10/29/2014 Aftercare Nursing Services, Inc.

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



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

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

be posted for public com	ment 30 days prior to applic	cation approval. Three a	lowed reasor	ns for granting a	n exception a	re shown in Section IV.		
I. Are you a Medicaid Pr	ovider							
Answer	Yes				▼	You have chosen the following VAP Exception: i		
II. Appeal Applicant Info	rmation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>		
Organization Name:	Aftercare Nursing Services, In	nc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~		
Joined PPS	Niagara Falls Memorial Medical Cent	ter			•	You chose the qualification i, in the space below please include:		
	aluated in the context of the Pi							
	VAP Exception in that PPS as w II and VII of the instructions fo		e the "VII_Ado	ditional PPSs" tab	to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient		
•	Licensed Home Care Service Agency				▼	without your organization's involvement given the PPS current configuration of network providers.		
Provider Type - Other						b. A description of the applicant's organization, the services provided, and how the services will enhance the network		
	Operating Certificate/L	License # N	1MIS*	NPI	*	of services for the PPS in this community (ies).		
Unique Identifiers	9058L001		180189	184138	34906	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)		
Agency Code				•				
Billing Entity ID						Character Count: 3452		
	Address		City	State	Zip	A. Aftercare Nursing Services, Inc. (ANS) is able to serve Medicaid participants in counties of; Allegany, Cattaraugus, Chautauqua, Erie, Genesee,		
Address	1680 Walden Avenue	Cheektowa	ga	NY	14225 * REQUIRED	Niagara, Orleans, and Wyoming. The majority of the population in these counties lives in rural areas. The estimated population of 2013 for these 8 counties is 1,537,416*. The 2013 estimated Medicaid enrollees for these counties is 328,904**, approximately 21% of the population. ANS has		
III. Appeal Point of Cont	act				REQUIRED	clients located in Frie county, Chautauqua county, and Niagara county. We work with the designated PPS Hospital for post care of patients on a		
Contact Person Mic	hael W. Mullins					weekly basis. Currently we are serving Medicaid Waiver participants in each of the counties mentioned above. Our census of approximately 700		
	ident					clients*** (many have been turned down by other home care agencies for service because of geographic location and limitations in workforce)		
Contact Phone 716	-725-2442 emullins214@aol.com		Extension			and future growth speaks to how these communities might be insufficient without our organization's continued involvement given the PPS current configuration of network providers. The aforementioned communities may otherwise not be served by the selected PPS due to recruitment limitations are resolved (our recruitment and employee retention is high priority).		
IV. Please choose the fol								
of serving the col	Il not be served without grantion mmunity. niquely qualified to serve based for clear track record of succes	d on services provided, fina	incial viability,			B. ANS is a home health care service agency and licensee (9058L001) of the New York State Department of Health, since 1989. ANS has an Employee Stock Ownership Plan (ESOP), where the care givers own 85.6%**** of the company. Therefore the ESOP is mainly owned by minority females*****, it is rare in licensed home health care organizations and unique locally. The ESOP gives employees a vested financial interest in the success of our company for quality care and patient satisfaction. ANS has provided exceptional service in a caring environment for the past 30 years and continues to do so. We provide a wide array of health and supportive services delivered at home for people of all ages. We offer the		
	ated health home or group of h	-	pritar use.			following services; Child Maternal Health, NHTD, TBI, Nursing Services, PCA Services, and we are the largest child home care provider. Medicaid participants account for approximately 92% of the services we provide. ANS works with local hospitals and nursing homes to help provide		
indicate what PPS you inter Information – Section II". If When choosing VAP Excep Care Management Agencie CMS approval. If your Heali approval and do not need to safety net list, you do not ranother approved safety net	tion i & ii – Please indicate what do join, then you will be den you are part of multiple PPSs, tion iii – The Department has sut (CMAs) that have already beet the Home appears on this list as o submit this form. If the organeed to submit this form. If you to provider list, but your organity aliable on the DSRIP website.	nied. Please indicate the na see section VII tab. submitted a draft list of Staten en approved as safety net ps s pending approval, you wil suization operating your He ur organization does not ap sization believes that it shou	e Designated Horoviders as well be granted a vallet Home/CM pear on the dr	in the "Appeal Ap Health Homes and Ill as those that ar VAP Exception pe IA already appear aft Health Home I	oplicant I Network re pending nding CMS s on another list or on	community home care and improve discharges. We are the only organization that participates in all three Medicaid Waiver programs, locally. We have a strong business model geared towards Medicaid Waiver participants in the Nursing Home Transition and Diversion (NHTD) Program and Traumatic Brain Injury program. Our 8 Supervisor RN's are trained to avoid needless hospitalization and have succeeded in meeting tests of current provider metrics of such. ANS is highly automated patient records and is able to transmit daily nurses' notes to primary physicians. We are actively pursuing various Telehealth programs. Also, we have disease management programs for diabetes to prevent needless hospitalizations and deliver appropriate care timely. The NHTD program we provide solves many different hospital discharge problems. We are unique because we provide Federal Section 8 housing to participants (11 in 2013) and have 8 trained Social Workers to assist participants in obtaining requested benefit compliance documentation. ANS is an advocate of this reform and would like to participant to help improve quality of service to clients and to reduce avoidable hospital use.		
~ For Section IV	if you are joining more than o	one PPS, use second tab (S	ection VII) to a	dd additional PP	Ss.	C. *Population **Medicaid Statistics ***Hours **** Stock *****EEOC		
V. Percentage of Medicaid	& Uninsured members that you	our facility serves						
м	edicaid (FFS & MC)	Uninsured		Data Source	Year			
Percentage	92%	8%		Medicaid Clients	2013			
understand that this appeal. Name	the information and data prov information may be subject to Michael W. M President peals from the CEO, CFO or i	o audit and I may be asked Iullins t	Ans Yes	cumentation in su				

10/29/2014 BHRAGS Home Care Corp.

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				•		•	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
be posted for	public com	ment 30 days prior to applic	cation approval. Th	ree allowed reaso	ns for grant	ing an exception a	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							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	BHRAGS Home Care Corp.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Select PPS				-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is eva	luated in the context of the PI	PS you are joining. If	you are joining more	e than one P	PS, you have the	
		'AP Exception in that PPS as w			ditional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section I</u>	I and VII of the instructions fo	or further clarification	1!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	ovider Type:	Licensed Home Care Service Agency				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Гуре - Other:						b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/L	License #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers:	0857L001		922298	16	579606735	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:	00372001		322230		373000733	
	ing Entity ID:						Character Count: 1725
		Address		City	State	Zip	BHRAGS Home Care has been servicing the Brooklyn community for over 30 years. Many of our patients are in Crown Heights, Brownsville and
	Address	9805 Foster Avenue	Brook	klyn	NY	11236	Canarsie. Many of our patients are Spanish and Creole speaking. We operate all over Brooklyn. We are an exceptional agency in the communit
						* REQUIRED	We always try our best to assists patients even when many agencies have turned the patients away. When we get a patient who speaks a foreign
III. Appeal Po							language, we go out into the community and find an Aide who can help that patient. When we get a patient whose home is too small, too
Contact	Person Eve \						cluttered or two dangerous for some agencies, we try to see where we can assist that patient instead of refusing that case. Majority of the time,
Contact		utive Director		Extension	1	256	we help the patient stay alive by offering some service to them. Currently we are the only agency offering its own ESL program to its workers. We are also providing computer classed to our workers. We are not waiting for the Union to help us, we are doing it ourselves. Although we are
		Phone 718-345-5940 Extension 256 Email evaval@bhrags.org					not a Senior Center, we try to have health promotional and social activities throughout the year for our patients. We take our jobs very seriously
	_	owing VAP Exception:					and we do our best to comply with all of DOH rules. We are probably the only agency in Brooklyn who had 99% flu shot compliance. When I say
Any home committee what P information – S when choosing Care Managem CMS approval. approval approval each of the complete this for possible of the complete this for possible of the complete which is for possible of the complete this for possible of the complete	state-designar g VAP Excepti PPS you inten- Section II". If y g VAP Excepti ent Agencies Iff your Healti o not need to you do not nee ved safety ne orm. List is av r Section IV,	iquely qualified to serve based or clear track record of succes ted health home or group of h ion i & ii — Please indicate whi d to join, then you will be den you are part of multiple PPSs, ion iii— The Department has si (CMAs) that have already been home appears on this list as so submit this form. If the organ eed to submit this form. If you t provider list, but your organivailable on the DSRIP website. If you are joining more than co.	ss in reducing avoidable health homes. ** at Performing Provid hied. Please indicate see section VII tab. ubmitted a draft list of en approved as safety s pending approval, your corganization operating your corganization does r ization believes that i one PPS, use second to	ier System (PPS) you the name of the PPS of State Designated I y net providers as w ou will be granted a urr Health Home/CM not appear on the di t should qualify as a	plan on joir in the "App Health Home ell as those t VAP Excepti MA already al raft Health Hom	ing. If you do not eal Applicant es and Network hat are pending on pending CMS opears on another ome list or on le, please	compliance means 99% got vaccinated. I hope that you will see how vital our agency is to the community and we deserve to be part of the Safety Network.
	Me	edicaid (FFS & MC)	Uninsure	d	Data So	urce Year	
Percentage		98%	2%				
-	-	he information and data prov nformation may be subject to		asked to provide do			1
Nam	ne	Eve Vaval	l		No No		
Tit	le	Executive Dire	ector				



