VIII. Yes I Herby 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 Carl Coyle Yes No
Title CEO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

II. Appeal Applicant Information

Organization Name:	Long Island Association for AIDS Care, Inc. (LIAAC)
OPTIONAL-Joined PPS:	Stony Brook University Hospital

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		1743457	1154446557	
Agency Code:				
Billing Entity ID:	E0125681			
	Address	City	State	Zip
Address:	60 Adams Ave.	Huappauge	NY	11788
County:				

III. Appeal Point of Contact

Contact Person	Catherine Hart, LMSW		
Title	Chief Operating Officer		
Contact Phone	631-385-2451	Extension	
Contact Email	chart@liaac.org		

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

<input checked="" type="radio"/>	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.
<input type="radio"/>	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.

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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		Internal report	2013

VIII. Yes I Herby 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	Catherine Hart, LMSW	<input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Chief Operating Officer	

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

Character Count: 3500

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 Community Service Provider (CSP) for the Nassau/Suffolk Metropolitan Statistical Area (MSA) since 1986. For 28 years, LIAAC has been the only safety net provider for anyone in our catchment area infected/affected by or at high risk of HIV/AIDS and other associated co-morbidities-such as substance use, mental illness, diabetes, heart disease, Hepatitis C and other STI. LIAAC has been a licensed Medicaid provider of what is now 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 Homes on Long Island: Nassau Wellness Partners (FEGS), Suffolk Wellness Partners (FEGS), North Shore/LIJ (Nassau, Suffolk, and Queens) and Queens Care Coordinated Partners. While our services evolved over the years to meet client needs, we have always provided field-based care coordination, prevention, disease management, treatment adherence and care navigation. We currently have a syringe voucher program and are in the final stages of approval for a waiver to institute a bi-county mobile syringe exchange program. 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 barriers to care on Long Island (LI). Our field-based model of service delivery was designed to reach individuals living in disenfranchised communities who, without our support, could not overcome these barriers on their own. We know the communities, 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. Our experience has taught us that a major segment of Long Islanders will not access vital services without our team going to the clients own turf, finding and engaging them on a one to one basis and providing linkage to care, care coordination and follow-up services. 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 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 quality, improved health and reduced costs. 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 Census Total=823 Medicaid Managed Care: 666 FFS: 57; Duals: 100



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: Long Island Association for AIDS Care
 Joined PPS: Stony Brook University Hospital

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Care Management Agency
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1743457 1154446557
 Agency Code:
 Billing Entity ID: E0125681
 Address 60 Adams Ave. City Hauppauge State NY Zip 11788
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 3281

III. Appeal Point of Contact

Contact Person: Catherine Hart, LMSW
 Title: Chief Operating Officer
 Contact Phone: 631-385-2451 Extension 139
 Contact Email: chart@liaac.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%		internal report	2013

This provider is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider. Since 1986, the Long Island Association for AIDS Care, Inc., (LIAAC), the nation's oldest suburban AIDS Service Organization, has been designated by the NYSDOH as the only Community Service Provider (CSP) for the Nassau/Suffolk Metropolitan Statistical Area (MSA). For 28 years, LIAAC has been the only safety 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 as substance use, mental illness, diabetes, heart disease, Hepatitis C and other STI. LIAAC has been a licensed Medicaid provider of what is now 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 Homes on Long Island: Nassau Wellness Partners (FEGS), Suffolk Wellness Partners (FEGS), North Shore/LIJ (Nassau, Suffolk, and Queens) and Queens Care Coordinated Partners, in Queens. While our services evolved over the years to meet client needs, we have always provided field-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 communities, 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 endeavors. 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 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 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

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.

Name Catherine Hart, LMSW
 Title Chief Operating Officer
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer	Not yet
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You have chosen the following Health Home category:	2
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II. Appeal Applicant Information

Organization Name:	Mental Health Association of the Southern Tier, Inc.
OPTIONAL-Joined PPS:	United Health Services Hospitals, Inc.

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.

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:	Mental Health Agency specializing in Peer Support Programs			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		pending	1073955092	
Agency Code:	12010			
Billing Entity ID:				
	Address	City	State	Zip
Address:	153 Court Street	Binghamton	NY	13901
County:	Broome			

Character Count: 2018

III. Appeal Point of Contact

Contact Person	Keith W. Leahey		
Title	Executive Director		
Contact Phone	607-771-8888	Extension	349
Contact Email	keith.leahey@yourmha.com		

The Mental Health Association of the Southern Tier, Inc., a United Health Services Hospitals Medicaid Health Home, hereby requests approval as 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 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 participants. The population served by the UHSH Health Home fully consists of Medicaid beneficiaries. In addition, the Mental Health Association of the Southern Tier (MHA) offers numerous programs for children, families, and adults. Our agency has been serving the community since 1927, providing immediate support and linkage to appropriate services. We operate a peer run recovery center and offer peer support services that fit into the 1915i waiver. MHA is the only agency in our community that specializes in a peer run recovery center. Our peer services manifest through workshops in art therapy, community integration, health and wellness programs, support groups, volunteer and employment training, a weekend drop-in center, advocacy, and case management. We strive to help individuals along their road to recovery as they work toward realizing their fullest potential within their community. Our goals include structuring services on an individualized basis to recognize early warning signs and prevent relapses. Our peer run warm line provides individuals with access to personalized support aimed at reducing barriers and providing intervention to reduce unnecessary hospitalization. MHA programming has become vital to individuals in our community by providing immediate caring support to identify specific needs, referring appropriate services, ensuring proper utilization of services, reducing mental health crises, strengthening the path to wellness and recovery, and ultimately decreasing the need for hospital and crises intervention.

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

<input checked="" type="radio"/>	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.
<input type="radio"/>	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.

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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	75%	5%	internal data	2014

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.

Name	Keith W. Leahey	<input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Executive Director	

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



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category: 1

II. Appeal Applicant Information

Organization Name: Mental Health Providers of Western Queens
OPTIONAL-Joined PPS: Health & Hospital Corporation

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:	Care Management Agency			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	16140	2324885	1023173820	
Agency Code:	321			
Billing Entity ID:	E00667615			
	Address	City	State	Zip
Address :	40-23 62nd St. 2nd Floor	Woodside	NY	11377
County:	Queens			

III. Appeal Point of Contact

Contact Person: John Lavin, LCSW
Title: Clinical Director
Contact Phone: 718-476-0076 Extension:
Contact Email: jlavin@mhpwq.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	93%	7%	records	2014

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.