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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

•		ment 30 days prior to appl	lication approv	val. Three allowed reas	ons for	granting a	an exception a	re shown in Section IV.			
I. Are you a N	Answer	Yes					_	You have chosen the following VAP Exception:			
U Annaal Ana							•				
								VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u> ~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
Organiza		1100 1000 1000 1000 1000 1000 1000 100	er upa visiting i	Nurse signature care			-				
option of apply	ing for the V	Finger Lakes PPS Luated in the context of the I AP Exception in that PPS as I and VII of the instructions f	well (if applicabl	le). Please see the "VII_A			ou have the	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			
Pr	rovider Type:	Licensed Home Care Service Agenc	y				•	without your organization's involvement given the PPS current configuration of network providers. b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).			
Provider 1	Type - Other:										
		Operating Certificate,	/License #	MMIS*		NP	pj*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	e Identifiers:	07161L001		1045303		14776	20797	,,,,,,,, .			
	Agency Code:							Sharata Sauta 2003			
BIII	ing Entity ID:	Address		City	C+	ate	Zip	Character Count: 3002 The Finger Lakes PPS incorporates 14 counties in an 8,800-square-mile area of upstate New York. This region encompasses a wide spectrum of			
	Address	2180 Empire Blvd.		Webster		VY	14580	urban, suburban and rural areas – from the City of Rochester, which has a population of over 200,000 and a population density of over 6,000			
		2100 Empire bivai		**CBSCC!			* REQUIRED	persons per square mile, to numerous towns with fewer than 5,000 residents, located in counties with densities of fewer than 100 persons per			
III. Appeal Po	int of Conta	ct						square mile. Not surprisingly, the size of the area, and variation in population density within it, result in issues that are unique to different areas.			
Contact	Person Kevii							Both urban and rural areas are experiencing a growing cultural diversity of patients that can affect our ability to deliver person-centered care that			
Contact		President of Business Develone 787-8301	pment and Reg	ional Operations Extension				lis effective in achieving the desired health outcomes. Our expertise in the areas of telehealth, transition care coaching, care management and			
		g@vnsnet.com		Exterision	<u>' </u>			Nurse Family Partnership make us a unique and necessary provider in order to bring these services to scale in the areas outside of Monroe County for which we are licensed to serve in 11 of the 14 PPS counties.			
		owing VAP Exception:									
of see O iii Any s When choosing indicate what P Information — S When choosing Care Managem CMS approval. approval and d safety net list, y another approv	A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community. Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use. Any state-designated health home or group of health homes. ** cosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant on – Section II". If you are part of multiple PPSs, see section VII tab. cosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network tagement Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending oval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another talist, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on approved safety net provider list, but your organization believes that it should qualify as a Health Home, please 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.						If you do not applicant d Network are pending CMS rs on another list or on lease	Community Care of Rochester dba Visiting Nurse Signature (VNSC) is part of the Strong Home Care Group (SHCG) covering a 12 county area in the Finger Lakes region. In addition to VNSC, SHCG is made up of two CHHAs, Visiting Nurse Service of Rochester and Monroe County, Inc. (VNS) and Finger Lakes Visiting Nurse Service, which combined serve 7 counties. VNSC is licensed to provide home care services to 11 of the 14 counties within the Finger Lakes PPS. VNSC provides a range of services to the Medicaid and Medicaid Managed Care community through various service provision contracts, although we do not bill Medicaid directly. Some of those contracts include VNS and FLVNS. Through preferred-provider agreements with various designated health home, managed long term care, Nurse Family Partnership, hospice and certified home health agenci in the community, VNSC coordinates and provides the Medicaid and uninsured patient population with essential services such as: care management & assessment, pediatric private duty nursing, telehealth, transition coaching, skilled nursing, and home health aides. VNSC plays a vital role as part of the integrated delivery system developed by UR Medicine and the patients we collectively serve. As URM moves toward accepting risk for the care of patient populations, it is expanding its reach and assets geographically. Further, it is focused on streamlining the continuum of care and producing remarkable outcomes. VNSC meets the safety-net definition as a non-hospital provider critical to the provisior of service to this patient population. At least 46% of VNSC's professional and paraprofessional staff provides service to well over 3,000 Medicaid Managed Care, Long Term, uninsured and Dually Eligible patients annually in the Monroe County area. This far exceeds the qualifying 30% minimum threshold as a vital access provider.			
	Me	dicaid (FFS & MC)	Un	ninsured	Da	ata Source	Year				
Percentage		46%		1%	atist	tical Report	tir FY2013/YTD2	o			
-	nd that this in	he information and data pro nformation may be subject t Barry Pala Senior Vice President and C eals from the CEO, CFO or	to audit and I mand and I mand and I mandal	ay be asked to provide d	documer Inswer	ntation in s	-				

10/29/2014 Dennelisse-LHCSA Corporation (3f)Denn- Brx Leb

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					basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus		
		ication approval. Three allowed rea	sons for gran	ting an exception a	re shown in Section IV.		
I. Are you a Medic							
	nswer Yes			▼	You have chosen the following VAP Exception:		
II. Appeal Applicar					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>		
Organization	Name: Dennelisse-LHCSA Corporation	on			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~		
	ed PPS: Bronx-Lebanon Hospital Center			•	You chose the qualification i, in the space below please include:		
		PPS you are joining. If you are joining m					
	or the VAP Exception in that PPS as vection II and VII of the instructions for	well (if applicable). Please see the "VII_A	Additional PPS	is" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to		
_	The second secon				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		
Provide		у		▼			
Provider Type -	Other: Case Management TCM				of services for the PPS in this community (ies).		
	Operating Certificate/	License # MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)		
Unique Ider	ntifiers: 0562L001	1449994	1	043340474			
Agenc							
Billing Er	•		- C	7'	Character Count: 3463		
Λ.	Address Idress 16 East 40th St. 12th Fl	City New York	State NY	Zip 10016	Dennelisse-LHCSA is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider. Dennelisse is a licensed NYS Department of Health not-for-profit home health care company and NYS Department of Education approved home health care		
	10 East 40th St. 12th Fi	New Tork	INT	* REQUIRED	training program. The organization has been servicing residents of the five boryonum for Department of Lucusium approved information in the control of the c		
III. Appeal Point of	Contact				health and well-being of our clients and their families, while focusing on the strengths of individuals, families and communities. Our bilingual		
Contact Perso	n Jeffrey Anaele				and multicultural professional and paraprofessional staff renders skilled nursing, nutrition, home health aides, homemakers, social workers and case managers who collaborate to build upon the communities' strengths, values and goals. The organization's culture is reflective of the diverse and complex communities it services. Dennelisse has facilitated care and support to a challenging population, including through a collaboration		
Titl							
	e 212-265-8320	Extension	า				
	ganaele@dlhcsa.org				under ACS. Dennelisse's care coordination services, formerly a COBRA Case Management provider since 1991, now in partnership with the New York State		
of serving Any hospit communit Any state- When choosing VAP indicate what PPS yo Information – Sectio When choosing VAP Care Management A CMS approval. If you approval and do not safety net list, you de another approved sa complete this form. ~ For Sectio	the community. al is uniquely qualified to serve base y, and/or clear track record of succes designated health home or group of Exception i & ii – Please indicate wh u intend to join, then you will be dei n II". If you are part of multiple PPSs, Exception iii— The Department has s gencies (CMAs) that have already be r Health Home appears on this list as need to submit this form. If the orge o not need to submit this form. If you fety net provider list, but your orgar List is available on the DSRIP website	nat Performing Provider System (PPS) y nied. Please indicate the name of the F see section VII tab. submitted a draft list of State Designate ten approved as safety net providers as spending approval, you will be grantec anization operating your Health Home/ ur organization does not appear on the nization believes that it should qualify a become PPS, use second tab (Section VII) to nice.	ou plan on joir PS in the "App d Health Hom well as those t la VAP Excepti CMA already a draft Health Hor	os within the ning. If you do not neal Applicant es and Network that are pending ion pending CMS ppears on another dome list or on ne, please nal PPSs.	Department of Health's "Health Home" networks, has served families and individuals affected by HIV/AIDS for more than than 27 years. We had a track record of rendering quality, effective social and mental health services to those who have been impacted by HIV/AIDS, mental health issues, substance abuse and people with disabilities and their families in the five boroughs of New York City. Dennelisse LHCSA has rendered intensive targeted case management and social services to over 4,500 individuals and their collaterals as a response to the New York City's community needs. The organization's Nurses, Care Coordinators, Client Navigators, Outreach Workers, Social Workers, and Paraprofessional Support Services team has met the challenge of working with people with medical and social behaviors that put them at-risk. Some of the individuals and families the organization has worked with have had to cope with living with HIV and AIDS, Diabetes, Substance Abuse, Mental Health, Respiratory Diesease, Metabolic Disease and other illnesses, while managing cognitive impairments, low income, homelessness and or other challenging situations. Our Care Coordination objectives have been to: Promote medical and medication adherence and or compliance, Improve quality of care and quality of life, Assist and educate and advocate for those at risk, Promote chronic illness and or mental health related medical follow up, Provide resources, including referral for job training and placement, Assist individuals and their families to navigate through the healthcare and wellness systems, Coordinate services and attend conferences, Provide advocacy and escort when necessary, Counseling including prevention of relapse and homelessness when appropriate. Dennelisse-LHCSA has not only been a partner within the community, but as well for other healthcare providers servicing the community. Dennelisse-LHCSA has been in collaboration with Bronx Lebanon's Health Home for the past 4 years and has been its trusted Care Coordinator and home health care		
	Medicaid (FFS & MC)	Uninsured	Data So	urce Year			
Percentage	100%	0%	Dennelisse	-LHCS/ 2014			
-	·	S		-			

Dennelisse-LHCSA Corporation (3f)Denn- Mt. Sinai

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intracters only! - Please read instructions for clarification! It is heavily on the statement you provide, so please be concise and thorough* Ilification i, in the space below please include: It ion of the community (ies) that would otherwise not be served by the selected PPS. Be sure to it is of the geographic area, the population, and how the services in this community are insufficient inization's involvement given the PPS current configuration of network providers. The applicant's organization, the services provided, and how the services will enhance the network inization's involvement given the PPS current configuration of network providers. The applicant's organization, the services provided, and how the services will enhance the network in this community (ies). Character Count: 3482 Inding CMS-approval status category of bulk exceptions as a downstream health home provider. Dennelisse is a Health not-for-profit home health care company and NYS Department of Education approved home health care nization has been servicing residents of the five boroughs of New York City since 1987. Our mission is to improve the clients and their families, while focusing on the strengths of individuals, families and communities. Our bilingual all and paraprofessional staff renders skilled nursing, nutrition, home health aides, homemakers, social workers and atte to build upon the communities' strengths, values and goals. The organization's culture is refelctive of the diverse is services. For more than 27 years, Dennelisse has facilitated care and support to a challenging population. On services, formerly a COBRA Case Management provider since 1991, now in partnership with the New York State alth Home" networks, has served families and individuals affected by HIV/AIDS for more than than 27 years. We have quality, effective social and mental health services to those who have been impacted by HIV/AIDS, mental health people with disabilities and their families in the five boroughs of New York City.
aracters only! - Please read instructions for clarification! se heavily on the statement you provide, so please be concise and thorough~ lification i, in the space below please include: stion of the community (ies) that would otherwise not be served by the selected PPS. Be sure to so of the geographic area, the population, and how the services in this community are insufficient nization's involvement given the PPS current configuration of network providers. the applicant's organization, the services provided, and how the services will enhance the network PPS in this community (ies). documentation to substantiate your narrative (attach as PDF in the email when submitting) Character Count: 3482 Iding CMS-approval status category of bulk exceptions as a downstream health home provider. Dennelisse is a Health not-for-profit home health care company and NYS Department of Education approved home health care nization has been servicing residents of the five boroughs of New York City since 1987. Our mission is to improve the clients and their families, while focusing on the strengths of individuals, families and communities. Our billingual all and paraprofessional staff renders skilled nursing, nutrition, home health aides, homemakers, social workers and ate to build upon the communities' strengths, values and goals. The organization's culture is refelctive of the diverse services. For more than 27 years, Dennelisse has facilitated care and support to a challenging population. on services, formerly a COBRA Case Management provider since 1991, now in partnership with the New York State alth Home" networks, has served families and individuals affected by HIV/AIDS for more than than 27 years. We have quality, effective social and mental health services to those who have been impacted by HIV/AIDS, mental health people with disabilities and their families in the five boroughs of New York City.
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people with disabilities and their families in the five boroughs of New York City.
red intensive targeted case management and social services to over 4,500 individuals and their conditions as a
response to the New York City's community needs. The organization's Nurses, Care Coordinators, Client Navigators, Outreach Workers, Social
nal Support Services team has met the challenge of working with people with medical and social behaviors that put
dividuals and families the organization has worked with have had to cope with living with HIV and AIDS, Diabetes,
ealth, Respiratory Diesease, Metabolic Disease and other illnesses, while managing cognitive impairments, low
or other challenging situations. Our Care Coordination objectives have been to:
ication adherence and or compliance d quality of life
vocate for those at risk
d or mental health related medical follow up
ng referral for job training and placement
families to navigate through the healthcare and wellness systems
tend conferences
ort when necessary ention of relapse and homelessness when appropriate
nly been a partner within the community, but as well for other healthcare providers servicing the community.
in collaboration with Mt. Sinai's Health Home for the past 4 years and has been its trusted Care Coordinator and
r more than 20 years. Dennelisse-LHCSA has faced some of the challenges and has the expertise in engaging and
with its partners. More than 70% of our mutual constituents reside in Manhattan and rely on our collaboration, while
hs.
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10/29/2014 Family Services of Westchester, Inc.

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

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



					basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus		
	public comment 30 days prior to appl	lication approval. Three allowed	d reasons for gran	ting an exception a	are shown in Section IV.		
I. Are you a M	ledicaid Provider						
	Answer Yes			▼	You have chosen the following VAP Exception:		
II. Appeal App	licant Information				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>		
Organiza	ation Name: Family Services of Westches	ster, Inc.			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~		
	Joined PPS: Montefiore Medical Center			-	You chose the qualification i, in the space below please include:		
	eption is evaluated <u>in the context of the l</u>						
	ing for the VAP Exception in that PPS as		"VII_Additional PPS	is" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to		
	See <u>Section II and VII</u> of the instructions f				include descriptions of the geographic area, the population, and how the services in this community are insufficient		
Pro	ovider Type: Licensed Home Care Service Agenc	cy		~	without your organization's involvement given the PPS current configuration of network providers.		
Provider T	ype - Other:				b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).		
	Operating Certificate,	/License # MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)		
Unique	e Identifiers: 0081L004	0054660	3 1	740587724	c. Any supporting documentation to substantiate your narrative (attach as FDF in the email when submitting)		
A	gency Code:						
Billi	ng Entity ID:				Character Count: 2713		
	Address	City	State	Zip	a. While the Home Care Department (a LHCSA) serves all of Westchester County, the communities that are relevant to this exception are as		
	Address 1 Gateway Plaza	Port Chester	NY	10573	follows: Yorktown (pop. 36,081), Somers (pop. 20,434), North Salem (pop. 5,104), Lewisboro (pop. 12,411), Pound Ridge (pop. 5104) and Bedfor		
III. Appeal Poi	nt of Contact			* REQUIRED	(pop. 17,335). Many Home Care providers claim to serve all of Westchester County, however not all are able to reach these areas which are in the north east quadrant of the county. The reason is relatively simple. Public transportation options in these areas are limited, if non-existent.		
	Person Eric Toth				Home health care workers are low wage, and tend to live in areas of southern westchester or in the Bronx. The cost and time to travel by train t		
	Title Vice President of Program Operation	tions			northern Westchester alone would be an obstacle to workers in this field, and the closest train could still be a twenty minute drive or more from a client's home where the service is offered. For this reason, many individuals with home health care needs would not get the services which they need and to which they are entitled. Without such services, higher levels of care could end up becoming the only possible solution, even if		
Contact	Phone 914-872-5259	Exte	ension				
Contact	Email etoth@fsw.org						
IV. Please cho	ose the following VAP Exception:				is not necessary given the functioning of the client. These services are of a higher cost and should only be used when home based services are		
i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community. Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use. Any state-designated health home or group of health homes. ** When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab. When choosing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website. "For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs. V. Percentage of Medicaid & Uninsured members that your facility serves					not possible. Many people who require home care while living at home in these areas of Westchester County are not able to access the services they need in order to age in place. b. FSW is a broad, multi-service social service agency. We offer a wide range of programs and services to individuals across the lifespan and with a variety to needs. We have developed many creative solutions in order to serve individuals who need support. Among these services is our RideConnect program, which helps seniors to age in place by offering rides to help them get to necessary appointments and errands. In addition, this funding helps us to provide a reverse commute to low income workers, precisely the gap in services that is described above. By using the resources of this funding through the Department of Transportation, FSW is able to help support the commute of home health aides to the above communities, allowing for individuals with home care needs to get the services they need to remain in the lowest level of care possible. As a part of the PPS, FSW and its Home Care Department (as supported by the RideConnect program) will be able to offer home care services to those individuals living in hard to serve geographic areas. This enhancement will help ensure that the lowest cost options will be available to those with need for assistance to remain at home and out of an instituational level of care.		
	Medicaid (FFS & MC)	Uninsured	Data So	urce Year			
Percentage	64%	6%	FSW red	ords 2013			
-	Certify that the information and data product that this information may be subject to the Susan Wa	to audit and I may be asked to pro					