Name John Lavin, LCSW Yes No
Title Clinical Director
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: MHA in Essex, Inc.
 Joined PPS: Adirondack Health Institute

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1550370 1487940870
 Agency Code: 12370
 Billing Entity ID: E0144960
 Address: 6096 Rt 9 N Westport NY 12993

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3470

III. Appeal Point of Contact

Contact Person: Valerie Ainsworth
 Title: Executive Director
 Contact Phone: (518)962-2077 Extension: 226
 Contact Email: vainsworth@mhaessex.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	90%	5%	HER	2013

Essex County is the second largest county in the state covering over 1500 square miles. There are vast expanses of rural areas with limited population. Many people that live within this county lead marginal existences. There is not a central hub for the population rather there are 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 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 people's existence and success in recovery. We provide Care Coordination as a down stream provider with AHI. We provide Community Center 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 services. We work very closely 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 successful recovery for themselves with natural supports. MHA will continue to provide all of the above services to ensure all residents of Essex County are afforded the mental health and physical health services and linkages that they require. Our goal is to assist people in finding natural supports, roles for themselves within their communities 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 doctors with whom we have created a good working relationship with. Due to the scarcity 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 providers and consumers in the region 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 collaborative efforts. MHA in Essex prides itself on being the legs of the county, in that we are constantly covering every inch of this large county and ensuring that all potential recipients are receiving the services that they need and that all linkages are occurring and collaboration amongst all the providers is foremost. This type of services are fairly comparatively inexpensive to provide and are invaluable to the clients that we serve and the community that we operate in.

VIII. Yes I Herby 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: Valerie Ainsworth
 Title: Executive Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: MHA in Essex, Inc.
 Joined PPS: Adirondack Health Institute

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1550370 1487940870
 Agency Code: 12370
 Billing Entity ID: E0144960
 Address: 6096 Rt 9 N City: Westport State: NY Zip: 12993

III. Appeal Point of Contact

Contact Person: Valerie Ainsworth
 Title: Executive Director
 Contact Phone: (518)962-2077 Extension: 226
 Contact Email: vainsworth@mhaessex.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	90%	5%	HER	2013

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3470

Essex County is the second largest county in the state covering over 1500 square miles. There are vast expanses of rural areas with limited population. Many people that live within this county lead marginal existences. There is not a central hub for the population rather there are 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 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 people's existence and success in recovery. We provide Care Coordination as a down stream provider with AHI. We provide Community Center 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 services. We work very closely 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 successful recovery for themselves with natural supports. MHA will continue to provide all of the above services to ensure all residents of Essex County are afforded the mental health and physical health services and linkages that they require. Our goal is to assist people in finding natural supports, roles for themselves within their communities 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 doctors with whom we have created a good working relationship with. Due to the scarcity 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 providers and consumers in the region 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 collaborative efforts. MHA in Essex prides itself on being the legs of the county, in that we are constantly covering every inch of this large county and ensuring that all potential recipients are receiving the services that they need and that all linkages are occurring and collaboration amongst all the providers is foremost. This type of services are fairly comparatively inexpensive to provide and are invaluable to the clients that we serve and the community that we operate in.

VIII. Yes I Herby 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: Valerie Ainsworth
 Title: Executive Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category: 1

II. Appeal Applicant Information

Organization Name: Mid Erie Mental Health Services, Inc.
OPTIONAL-Joined PPS: Erie County Medical Center Corporation

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	6791100A	2994796	1225095201	
Agency Code:	50230			
Billing Entity ID:	E0086760			
	Address	City	State	Zip
Address :	1526 Walden Avenue, Suite 400	Cheektowaga	NY	14225
County:	Erie			

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: 585

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 Lakes PPS. We also have clinics in Niagara, Orleans and Monroe Counties in addition to Erie. Additional operating certificates are: 6791100F, 6791100D, 6791100J, 6791100G, 6791100H, 6791100I, 6791100L, 6791100K, 150410876, 160310875, 6791120J, 6791120D, 6791120A, 6791120I, 6791120H, 6791120K, 6791021A.

III. Appeal Point of Contact

Contact Person: Elizabeth Mauro
Title: Chief Executive Officer
Contact Phone: 716-895-6700 Extension: 4051
Contact Email: Emauro@mid-erie.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	85%	4%	CFR	2012

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.

Name: Elizabeth L. Mauro
Title: Chief Executive Officer
Only appeals from the CEO, CFO or comparable will be accepted

Answer: Yes No



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Monroe Plan for Medical Care
OPTIONAL-Joined PPS: United Health Services Hospitals, Inc

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3616704	1780935502	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	1120 Pittsford-Victor Rd	Pittsford	NY	14534
County:	Monroe			

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: 863

III. Appeal Point of Contact

Contact Person: Kim Hess
Title: Chief Operating Officer
Contact Phone: 585-256-8473 Extension:
Contact Email: khess@monroeplan.com

Monroe Plan for Medical Care is a health care services organization providing downstream care management services for individuals enrolled in Medicaid Managed Care and Medicaid Fee for Service. Monroe Plan provides care management on behalf of individuals who select a State designated Health Home through the Health Home of Upstate New York, Greater Rochester Integrated Health Home or United Health Services Health Home. Monroe Plan receives monthly referrals from the Health Homes and has approximately 400 open Health Home cases its currently 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.

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	87%		aged Care Enroll	2014

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.

Name Dennis J. Graziano Yes No
Title CEO & President
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Monroe Plan for Medical Care
OPTIONAL-Joined PPS: Finger Lakes PPS

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3616704	1780935502	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	1120 Pittsford-Victor Rd	Pittsford	NY	14534
County:	Monroe			

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: 863

III. Appeal Point of Contact

Contact Person: Kim Hess
Title: Chief Operating Officer
Contact Phone: 585-256-8473 Extension:
Contact Email: khess@monroeplan.com

Monroe Plan for Medical Care is a health care services organization providing downstream care management services for individuals enrolled in Medicaid Managed Care and Medicaid Fee for Service. Monroe Plan provides care management on behalf of individuals who select a State designated Health Home through the Health Home of Upstate New York, Greater Rochester Integrated Health Home or United Health Services Health Home. Monroe Plan receives monthly referrals from the Health Homes and has approximately 400 open Health Home cases its currently 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.

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	87%		aged Care Enroll	2014

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.

Name Dennis J. Graziano Yes No
Title CEO & President
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Narco Freedom INC
 Joined PPS: Bronx-Lebanon Hospital Center

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1222191 1245272772
 Agency Code:
 Billing Entity ID: E0177676
 Address: 250 Grand Concourse Bronx NY 10451

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 0

III. Appeal Point of Contact

Contact Person: Malynda Jordan LCSWR
 Title: Director
 Contact Phone: 718-402-2614 Extension: 160
 Contact Email: malynda.jordan@narcofreedom.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	92%	8%		2013

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.

Name: Gerald Bethea
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: North-Shore University Hospital Health Home
OPTIONAL-Joined PPS: Long Island Jewish Medical Center

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		*03457054	1932472107	
Agency Code:				
Billing Entity ID:	E0334635			
	Address	City	State	Zip
Address :	300 Community Drive	Manhasset	NY	11030
County:	Nassau, Suffolk, Queens			

Character Count: 2214

III. Appeal Point of Contact

Contact Person: Jerry Hirsch
Title: Vice President, Strategic Planning
Contact Phone: 516-465-8074 Extension:
Contact Email: jhirsch@nshs.edu

IV. 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 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.

The North-Shore University Hospital Health Home (the "HH") hereby submits this Vital Access Provider ("VAP") exception appeal and requests 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").