10/29/2014 Home & Health Care Services, Inc.

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

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		·			ase basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus	
be posted for	public comment 30 days prior to app	lication approval. Three allow	ved reasons for	r granting an excep	on are shown in Section IV.	
I. Are you a M	ledicaid Provider					
	Answer Yes				You have chosen the following VAP Exception: i	
II. Appeal App	olicant Information				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!	
Organiza	ation Name: Home & Health Care Service	es, Inc.			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~	
	Joined PPS: Finger Lakes PPS				You chose the qualification i, in the space below please include:	
^^ The VAP Exc	eption is evaluated in the context of the	PPS you are joining. If you are jo	ining more than	n one PPS, you have t	e	
	ing for the VAP Exception in that PPS as		ne "VII_Addition	nal PPSs" tab to selec	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to	
multiple PPS's.	See <u>Section II and VII</u> of the instructions f	for further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.	
Pr	ovider Type: Select One					
Provider T	Type - Other: Personal Care				b. A description of the applicant's organization, the services provided, and how the services will enhance the network	
	Operating Certificate	/License # MM	S*	NPI*	of services for the PPS in this community (ies).	
Unique	e Identifiers: 9088L001	00916		1073718011	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)	
	gency Code:	00310	2.0	10,3,10011	-	
	ing Entity ID:				Character Count: 1516	
	Address	Cit	y Si	tate Zip	Steuben County NY is a very large and rural county covering 1,390 square miles with a population of 98,650 with 71 person per square mile.	
	Address PO Box 250, 82 Main Street	Hornell	NY	14843	Steuben County has only two cities, Corning and Hornell with the rest of the county comprised of small towns and villages. Only 19% of the	
				* REQU	The state of the s	
III. Appeal Poi					past 30 years. At the present time of the 5 LHCSA's based in Steuben County we are the only agency contracted by our LDSS for these services.	
Contact I	Person Stephanie Conway Title Executive Director				Since we are the only provider to our LDSS we feel it is vital that we are granted safety net provider status so that client care is not compromised	
Contact	Title Executive Director Phone 607-324-4142		xtension		or disrupted. Home & Health Care Services, Inc. is licensed home care service agency providing personal care services to the frail elderly and disabled. Currently we have 36 aide staff who deliver quality care throughout the service area. Our services are available 24 hrs. a day 7 days a	
	t Email sconway@homeandhealthcare.o		xtcrision		week. This agency not only provides personal care services to our LDSS and MCO but we are also contracted by the Office for Aging, Veterans	
	ose the following VAP Exception:				Administration, Alzheimer's Assoication, Hospice as well as private pay clients. This agency has been vital to our community in providing cost	
When choosing indicate what P Information – S When choosing Care Managem CMS approval. I approval approval expression of the complete this for possible complete complete this for possible complete complete this for possible complete comp	rving the community. Inospital is uniquely qualified to serve base munity, and/or clear track record of succestate-designated health home or group of g VAP Exception i & ii – Please indicate with you will be desection II". If you are part of multiple PPS: g VAP Exception iii— The Department has ent Agencies (CMAs) that have already but fyour Health Home appears on this list a compart of the provider list, but your orgatory or the provider list, but your orgatory. List is available on the DSRIP websiter Section IV, if you are joining more than of Medicaid & Uninsured members that	ess in reducing avoidable hospit f health homes. ** that Performing Provider Syster enied. Please indicate the name s, see section VII tab. submitted a draft list of State D een approved as safety net prov as pending approval, you will be ganization operating your Health our organization does not appea inization believes that it should te. n one PPS, use second tab (Secti your facility serves	n (PPS) you plan of the PPS in th esignated Healti iders as well as a granted a VAP E HOme/CMA alr ir on the draft H qualify as a Heal on VII) to add an	on joining. If you do be "Appeal Applicant h Homes and Networ those that are pendir Exception pending CN eady appears on ano ealth Home list or on th Home, please dditional PPSs.	g S ner	
	Medicaid (FFS & MC)	Uninsured	D	Oata Source Yea	ot	
Percentage	23%	unknown		audit	013	
-	Certify that the information and data prond that this information may be subject t			-		
Nam	ne Stephanie Co	onway	Yes O	No		
Tit	le Executive Di	irector				

10/29/2014 Home Aides of Central New York VAP Application

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

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



Vital Access Provid	der Exception: The state will co	onsider exceptions to the safety n	et definition	on a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
be posted for public of	comment 30 days prior to applica	tion approval. Three allowed reas	ons for gran	nting an exception a	re shown in Section IV.
I. Are you a Medicaid	l Provider				
Ans	wer Yes			▼	You have chosen the following VAP Exception: i
II. Appeal Applicant I	nformation				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization Na	me: Home Aides of Central New Yo	rk			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined	PPS: Upstate University Hospital			•	You chose the qualification i, in the space below please include:
		you are joining. If you are joining me	ore than one	PPS, you have the	
		II (if applicable). Please see the "VII_A			a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's. See Sect	ion II and VII of the instructions for	further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider T	ype: Licensed Home Care Service Agency			~	without your organization's involvement given the PPS current configuration of network providers.
Provider Type - Ot	her:				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	Operating Certificate/Lic	ense # MMIS*		NPI*	of services for the PPS in this community (ies).
Unique Identif		00588023		1467527283	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency C		00588023		146/52/283	
Billing Entit					Character Count: 1736
Dining Entit	Address	City	State	Zip	Home Aides of Central New York (HACNY) is a Licensed Home Care Services Agency (LHCSA) serving Cayuga, Cortland, Madison, Onondaga, and
Addr		Syracuse	NY	13204	Oswego Counties within the Upstate University Hospital Performing Provider System (PPS). HACNY serves a diverse range of clients from urban in
	1030 West Genesee St	Syracuse	1	* REQUIRED	suburban and rural settings throughout Central New York. HACNY provides numerous valuable services including Home Health Aides (HHA),
III. Appeal Point of Co	ontact				Personal Care Aides (PCA), Homemaker Assistance (HMK), and Private Duty Nursing (PDN). In addition to nursing and aide services, HACNY
Contact Person	Mary Kate Rolf				provides Personal Emergency Response Systems and automated medication dispensers. The combination of technology and in-home assistance
Title	President/CEO				is able to keep vulnerable adults with multiple medical comorbidities in their homes instead of requiring a higher level of care. Aides are able to
	(314) 477-9595	Extension	1		work as the "eyes and ears" of medical providers with early detection of signs of illness and prompt reporting of red flag events such as falls and
Contact Email	mkrolf@477home.org				wounds. The supportive technologies and services offered by HACNY prevent unnecessary utilization of inpatient services through monitoring and
A community of serving the community, a Any hospital is community, a Any state-des When choosing VAP Ex indicate what PPS you information — Section II When choosing VAP Ex Care Management Ager CMS approval. If your Happroval and do not ne safety net list, you do nanother approved safet complete this form. List ~ For Section	is uniquely qualified to serve based of and/or clear track record of success is signated health home or group of he ception i & ii — Please indicate what ntend to join, then you will be denie ". If you are part of multiple PPSs, so ception iii—The Department has subtacies (CMAs) that have already been lealth Home appears on this list as ped to submit this form. If the organiot need to submit this form. If your yn et provider list, but your organia; is available on the DSRIP website.	Performing Provider System (PPS) y d. Please indicate the name of the P ee section VII tab. mitted a draft list of State Designate approved as safety net providers as ending approval, you will be granted zation operating your Health Home/ organization does not appear on the ation believes that it should qualify a ee PPS, use second tab (Section VII) t	ou plan on joi PS in the "Ap d Health Hon well as those a VAP Except CMA already draft Health s a Health Ho	ining. If you do not peal Applicant thes and Network that are pending tion pending CMS appears on another Home list or on me, please	communication of health status as well as prevention of acute disease exacerbation through consistent adherence to diet and medication regimes. In the context of Upstate University Hospital's PPS, HACNY will be a valuable partner in providing in-home supportive services, ensurin follow through with prescribed wellness behaviors, and prompt detection and reporting of signs and symptoms of disease exacerbation. The significant overlap in service area ensures that HACNY will be able to provide consistent training and a uniform approach to the services provide to patients within the DSRIP project.
	Medicaid (FFS & MC)	Uninsured	Data S	ource Year	
Percentage	44%	0%	mecare I	Homeba 2014	
				on in support of this	

10/29/2014 Independent Health Care Services VAP Application

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

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



	<u>-</u>	ation approval. Three allowed reason		ase basis in it is deemed in the best interest of Medicald members. Any exceptions that are considered must be approved by Civis and must idea are chosen in Costina IV.
I. Are you a Medica	, , , , , , , , , , , , , , , , , , , ,	ation approval. Three allowed reasc	ons for granting an excep	ion are shown in section iv.
	nswer Yes			You have chosen the following VAP Exception:
II. Appeal Applican				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	Name: Independent Health Care Servi	vices		~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	ed PPS: Upstate University Hospital	ices		You chose the qualification i, in the space below please include:
		'S you are joining. If you are joining mor	re than one DDS you have	To a shore the quantitation i, in the space scient presses makes
		ell (if applicable). Please see the "VII_Ac		
	ection II and VII of the instructions for			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provide	Type: Licensed Home Care Service Agency			without your organization's involvement given the PPS current configuration of network providers.
Provider Type -				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Trovide: Type	Operating Certificate/Lic	icense # MMIS*	NPI*	of services for the PPS in this community (ies).
Unique Ider		01030386	1447244660	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency		01030380	1447244000	-
Billing En				Character Count: 1687
	Address	City	State Zip	Independent Health Care Services (IHCS) is a Licensed Home Care Services Agency (LHCSA) serving Cayuga, Cortland, Madison, Oneida, Onondaga
Ad	dress 1050 W Genesee St	Syracuse	NY 13204	and Oswego Counties, the entire service area for the Upstate University Hospital Performing Provider System (PPS). Since forming a relationship
			* REQI	
III. Appeal Point of				(BIP) Grant, HCS has evolved its service line to a unique set of services that will be particularly valuable to the objectives of Upstate University
Contact Person				Hospital's PPS. IHCS currently is positioned to provide transportation services to patients throughout the PPS service area to provide critical access to primary
	(315) 477-9595	Extension		and ancillary care services. Much of the PPS service area consists of rural counties with very little access to services for Medicaid participants and
	I mkrolf@477home.org			the uninsured, and lack of transportation further exacerbates the issue by preventing these patients from accessing already scarce resources.
IV. Please choose t	he following VAP Exception:			IHCS is also positioned to provide home modification services, which has already proven successful in keeping MLCT members in their own home
of serving of Any hospit community Any state-of When choosing VAP indicate what PPS yo Information – Section When choosing VAP Care Management Act (CMS approval. If you approval and do not safety net list, you do another approved sa complete this form. I ~ For Section Any form of the community	the community. al is uniquely qualified to serve based and and of success lesignated health home or group of the Exception i & ii – Please indicate what u intend to join, then you will be denien in!". If you are part of multiple PPSs, s Exception iii—The Department has subjections (CMAs) that have already been realth Home appears on this list as pneed to submit this form. If the organion on the provider list, but your organizations is available on the DSRIP website.	ealth homes. ** It Performing Provider System (PPS) you led. Please indicate the name of the PP see section VII tab. Ibmitted a draft list of State Designated in approved as safety net providers as we pending approval, you will be granted a lization operating your Health Home/CI ir organization does not appear on the di cation believes that it should qualify as ne PPS, use second tab (Section VII) to	u plan on joining. If you do S in the "Appeal Applicant Health Homes and Netwo vell as those that are pendi a VAP Exception pending C MA already appears on and fraft Health Home list or or a Health Home, please	The combination of increasing access to services and maximizing safety and function within the home environment makes IHCS a critical partner to Upstate University Hospital's PPS in allowing its chronically ill, underserved and at-risk population to stay safely in their own homes and to access the care resources they require.
v. reiteiltage of We	·			\neg
	Medicaid (FFS & MC)	Uninsured	Data Source Yes	<u>- </u>
Percentage	61%	0%	Cerner	2013
•	•		•	



Vital Access Pr	rovider Exception: The state wi	II consider exceptions to tl	he safety net	definition or	n a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus	
be posted for pu	blic comment 30 days prior to app	lication approval. Three al	llowed reason	ns for grantii	ng an exception a	are shown in Section IV.	
I. Are you a Med	licaid Provider						
	Answer Yes				-	You have chosen the following VAP Exception: i	
II. Appeal Applic	ant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!	
Organizatio	on Name: Liberty Resources, Inc.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~	
	nined PPS: Cortland Regional Medical Center	Inc.			-	You chose the qualification i, in the space below please include:	
	tion is evaluated in the context of the		re joining more	than one PP	S, you have the		
	for the VAP Exception in that PPS as					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to	
multiple PPS's. See	Section II and VII of the instructions	for further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient	
Provi	der Type: Licensed Home Care Service Agen	icy			~	without your organization's involvement given the PPS current configuration of network providers.	
Provider Typ	e - Other:	<u></u>			1	b. A description of the applicant's organization, the services provided, and how the services will enhance the network	
	Operating Certificate	/Liconco #	MMIS*		NPI*	of services for the PPS in this community (ies).	
Hairus Is		,		170		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)	
Unique lo		1 38	869665	1/8	30012286		
	ncy Code: Entity ID:					Character Count: 1405	
Dilling	Address		City	State	Zip	Liberty Resources, Inc. is a diverse, non-profit, human services provider with programs located in several counties throughout the Upstate,	
	Address 1045 James St.	Syracuse	City	NY	13202	Central and Southern Tier regions of New York State. The agency holds licensure from the following regulatory bodies: New York State Office of	
		[5]		1	* REQUIRED	Child and Family Services, Office of People with Developmental Disabilities, Office of Mental Health and Office of Alcohol and Substance Abuse	
III. Appeal Point	of Contact					Services. Our Licensed Home Care Service Agency (LHCSA) serves 7 counties including: Cortland, Broome, Chenango, Tompkins, Madison, Oneida	
Contact Per	son Tisha Hollenbeck					and Onondaga. Program services range from assistance with activities of daily living such as medication management, personal care, light	
	Title Clinical Director					housekeeping, grocery shopping assistance, etc. to physical assessment and coordination of care from a Registered Professional Nurse who is	
Contact Ph			Extension		12	responsible for the oversight and management of the program. Due to the large rural area similar services in many of these counties are sparce,	
Contact Er	mail thollenbeck@liberty-resources.c	org				which creates a disparity for these communities. The addition of our agency to the network of services in these PPS communities will aid to	
IV. Please choos	e the following VAP Exception:					bridge that gap as well as foster continued linkages to other community services and necessary providers on behalf of the Medicaid clients served. Thus far in 2014, our LHCSA agency provided 11,633 hours of service in 2,261 visits to Medicaid individuals in their home setting.	
when choosing V/ indicate what PPS Information – Sect When choosing V/ Care Management CMS approval. If y approval and do safety net list, you another approved complete this form	pital is uniquely qualified to serve bas nity, and/or clear track record of succe-designated health home or group o AP Exception i & ii – Please indicate wyou intend to join, then you will be dition II". If you are part of multiple PPS AP Exception iii—The Department has a Agencies (CMAs) that have already bour Health Home appears on this list ot need to submit this form. If the ord do not need to submit this form. If ye safety net provider list, but your orgen. List is available on the DSRIP websit ection IV, if you are joining more than	ess in reducing avoidable hose f health homes. ** what Performing Provider Systemied. Please indicate the nation of the sistem o	stem (PPS) you ame of the PPS te Designated H providers as we I be granted a alth Home/CN ppear on the dr uld qualify as a	plan on joinin in the "Appe Health Homes Ell as those th VAP Exceptio IA already api aft Health Home	ng. If you do not al Applicant and Network at are pending n pending CMS pears on another me list or on e, please		
V. Percentage of I	Medicaid & Uninsured members that	your facility serves					
	Medicaid (FFS & MC)	Uninsured		Data Sou	rce Year		
Percentage	100%	0%		statistical o	data 2014		
understand t appeal. Name Title	tify that the information and data pr that this information may be subject Joanna Vig CFO Only appeals from the CEO, CFO o	to audit and I may be asked	Ans	cumentation swer			

10/29/2014 Liberty Resources, Inc.