The HH operates in Nassau, Suffolk and Queens Counties within the PPS's service area. It provides care coordination to high-use adult Medicaid patients who live in the community and have complex chronic conditions and long-term care needs. The HH focuses on providing patients access to appropriate services, while reducing preventable hospitalizations and emergency room visits, and avoiding unnecessary care.

Using a person-centered planning approach, the HH provides coordinated, comprehensive medical and behavioral health care and social services linkages to patients to address all of the clinical and non-clinical care needs of an individual, including mental health and substance abuse services, chronic disease management services, and long-term care services, as needed.

The HH builds and maintains strong relationships with a broad array of community resources and medical and behavioral practices to coordinate its patient-centered approach to health care. It has a robust and clinically diverse team of network organizations to provide care management services, including, managed care organizations, mental health and substance abuse treatment, housing, and other social services organizations.

The HH has structured health record and information technology systems systems, policies, procedures and practices that enable the patient's health information and plan of care to be accessible to the patient's interdisciplinary team of providers and allows for population management 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.

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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%	0%	DOH roster	2013

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.

Name: Robert S. Shapiro
Title: Executive Vice President & Chief Financial Officer
Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Northeast Parent & Child Society, Inc.
OPTIONAL-Joined PPS: Ellis Hospital

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	7308001A	02664359	1003901695	
Agency Code:	13050			
Billing Entity ID:				
	Address	City	State	Zip
Address :	530 Franklin Street	Schenectady	NY	12305
County:	Schenectady			

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: 0

III. Appeal Point of Contact

Contact Person: Audrey LaFrenier
Title: Chief Operating Officer
Contact Phone: (518) 431-1652 Extension:
Contact Email: audrey.lafrenier@northernrivers.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	83%	6%	EMR	2014

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.

Name Audrey LaFrenier Yes No
Title Chief Operating Officer
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Onondaga Case Management Services Inc.
OPTIONAL-Joined PPS: Upstate University Hospital

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: 672

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:	ACT Team			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	8044479A	02994838	1235184235	
Agency Code:	12600			
Billing Entity ID:	E0028423			
	Address	City	State	Zip
Address :	620 Erie Boulevard West, Suite 302	Syracuse	NY	13204
County:	Onondaga			

Assertive Community Treatment is the highest level community based care management that currently exists in health home. Our ACT team officially moved into health homes in 9/2014 and represents our highest level of care serving the most intensive behavioral health recipients in need of services in our communities. We are applying under this operating certificate based on the instructions to include all identifiers. ACT is separate from health home care management as it is licensed under OMH and is the program through which most of the Assisted Outpatient Treatment individuals are served in our community. The billing model for ACT is different from health home.

III. Appeal Point of Contact

Contact Person	Scott Ebner		
Title	Executive Director		
Contact Phone	315-472-7363	Extension	145
Contact Email	sebner@ocmsinc.org		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	75%	25%	Internal Data	2013

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.

Name Yes No
 Title
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category: 1

II. Appeal Applicant Information

Organization Name: Onondaga Case Management Services Inc. OPTIONAL-Joined PPS: Upstate University Hospital

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: 108

Table with 5 columns: Provider Type, Operating Certificate/License #, MMIS*, NPI*, Unique Identifiers, Agency Code, Billing Entity ID, Address, City, State, Zip, County.

We are applying for VAP due to our presence on the Health Home and Care Management Safety Net Provider list.

III. Appeal Point of Contact

Contact Person: Scott Ebner, Title: Executive Director, Contact Phone: 315-472-7363, Extension: 145, Contact Email: sebner@ocmsinc.org

IV. 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 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.

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

Table with 4 columns: Medicaid (FFS & MC), Uninsured, Data Source, Year. Values: 92%, 8%, Internal Data, 2013.

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.

Name: Scott Ebner, Title: Executive Director, Answer: Yes



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Orleans County Department of Mental Health
 Joined PPS: Finger Lakes PPS

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency

Operating Certificate/License #	MMIS*	NPI*	
6943100A	2993759	1043345713	
Unique Identifiers:	Agency Code: 70250	Billing Entity ID: 72W	
Address	City	State	Zip
14014 Route 31 W.	Albion	NY	14411

* REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:

a. A description of your entity in specific relation to being a Health Home.

Please do not submit this form if you are already on the draft Health Home List.

Character Count: 115

III. Appeal Point of Contact

Contact Person: Mark O'Brien LCSW-R
 Title: Director of Mental Health and Community Services
 Contact Phone: (585) 589-3292 Extension:
 Contact Email: Mark.O'Brien@orleansny.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	67%	5%	CFR	2013

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.

Name: Mark O'Brien Yes No
 Title: Director of Mental Health & Community Services
 Only appeals from the CEO, CFO or comparable will be accepted

Orleans County Department of Mental Health is a care management agency and is part of the HHUNY Health Home system.



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: Orleans County Department of Mental Health
 Joined PPS: Erie County Medical Center Corporation

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other:
 Operating Certificate/License # MMS* NPI*
 Unique Identifiers: 6943100A 2993759 1043345713
 Agency Code: 70250
 Billing Entity ID: 72W
 Address 14014 Route 31 W. Albion NY 14411

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 115

Orleans County Department of Mental Health is a care management agency and is part of the HHUNY Health Home system.

III. Appeal Point of Contact

Contact Person: Mark O'Brien LCSW-R
 Title: Director of Mental Health and Community Services
 Contact Phone: (585) 589-3292 Extension:
 Contact Email: Mark.O'Brien@orleansny.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	67%	5%	CFR	2013

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.

Name: Mark O'Brien
 Title: Director of Mental Health & Community Services
 Only appeals from the CEO, CFO or comparable will be accepted
 Answer: Yes No



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Orleans County Department of Mental Health
 Joined PPS: Niagara Falls Memorial Medical Center

**** 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!**

Provider Type: Health Home/Care Management Agency
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 6943100A 2993759 1043345713
 Agency Code: 70250
 Billing Entity ID: 72W
 Address City State Zip
 Address 14014 Route 31 W. Albion NY 14411
 * REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough ~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 115

Orleans County Department of Mental Health is a care management agency and is part of the HHUNY Health Home system.