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



Vital Access	Provider	Exception: The state will	l consider exce	otions to the safety	net d	lefinition or	n a case-by-case	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
be posted for	public comi	ment 30 days prior to appl	ication approva	al. Three allowed re	ason	s for grantin	ng an exception	are shown in Section IV.
I. Are you a M	ledicaid Pro	vider						
Answer Yes ▼								You have chosen the following VAP Exception: i
II. Appeal Applicant Information								VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Liberty Resources, Inc.						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
_	Joined PPS:	Cortland Regional Medical Center,	Inc.					You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is eva	uated in the context of the F	PPS you are joini	ng. If you are joining	more	than one PP:	S, you have the	.
		AP Exception in that PPS as v			_Addi	itional PPSs'	tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section I</u>	and VII of the instructions f	or further clarifi	cation!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	Licensed Home Care Service Agenc	у				~	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Type - Other:							b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate	License #	MMIS*			NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers:	P1948L001		3869665		178	80012286	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:							1
Billi	ing Entity ID:							Character Count: 1054
		Address		City		State	Zip	Liberty Resources, Inc. is a diverse, non-profit, human services provider with programs located in several counties throughout the Upstate,
	Address	1045 James St.		Syracuse		NY	13202	Central and Southern Tier regions of New York State. The agency holds licensure from the following regulatory bodies: New York State Office of
							* REQUIRED	
III. Appeal Poi								Services. Our Licensed Home Care Service Agency (LHCSA) serves 7 counties including: Cortland, Broome, Chenango, Tompkins, Madison, Oneida
Contact F		Hollenbeck						and Onondaga. Due to the large rural area similar services in many of these counties are sparce, which creates a disparity for these communities
Contact	Title Clinic Phone 607-	cal Director		Extensi	on		12	The addition of our agency to the network of services in these PPS communities will aid to bridge that gap as well as foster continued linkages to
		enbeck@liberty-resources.or	ra	LACEIISI	OII		12	other community services and necessary providers on behalf of the Medicaid clients served. In 2013, our LHCSA agency provided 10,244 hours o service to Medicaid individuals in their home setting.
-		owing VAP Exception:	ъ					
when choosing indicate what P Information – S When choosing Care Managem (CMS approval. I approval and de safety net list, y another approv complete this fo	wunity, and/o state-designa g VAP Except PS you inten- section II". If g VAP Except ent Agencies Iff your Healtl o not need to you do not no yed safety ne orm. List is a'r r Section IV,	quely qualified to serve base or clear track record of succested health home or group of on i & ii – Please indicate wild to join, then you will be deyou are part of multiple PPSs on iii—The Department has: (CMAs) that have already be a Home appears on this list a submit this form. If you provider list, but your organical lable on the DSRIP website if you are joining more than & Uninsured members that y	health homes. * health homes. * health homes. * health Performing I nied. Please ind by see section VII submitted a draf seen approved as so pending appro anization operat urr organization operat urr organization believes e. one PPS, use se	Provider System (PPS) icate the name of the tab. it list of State Designa safety net providers aval, you will be granting your Health Home does not appear on the that it should qualify cond tab (Section VII)	ted Hoas welled a Ve/CMAne dras a H	olan on joinin n the "Appe ealth Homes I as those th 'AP Exception A already app ift Health Home	ng. If you do not al Applicant s and Network at are pending n pending CMS pears on another one list or on e, please	
	Me	dicaid (FFS & MC)	Uni	nsured		Data Soul	rce Year	1
Percentage		100%		0%		census da	ata 2013	
-	nd that this in	he information and data pro iformation may be subject t Joanna Vigg CFO eals from the CEO, CFO or	o audit and I ma	y be asked to provide		wer	_	

10/29/2014 Lower West Side Household Services Corporation

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

Executive Director

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



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

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

be posted for p	public comr	ment 30 days prior to application app	oval. Three allowed reason	ns for gran	ting an exception a	re shown in Section IV.
I. Are you a M						
	Answer	Yes			▼	You have chosen the following VAP Exception: i
II. Appeal App	licant Infor	mation				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ition Name:	Lower West Side Household Services Cor	poration			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Mount Sinai Hospitals Group			-	You chose the qualification i, in the space below please include:
^^ The VAP Exce	eption is eva	luated in the context of the PPS you are j	pining. If you are joining more	than one F	PPS, you have the	
	•	AP Exception in that PPS as well (if applic	- ·	ditional PPS	is" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's. S	See <u>Section I</u>	I and VII of the instructions for further cla	rification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	Licensed Home Care Service Agency			•	without your organization's involvement given the PPS current configuration of network providers.
Provider T	ype - Other:	OPWDD				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/License #	MMIS*		NPI*	of services for the PPS in this community (ies). c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique	e Identifiers:	0217L001	1552221	1	811058522	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
A	gency Code:					
Billin	ng Entity ID:					Character Count: 3475
		Address	City	State	Zip	Lower West Side Household Services is a provider in a pending CMS approval status category of bulk exceptions as a downstream health home
	Address	16 East 40th St. 12th Fl	New York	NY	10016	provider. Lower West Side Household Services (LWS) is a licensed New York State Department of Health, not-for-profit, home healthcare
III. Appeal Poi	nt of Conta	ct			* REQUIRED	company, established in 1969. LWS is dedicated to providing community-based services. Services are designed to help people remain in their communities instead of being placed in facilities. The organization's history stems from facilitating seniors when they choose to remain at home,
	Person Lucia					while providing families the security that their loved ones are safe and comfortable. All the while, the company addresses families' healthcare
		utive Director				concerns, and educational and financial needs. Our catchment areas include the five boroughs, Westchester, Rockland, Duchess and Orange
Contact I	Phone 212-3	307-7107	Extension		141	Counties. Client care plans are coordinated with individuals, collaterals, physicians and all providers to ensure a holistic and outcome based
Contact	Email lucia	@homecareny.org				service plan. Case Coordinators ensure clients are partnered with appropriate personnel for many levels of care including paraprofessionals to
IV. Please cho	ose the foll	owing VAP Exception:				licensed therapists engage clients in active participation of their healthcare needs and concerns and facilitate any communication with other
i A con	mmunity will	not be served without granting the exce	ntion hecause no other eligih	e provider i	s willing or canable	providers as required, particularly through our current collaboration with Mt. Sinai. In addition, our coordinators advocate on behalf of clients or matters such as housing and domestic violence. LWS' Early Intervention and OPWDD Crisis Intervention Program primarily services families with
	ving the com		tion because no other engine	ic provider i	5 Willing Or Capabil	children with disabilities of varying degrees. Some families have multiple generations of mental and physical heath challenges. The programs are
	0	•				lead by a team of clinicians ranging from Nursing, Speech, Physical, Occupational, Psychologists, Social Workers and Special Instructors who all
		iquely qualified to serve based on service		relationship	os within the	assess and render services in accordance to the individual client's with needs. A Service Coordinator is assigned to each family who is the liaison
comm	nunity, and/o	or clear track record of success in reducin	g avoidable hospital use.			and assists clients with advocacy, and navigating of systems such as HASA, Public Assistance, SSI, SSD, Medicaid entitlements, managed care and
O iii Any st	tate-designat	ted health home or group of health home	oc **			housing. To ensure medication adherence, the Lower West Side Household Services collaborates with the clients and all providers involved such
						as the physicians, substance abuse treatment programs, mental health providers and home health care providers. Communication as to any
_	-	ion i & ii – Please indicate what Performi d to join, then you will be denied. Please				medication changes or requirements are communicated, tracked and discussed amongst the team members. The agency has collaborated with Mt. Sinai for more than 20 years in provision of services to mutual constituents that make up more than 65% in the boroughs of Manhattan, the
	•	you are part of multiple PPSs, see section		пп ине Арр	реаг Аррисант	Bronx and Queens. The diversity of New York is reflected in our clients as well as our team of paraprofessionals and professionals. Our
		ion iii – The Department has submitted a		Health Hom	es and Network	comprehensive array of services may be offered in English, Spanish, Tagalog, French, Creole, Russian, Hebrew, Mandarin and Cantonese, which
-	•	(CMAs) that have already been approved	•			reflects the populations' that are need of our services. Our personnel have expertise in areas such as autism, pervasive developmental disorder,
CMS approval. I	f your Health	n Home appears on this list as pending ap	proval, you will be granted a	VAP Except	ion pending CMS	mental health, metabollic diseases, Down syndrome, COPD, heart disease, diabetes, visual impairment, HIV and AIDS, Parkinson's, Alzheimer's,
		submit this form. If the organization ope			• •	dementia and other chronic illnesses. Our collaboration is further enhanced through the Health Home Network for more than 4 years and are
		eed to submit this form. If your organizati	· · ·			currently participating in the DSRIP and Children's Health Home initiative.
		t provider list, but your organization belie vailable on the DSRIP website.	ves that it should qualify as a	Health Hor	ne, please	
•		if you are joining more than one PPS, use	second tah (Section VII) to :	ndd addition	nal PPSc	
101	Jeethon 14,	in you are joining more than one 113, as	second tab (section vii) to t	ida additioi	1011133.	
V. Percentage o	of Medicaid 8	& Uninsured members that your facility	erves			
Г						
	Me	dicaid (FFS & MC)	Uninsured	Data So	urce Year	
Percentage		90%		LWS	5 2014	
reiteiltage		30%		LVV	2014	
						1
	-	he information and data provided on thi			-	'I
understan appeal.	ia that this ir	nformation may be subject to audit and	may be asked to provide do	cumentatio	n in support of this	
appeal.			An:	swer		
Nam	e	Lucia Pons		O No	Ī	