III. Appeal Point of Contact

Contact Person: Mark O'Brien LCSW-R
 Title: Director of Mental Health and Community Services
 Contact Phone: (585) 589-3292 Extension:
 Contact Email: Mark.O'Brien@orleansny.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	67%	5%	CFR	2013

VIII. Yes I Herby 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: Mark O'Brien
 Title: Director of Mental Health & Community Services
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following Health Home category:	1
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II. Appeal Applicant Information

Organization Name:	Parsons Child and Family Center
OPTIONAL-Joined PPS:	Albany Medical Center Hospital

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	6223100A	02998034	1922171305	
Agency Code:	40400			
Billing Entity ID:				
	Address	City	State	Zip
Address:	60 Academy Road	Albany	NY	12205
County:	Albany			

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: 0

III. Appeal Point of Contact

Contact Person	Audrey LaFrenier		
Title	Chief Operating Officer		
Contact Phone	(518) 431-1652	Extension	
Contact Email	audrey.lafrenier@northernrivers.org		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	63%	3%	PARMENU	2013

VIII. Yes I Herby 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	Audrey LaFrenier	<input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Chief Operating Officer	

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





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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category: **1**

II. Appeal Applicant Information

Organization Name: The Pederson Krag Center
OPTIONAL-Joined PPS: Stony Brook University Hospital

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: 189

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	6816100/A	2993575	1013964170	
Agency Code:	50430			
Billing Entity ID:				
	Address	City	State	Zip
Address :	11 Rt 111	Smithtown	NY	11787
County:	Suffolk			

The Pederson Krag Center Care Coordination Department currently (10/14) provides care coordination to 552 Health Home consumers and continues to grow. The largest payor source is Medicaid.

III. Appeal Point of Contact

Contact Person: Rebecca Costa
Title: Chief Operating Officer
Contact Phone: 631-920-8089 Extension:
Contact Email: rcosta@pedersonkrag.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	92%	8%	EHR	2014

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.

Name: Dean Weinstock Yes No
Title: CEO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: PSCCH, Inc.
OPTIONAL-Joined PPS: Bronx-Lebanon Hospital Center

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2189655	1386817906	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	142-02 20th Avenue	Flushing	NY	11351
County:	Queens			

III. Appeal Point of Contact

Contact Person: John Kastan
Title: SVP, Strategy and Business Development
Contact Phone: (718) 559-0525 Extension:
Contact Email: John.Kastan@psch.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	85%	10%	Financial Stmt	2013

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.

Name Robert T. Hettenbach Yes No
Title President
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category: 1

II. Appeal Applicant Information

Organization Name: PSCH, Inc. OPTIONAL-Joined PPS: Long Island Jewish Medical Center

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: 0

Table with Provider Type, Unique Identifiers, Agency Code, Billing Entity ID, Address, City, State, Zip, County.

III. Appeal Point of Contact

Contact Person: John Kastan, Title: SVP, Strategy and Business Development, Contact Phone: (718) 559-0525, Contact Email: John.Kastan@psch.org

IV. 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 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.

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

Table with Medicaid (FFS & MC) 85%, Uninsured 10%, Data Source: Financial Stmt, Year: 2013

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.

Name: Robert T. Hettenbach, Title: President, Answer: Yes



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: PSCH, Inc.
OPTIONAL-Joined PPS: Lutheran Medical Center

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2189655	1386817906	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	142-02 20th Avenue	Flushing	NY	11351
County:	Queens			

III. Appeal Point of Contact

Contact Person: John Kastan
Title: SVP, Strategy and Business Development
Contact Phone: (718) 559-0525 Extension:
Contact Email: John.Kastan@psch.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	85%	10%	Financial Stmt	2013

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.

Name Robert T. Hettenbach Yes No
Title President
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: PSCH, Inc.
OPTIONAL-Joined PPS: Mount Sinai Hospitals Group

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2189655	1386817906	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	142-02 20th Avenue	Flushing	NY	11351
County:	Queens			

III. Appeal Point of Contact

Contact Person: John Kastan
Title: SVP, Strategy and Business Development
Contact Phone: (718) 559-0525 Extension:
Contact Email: John.Kastan@psch.org

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	85%	10%	Financial Stmt	2013

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.

Name Robert T. Hettenbach Yes No
Title President
Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following category:	1
---	---

II. Appeal Applicant Information

Organization Name:	PSCH, Inc.
OPTIONAL Joined PPS:	Long Island Jewish Medical Center

VI. Restricted to 3500 Characters only!

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

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

Provider Type:	OMH 1915i Provider		
Provider Type - Other:	DO NOT USE		
	Operating Certificate/License #	MMIS	NPI
Unique Identifiers:	7401025A	3269096	1477864866
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
Address:	142-02 20th Avenue	Flushing	NY 11351
County:	Queens		

III. Appeal Point of Contact

Contact Person	John Kastan		
Title	SVP, Strategy and Business Development		
Contact Phone	(718) 559-0525	Extension	
Contact Email	John.Kastan@psch.org		

IV. Please choose the following 1915i Category:

<input checked="" type="radio"/>	1	I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i Providers
<input type="radio"/>	2	I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	85%	10%	Financial State.	2013

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.

Name	Robert T. Hettenbach	Answer
Title	President	<input checked="" type="radio"/> Yes <input type="radio"/> No
Only appeals from the CEO, CFO or comparable will be accepted		



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

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

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

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following category:	1
---	---

II. Appeal Applicant Information

Organization Name:	PSCH, Inc.
OPTIONAL Joined PPS:	Nassau University Medical Center

VI. Restricted to 3500 Characters only!

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

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

Provider Type:	OMH 1915i Provider		
Provider Type - Other:	DO NOT USE		
	Operating Certificate/License #	MMIS	NPI
Unique Identifiers:	7401025A	3269096	1477864866
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
Address:	142-02 20th Avenue	Flushing	NY 11351
County:	Queens		

III. Appeal Point of Contact

Contact Person	John Kastan		
Title	SVP, Strategy and Business Development		
Contact Phone	(718) 559-0525	Extension	
Contact Email	John.Kastan@psch.org		

IV. Please choose the following 1915i Category:

<input checked="" type="radio"/>	1	I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i Providers
<input type="radio"/>	2	I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	85%	10%	Financial State.	2013

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.

Name	Robert T. Hettenbach	Answer
Title	President	<input checked="" type="radio"/> Yes <input type="radio"/> No
Only appeals from the CEO, CFO or comparable will be accepted		



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: Queens Coordinated Care Partners, LLC. Joined PPS: The Jamaica Hospital

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency. Operating Certificate/License #, MMIS*, NPI*, Agency Code, Billing Entity ID, Address, City, State, Zip

III. Appeal Point of Contact

Contact Person: Valentine Cruz, Title: Regional Deputy Director, Contact Phone: 917-510-7278, Contact Email: vcruz@chnyc.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii - Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information - Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii- The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

Table with columns: Medicaid (FFS & MC), Uninsured, Data Source, Year. Row 1: Percentage, 100%

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
a. A description of your entity in specific relation to being a Health Home.
Please do not submit this form if you are already on the draft Health Home List.

Character Count: 446

The QCCP Health Home was recognized as a Health Home after the initial VAP designations were made. QCCP was formerly recognized as a part of the Community Healthcare Network Health Home and now requires a separate designation as the state now formally recognized the Queens Coordinated Care Partners as a separate Health Home Program. This provider is in a pending CMS-approval status category of bulk exceptions as a health home provider.

VIII. Yes I Herby 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: Paul Vitale, Title: Treasurer (CFO), Answer: Yes

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



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following Health Home category:	1
---	---

II. Appeal Applicant Information

Organization Name:	Sayville Project - SUNY SB
OPTIONAL-Joined PPS:	Stony Brook University Hospital

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: 520

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 of Medicaid care management services in our Health Home Care Management and Adult Home Initiative SCM programs and serve a high percentage of the uninsured (and pending Medicaid) adult population in our OMH State Aid Care Management Service (for those ineligible for Health Home Care Management services) and through our Suffolk County Discharge Planning Care Coordination Initiative.

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		1571851	1124224084	
Agency Code:	16100			
Billing Entity ID:	E			
	Address	City	State	Zip
Address:	640 Johnson Avenue, Suite 2	Bohemia	NY	11716
County:				

III. Appeal Point of Contact

Contact Person	Bridget Baio		
Title	Director		
Contact Phone	631-563-2290	Extension	209
Contact Email	bridget.baio@stonybrook.edu		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	75%	9%	Client records	2013

VIII. Yes I Herby 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 Bridget Baio Yes No
 Title Director
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Schuyler County MHC MH
OPTIONAL-Joined PPS:

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	6946100A	2993502	1003869165	
Agency Code:				
Billing Entity ID:	1371457			
	Address	City	State	Zip
Address :	106 South Perry Street, Suite 4	Watkins Glen	NY	14891
County:	Schuyler			

III. Appeal Point of Contact

Contact Person: Shawn Rosno
Title: Director of Community Services
Contact Phone: (607) 535-8280 Extension:
Contact Email: srosno@co.schuyler.ny.us

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	50%	1%	eCR Billing	2014

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.

Name Yes No
Title
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Southern Tier AIDS Program, Inc. 22 Riverside Drive, Binghamton, NY, 13905
 Joined PPS: United Health Services Hospitals, Inc

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1681130 1922130335
 Agency Code:
 Billing Entity ID: E0131906
 Address 22 Riverside Drive City Binghamton State NY Zip 13905

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 3445

III. Appeal Point of Contact

Contact Person Michelle McElroy
 Title Director of Programs
 Contact Phone 607-798-1706 Extension 123
 Contact Email mmcelroy@stapinc.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	87%	1%	AIRS	2013

The Southern Tier AIDS Program (STAP) DBA Southern Tier Care Coordination (STCC) serves an eight (8) county region in the Southern Tier (Broome, Chemung, Chenango, Cortland, Delaware, Otsego, Tioga & Tompkins) and is a downstream network care management agency for four (4) Health Homes leads: United Health Services Hospitals, Inc., Broome County Catholic Charities, Health Homes of Upstate New York (HHUNY)/Onondaga Case Management Services (OCMS) & Mary Imogene Bassett Hospital. STAP is not licensed, but is one of 14 designated Community Service Programs (CSPs). The Southern Tier AIDS Program (STAP) is affiliated with the United Health Services Hospitals, Inc. Health Home as a designated Network Care Management Agency, as well as a network partner. STAP also serves counties (Cortland, Tompkins) with CM services covered under the Cortland Regional Medical Center PPS, which is actively under consideration for joining with the UHS PPS. By acting in this capacity, the agency works to decrease avoidable hospitalizations and improve health outcomes for some of the most intensive and costly Health Homes members in the area. STAP DBA STCC was also recently awarded funds in the Health Homes Supported Housing initiative. Thus, the agency will be doing additional work to help ensure that yet another segment of the highest-cost Medicaid members are assisted with achieving housing stability, thus increasing medical outcomes and overall wellness. These services are critical at a point when many municipalities in our area are no longer accepting applications for HUD housing services. We serve a largely rural region and address transportation challenges by delivering comprehensive services in an array of locations convenient to members. We offer care management, secondary prevention, treatment adherence, nutrition support & education, transportation and housing services (all informed by a harm reduction perspective), at locations convenient to the individuals we serve. STAP and STCC services are delivered in a culturally competent manner, as our staff have extensive experience working with Lesbian, Gay, Bisexual & Transgender persons, injection drug users, active substance users and communities of color. We operate two (2) fixed site syringe exchange programs, provide additional syringe exchange services in four (4) other counties, and will be expanding the reach of these services in 2015. Finally, STAP acts as an NYS DOH AIDS Institute funded provider for many other HIV prevention and supportive services activities. From grant funded care management for HIV+ clients not yet enrolled to Medicaid, to on-site rapid testing for HIV/HCV, to multiple syringe exchange service interventions, STAP has an extensive history of serving "hard-to-reach" individuals in all of our communities, as well as linking eligible individuals to higher-threshold services. This provider is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider/downstream harm reduction counseling provider.

VIII. Yes I Herby 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 John Barry Yes No
 Title Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category: 1

II. Appeal Applicant Information

Organization Name: ST LUKES ROOSEVELT HOSPITAL CENTER DBA MOUNT SINAI HEALTH HOME
OPTIONAL-Joined PPS: Mount Sinai Hospitals Group

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: 0

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	7002032H	00354967	1104982917	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address:	1111 Amsterdam Avenue	New York	NY	10025
County:	New York			

III. Appeal Point of Contact

Contact Person	Theresa Soriano, MD, MPH		
Title	Medical Director, Health Home Program		
Contact Phone	(212) 824-7495	Extension	
Contact Email	Theresa.Soriano@mountsinai.org		

IV. 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 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.

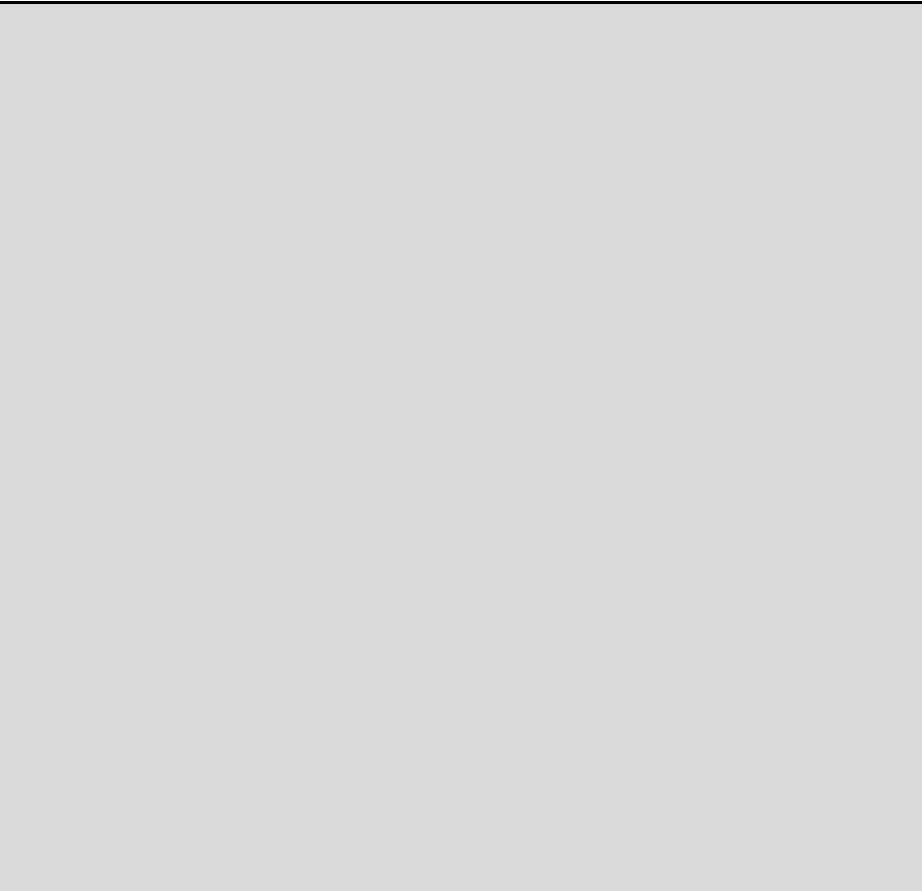
You are choosing VAP Exception iii- The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	98%	2%	HHTS/Internal	2013