	Provider Exception: The ublic comment 30 days price					asis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
	dicaid Provider	от то аррисаціон арргоча	i. Tifree allowed reaso	iis ior granting a	іп ехсериоп аг	e shown in Section IV.
. Are you a ivie	Answer Yes				_	You have chosen the following VAP Exception: ii
					·	
	cant Information	l		na Nama Vanda	1	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
		ker Services, Inc. d/b/a Me	rcy Home Care of Wester	n New York	-	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
		ners-Accountable Care IPA INC				You chose qualification ii, in the space below please include all of the following that apply to your Hospital:
	ption is evaluated <u>in the conte</u> Ig for the VAP Exception in th		0 , , 0			
	ee <u>Section II and VII</u> of the inst			iuitional FF35 ta	b to select	a. A description of the applicant's niche services that would enhance the network of services for the PPS. b. A financial viability analysis (attach as PDF in the email when submitting)
<u> </u>	vider Type: Licensed Home Care	111 (2)	4.1011.		▼	c. An identification of and description of how the applicant's relationships within the community that would enhance
	**	Service Agency			, A.42	PPS' success.
Provider Ty						d. Demonstration of past success in reducing avoidable hospital use
		Certificate/License #	MMIS*		PI*	e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
		0744L001	00887976	1467	424200	c. Any supporting documentation to substantiate your narrative (actaon as 1 Dr in the cinal when submitting)
	ency Code:					Character Courts 2400
Billin	g Entity ID:	Addross	City	State	Zip	Character Count: 3490 Services: Mercy Home Care of Western New York provides over 100,000 visits per year. A top performer in home care, Mercy provides services the
	Address 144 Genesee Stre	Address	Buffalo	NY	14203	assist individuals to maintain their independence. It is one of a select few full-service Licensed Home Care Services Agencies that serve all eight
	Address 144 dellesee stre	:et	Bullaio	IVI	* REQUIRED	counties of Western New York. Mercy Home Care is a component of Catholic Health, an integrated delivery system (IDS) committed to leading th
II. Appeal Poin	t of Contact					transformation of health care in our community and to improving the health of its residents, enhancing the experience of patients and reducing
Contact Pe	erson Rachael Nees					the cost of care. The Catholic Health family of home care agencies are committed to excellence in care, as demonstrated by their achievement of
	Title System Director, Grant	S				the highest quality rankings in cardiac, vascular, orthopedics and women's services through government and 3rd-party quality rating agencies.
Contact P			Extension			
Contact I	Email rnees@chsbuffalo.org					Financial Viability: Mercy Home Care is in the top tier best performing home care agencies in NYS based on most financial metrics.
Any ho commu Any sta Mhen choosing Indicate what PP: nformation – See Mhen choosing Indicate what PP: nformation – See Mhen choosing Indicate Managemer CMS approval. If approval and do lafety net list, yo another approve his form. List is a "For state of the province	ing the community. Ispital is uniquely qualified to unity, and/or clear track record ate-designated health home of the community. If you in the community is you are part of munity. If you are part of munity is you will be community. If you are part of munity is you will be community. If you are part of munity is you are your Health Home appears or not need to submit this form. In do not need to submit this do afety net provider list, but available on the DSRIP websit section IV, if you are joining it is Medicaid & Uninsured mem	d of success in reducing average or group of health homes. * ndicate what Performing F will be denied. Please indi ltiple PPSs, see section VII t ment has submitted a draf already been approved as: a this list as pending approv If the organization operati form. If your organization of your organization believes e. more than one PPS, use se	* * rovider System (PPS) you cate the name of the PP ab. It list of State Designated safety net providers as wal, you will be granted ang your Health Home/CN loes not appear on the dithat it should qualify as cond tab (Section VII) to	u plan on joining. S in the "Appeal A Health Homes ar rell as those that a VAP Exception p MA already appea raft Health Home, p	If you do not Applicant and Network are pending CMS rs on another list or on lease complete	Health's Licensed Home Care Services Agency, spans all eight counties of Western New York, and includes professional nursing care in addition to homemaker services. More important, it is critically important that Catholic Health's IDS – named one of the 100 most integrated systems nationwide, and the lowest cost – not be severed. Working with very modest resources, the Catholic Medical Partners Ambulatory Care Organization (CMP-AC) has developed this high performing IDS to serve as the foundation of its population health business model. Preliminary results have been encouraging; DHHS recently issued quality and financial performance results for 220 Medicare Shared Savings ACOs across the country, and recognized CMP-AC among the top 3. CMP-AC reduced healthcare spending for its patient population by 7% from the national benchmark, saving more than \$27 million, while demonstrating high quality in patient safety, care coordination, preventive health, and at-risk populations. The DSRIP initiative requires CMP-AC to support an expanded delivery network to bring more effective medical care to a defined population of Medicaid patients. A population health model requires a strong, reliable infrastructure combined with a culture of accountability. This infrastructure must include all Catholic Health organizations. Only in this way can CMP-AC ensure its PPS will close major gaps to patient care through leveraging the unique clinical and community strengths within defined regions of our service area, improving access, coordinating care a optimizing the potential of community services. Success in Reducing Hospital Admissions: Mercy Home Care is reducing hospital readmissions by transforming the crucial "transition of care" linking inpatient and home care. Upon patient discharge from a Catholic Health hospital, Mercy Home Care receives electronically a full Transition of Care document, compliant with National Quality Forum guidelines and compatible with C-CDA standards for Electronic Medical Records. The critical informati
Γ	Medicaid (FFS & MC)	Uni	nsured	Data Source	Year	
Percentage	60%		23%	ICR	2013	
		e subject to audit and I ma byce Markiewicz /CEO of CHS Home Care	y be asked to provide do	ocumentation in s		



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

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

			o application app	roval. Three a	llowed	reasons fo	or grantin	ng an exce	eption are shown in Section IV.
I. Are you a N									
	Answer	Yes						▼	You have chosen the following VAP Exception:
II. Appeal App	plicant Info	rmation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	Schenectady County Public	Health Services						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Ellis Hospital						~	You chose the qualification i, in the space below please include:
		luated in the context of the			_				
	•	AP Exception in that PPS as			"VII_Ad	ditional PPS	Ss" tab to	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
 		I and VII of the instructions f		ion!				1	include descriptions of the geographic area, the population, and how the services in this community are insufficient
-		Licensed Home Care Service Agen	icy					~	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
Provider T	ype - Other:					1			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)
		Operating Certificate/	License #	MMIS*			NPI*		
	e Identifiers:			1219378		13	36658965	7	
	gency Code:								Character County 2222
Billi	ing Entity ID:	Address		City		State	Zij	-	Character Count: 3333 Schenectady County Public Health Services (SCPHS) is the governmental agency charged with protecting/promoting the health of individuals,
	Address	107 Nott Terrace, Suite 304	Sch	nenectady		NY	123		families, communities & environment. Target population is the entire county with efforts made to address highest risk populations. SCPHS is a
<u> </u>	Addiess	107 Nott Terrace, Suite 304	1301	Schenectady		INT		* REQUIRED	full service health dept. with program areas in Environmental Health, Children With Special Needs & Prevention (Nursing). It is the only health
III. Appeal Po	int of Conta	ict							department in the County solely responsible for this charge.
Contact I		ne R. Cocozzoli							Schenectady County (pop- 155,133) is geographically the 2nd smallest county in NY. Consists of five towns (2 rural & 3 suburban) surrounding
		nectady County Public Healt	h Director			1			City of Schenectady (pop- 65,902). 2013 US Census estimates County population: White (80.4%) with the Black (11.1%), Hispanic (6.4%) & Asian
	Phone 518-3	386-2824 ne.cocozzoli@schenectadyco	ounty com	Exte	nsion		0		(4.3%) populations growing – all concentrated in the City.
		lowing VAP Exception:	ounty.com						City residents are less affluent & less healthy than those in the towns. Approximately 22.5% of families fall below poverty level in the City;
A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community. Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use. Any state-designated health home or group of health homes. ** When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab. When choosing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website. "For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.									lcompared to County rate - 12%. County residents are disproportionately impacted by overweight and obesity. According to NYS Expanded BRFSS report (2008-2009), 66.6% of County residents are overweight or obese. UMatter Survey that specifically oversampled residents in low income City neighborhoods, found ~ 45.0% residents categorized as obese or severely obese and an additional 30.9% overweight, for a total of 75.9% of the City's population above ideal weight. SCPHS is a very integral & unique partner in that the agency's activities can & do influence the health of individuals & communities & address health disparities. We work with community partners to offer a variety of programs & services to prevent communicable & chronic diseases, injuries & disabilities; protect against environmental hazards that threaten health & safety; promote the health & development of infants & children & the wellness of our citizens and communities; and prepare and educate the community re: disaster and emergencies. Specific programs include: Healthy Neighborhoods Program (HNP) - PHN home assessments provide interventions to reduce health hazards from lead poisoning, fires, smoking, indoor air problems & asthma related illness. Linking residents to community services is a program component. An asthma education program where a PHN educates individuals/families, conducts home assessments, identifies triggers & links families to other community services. Chronic disease mitigation programming improving breastfeeding, food procurement & cancer screening. Maternal Child Health Home Visiting Program: Healthy Families NY: assessment, case management, health education, nutrition counseling and assistance eliminating barriers to care. Services provided to the high risk, diverse & economically disadvantaged families. SCPHS has vast experience in home visiting, outreach and navigation services, which is beneficial to a number of the projects the PPS is considering such as Asthma Home Visiting, Above described services are in addition to
		& Uninsured members that		-	•				patients for years. SCPHS's involvement in the PPS is essential to its success and enhances the network of services for the community. SCPHS prevention agenda
		dicaid (FFS & MC)			7	Data Sou		Year	activities are intended to be a dynamic plan and respond to the needs of our community.
	ivie		Uninsu		4				
Percentage		23%	11%	6		JS Census I	Burea	2013	
	and that this al. ne	he information and data pri information may be subject Joanne R. Coo Director, Schenectady Co eals from the CFO. CFO or	t to audit and I may cozzoli ounty Public Health	y be asked to p	rovide Ans	documenta	-	_	



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

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

be posted for I. Are you a N	•	nent 30 days prior to appli	ication approv	al. Three allowed re	asons	for grant	ing an ex	ception a	re shown in Section IV.
i. Ale you a n		Yes						_	You have chosen the following VAP Exception:
II. Appeal Ap									VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
		Visiting Nurse Services of No	orthoactorn NV						"The VAP Exception relies heavily on the statement you provide, so please be concise and thorough"
Organiz	Joined PPS:		i tileasterii Ni					-	You chose the qualification i, in the space below please include:
^^ The VΔP Fv		uated in the context of the P	PS vou are ioini	ng If you are joining i	more t	han one P	PS you ha	7.70	Tou chose the quantitation i, in the space below please include.
		AP Exception in that PPS as w							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		and VII of the instructions for			_				include descriptions of the geographic area, the population, and how the services in this community are insufficient
P	rovider Type:	Licensed Home Care Service Agency	,					~	without your organization's involvement given the PPS current configuration of network providers.
	Type - Other:								b. A description of the applicant's organization, the services provided, and how the services will enhance the network
TTOVICE	Type Other.	Operating Cortificate/	Ticonco #	MMIS*			NPI*		of services for the PPS in this community (ies).
Union		Operating Certificate/	License #			TDD A		2107.1	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Unique Identifiers: 4601600 02997684 TBD Application ID 2197-L Agency Code:) 2197-L	
	ling Entity ID:								Character Count: 3475
5	mig Endey io.	Address		City		State	Zi	D	We are filing this appeal to include our application for a licensed agency set to be approved at the December 2014 meeting of the NYS public
	Address	108 Erie Blvd		Schenectady		NY	123		health and health planning council. The licensed agency was created for the Medicaid population enrolled in MLTC's serviced through our IPA.
	•			•			* R	EQUIRED	The only perceived plan is for the licensed agency to serve Medicaid clients and we are asking for approval of the pending formed agency. The
III. Appeal Po									licensed agency will operate in Schenectady, Saratoga, Albany, Clinton, Essex, Franklin, Fulton, Montgomery, Rensselaer, Warren, Washington and
Contact	Person Tim E	erger							Schoharie counties and is under the Visiting Nurse Services of Northeastern NY umbrella. 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 licensed agency is not included because the licensed agency is the vehicle through which the VNS NENY services Medicaid patients enrolled in the MLTC. Limiting the service ability for this agency which already has established referral patterns with the main hospital in the PPS, as well as the other acute care providers, would cause disruption in continuity of care and comprise the effectiveness of the PPS by necessitating diverting patient flow from an agency that offers the full continuity of post-acute care management services – health home, care transitions, CHHA, licensed agency, and care management organization. No other agency in the PPS can provide this complete array of post-acute care management services, and no other agency has the established relationships to effectively service the Medicaid residents of Schenectady county. About the VNS NENY:
Contact	Title CFO Phone 518-3	92 9050		Extensi	on		258		
		ert@vnshomecare.org		LACEIISI	UII		230		
	_	owing VAP Exception:							
i A coof set Any common comm	ommunity will erving the com hospital is uni munity, and/c	not be served without granti munity. quely qualified to serve base r clear track record of succes	d on services pr	ovided, financial viab voidable hospital use.	ility, re		J		
When choosing indicate what I	g VAP Excepti PPS you intend	ed health home or group of on i & ii – Please indicate wh I to join, then you will be der	nat Performing nied. Please ind	Provider System (PPS)		-			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.
		ou are part of multiple PPSs,							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 we also operate:
Care Managem CMS approval. approval and d safety net list, another appro- complete this	nent Agencies If your Health to not need to you do not ne ved safety net form. List is av	on iii—The Department has s (CMAs) that have already be. Home appears on this list as submit this form. If the orga ed to submit this form. If you provider list, but your organ ailable on the DSRIP website f you are joining more than	en approved as s pending appro anization operat ur organization nization believes	safety net providers a val, you will be grante ing your Health Home does not appear on th that it should qualify	as well ed a V e/CMA ne draf as a F	as those ti AP Exception already ap It Health H Iealth Hom	that are pe on pendin ppears on Iome list on ne, please	ending g CMS another	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 of upstate NY.
V. Percentage	of Medicaid 8	Uninsured members that y	our facility serv	res					
	Me	dicaid (FFS & MC)	Un	insured		Data So	urce	Year	Care Central – Operates the NYS Health Home, the first in upstate NY.
Percentage		100%		0%		Applicat	tion	2015	At Home Care – Proposed name for the licensed agency. Services the care needs of Medicaid patients enrolled in an MLTC product. Through our proposed licensed agency we plan to provide care management and clinical services drawing on our success with our CHHA and Health Home.
understa appeal. Nar	nd that this in	Tim Berge	o audit and I ma	be asked to provide	e docu Answ	mentation	-	_	
Only appeals from the CEO, CFO or comparable will be accepted									