VIII. Yes I Herby 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 Arhima Jacobs, MBA Yes No
 Title Financial and Administrative Lead, Health Home Program
 Only appeals from the CEO, CFO or comparable will be accepted





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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Strong Memorial Hospital
 Joined PPS: Finger Lakes PPS

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency

Operating Certificate/License #	MMIS*	NPI*
2701005H	279034	1346285657
Agency Code:		
Billing Entity ID:	E0271171	
Address	City	State Zip
601 ELMWOOD AVE	ROCHESTER	NY 14642

* REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:

a. A description of your entity in specific relation to being a Health Home.

Please do not submit this form if you are already on the draft Health Home List.

Character Count: 366

STRONG MEMORIAL HOSPITAL OPERATES DOWNSTREAM CARE MANAGEMENT SERVICES UNDER CONTRACT TO THE TWO HEALTH HOMES SERVING MONROE COUNTY, GRHHN AND HHUNY. STRONG MEMORIAL HOSPITAL IS LISTED ON A STATE LIST WITH A SAFETY NET DESIGNATION BASED ON NPI MATCH. STRONG MEMORIAL HOSPITAL OPERATES THE CARE MANAGEMENT SERVICES AS A LEGACY OMH TARGETED CASE MANAGEMENT PROVIDER.

III. Appeal Point of Contact

Contact Person: PAUL MCARTHUR
 Title: ADMINISTRATOR, PSYCHIATRY
 Contact Phone: 585-275-6732 Extension:
 Contact Email: paul_mcarthur@urmc.rochester.edu

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	20%	2%	ICR	2013

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.

Name: ADAM ANOLIK
 Title: CFO
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Suffolk County Dept of Health, Division of Community Mental Hygiene Care Management Program
OPTIONAL-Joined PPS: Stony Brook University Hospital

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: 0

Provider Type:	Health Home/Care Management Agency		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:		1175277	1699877811
Agency Code:			
Billing Entity ID:	EO182361		
	Address	City	State Zip
Address:	3500 Sunrise Highway, P.O. Box 9006	Great River	NY 11739-9006
County:	Suffolk		

III. Appeal Point of Contact

Contact Person	Ann Marie Csorny		
Title	Deputy Director		
Contact Phone	631-853-3108	Extension	
Contact Email	annmarie.csorny@suffolkcountyny.gov		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	96%	4%	agency EMR	2014

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.

Name Ann Marie Csorny, LCSW-R Yes No
 Title Deputy Director
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer	Not yet
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You have chosen the following Health Home category:	2
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II. Appeal Applicant Information

Organization Name:	The Children's Collaborative, Inc.
OPTIONAL-Joined PPS:	Select PPS

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		Health Home Pending	Health Home Pending	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	463 Hawthorne Ave	Yonkers	NY	10705
County:				

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: 3494

III. Appeal Point of Contact

Contact Person	Alan Mucatel		
Title	Executive Director, Leake and Watts		
Contact Phone	914-375-8703	Extension	
Contact Email	amucatel@leakeandwatts.org		

IV. 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 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.

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 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 CC a crucial partner for PPSs seeking to improve health, improve care, and reduce unnecessary utilization among their attributed populations. 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 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 membership is still growing.

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 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 PPSs that lack significant experience in the youth population. 100% of foster care children are in Medicaid. Children and youth in foster care are among 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 per-member-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 year 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 CC can reduce visits to emergency rooms; reduce hospital admissions and lengths of stays; and improve the quality of health care services offered to children and youth in foster care by training existing providers to work within a trauma-informed approach. The CC will therefore be an essential partner in DSRIP. We therefore request that you consider our appeal to be granted a vital access provider exception.

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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%			

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.

Name _____ Title _____

Answer Yes No

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



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: The Family & Children's Society, Inc.
OPTIONAL-Joined PPS: United Health Services Hospitals, Inc

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:	Health Home/Care Management Agency			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		679155	1972552776	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address:	355 Riverside Drive	Johnson City	NY	13790
County:	Broome			

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: 0

III. Appeal Point of Contact

Contact Person: Andrea Quezada
Title: Director of Home Care
Contact Phone: 607-231-8364 Extension: 233
Contact Email: aquezada@familycs.org

IV. 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 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 form.

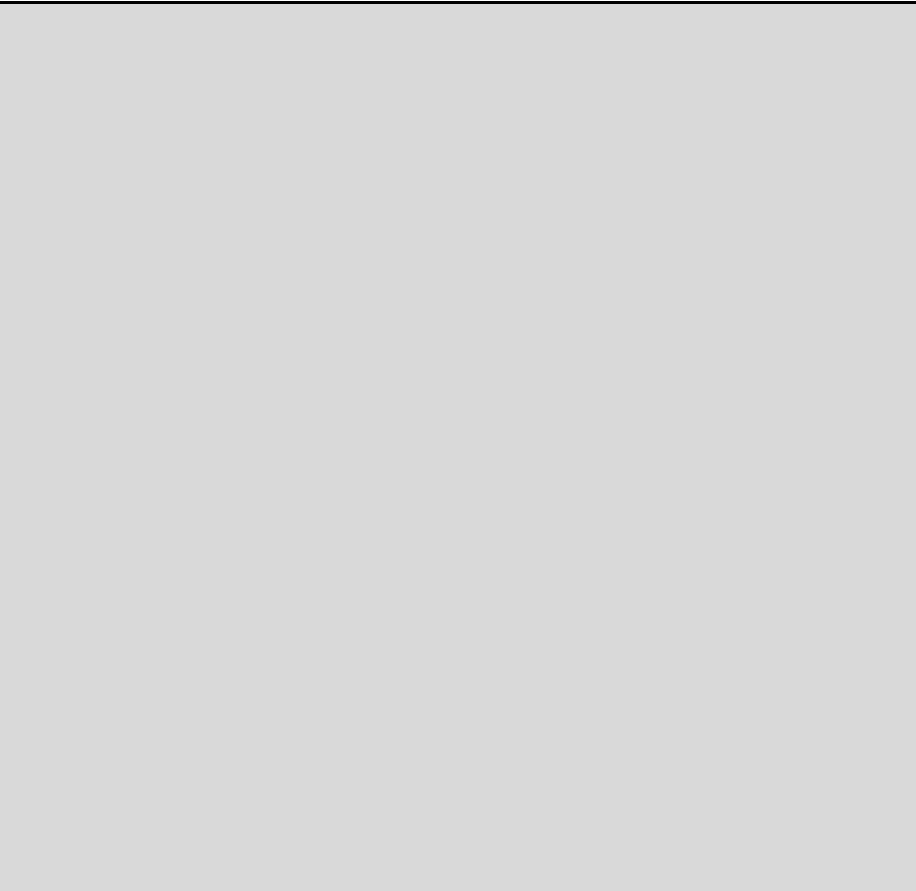
V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	76%	3%	Clinic Tracker	2013

VIII. Yes I Herby 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 Frederick DuFour Yes No
Title Executive Director

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





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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category: **1**

II. Appeal Applicant Information

Organization Name: The Salvation Army HIV Health Home Care Management
 OPTIONAL-Joined PPS: Health & Hospital Corporation

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: 116

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	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 downstream health home provider.

III. 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

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	About 87%	5%	Program Info	2014

VIII. Yes I Herby 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: Major Steven Stoops Yes No
 Title: Social Ministries Secretary
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category: 1

II. Appeal Applicant Information

Organization Name: The Salvation Army HIV Health Home Care Management
 OPTIONAL-Joined PPS: Maimonides Medical Center

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: 116

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	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 downstream health home provider.

III. 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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	About 87%	5%	Program Info	2014

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.

Name Major Steven Stoops Yes No
 Title Social Ministries Secretary
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category: **1**

II. Appeal Applicant Information

Organization Name: The Salvation Army HIV Health Home Care Management
 OPTIONAL-Joined PPS: Mount Sinai Hospitals Group

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: 116

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	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 downstream health home provider.

III. 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

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	About 87%	5%	Program Info	2014

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.

Name Major Steven Stoops Yes No
 Title Social Ministries Secretary
 Only appeals from the CEO, CFO or comparable will be accepted



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**

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: The Salvation Army HIV Health Home Care Management
 OPTIONAL-Joined PPS: The New York and Presbyterian Hospital

VI. Restricted to 3500 Characters only!

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

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	City	State	Zip
Address :	601 Crescent Avenue	Bronx	NY	10458
County:	Bronx			

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: 116

III. 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

This provider is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider.

IV. 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.
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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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	About 87%	5%	Program Info	2014

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.

Name Major Steven Stoops Yes No
 Title Social Ministries Secretary
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: The Salvation Army HIV Health Home Care Management
 OPTIONAL-Joined PPS: St. Barnabas Hospital (dba SBH Health System)

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: 116

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	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 downstream health home provider.

III. 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

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	About 87%	5%	Program Info	2014

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.

Name Major Steven Stoops Yes No
 Title Social Ministries Secretary
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category: **1**

II. Appeal Applicant Information

Organization Name: The Salvation Army HIV Health Home Care Management
 OPTIONAL-Joined PPS: Bronx-Lebanon Hospital Center

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	City	State	Zip
Address:	601 Crescent Avenue	Bronx	NY	10458
County:	Bronx			

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: 116

III. 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

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	About 87%	5%	Program Info	2014

VIII. Yes I Herby 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: Major Steven Stoops Yes No
 Title: Social Ministries Secretary
 Only appeals from the CEO, CFO or comparable will be accepted

This provider is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider.



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer	Not yet
--------	---------

You have chosen the following Health Home category:	2
---	---

II. Appeal Applicant Information

Organization Name:	The Substance Abuse Prevention Team of Essex County, Inc.
OPTIONAL-Joined PPS:	Adirondack Health Institute

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:	Substance Abuse Prevention Agency			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:				
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address:	173 Lord Howe St.	Ticonderoga	NY	12883
County:	Essex			

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: 0

III. Appeal Point of Contact

Contact Person	Douglas G. Terbeek		
Title	Executive Director		
Contact Phone	518-585-7424	Extension	101
Contact Email	doug@preventionteam.org		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	N/A	N/A	N/A	

VIII. Yes I Herby 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 Douglas G. Terbeek Yes No

Title Executive Director

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



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Transitional Services for New York, inc
OPTIONAL-Joined PPS:

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2189875	1780855213	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address :	90-27 Sutphin Boulevard	Jamaica	NY	11435
County:	Queens			

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: 266

III. Appeal Point of Contact

Contact Person	Daniel Donoghue		
Title	Chief Operating Officer		
Contact Phone	(718) 746-6647	Extension	
Contact Email	ddonoghue@tsiny.org		

We are submitting the VAP exception for our Care Management program. While we are an OMH safety net provider by definition and listed on the health home sheet on the DOH website, it remains unclear if filing is required so we are doing so to insure our designation.

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	82%	18%	AWARDS EHR	FY 2013

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.

Name Yes No
 Title
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Trillium Health, Inc.
 Joined PPS: Finger Lakes PPS

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 2701230R 01230991 1861496358
 Agency Code: NA
 Billing Entity ID: E0176804
 Address 259 Monroe Avenue City Rochester State NY Zip 14607
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 1787

III. Appeal Point of Contact

Contact Person: Renee Savino-Hondorf
 Title: Associate Director of Health Homes
 Contact Phone: (585) 210-4106 Extension: NA
 Contact Email: rhondorf@trilliumhealth.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	40%	1%	Billing Dept	2013-2014

Trillium Health is a local community service provider and medical clinic. We provide Health Homes Care Management and are a downstream Care Management provider for the Health Home of Upstate New York (HHUNY). We serve adults who live in several counties including Monroe, Wayne, Ontario, Livingston, Seneca, Yates, Schuyler, and Steuben. We serve economically disadvantaged, communities and individuals with a host of chronic health conditions and socioeconomic factors that contribute to inappropriate utilization of the Health Care system--particularly emergency departments. Without the services/supports that Trillium Health offers, many of our patients/clients would have no where else to 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. In addition, we have outreach specialists who assist us with outreach and engagement for potential candidates we receive from both the DOH lists along with community and internal referrals.

Our comprehensive and integrated care offers:

- Health Homes Care Management primary care
- Specialized healthcare for LGBT communities
- Women's health
- Behavioral Wellness/Counseling
- HIV/AIDS specialty care
- STD and rapid HIV testing
- On-site pharmacy services through the Pleasant Street Apothecary
- Personalized

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.

Name: Carla D'Angelo
 Title: SVP, Administration
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following Health Home category: 1

II. Appeal Applicant Information

Organization Name: United Health Services Hospitals, Inc Medicaid Health Home
OPTIONAL-Joined PPS: United Health Services Hospitals, Inc

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: 677

Table with 5 columns: Provider Type, Operating Certificate/License #, MMIS*, NPI*, Unique Identifiers, Agency Code, Billing Entity ID, Address, City, State, Zip, County.

The United Health Services Hospitals Medicaid Health Home hereby requests approval as 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 Managed Medicaid Care Management services.

III. Appeal Point of Contact

Contact Person: Robin Kinslow-Evans
Title: Vice President of Strategy and Market Development
Contact Phone: 607-762-2801
Contact Email: Robin_Kinslow-Evans@uhs.org

IV. 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 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.

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

Table with 4 columns: Percentage, Medicaid (FFS & MC), Uninsured, 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.

Name: Robin Kinslow-Evans
Title: Vice President of Strategy and Market Development
Answer: Yes



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer	Not yet
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You have chosen the following Health Home category:	1
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II. Appeal Applicant Information

Organization Name:	Venture House
OPTIONAL-Joined PPS:	Select PPS

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency		
Provider Type - Other:	OMH 1915i provider		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:			
Agency Code:	19620		
Billing Entity ID:			
	Address	City	State Zip
Address :	150-10 Hillside Ave.	Jamaica	NY 11432
County:			

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: 577

III. Appeal Point of Contact

Contact Person	Raymond Schwartz		
Title	Executive Director		
Contact Phone	646-747-1509	Extension	
Contact Email	ray@venturehouse.org		

Venture House is a downstream provider in the COORDINATED BEHAVIORAL CARE INC. health home network. Venture House serves a population of people who have a mental illness and are receiving SSI or SSD benefits because of the illness. Venture House is located in Jamaica, Queens, a medically underserved area and is the only Accredited Cluhouse in western Queens. Venture House provides employment, skills building, wellness, housing, supported education and a range of other recovery based opportunities that reduce isolation, build an individuals network and support wellness.

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	64%	2%	AWARDS	2014

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.

Name Raymond Schwartz Answer
 Yes No

Title Executive Director

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



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following Health Home category:

II. Appeal Applicant Information

Organization Name: Villa of Hope
OPTIONAL-Joined PPS: Finger Lakes PPS

VI. Restricted to 3500 Characters only!

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

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:				
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	Multiple-see narrative to right	02996312	15789640298	
Agency Code:	37220			
Billing Entity ID:	n/a			
	Address	City	State	Zip
Address :	3300 Dewey Ave	Rochester	NY	14616
County:				

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: 798

III. Appeal Point of Contact

Contact Person: Jodi Barbera
Title: Director of Program Development and Quality
Contact Phone: 585-865-1550 Extension: 370
Contact Email: jodi.barbera@villaofhope.org

The Villa of Hope is a downstream care management provider for both the HHUNY (Health Homes of Upstate New York) and GRHHN (Greater Rochester Health Home Network) as well as a provider of OASAS, OMH, and OCFS Foster Care services. While we are on the Safety Net Provider list as OMH, OASAS, Foster Care agencies, and downstream Care Management we are applying to ensure that as a downstream provider we are designated a Safety Net Provider for Health Home Care Management. Our Unique Identifiers - Operating Certificate/License #s from left column are as follows: (OASAS 817- 160911629) (OASAS 822-160511362) (OMH RTF- 7598040) (OMH Community Residence- 7598431) (OCFS - Residential - Agency ID-W14, Regular Beds -RID-189340 and VID 00A02154B, Hard to Place Beds - RID-20858545 and VID 0A102398).

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	OASAS-89.8%/OMH&FosterCare100%	none	DOH DSRIP site	2014

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.

Name Christina Gullo, MSW, MBA Yes No
Title President/CEO
Only appeals from the CEO, CFO or comparable will be accepted



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: Village Center for Care
 Joined PPS: Maimonides Medical Center

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other:
 Operating Certificate/License #
 Unique Identifiers: 01539335 1063573152
 Agency Code:
 Billing Entity ID: E0146062
 Address 120 Broadway, Suite 2840 City New York State NY Zip 10271

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 113

III. Appeal Point of Contact

Contact Person Allison Silvers
 Title Chief Strategy Officer
 Contact Phone 212-337-5755 Extension
 Contact Email Allisons@villagecare.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%	0%	AIRS	2013

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.

Name Emma DeVito
 Title President and Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No

This provider is in a pending CMS approval status category of bulk exception as a downstream health home provider



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 comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer	Yes
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II. Appeal Applicant Information

Organization Name:	Visiting Nurse Services of Northeastern NY (a dba of Visiting Nurse Service Association of Schenectady)
OPTIONAL-Joined PPS:	Ellis Hospital

Provider Type:	Health Home/Care Management Agency			
Provider Type - Other:	CHHA and Health Home			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	4601600	02997684	1841360740	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address:	108 Erie Blvd	Schenectady	NY	12305
County:	Schenectady			

III. Appeal Point of Contact

Contact Person	Tim Berger		
Title	CFO		
Contact Phone	518-382-8050	Extension	258
Contact Email	bergert@vnshomecare.org		

IV. 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 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 form.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%	0%	Agency Reports	2013

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.

Name	Tim Berger	<input checked="" type="radio"/> Yes <input type="radio"/> No
Title	CFO	

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

Character Count: 3500

The Visiting Nurse Services of Northeastern NY (VNS NENY) is a member of the Ellis Medicine PPS servicing 172,000 are Medicaid enrollees in Albany, Rensselaer, Saratoga, Schenectady, Montgomery and Fulton Counties. The ability of the PPS to service patients would be compromised if VNS NENY is not included. The VNS NENY meets the expectations of the appeal because the three reasons:

- 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 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 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.
- 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.
- 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%]
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%]
Total	\$6,269,788 [45.05%]

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.

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:

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.

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



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 comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: VNA Homecare Options
 Joined PPS: Upstate University Hospital

^^ 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 option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Health Home/Care Management Agency
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 03529059 1801140777
 Agency Code:
 Billing Entity ID:
 Address 1050 West Genesee St Syracuse NY 13204
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 2112

III. Appeal Point of Contact

Contact Person: Mary Kate Rolf
 Title: President/CEO
 Contact Phone: (315) 477-9595 Extension
 Contact Email: mkrolf@477home.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%	0%	Mediture	2014

VNA Homecare Options is a Medicaid Managed Long Term Care (MLTC) Program serving a 9 county area in Central and Eastern New York; this service area includes Cayuga, Madison, Onondaga and Oswego Counties within the Upstate University Hospital Performing Provider System (PPS). VNA Homecare Options serves a population of Medicaid-eligible adults who require long term care services. The key benefit that VNA Homecare Options offers as a Vital Access Provider (VAP) is through the intensive care management that is provided to its members. The care management model at VNA Homecare Options includes Registered Nurses and Licensed Medical Social Workers who coordinate care and services for the members under their caseloads. The other advantages of VNA Homecare Options include:

- A single point of access to help members navigate the health care system,
- 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.

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.

Name: Mary Kate Rolf
 Title: President/CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted