10/30/2014 Adelante vap_exception_appeal_form.xlsx

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



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

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

must be poste	ed for publi	c comment 30 days prior t	o application approva	. Three allowed	reasons for g	ranting an exc	eption are shown in Section IV.
I. Are you a N	/ledicaid Pro	ovider					
	Answer	Yes				•	You have chosen the following VAP Exception: i
II. Appeal App	plicant Info	rmation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Adelante of Suffolk County,	Inc.				~ 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	ception is eva	luated in the context of the	PPS you are joining. If yo	u are joining mor	e than one PPS	, you have the	
	•	/AP Exception in that PPS as		e see the "VII_Ad	lditional 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
·		II and VII of the instructions t	for further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
		OMH-Article 31				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Type - Other:				T		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*	N	IPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:	0025248N		002910			c. Any supporting documentation to substantiate your narrative (attach as 1 b) in the chian when submitting)
	Agency Code:						Character County 002
Billi	ing Entity ID:	Address	I	City	State	7in	Character Count: 993 Adelante provides services to the underserved population in Suffolk County. The services in these communities are insufficient without
	Address	83 Carleton Avenue	Central	•	NY	Zip 11722	our organization's involvement. We provide services to a diverse population of Low to Moderate Income families. For over 45 years, Adelante
	71441 233	os caricton/Avenac	Central	эпр	141	* REQUIRED	has diligently worked to eliminate the social, language and economic barriers that prevent the effective functioning and assimiliation of our
III. Appeal Po							community members. This is achieved by assisting those most vulnerable such as our children & youth, individuals with disabilities, recent
Contact (Person Dara	•					immigrants and senior citizens. Adelante's mission is to inspire forward movement in the lives of the diverse people of the community, by
Cantact		trategic Partnershp & Busine	ss Development	Fytonsion			promoting understanding and respect for cultural differences and similarities; by empowering young people to realize their unlimited potential. Our services will enhance the network due to our ability to assist the growing Hispanic population with bilingual case workers.
	Phone 516-	y@familyres.org		Extension			
		llowing VAP Exception:					
		-					
		I not be served without grant	ting the exception becau	se no other eligib	le provider is w	illing or	
Сараг	bie of serving	g the community.					
	•	iquely qualified to serve base or clear track record of succe		• •	relationships v	vithin the	
_	•	ated health home or group of	· ·	•			
When choosing	g VAP Except	tion i & ii – Please indicate w	hat Performing Provide	· System (PPS) voi	u plan on ioinir	ng. If you do	
-		ntend to join, then you will b	-		•		
		you are part of multiple PPS			•		
-		tion iii – The Department has		_			
_	_	s (CMAs) that have already b		•			
	•	h Home appears on this list a		-	•		
		o submit this form. If the org do not need to submit this fo					
		ety net provider list, but you					
complete this f	form. List is a	vailable on the DSRIP websit	e.	·			
~ For	Section IV, i	f you are joining more than	one PPS, use second tal	(Section VII) to a	add additional	PPSs.	
V. Percentage	of Medicaid	& Uninsured members that	your facility serves				
	Me	edicaid (FFS & MC)	Uninsured		Data Sourc	e Year	
Percentage		s					
-	and that this eal. ne	the information and data prosing information may be subject Miriram M.E. Executive Divice als from the CEO, CFO o	t to audit and I may be a Garcia rector	Ans Yes	documentatio	•	re.

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

must be poste	ed for public	comment 30 days prior to	o application approv	al. Three allowe	d reasons for ${\mathfrak l}$	granting an exc	eption are shown in Section IV.
I. Are you a M	ledicaid Prov	vider					, ₋
	Answer	Yes				•	You have chosen the following VAP Exception: i
II. Appeal App							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ition Name: A	Allegany Rehabilitation Asso	ciates- Wyoming Cour	ty Mental Health	Clinic		~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
		Finger Lakes PPS				•	You chose the qualification i, in the space below please include:
	•	uated <u>in the context of the F</u>					
	•	AP Exception in that PPS as was and VII of the instructions for			aditional 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
•	ovider Type:						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.
		OMH-Article 31 Co-occurring Disorders					b. A description of the applicant's organization, the services provided, and how the services will enhance the
Flovider	ype - Other. C		License #	MMIS*		NPI*	network of services for the PPS in this community (ies).
Unique	e Identifiers:	Operating Certificate/	License #	77382		5853166	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
•	gency Code:	7331103A		77362	129.	3833100	
	ng Entity ID:						Character Count: 1682
		Address		City	State	Zip	a. Wyoming County is a rural community of 41,531 people. The Wyoming County Mental Health Clinic has been serving the community for the
	Address 3	39 Duncan Street	Warsa	w	NY	14569	past 25 years and continues to serve the community well. The agency employs 3 psychiatrists and 1 nurse practitioner in psychiatry which helps
III. Appeal Poi	int of Contac	rt				* REQUIRED	increase access to psychiatric time. The Wyoming County Mental Health Clinic currently serves over 700 active clients which would otherwise be
	-	Hanley, LCSW-R					underserved and unable to get the help they need and deserve. The Wyoming County Mental Health Clinic accepts all insurances and even has a Medicare provider. The clinic offers sliding scale fees for those that are uninsured and unable to get mental health coverage. b. The Wyoming County Mental Health Clinic is a program within the organization of Allegany Rehabilitation Associates (ARA). ARA is a non-profit organization primarly serving Wyoming and Allegany Counties. The Wyoming County Mental Health Clinic provides services to individuals of all surrounding counties as well which include Livingston, Genesee, Erie, and Cattaraugus. The clinic provides services to individuals age 4+
<u> </u>	Title Progra	•					
Contact F	Phone 585-78	86-0190		Extension			
Contact	Email ahanle	ey@araservices.com					
IV. Please cho	ose the follo	owing VAP Exception:					with mental health diagnoses and co-occurring disorders. The program's services include individual, family, and group counseling, psychiatric evaluations, medication management, health monitoring, and the screening/assessment/treatment of co-occuring disorders. The clinic staff
o i A con	nmunity will r	not be served without grant	ing the exception beca	use no other eligi	ble provider is v	willing or	collaborate and work well with outside providers such as primary care physicians and work hard at linking clients to care coordination services
	ole of serving t	the community.					when appropriate.
O ii Any h		1 100 1			1 1 .		
	•	quely qualified to serve base r clear track record of succes	·	•	, relationships	within the	
Comm	iuriity, ariu, or	r clear track record or succes	33 III reducing avoluable	e nospital use.			
O iii Any st	tate-designate	ed health home or group of	health homes. **				
When choosing	y VAP Exception	on i & ii – Please indicate wh	hat Performing Provid	er System (PPS) yo	ou plan on joini	ing. If you do	
	•	tend to join, then you will be		ite the name of th	ne PPS in the "A	ppeal Applicant	
		ou are part of multiple PPSs	<u> </u>				
•		on iii – The Department has (CMAs) that have already be		•			
		Home appears on this list a					
	•	submit this form. If the orga		~	•		
another safety r	net list, you d	o not need to submit this fo	rm. If your organization	n does not appear	r on the draft H	lealth Home list	
· ·		ty net provider list, but your	-	that it should qua	lify as a Health	Home, please	
•		ailable on the DSRIP website you are joining more than o		sh (Sastian VII) ta	add additiona	I DDCc	
FOI .	Section IV, ii	you are joining more than t	one PP3, use second t	ib (Section vii) to	auu auuitioila	II FF35.	
V. Percentage o	of Medicaid 8	& Uninsured members that	your facility serves				
Γ	Med	licaid (FFS & MC)	Uninsured		Data Sourc	ce Year	
Percentage		63%	4%		Billing Repo	ort 2014	
	and that this in al. e	Annie Hanley, L Program Dire	t to audit and I may be LCSW-R ector	An	e documentations	-	e.

10/30/2014 Credo Community Center.xlsx

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

Organization Name: Credo Community Center Joined PPS: Select PPS e VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the not applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select one PPS's. See Section II and VII of the instructions for further clarification! Provider Type: OMH-Article 31 Provider Type - Other: Outpatient Mental Health Services Operating Certificate/License # MMIS* NPI* Unique Identifiers: 8182001A 2996752 1326295809 Agency Code: 3N4 Billing Entity ID: Address City State Zip Address 595 West Main Street Watertown NY 13601 * REQUIRED	acters only! - Please read instructions for clarification! heavily on the statement you provide, so please be concise and thorough~ fication i, in the space below please include: on of the community (ies) that would otherwise not be served by the selected PPS. Be sure to of the geographic area, the population, and how the services in this community are insufficient zation's involvement given the PPS current configuration of network providers. ne applicant's organization, the services provided, and how the services will enhance the for the PPS in this community (ies). becumentation to substantiate your narrative (attach as PDF in the email when submitting) Character Count: 461 se and mental health outpatient services. We intended to have both services listed in the PPS application. linic is not listed under OMH services and needs to be added. There is a long wiat for mental health services in ces will help meet their need. By Credo haing both licenses included it provides an integrated model of care for envices.
Joined PPS VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select ple PPS's. See Section II and VII of the instructions for further clarification! Provider Type: Other: Outpatient Mental Health Services Operating Certificate/License # MMIS* NPI* Unique Identifiers: 8182001A 2996752 1326299809 Agency Code: 31M4 Billing Entity ID: Address City State Zip Address S95 West Main Street Watertown NY 13601 Frequency Title Director of Outpatient Service Contact Person Barbara Eddy Title Director of Outpatient Service Contact Phone (315) 788-1530 Extension 221 Contact Email barbarae@credocommunitycenter.com asse choose the following VAP Exception: A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community. Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use. Any 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 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 total ended to serve based on services provided, financial viability, relationships within the community. If you are part of multiple PPSs, see section VII tab. Any total ended health home of group of health homes. ** Any choosing VAP Exception ii- The Department has submitted a draft list of State Designated Health Homes and Network Wanagement Agencies (CMAs) that have already been approved as safety net providers as well as those t	on of the community (ies) that would otherwise not be served by the selected PPS. Be sure to of the geographic area, the population, and how the services in this community are insufficient zation's involvement given the PPS current configuration of network providers. The applicant's organization, the services provided, and how the services will enhance the for the PPS in this community (ies). The provided in the provided in the email when submitting is and mental health outpatient services. We intended to have both services listed in the PPS application. In this is not listed under OMH services and needs to be added. There is a long wiat for mental health services in ces will help meet their need. By Credo haing both licenses included it provides an integrated model of care for the provides and provides and integrated model of care for the provides and provides and integrated model of care for the provides and p
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Provider Type; OMH-Ardice 31 Provider Type; OMH-Ardice 31 Provider Type; OMH-Ardice 31 Provider Type; OUtpatient Mental Health Services Operating Certificate/License # MMIS* NPI* Unique Identifiers: 8182001A 2996752 1326295809 Agency Code: 3N4 Billing Entity ID: Address City State Zip Address 595 West Main Street Watertown NY 13601 Provider Typeson Barbara Eddy Title Director of Outpatient Service Contact Person Barbara Eddy Title Director of Outpatient Service Contact Person Barbarae@credocommunitycenter.com ease choose the following VAP Exception: A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community. Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use. Any state-designated health home or group of health homes. ** choosing VAP Exception 1 & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do didate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant nation — Section II". If you are part of multiple PPSs, see section VII tab. choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network Wanagement Agencies (CMAS) that have already been approved as safety net providers as well as those that are pending approval, If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS val and do not need to submit this form. If your organization does not appear on the draft Health Home, please let this form. Usit sis 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.	of the geographic area, the population, and how the services in this community are insufficient zation's involvement given the PPS current configuration of network providers. The applicant's organization, the services provided, and how the services will enhance the for the PPS in this community (ies). The provided in the provided i
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Provider Type - Other: Operating Certificate/License # MMIS* NPI* Unique Identifiers: 8182001A 2996752 1326295809 Agency Code: 3N4 Billing Entity ID: Address City State Zip Address 595 West Main Street Watertown NY 13601 *REQUIRED Title Director of Outpatient Service Contact Person Barbara Eddy Title Director of Outpatient Service Contact Email barbarae@credocommunitycenter.com ease choose the following VAP Exception: A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community. Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use. Any state-designated health home or group of health homes. ** Choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do dicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant nation – Section II". If you are part of multiple PPSs, see section VII tab. Choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS wall and do not need to submit this form. If the organization operating your Health Home/CMA already appears on er safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please lete 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.	he applicant's organization, the services provided, and how the services will enhance the for the PPS in this community (ies). cumentation to substantiate your narrative (attach as PDF in the email when submitting) Character Count: 461 se and mental health outpatient services. We intended to have both servies listed in the PPS application. Inic is not listed under OMH services and needs to be added. There is a long wiat for mental health services it ces will help meet their need. By Credo haing both licenses included it provides an integrated model of care in the provides and integrated model of the provides and integrated mo
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Agency Code: 3N4 Billing Entity ID: Address	Character Count: 461 se and mental health outpatient services. We intended to have both servies listed in the PPS application. linic is not listed under OMH services and needs to be added. There is a long wiat for mental health services ces will help meet their need. By Credo haing both licenses included it provides an integrated model of care
Address City State Zip Address 595 West Main Street Watertown NY 13601 *REQUIRED peal Point of Contact Contact Person Barbara Eddy Title Director of Outpatient Service Contact Phone (315) 788-1530 Extension 221 Contact Email barbarae@credocommunitycenter.com ease choose the following VAP Exception: A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community. Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use. Any state-designated health home or group of health homes. ** A choosing VAP Exception i & ii — Please indicate what Performing Provider System (PPS) you plan on joining. If you do dicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant nation — Section II". If you are part of multiple PPSs, see section VII tab. In choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network Walnagement Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS wal and do not need to submit this form. If the organization operating your Health Home/CMA already appears on er safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please lete 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. **Tecentage of Medicaid & Uninsured members that your facility serves	se and mental health outpatient services. We intended to have both servies listed in the PPS application. linic is not listed under OMH services and needs to be added. There is a long wiat for mental health services ces will help meet their need. By Credo haing both licenses included it provides an integrated model of care
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Medicaid (FFS & MC) Uninsured Data Source Vear	
Teal	
Sentage 75% 3% CPU/PC 2014	
I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.	
Name James P. Scordo Answer Output Output Description:	
Title Executive Director	

10/30/2014 Equinox Inc..xlsx

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



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

I. Are you a Medicaio	d Provider				
Ansı	wer Yes			•	You have chosen the following VAP Exception: i
II. Appeal Applicant I	Information				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization Na	me: Equinox Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined	PPS: Albany Medical Center Hospital			•	You chose the qualification i, in the space below please include:
	· · · · · · · · · · · · · · · · · · ·	<u>PS</u> you are joining. If you are joining			
	•	vell (if applicable). Please see the "VI	_Additional PI	PSs" 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>Sect</u>	tion II and VII of the instructions fo	or further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider T	ype: OMH-Article 31			•	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
	Operating Certificate/L	icense # MMIS*		NPI*	network of services for the PPS in this community (ies).
Unique Identif	iers: 7524110A	2995811	1	1477695021	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency Co					
Billing Entity	y ID: E0144346				Character Count: 2262
	Address	City	State	Zip	The Equinox Outpatient mental health Clinic Clinic provides outpatient clinic services to up to 500 individuals from Albany County seeking
Addr	ess 500 Central Avenue	Albany	NY	12206	treatment for severe mental illness. This Clinic is one of four such programs within Albany County and is considered a vital component of the
III. Appeal Point of C	ontact			* REQUIRED	delivery of mental health services within this area by providing outpatient mental health services which assist recipients of services to manage their symptoms achieve stability and avoid/reduce the utilization of hospitalization. Referrals are accepted from hospitals, community
Contact Person					providers, and individuals seeking services.
Title					providers) and marviduals seeking services.
Contact Phone	518-435-9931	Extension	on		A total of 631 adults were served by the Outpatient Clinic in 2013 who received a total of 11,433 services during the year.
Contact Email	ajoslin@equinoxinc.org				
IV. Please choose the	e following VAP Exception:				Equinox recently received a 3 year OMH grant to provide primary care services within the Mental Health Clinic through collaboration with
i A community	, will not be served without granti	ng the exception because no other e	ligible provider	r is willing or	Whitney M Young Community Health Center. The purpose of this grant is to increase recipient's access to primary care services and reduce
	rving the community.	ing the exception because no other e	ligible provider	is willing of	hospitalization for chronic non behavioral health conditions. Services are scheduled to begin before the end of 2014.
	5 ,				All services are provided utilizing a person centered treatment model. Services are aimed at helping each recipient progress in growth and
O ii Any hospital i	s uniquely qualified to serve based	d on services provided, financial viab	ility, relationsh	ips within the	recovery in a manner that respects their individuality, dignity and personal needs. The Clinic provides treatment designed to reduce symptoms,
community, a	and/or clear track record of succes	s in reducing avoidable hospital use.			improve functioning, and provide ongoing support. Over 70% of those receiving services have a Co-occurring alcohol or substance abuse
O iii Any state-des	signated health home or group of I	health homes **			disorder for which they also receive services for at the clinic. The following services are provided: health screening and referral, medication
					management and education, clinical counseling/psychotherapy utilizing evidence based practice,, time limited and focused case management,
_	•	nat Performing Provider System (PPS			symptom and crisis management, referrals for Health Home Care Management, the Family Support Programs, Psychiatric Rehabilitation
		denied. Please indicate the name of	t the PPS in the	: "Appeal Applicant	Readiness assessments, and other services in the community
	". If you are part of multiple PPSs,	submitted a draft list of State Designa	atad Haalth Ha	amos and Notwork	Funding Sources- Medicaid, Medicare, other insurance re-imbursement and sliding scale private for services provided.
		en approved as safety net providers			
	•	s pending approval, you will be grant		•	Licensing- the Clinic is licensed by the New York State Office of Mental Health as an Article 31 outpatient clinic.
		nization operating your Health Home		-	
·		m. If your organization does not app			
		organization believes that it should o	qualify as a Hea	ılth Home, please	
•	t is available on the DSRIP website			L DDC -	
For Section	iv, if you are joining more than o	ne PPS, use second tab (Section VII)	to add additio	onai PPSs.	
V. Percentage of Medi	caid & Uninsured members that y	our facility serves			
	Medicaid (FFS & MC)	Uninsured	Data So	ource Year	
Percentage	84%	5%	EM	R 2013	
		vided on this form is accurate and contour to audit and I may be asked to proving		ation in support of	ee.
	appeals from the CEO, CFO or	comparable will be accepted			

10/30/2014 Equinox Inc..xlsx

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Ansı	wer Yes			•	You have chosen the following VAP Exception: i
II. Appeal Applicant I	Information				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization Na	me: Equinox Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined	PPS: Albany Medical Center Hospital			•	You chose the qualification i, in the space below please include:
	· · · · · · · · · · · · · · · · · · ·	<u>PS</u> you are joining. If you are joining			
	•	vell (if applicable). Please see the "VI	_Additional PI	PSs" 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>Sect</u>	tion II and VII of the instructions fo	or further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider T	ype: OMH-Article 31			•	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
	Operating Certificate/L	icense # MMIS*		NPI*	network of services for the PPS in this community (ies).
Unique Identif	iers: 7524110A	2995811	1	1477695021	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
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Billing Entity	y ID: E0144346				Character Count: 2262
	Address	City	State	Zip	The Equinox Outpatient mental health Clinic Clinic provides outpatient clinic services to up to 500 individuals from Albany County seeking
Addr	ess 500 Central Avenue	Albany	NY	12206	treatment for severe mental illness. This Clinic is one of four such programs within Albany County and is considered a vital component of the
III. Appeal Point of C	ontact			* REQUIRED	delivery of mental health services within this area by providing outpatient mental health services which assist recipients of services to manage their symptoms achieve stability and avoid/reduce the utilization of hospitalization. Referrals are accepted from hospitals, community
Contact Person					providers, and individuals seeking services.
Title					providers) and marviduals seeking services.
Contact Phone	518-435-9931	Extension	on		A total of 631 adults were served by the Outpatient Clinic in 2013 who received a total of 11,433 services during the year.
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O ii Any hospital i	s uniquely qualified to serve based	d on services provided, financial viab	ility, relationsh	ips within the	recovery in a manner that respects their individuality, dignity and personal needs. The Clinic provides treatment designed to reduce symptoms,
community, a	and/or clear track record of succes	s in reducing avoidable hospital use.			improve functioning, and provide ongoing support. Over 70% of those receiving services have a Co-occurring alcohol or substance abuse
O iii Any state-des	signated health home or group of I	health homes **			disorder for which they also receive services for at the clinic. The following services are provided: health screening and referral, medication
					management and education, clinical counseling/psychotherapy utilizing evidence based practice,, time limited and focused case management,
_	•	nat Performing Provider System (PPS			symptom and crisis management, referrals for Health Home Care Management, the Family Support Programs, Psychiatric Rehabilitation
		denied. Please indicate the name of	t the PPS in the	: "Appeal Applicant	Readiness assessments, and other services in the community
	". If you are part of multiple PPSs,	submitted a draft list of State Designa	atad Haalth Ha	amos and Notwork	Funding Sources- Medicaid, Medicare, other insurance re-imbursement and sliding scale private for services provided.
		en approved as safety net providers			
	•	s pending approval, you will be grant		•	Licensing- the Clinic is licensed by the New York State Office of Mental Health as an Article 31 outpatient clinic.
		nization operating your Health Home		-	
·		m. If your organization does not app			
		organization believes that it should o	qualify as a Hea	ılth Home, please	
•	t is available on the DSRIP website			L DDC -	
For Section	iv, if you are joining more than o	ne PPS, use second tab (Section VII)	to add additio	onai PPSs.	
V. Percentage of Medi	caid & Uninsured members that y	our facility serves			
	Medicaid (FFS & MC)	Uninsured	Data So	ource Year	
Percentage	84%	5%	EM	R 2013	
		vided on this form is accurate and contour to audit and I may be asked to proving		ation in support of	ee.
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10/30/2014 ES - Bridging Access to Care -OMH.xlsx

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

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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!
	ation Name: Bridging Access to Care				~ 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:
^^ The VAP Exc	eption is evaluated in the context of the	PPS you are joining. If you are joini	ng more than or	e PPS, you have the	
	ing for the VAP Exception in that PPS as		"VII_Additional	PPSs" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section II and VII</u> of the instructions	for further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	ovider Type: OMH-Article 31			•	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
	Operating Certificate,	/License # MMIS*		NPI*	network of services for the PPS in this community (ies).
Unique	e Identifiers: 8048001A	1102441		1548368756	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:				
Billi	ng Entity ID: E0180257		•	1	Character Count: 2140
	Address	City	State	Zip	A. Our Brooklyn community, has significant health care disparities; practically related to behavioral health needs. Our community suffers from
	Address 260 Broadway	Brooklyn	NY	11211 * REQUIRED	extremely high rates of substance use disorders, mental illness, and chronic diseases such as HIV and hepatitis C. Socioeconomic conditions within service area and population of focus include widespread poverty and high unemployment; literacy rates and educational attainment
III. Appeal Po	int of Contact			REQUIRED	levels are far below NYC averages. As a result, the service area contains neighborhoods with some of the poorest and least-educated resident
	Person Eileen Sunshine, LCSW-R				in NYC. For example, the poverty rates in Williamsburg and Central Brooklyn exceed the citywide rate by 30%, while fully 40% of the population
	Title Director of Behavorial Health				in Williamsburg has no high school diploma. The population of focus has behavioral health issues and multiple co-morbidities and most person
	Phone 347-505-5182	Exte	nsion		are of low health literacy; thus, most persons in the population of focus have difficulty navigating NYC's complex and fragmented healthcare
Contact	t Email Esunshine@bac-ny.org				system. BACs specialized outreach and behavioral health services are able to help reduce the impact of the health care disparities' and address
IV. Please cho	oose the following VAP Exception:				the needs in our community. B. Bridging Access to Care (BAC), formerly Brooklyn AIDS Task Force is a not-for-profit organization authorized to business and available to provide services in New York State. BAC has been serving Brooklyn's at-risk for and HIV/AIDS population since 198
	mmunity will not be served without gran	ting the exception because no othe	er eligible provid	er is willing or	and has a long documented history of serving the underserved populations in our community with documented success. BAC's current services
	ble of serving the community.	,			include: HIV/STD education and prevention services; HIV primary care; HIV counseling, testing, and referral services; New York State-licensed
O ii Any h					substance abuse treatment; and housing (HASA & OASAS Scatter-site and HOPWA Housing Placement Assistance). In 2010, BAC obtained a N
,	nospital is uniquely qualified to serve bas	•	• •	hips within the	license to provide mental health services. BAC recently converted its COBRA case management program to provide Health Home care
	nunity, and/or clear track record of succe	ess in reducing avoidable hospital u	se.		coordination services to the most vulnerable New Yorkers receiving Medicaid. BAC also offers the following services: treatment adherence,
O iii Any s	state-designated health home or group o	f health homes. **			ESAP, and case management.
	g VAP Exception i & ii – Please indicate w		DDC) you plan on	ioining If you do	
	nat PPS you intend to join, then you will b				
	Section II". If you are part of multiple PPS		e or the risin t	ic AppearApplicant	
	g VAP Exception iii— The Department has		ignated Health F	omes and Network	
Care Managem	ent Agencies (CMAs) that have already b	een approved as safety net provid	ers as well as tho	ose that are pending	
• •	If your Health Home appears on this list a				
• •	o not need to submit this form. If the org	,			
•	net list, you do not need to submit this for approved safety net provider list, but you				
	orm. List is available on the DSRIP websit	_	na quanty as a ric	zaitii Home, picase	
·	Section IV, if you are joining more than		VII) to add addit	ional PPSs.	
V. Percentage	of Medicaid & Uninsured members that	vour facility serves			
]	Medicaid (FFS & MC)	Uninsured	Data	Source Year	
	mediation (1.10 of me)	C		764.	
Percentage	99%	1%	H safety	net rep 2014	
		t to audit and I may be asked to p		tation in support of	e.
Tit					
	Only appeals from the CEO, CFO o				

10/30/2014 Horizon Health Services, Inc..xlsx

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



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

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

posted for public com	ment 30 days prior to application appr	•		•	own in Section IV.			
I. Are you a Medicaid								
Ansv	Yes Yes			▼	You have chosen the following VAP Exception: i			
II. Appeal Applicant Ir					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
Organization Na	ne: Horizon Health Services, Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
Joined	PPS: Erie County Medical Center Corporation			▼	You chose the qualification i, in the space below please include:			
option of applying for th	evaluated <u>in the context of the PPS</u> you a e VAP Exception in that PPS as well (if ap on II and VII of the instructions for furthe	plicable). Please see the "VII_Add		•	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your			
Provider T	pe: OMH-Article 31			▼	organization's involvement given the PPS current configuration of network providers.			
Provider Type - Ot	ner:				b. A description of the applicant's organization, the services provided, and how the services will enhance the network of			
,,	Operating Certificate/License	# MMIS*	Τ	NPI*	services for the PPS in this community (ies).			
Unique Identifi	ers: 6034005D, 6034104A, 6034103A, 60		10	43387152	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	ode: 11130	2000.00		.0007101				
Billing Entity					Character Count: 1900			
	Address	City	State	Zip	Horizon Health Services has been providing OMH licensed mental health services (including clinic and continuing day treatment) and OASAS			
Addre	ess 3020 Bailey Ave	Buffalo	NY	14215	outpatient chemical dependence services since 1975. Horizon is the largest and most comprehensive provider of these services in Western New			
		•		* REQUIRED	York. Mental health services are provided at 12 locations in Erie, Niagara, and Genesee Counties. While the preponderance of our clients reside in			
III. Appeal Point of Co					these counties, we also serve persons from Orleans County at our Lockport (Niagara County) and Batavia (Genesee County) clinics. We also serve Finger Lakes region residents at our regional OASAS licensed intensive residential treatment center (Horizon Village).			
Contact Person								
	Chield Quality & Compliance Officer	T. E. Louis			Most of our mental health and chemical dependence services are co-located to permit client co-enrollment when service integration in a single program is contra-indicated. All programs serve clients age 18 and above, but we also provided specialized mental health treatment for			
Contact Phone		Extension			program is contra-indicated. All programs serve clients age 18 and above, but we also provided specialized mental health treatment for adolescents, sex offenders, persons with criminal justice involvement, and those with co-occurring significant intellectual dysfunction, and integrated medical care at some sites. Horizon provides services annually to well over 10,000 persons, and is widely regarded as one of the premier			
	weis@horizon-health.org							
	following VAP Exception:				behavioral healthcare providers in NYS.			
A community of serving the	will not be served without granting the e community.	xception because no other eligible	e provider is v	villing or capable	Due to our range of services and geographic presence we were invited to participate in the ECMC, Catholic Medical Partners, Niagara-Orleans, and Finger Lakes PPS's. Although Horizon is listed on the "NYSDOH 1915i Providers" list, we are submitting this VAP Exception Form as a precaution to			
	uniquely qualified to serve based on servelor clear track record of success in redu		relationships	within the	ensure our inclusion in these groups. We have included all of the operating certificates for our mental health programs within the designated field on this form. Operating certificate numbers: 6034190A, 6034005A, 6034005B, 6034005C, 6034005D, 6034104A, 6034103A, 6034105A, 6034105B, 6034105C, 6034105D, 6034303A			
O iii Any state-desi	gnated health home or group of health h	omes. **			6034105D, 6034303A			
indicate what PPS you in Information – Section II' When choosing VAP Exc. Care Management Agent CMS approval. If your Heapproval and do not need safety net list, you do not another approved safety this form. List is available For Section	IV, if you are joining more than one PPS	ase indicate the name of the PPS tion VII tab. Id a draft list of State Designated Hoved as safety net providers as we gapproval, you will be granted a voperating your Health Home/CM ization does not appear on the drapelieves that it should qualify as a so, use second tab (Section VII) to a	in the "Appea Health Homes ell as those th VAP Exception A already app aft Health Home	and Network at are pending pending CMS pears on another me list or on please complete				
V. Percentage of Medic	aid & Uninsured members that your facil	lity serves						
	Medicaid (FFS & MC)	Uninsured	Data Sou	rce Year				
Percentage	Operating certificate	1%	interna	al 2013				
understand that the appeal. Name Title	at the information and data provided on his information may be subject to audit a appeals from the CEO, CFO or compar	An O Yes						

10/30/2014 Horizon Health Services, Inc.2.xlsx

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



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

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

		nt 30 days prior to application			•			•	own in Section IV		
•	Medicaid Pro		on approvai.	Thee anowed t	Ca30113 101	granting c	л схсср	ion are sin	Will in Section IV.		
Ale you a l	Answer							•	You have chosen the following VAP Exception: i		
II. Appeal Ap	oplicant Infor								VI. Restricted to 3500 Characters only! - Please read instructions for clarification!		
	•	Horizon Health Services, Inc.							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~		
Organi		Erie County Medical Center Corporat	tion					~	You chose the qualification i, in the space below please include:		
^^ The VAP Ex		luated <u>in the context of the PF</u>		ng. If you are joi	ning more t	than one Pi	PS, vou ha	ve the	Tod those the qualification i, in the space selow please melade.		
		'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 include		
multiple PPS's	S. See <u>Section I</u>	I and VII of the instructions for	r further clarifi	cation!					descriptions of the geographic area, the population, and how the services in this community are insufficient without your		
	Provider Type:	OMH-Article 31						•	organization's involvement given the PPS current configuration of network providers.		
Provider	r Type - Other:								b. A description of the applicant's organization, the services provided, and how the services will enhance the network of		
		Operating Certificate/I	License #	MMI	S*		NPI*		services for the PPS in this community (ies).		
Uniq	que Identifiers:	6034005D, 6034104A, 60341	03A, 6034105	29937	786	1	0433871	52	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)		
	Agency Code:			•							
В	illing Entity ID:			1		,	1		Character Count: 1900		
	A 1.1	Address		City	У	State		ip	Horizon Health Services has been providing OMH licensed mental health services (including clinic and continuing day treatment) and OASAS		
	Address	3020 Bailey Ave		Buffalo		NY		215 REQUIRED	outpatient chemical dependence services since 1975. Horizon is the largest and most comprehensive provider of these services in Western New		
III. Appeal Po	oint of Conta	ct						REQUIRED	York. Mental health services are provided at 12 locations in Erie, Niagara, and Genesee Counties. While the preponderance of our clients reside in these counties, we also serve persons from Orleans County at our Lockport (Niagara County) and Batavia (Genesee County) clinics. We also serve Finger Lakes region residents at our regional OASAS licensed intensive residential treatment center (Horizon Village). Most of our mental health and chemical dependence services are co-located to permit client co-enrollment when service integration in a single program is contra-indicated. All programs serve clients age 18 and above, but we also provided specialized mental health treatment for adolescents, sex offenders, persons with criminal justice involvement, and those with co-occurring significant intellectual dysfunction, and		
	t Person Herb										
		ld Quality & Compliance Office	er								
	ct Phone 716-			E	xtension						
		is@horizon-health.org							integrated medical care at some sites. Horizon provides services annually to well over 10,000 persons, and is widely regarded as one of the premier		
IV. Please choose the following VAP Exception:									behavioral healthcare providers in NYS.		
i A c	community will	not be served without granting	ng the exception	n because no ot	her eligible	provider is	willing or	capable	Due to our range of services and geographic presence we were invited to participate in the ECMC, Catholic Medical Partners, Niagara-Orleans, and		
of s	erving the com	nmunity.							Finger Lakes PPS's. Although Horizon is listed on the "NYSDOH 1915i Providers" list, we are submitting this VAP Exception Form as a precaution to		
O ii Any	Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the								ensure our inclusion in these groups. We have included all of the operating certificates for our mental health programs within the designated field		
	•	or clear track record of success	•			elationship	5 WILIIII LI	ie	on this form. Operating certificate numbers: 6034190A, 6034005A, 6034005B, 6034005C, 6034005D, 6034104A, 6034103A, 6034105A, 6034105B, 6034105C, 6034105D, 6034303A		
_	•										
O iii Any	/ state-designa	ted health home or group of h	nealth homes.	**							
When choosir	ng VAP Except	ion i & ii – Please indicate wha	at Performing	Provider System	(PPS) you p	olan on join	ing. If you	do not			
	•	d to join, then you will be den			of the PPS ir	n the "Appe	eal Applica	ant			
		you are part of multiple PPSs,									
		ion iii— The Department has so (CMAs) that have already bee			•						
_	_	n Home appears on this list as					-	_			
		submit this form. If the organ									
safety net list,	, you do not ne	eed to submit this form. If you	r organization	does not appear	on the dra	ft Health H	ome list o	r on			
	•	t provider list, but your organi	zation believes	s that it should q	ualify as a H	Health Hom	ne, please	complete			
		the DSRIP website.	DDC		\/!!\ +	alal a alaliki a	L DDC -				
	For Section IV,	if you are joining more than o	one PPS, use so	econd tab (Section	on vii) to a	aa aaaitior	nai PPSs.				
V. Percentage	e of Medicaid 8	& Uninsured members that yo	our facility ser	ves							
	IVI	Medicaid (FFS & MC) Uninsured Data Source Year					ource	Year			
Percentage	Ор	Operating certificate 1% internal 2013									
							I				
. Yes I Hereby	y Certify that t	he information and data prov	ided on this fo	orm is accurate a	nd correct	to the best	t of my kn	owledge. I			
	and that this i	nformation may be subject to	audit and I m	ay be asked to p	rovide doci	umentatio	n in suppo	ort of this			
appeal.					A 10.00	wor					
Na	ame	Anne Constar	ntino		Ans Yes	O No					
	Title	CEO/Preside			•	J 113					
		eals from the CEO, CFO or o		ill be accepted	•						

10/30/2014 Kids Oneida, Inc..xlsx

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



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

## When choosing VAP Exception 1 & III - Please choosing VAP Exception 1 & III - Please indicate what PPS our intend to join, then you will be denied. Please indicate what PPS our intend to join, then you will be denied. Please indicate what PPS our intend to join, then you will be denied. Please indicate what PPS our intend to join, then you will be denied. Please indicate the name of the PPS in the "Appending Name are evidence on long intend to join, then you will be denied. Please indicate the name of the PPS in the "Appending Name are widening aworld and the PPS current configuration of network providers. She on white the network of services for the PPS in this community, on the PPS current configuration of network providers. She activation of the person of the PPS in this community (its.). Agency Code 2 8720 Address 310 Main Street	you a Medicaid Provider	
Organization states: Bits Order to the Incidence of Notice See (Part of the Note See (Pa	Answer Yes	You have chosen the following VAP Exception: i
Johns And Piss Feed 20 Label Sections of the 15 year and principle (if you are principle of the 15 year and principle (if you are principle of the 15 year and principle (if you are principle of the 15 year and principle (if you are principle of the 15 year and you are principle (if you are principle of the 15 year and you are principle (if you are principle of the 15 year and you are principle of the 15 year and you are principle (if you are principle of the 15 year and you are pri	peal Applicant Information	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
**New Year Section of the source of Utile 57s over 8 shares from an orbital provider blance and 57s over 1 shares for the Section of the source of the sourc	Organization Name: Kids Oneida, Inc.	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
As a specific definition of the community (e.g.) had would otherwise not be served by the selected PPS. Be sure to minimally PPS. were desired and all of the neutron and for the services in this community are insufficient in the provider of the	Joined PPS: Faxton St. Luke's Healthcare	You chose the qualification i, in the space below please include:
include descriptions of the geographic and, not how the services in this community are insufficient Portion (Provided Type - Other Portion (Provided Type -	e VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have	the control of the co
Provider Page Contents 2		a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
Provider type: Office to Service for the registrant of programs and the services and enhance the enhances the following fragment for the population of the applicant's organization, the services provided, and how the services will enhance the enhances the following fragment for the population of the	ple 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 insufficier
Description Certificate/Locrase ii Malis* Nor* United Mediorides 196600114 277-2926 177-2927/77/77/77/77/77/77/77/77/77/77/77/77/7	Provider Type: OMH-Article 31	
Unique identifiers Diposition 1970-1970 1970-19	² rovider Type - Other: NA	
Agree of the control	Operating Certificate/License # MMIS* NPI*	
Mapped Point of Contact Mapped Point of	Unique Identifiers: 9063010A 2276286 1770787079	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Address (19 Main Sirest (19 Ma	Agency Code: 28220	
Mappeal Point of Contact No. 15331 N	Billing Entity ID:	Character Count: 301
III. Appeal Point of Contact October Person Siever Ruley The COTTAGE CONTRACTION Director Interim Contact Person Siever Ruley The Cottage Contract Person The COTTAGE CONTRACTION Director Interim Contact Plance The COTTAGE CONTRACTION Director Interim Contract Plance The COTTAGE CONTRACTION DIRECTOR SHOWN IN THE CONTRACTION OF THE PROPERTY OF THE PROPERT	, ,	Kids Oneida ("KO") is a non-hospital based provider, not particpating as part of a state-designated health home, which provides direct ser
III.Appeal Point of Contact Contact Press		
Locate Person Seven Nulver		
Title (ESO/Executive Director- Internal Contract (Final 35-731-286)		
Contact Phone 315-731-2033 Setension Judger@Nublemedudo.org Uniform Free Contact Emails Judger@Nublemedudo.org Uniform Free Contact Uniform Fr	·	
No. Please choose the following VAP Exception:	Contact Phone 315-731-2603 Extension	a Vital Access Provider. In total KO operates 11 programs in Oneida and Herkimer County: 1)Intensive KO/ACT supports youth with Axis
Treatment centers to their families and provides comprehensive community, based support, 4) Service Provision for Individualized Needs (appeared without granting the exception because no other eligible provider is willing or capable of serving the community. iii Any hospitalis uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidability, relationships within the community, and/or clear track record of success in reducing avoidability, relationships within the community, and/or clear track record of success in reducing avoidability, relationships within the community, and/or clear track record of success in reducing avoidability, relationships within the community, and/or clear track record of success in reducing avoidability, relationships within the community, and/or clear track record of success in reducing avoidability, relationships within the community, and/or clear track record of success in reducing avoidability, relationships within the community, and/or clear track record of success in reducing avoidability, relationships within the community, and/or clear track record of success in reducing avoidability, relationships within the community, and/or clear track record of success in reducing avoidability, relationships within the community, and/or clear track record of success in reducing avoidability, relationships within the community, and/or clear track record of success in reducing avoidability, relationships within the community. The response of the community within the previous of the community within the response of the families and provides of the community. The response of the community and the response of the community of the community. The response of the community of the community of the community of the community of the community. The response of the community of the community of the community of the community of the community. The response of the community of the community of th	Contact Email sbulger@kidsoneida.org	mental health diagnoses who are at imminent risk of out-of-home placement, 2) Step Down provides supplemental assistance to youth a
A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community. A community, and/or clear track record of success in reducing avoidable hospital use. If any state designated health home or group of health homes.** When choosing VAP Exception 18. II — Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PS you intend to join, they you will be demode, Please indicate the name of the PPS in the "Agold applicant information — Section II". If you are gurt of multiple PPSs, sas section IVI 18. Manue Steven Bulger Annuer Annuer Need and PS Acception and PS Acception with the provider shall and imay be asked to provide documentation in support of this appeal. Name Steven Bulger A community, will not be served without granting the exception because no other eligible providers is without the capability of the power of the provider of the provider of the provider in dividualized, (e.e. for services supports to your and individualized, (e.e. for services supports to your and individualized. (e.e. for services of the families, 5) case serving of Provided Support (Support of Cornel Country work with new parents and their newborns to promote optimum childhood development, 9) feath of the community, and of reduction to the similar of the provider side of the step of the provider side of the services of programs proven to increase family cohesion and reduce conflict, and 11) Evelor's House provides supported to conflict with the program will provide to the form of the Psy to united a dynamic to the provider side provider side of the services to the first the conflict was also awarded a grant through the NYS bepartment of the Psy to united a dynamic to the part meth same and the provider side of the services of the district of the provider side of the part meth same and the provider side of the part of the	ease choose the following VAP Exception:	families transitioning out of Intensive KO/ACT, 3)Return Home Early expedites the return of youth residing in group home and residentia
Percentage 92% 3% eport/ Client Mg 2013 Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Steven Bulger Yes No	community, and/or clear track record of success in reducing avoidable hospital use. Any state-designated health home or group of health homes. ** In choosing VAP Exception i & ii — Please indicate what Performing Provider System (PPS) you plan on joining. If you dicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Approaction — Section II". If you are part of multiple PPSs, see section VII tab. In choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Netwon Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are perproval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending availand do not need to submit this form. If the organization operating your Health Home/CMA already appears on her safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home another approved safety net provider list, but your organization believes that it should qualify as a Health Home, pleatet 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.	Programs are evidence-based programs proven to increase family cohesion and reduce conflict, and 11) Evelyn's House provides support transitional housing to young mothers and their children. Kids Oneida was also awarded a grant through the NYS Department of Health's Innovation Fund to begin Kids Mohawk Valley. This new program will provide vital home and community based services to Medicaid elig youth and their families aimed at decreasing dependence on long term support services. This program has the capability of expanding Ki Oneida's 1915i like services (Intensive KO) to an additional 8 Counties- Oswego, Madison, Herkimer, Montgomery, Fulton, Otsego, Delaw and Lewis. This initiative is slatted to begin once a contract is finalized with NYS. As an agency overall, across all above -named programs Oneida serves 431 MA eligible clients or approximately 92% of total clients served.
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name Steven Bulger Per No	Medicaid (FFS & MC) Uninsured Data Source Ye	<u>- </u>
I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Steven Bulger New Steven Bulger New Steven Bulger New Steven Bulger New Steven Bulger	entage 92% 3% eport/ Client Mg	2013
Name Steven Bulger	I understand that this information may be subject to audit and I may be asked to provide documentation in supp this appeal.	

10/30/2014 LaSalle School- Lancaster.xlsx

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



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

must be posted for I. Are you a Medica	•	application approval. Three allow	ed reasons f	or granting an ϵ	exception are shown in Section IV.
· · · · · · · · · · · · · · · · · · ·	nswer Yes				▼ You have chosen the following VAP Exception: iii
II. Appeal Applican	t Information				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	Name: LaSalle School- Lancaster				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	d PPS: Ellis Hospital				You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list.
^^ The VAP Exception	n is evaluated in the context of the PP	<u>'S</u> you are joining. If you are joining m	nore than one	PPS, you have th	
	the VAP Exception in that PPS as we	- · · · · ·	Additional PI	PSs" tab to select	t to the second of the second
multiple PPS's. See See	ection II and VII of the instructions for	further clarification!			a. A description of your entity in specific relation to being a Health Home.
Provider	Type: OMH-Article 31				
Provider Type - (Other:				Please do not submit this form if you are already on the draft Health Home List.
	Operating Certificate/Lic	cense # MMIS*		NPI*	
Unique Iden	tifiers: 8178001 A	1439192	1	1861664617	
Agency					
Billing Ent					Character Count: 169
۸ ما	Address	City	State	Zip	LaSalle School anticipates being a downstream provider to a several Children's Health Homes, and may be part of a partnership agreement for Children's Health Home.
Add	dress 391 Western Avenue	Albany	NY	12203 * REQUIR	
III. Appeal Point of	Contact			EQUIN	
Contact Person	William Wolff				
	Executive Director				
	518-242-4731	Extension	า	218	$-\parallel$
	bill@lasalle-school.org				-
	he following VAP Exception:			_	┐ ∥
	ity will not be served without granting	g the exception because no other eli	gible provider	is willing or	
capable of s	serving the community.				
	al is uniquely qualified to serve based, and/or clear track record of success	•	ity, relationsh	ips within the	
iii Any state-d	lesignated health home or group of h	ealth homes. **		_	
-	Exception i & ii – Please indicate wha	• • • •		- ,	
Information – Section	II". <u>If you are part of multiple PPSs, s</u>	see section VII tab.			
When choosing VAP	Exception iii – The Department has su	ubmitted a draft list of State Designa	ted Health Ho	mes and Networ	·k
	gencies (CMAs) that have already bee				
• • • • • • • • • • • • • • • • • • • •	r Health Home appears on this list as need to submit this form. If the organ		•		IS Control of the con
• •	t, you do not need to submit this forn		•		ist —
•	red safety net provider list, but your o				
complete this form. L	ist is available on the DSRIP website.				
~ For Section	on IV, if you are joining more than on	ne PPS, use second tab (Section VII)	to add additio	onal PPSs.	
V. Percentage of Me	dicaid & Uninsured members that yo	our facility serves			
	Medicaid (FFS & MC)	Uninsured	Data So	ource Year	
Percentage	40%	15%	sel	f 2014 YTD	<u>, </u>
	that the information and data proving this information may be subject to	o audit and I may be asked to provid	de document		
Name	William C Wo		Answer Yes O No		
Title	Executive Direct		110		
	lly appeals from the CEO, CFO or c				

I. Are you a Medicaid Provider

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

	Answer			~	You have chosen the following VAP Exception: ii
I. Appeal Applic	ant Information				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organizatio	n Name: John T. Mather Memorial F	lospital			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	ined PPS: Stony Brook University Hospital	·		•	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:
		PPS you are joining. If you are joining m	nore than one PP	S, you have the	
	•	well (if applicable). Please see the " ${\it VII}_$	Additional PPSs	" tab to select	a. A description of the applicant's niche services that would enhance the network of services for the PPS.
•	e <u>Section II and VII</u> of the instructions	for further clarification!			b. A financial viability analysis (attach as PDF in the email when submitting)
Provi	der Type: OMH-Article 31			•	c. An identification of and description of how the applicant's relationships within the community that would
Provider Type					enhance PPS' success.
	Operating Certificate	/License # MMIS*		NPI*	d. Demonstration of past success in reducing avoidable hospital use
Unique Id			109	3718728	e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
•	ncy Code:				
Billing	Entity ID:				Character Count: 3500
	Address	City	State	Zip	Mather Hospital is submitting 3 separate, complementary VAP exception forms under the hospital, OMH-Article 31 and health home provide
	Address 75 North Country Road	Port Jefferson	NY	11777	types. Mather's behavioral health services, including the mental health clinic, are licensed under the Hospital. The health home, Harbor View
. Appeal Point	of Contact			* REQUIRED	Medical Services, P.C., is a subsidiary of the Hospital.
	son Nancy Uzo				Mather Hospital provides vital access to a continuum of behavioral health care services for Suffolk adults and adolescents, including significan
	itle Vice President - Public Affairs				numbers of Medicaid/Uninsured patients (see attached). In addition to the mental health clinic, this includes inpatient psychiatric units,
Contact Pho	one 631-476-2723	Extension	า		psychiatric partial hospitalization programs, a chemical dependency clinic, and an eating disorders program. Mather is the only acute care hospital in Suffolk County with an adolescent psychiatric unit. The only other adolescent psychiatric unit in Suffolk is located at South Oaks on the Nassau border. In addition, the only psychiatric partial hospitalization programs found in Suffolk outside of South Oaks are at Mather; the
Contact Er	nail Nuzo@matherhospital.org				
. Please choos	e the following VAP Exception:				
i A comm	nunity will not be served without gran	nting the exception because no other elig	gihle provider is v	willing or	adult and adolescent programs have been instrumental in avoiding inpatient psychiatric hospitalizations. Mather's eating disorders program the only one in Suffolk- LIJ is the next closest for residents with eating disorders. The access to mental health clinic services that Mather
	of serving the community.	ting the exception because no other eng	gibie provider is	Willing Of	provides to users of our inpatient and outpatient behavioral health services is key to their ability to receive treatment for their mental illness
	0				the community and avoid ED visits/hospitalization.
_		ed on services provided, financial viabili	ty, relationships	within the	
commur	nity, and/or clear track record of succ	ess in reducing avoidable hospital use.			Besides linking to critical behavioral health services not found elsewhere, the mental health clinic can play a key role in addressing PPS
) iii Any stat	e-designated health home or group o	of health homes **			behavioral health priorities in conjunction with Mather's Graduate Medical Education program, which includes primary care and plans to exp
					to psychiatric residencies, and Harbor View Medical Services, which is pursuing health home status. Harbor View increases the community's
•	•	vhat Performing Provider System (PPS)		• ,	primary (and soon psychiatric) care capacity. Mather will participate in the Integration of Primary Care and Behavioral Health DSRIP project. Licensed by OASAS as well as OMH, Mather has 2 of the 3 licenses to qualify for the State's proposed new integrated care license. In addition
	ion II". If you are part of multiple PPS	oe denied. Please indicate the name of t	the PPS in the "A	ppeal Applicant	Mather has established a MICA and adult intensive outpatient program in the chemical dependency clinic and is considering an IOP for
		s submitted a draft list of State Designat	ed Health Home	s and Network	adolescents to increase substance abuse resources in the community.
_		been approved as safety net providers a			
_		as pending approval, you will be granted			Mather Hospital's behavioral health services maintain extensive relationships with community providers such as SCDCMH, intensive case
		ganization operating your Health Home/		-	managers, ACT team, care coordinators for health homes and case management agencies, and PROS programs. Mather conducts outreach i
other safety net	list, you do not need to submit this f	orm. If your organization does not appe	ar on the draft H	ealth Home list	school districts from which we see large numbers of substance abuse patients. Beyond behavioral health, Mather is engaged with Island
		ur organization believes that it should qu	ualify as a Health	Home, please	Nursing on the INTERACT project and is involved in cardiovascular and diabetes initiatives that will also support the PPS' success.
•	1. List is available on the DSRIP websi			1.550	Mather's financial stability is evident in the attached Balance Sheets and Statements of Operations from the 2013/2012 audited statements
~ For Sec	ction IV, if you are joining more than	one PPS, use second tab (Section VII) t	to add additiona	I PPSs.	2014 internal financials.
. Percentage of I	Medicaid & Uninsured members tha	t your facility serves			
					Mather has succeeded in reducing avoidable hospital use through initiatives such as its Congestive Heart Failure program, which follows
	Medicaid (FFS & MC)	Uninsured	Data Sour	ce Year	patients for 30 days post discharge. Overall Mather Hospital avoided financial penalties under CMMS' readmission program, with a Hospital
					Readmission Readjustment (HRR) factor of 1.0 (see attached).
'ercentage	20%	1%	ICR	2013	
		rovided on this form is accurate and cont to audit and I may be asked to provide			<u> </u>
this appeal.		A	Answer	an in Support of	
Name	Joseph Wis		res O No		
Title .	Senior Vice Presi		_		
	Only appeals from the CEO, CFO o	or comparable will be accepted			

10/30/2014 Northeast Parent & Child Society.xlsx

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



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

I. Are you a M	/ledicaid Prov	ider					
	Answer Ye	es				•	You have chosen the following VAP Exception: i
II. Appeal App	plicant Inform	nation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name: N	ortheast Parent & Child Soc	iety, Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: El	lis Hospital				•	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is evalua	ated in the context of the P	PS you are joining. If you	are joining more	e than one PP	S, you have the	
	~	Exception in that PPS as w		see the "VII_Ad	ditional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section II a</u>	and VII of the instructions fo	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type: 0	MH-Article 31				•	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
		Operating Certificate/L	icense #	MMIS*		NPI*	network of services for the PPS in this community (ies).
Unique	e Identifiers:	7308001A	(02664359	100	3901695	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Aį	gency Code: 10	003901695	•		•		
Billi	ing Entity ID: 38	EV					Character Count: 3363
		Address		City	State	Zip	a. Specific Definition of Community. Schenectady County, population of 154,727 (2010 census), is located in eastern New York state, about 19
	Address 53	30 Franklin Street	Schenect	ady	NY	12305	miles southeast of Albany. The 2012 American Community Survey indicates there are 15,755 children in the City of Schenectady (largest
III. Appeal Poi	int of Contact	•				* REQUIRED	municipality in the county) under the age of 18: 43.4% received public assistance (SSI, cash public assistance income or Food Stamp/SNAP
	Person Audrey						benefits), and 39.6% live below the poverty level. The percentage of Medicaid-eligible residents in Schenectady County had a 108.8% increase from 2008 to 2012 (2013 Community Health Needs Assessment, Healthy Capital District Initiative). In 2005, Schenectady County requested that
Contact i		perating Officer					Northeast Parent & Child Society acquire an Article 31 Mental Health License and become the County's sole designated children's mental health
Contact	Phone (518) 4			Extension			clinic. Further, it was agreed that Northeast's Child Guidance Center, operating in lieu of a Local Government Unit, would ensure the mental
Contact	t Email audrey	.lafrenier@northernrivers.c	org				health needs of the county's most vulnerable children were met, regardless of diagnosis, language barrier and ability to pay. Of the clients
IV. Please cho	oose the follo	wing VAP Exception:					served by the Child Guidance Center in 2014, 83% are Medicaid (FFS & MC) members, 6% uninsured, 5% Child Health Plus/Family Health Plus,
Capable O iii Any h comm O iii Any s When choosing not indicate wh Information – S When choosing Care Managem CMS approval. I approval and do another safety is or on another a complete this for	ble of serving the mospital is unique munity, and/or estate-designate of the section II". If you get VAP Exception in the section II". If you get VAP Exception in the section II" is a not need to section in the secti	ot be served without grantine community. Dely qualified to serve based clear track record of success distributed and the late of the late	d on services provided, for in reducing avoidable in reducing avoidable in realth homes. ** The at Performing Provider denied. Please indicates see section VII tab. The approved as safety in the pending approval, your initiation operating your rem. If your organization of organization believes the content of the pending approval.	inancial viability, nospital use. System (PPS) you the name of the State Designated et providers as will be granted a Health Home/CM does not appear out to should qualif	relationships I plan on join PPS in the "A Health Home Tell as those to VAP Exception IA already apon the draft Home Ty as a Health	ing. If you do Appeal Applicant es and Network hat are pending CMS pears on Health Home list Home, please	and 6% commercial insurances (2014 EMR data). Without the Northeast Child Guidance Center in the PPS configuration of Schenectady County there will not be sufficient capacity to serve the mental health treatment needs of Medicaid members in this community. b. Applicant Organization. Founded in 1888, Northeast Parent & Child Society is a large human services agency in the Capital Region of upstate New York dedicated to protecting children, preserving families, and strengthening communities. Northeast offers an array of clinical, residential, educational, child welfare, and career development services. The Northeast Child Guidance Center, located in the City of Schenectady, is licensed by the NYS Office of Mental Health as an Article 31 clinic for outpatient treatment. The clinic provides services that include assessments (initial, psychological and psychiatric), crisis intervention, health screenings, psychotropic medication therapy and psychotherapy and complex care management. The clinic's interdisciplinary team includes a child psychiatrist, psychiatric nurse practitioner, registered nurse, social workers, and mental health counselors. Any Schenectady County resident under age 18 who is having trouble functioning at home, in school, or in the community due to emotional and/or behavioral difficulties may be referred to the Child Guidance Center for assessment and treatment with parental consent. Individuals 18 to 24 years old can self-refer for treatment. Operational hours are 8:30 a.m. to 8:00 p.m. on Monday and Wednesday, and 8:30 a.m. to 5:00 p.m. on Tuesday, Thursday, and Friday. The Clinic's services provide the following benefits to enhance the network of PPS services for the community: 1) reduced need for psychiatric hospitalization and out-of-home placements; 2) early detection of potential issues of concerns related to a child's emotional well-being; 3) improved daily functioning at home, in school, and in the community; 4) parents more able to manage their child's behaviors and emotional needs; 5) ev
		caid (FFS & MC)	Uninsured		Data Sour	ce Year	
 							
Percentage		83%	6%		EMR	2014	
I understa this appea	and that this in	information and data pro formation may be subject Audrey LaFre	to audit and I may be a	sked to provide o	locumentation		e.
Nam Titl		Chief Operating		• Yes	O No		
וזוו		als from the CEO, CFO or		<u></u>			
	Omy appea	and morn time clo, ci o or	compandore will be ac	cepteu			

10/30/2014 Sancia Wellness, Inc..xlsx

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



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

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: Sancia Wel	lness, Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Westchester				•	You chose the qualification i, in the space below please include:
		ne context of the PPS you are join	ning. If you are joining mor	e than one PF	PS, you have the	
		on in that PPS as well (if applicab				a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
	•	the instructions for further clari				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type: OMH-Article	 31			_	without your organization's involvement given the PPS current configuration of network providers.
	ype - Other:					b. A description of the applicant's organization, the services provided, and how the services will enhance the
Flovider			1 1 1 1 C*		ALDI*	network of services for the PPS in this community (ies).
		rating Certificate/License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:	8112001A	3417934	155	58644708	
	gency Code: 47970					Character County 2454
Billir	ng Entity ID:		T ou			Character Count: 3454
	Address 20 Chamb	Address	City	State	Zip	Sancia Wellness Inc. is a privately owned OMH licensed clinic with offices in White Plains, Yonkers & Peekskill NY. The agency is a minority
	Address 20 Church	Street	White Plains	NY	10601 * REQUIRED	owned business with its co-owners being African American. The agency is uniquely qualified to assist WMC PPS goal of BH integration of primary care BH services. SWI is located with Sancia Recovery Inc. OASAS licensed to provide outpt. SA treatment. SWI currently receives referrals from
III. Appeal Poi	int of Contact				NEQUINED	PCP's and has already worked in collaborative partnerships with them. The agency is contracted with managed Medicaid plans which require
	Person Pennye W. Nash	1				reaching out to the PCP for clients who are receiving MH services. SWI is a behavioral health organization that provides under one roof
Contact .		d Co-Owner with Ian Davis				comprehensive MH & SA tx for indiv, families, children, adolescents & adults. SWI would have the ability to co-locate a BH clinician within the
Contact I	Phone 914-421-0400	<u> </u>	Extension			PCP office & understands the need to address the MH & SA diagnosis. The agencies mission states the importance of healing the mind, body
	Email Pennye@sancia	healthcare.com	<u> </u>			and spirit of the individual we are treating. Evidence based treatment is utilized throughout the org, psychiatrist is board certified in child &
	oose the following VA		-			adolescent psychiatry with an expertise in SA. Psychiatrist is bi-lingual English/Spanish and is certified to prescribe addiction medication ex:
	103c the following v.	P Exception.				Suboxone. Since privately owned & licensed by OMH but not receiving funding of any type the agency has found a way to provide excellent
		ved without granting the excepti	ion because no other eligib	le provider is	willing or	clinical treatment while being fiscally responsible. OMH recently approved the agency opening clinics in Yonkers & Peekskill due to extensive
capab	ole of serving the comm	unity.				waiting lists, SWI would have the ability to give same day or next day appointments & can hire when necessary additional per diem clinicians to
O ii Any h					l.	assure this ongoing requirement is met at all times. SWI provides culturally competent treatment and has a multicultural treatment team, the
,		fied to serve based on services p	•	relationships	within the	agency trains in the area of culturally competency, is minority owned & is currently successful as a result of providing culturally competent
comm	nunity, and/or clear trac	ck record of success in reducing a	voidable hospital use.			treatment. The agency currently serves the identified high Medicaid use clients that the PPS will be targeting. After "a warm hand off" the
O iii Any st	tate-designated health	home or group of health homes.	**			client will have that same ongoing feeling when being treated at SWI. SWI feels that there is no other similar agency in Westchester County and
	_					therefore feels that it is imperative that SWI be included as a safety net provider in WMC PPS.
_	•	Please indicate what Performing	• • • • • • • • • • • • • • • • • • • •			SWI can also assist the PPS goal of BH – community stabilization services by providing the above. The PPS goal requires the establishment of
		n, then you will be denied. Pleas		PPS in the "A	Appeal Applicant	participating psychiatrists, MH, BH & SA providers which SWI has. SWI currently receives referrals from schools, shelters, prisons, jails, PCP's,
	· · · · · · · · · · · · · · · · · · ·	t of multiple PPSs, see section V				self and family members. With 3 locations, culturally competent, OMH & OASAS licensed & an excellent relationship with contracted managed
_	•	Department has submitted a dr				Medicaid plans & PCP's not including SWI would be to the detriment of the PPS. SWI serves the identified communities that are targeted by the
J	• ,	at have already been approved a	•			PPS. The geographic area would include all of Westchester County with 3 locations. The services in the community are insufficient without SWI
		pears on this list as pending appr			-	involvement in the PPS because there is no other minority owned licensed OMH/OASAS clinic in Westchester County. SWI provides indiv, group & family MH & SA tx. SWI provides comprehensive outpatient MH & SA tx under one roof since its inception. There is no similar BH org that has
• •		is form. If the organization opera	•		•	the components that SWI has including SWI will enhance the network of services provided by the PPS.
		d to submit this form. If your org				the components that 5W1 has including 5W1 Will elimance the network of services provided by the 11 5.
	orm. List is available on	vider list, but your organization b	believes that it should quali	ry as a nearm	nome, piease	
•		ining more than one PPS, use se	ocand tab (Saction VII) to	add additions	al DDCs	
FOI .	Section IV, ii you are jo	ming more than one FF3, use so	scond tab (Section vii) to a	iuu auuitioila	11 PP35.	
V. Percentage	of Medicaid & Uninsure	ed members that your facility se	erves			
Г						
	Medicaid (FFS	& MC) Ur	ninsured	Data Sour	rce Year	
					_	
Percentage	99%		0%	CFR	2013	
Yes Hereby C	Certify that the informa	tion and data provided on this	form is accurate and corre	ct to the best	t of my knowledg	ge.
•		on may be subject to audit and I			•	
this appea		•				
			Ans	wer		
Nam	ne	Pennye W Nash	● Yes	O No		
Titl	le <u>Co-Pres</u>	ident and Co-Owner with Ian Da	vis			
	Only appeals from	the CEO, CFO or comparable	will be accepted			

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I. Are you a Medicaid Provider

VIII.



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

	Answer	Yes				•	You have chosen the following VAP Exception: i
I. Appeal App	olicant Infor	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Western Finger Lakes STAR	Т				~ 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 eval	uated in the context of the	PPS you are joining. If	you are joining more	e than one I	PPS, you have the	
	-	AP Exception in that PPS as		_	ditional PP	Ss" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section I</u>	I and VII of the instructions	for further clarification	n!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	OPWDD-Article 16				•	without your organization's involvement given the PPS current configuration of network providers.
Provider T	ype - Other:	Community based crisis res	ponse and prevention	program (NYS OPWI	DD Initiative	e)	b. A description of the applicant's organization, the services provided, and how the services will enhance the
		Operating Certificate,	/License #	MMIS*		NPI*	network of services for the PPS in this community (ies).
Unique	e Identifiers:	6052311		2857183	13	306901608	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
A	gency Code:						
Billi	ng Entity ID:	Chemung ARC, Chapter NYS	SARC Inc				Character Count: 3278
		Address		City	State	Zip	Chemung ARC is the lead Agency for the NYS OPWDD initiative - NYSTART Region 1. The region covers the 17 counties located in the Western
	Address	711 Sullivan Street	Elmira	a	NY	14901 * PEOLUBER	and Finger Lakes regions of NYS. NYSTART (Systemic, therapuetic assessment, resources and teatment) provides crisis response for individuals
II. Appeal Poi	int of Conta	ct				* REQUIRED	with developmental disabilities who present with complex behavioral and mental health needs. It is a proactive approach for at-risk individuals and those who provide them with supports. Western Finger Lakes (WFL) START became operational in July 2014. While it is a program that is
	-	ela Overdurf LMSW					currently funded through the balanced incentive program, the ultimate funding source is likely to be Medicaid. The program provides options
	Title DHS [for clinical/behaioral health assessment, in-home supports and cross-systems crisis prevention planning. In development is a therapeutic
Contact	Phone (607)	734-6151		Extension		155	resource center (out of home therpeutic respite). The region covered by WFL START is very comparable to the communities included with the
Contact	t Email pjo@	chemungarc.org					FLPPS - Chemung, Schuyler, Steuben, Monroe, Livingston, Wyoming, Wayne, Ontario. Note: WFL START also includes Chautauqua, Cattaraugus,
i A corcapable ii Any hacomm iii Any so Mhen choosing the indicate when choosing the choosing	mmunity will ble of serving mospital is uniquently, and/outate-designated by the section II". If you can be comediated by the section III". If your Health on ot need to net list, you capproved safe form. List is averaged as serving the serving and the section III".	not be served without granthe community. quely qualified to serve base or clear track record of succested health home or group of the community of the community. It is a submit the performent has a submit this form. If the orgonometric the provider list, but you are portion the DSRIP websit you are joining more than	ed on services provide ess in reducing avoidable f health homes. ** what Performing Provide be denied. Please indic s, see section VII tab. s submitted a draft list been approved as safet as pending approval, y ganization operating your form. If your organization ar organization believes	ed, financial viability, ble hospital use. ider System (PPS) you cate the name of the conference of State Designated ty net providers as wou will be granted a our Health Home/CN ion does not appear on the conference of the conf	relationship u plan on jo PPS in the rell as those VAP Except IA already a on the draft fy as a Heal	ining. If you do "Appeal Applicant mes and Network that are pending tion pending CMS appears on thealth Home list th Home, please	Erie and Niagara Counties who are not included in the FLPPS. OPWDD is piloting the START initiative for multiple reasons: The closing of developmental centers necessitates increasing each community's capacity to provide appropriate and timely behavioral health supports for individuals who are dually diagnosed (I/DD and behavioral/mental health challenges). The WFL START Team is a mobile clinical team. It include a Clinical Director as well as a Psychiatric Medical Director. The START Team Coordinators provide supports directly to individuals appropriately admitted. The START Team also provides community consultation and educational supports to community members/stakeholders. The START Director is responsible for developing linkage agreements with community stakeholders in all areas (I/DD providers, behavioral health providers, hospitals, emergency departments, law enforcement, schools etc the potential list is infinite). The goals of START are consistent with the goals of DSRIP - prevent/reduce avoidable hospitalizations/readmissions, promote community member health/wellness and develop community networks and resources that best support the individual in the least restrictive, most cost effective manner possible. As noted above, Chemung ARC is the lead Agency for the implementation of WFL START. However, a collaborative approach was utilized in order to submit a proposal to be awarded the OPWDD Region 1 START program. The other members of the collaborative include the 16 ARCs which cover the 17 counties within the region. ARCs provide supports to individuals who are developmentally disabled. A variety of supports are available, including clinical, residential, vocational, service coordination, and other community based programs. NYS OPWDD Region 1 was identified as one of the initial pilot implementations due to the closure of Monroe and Western Developmental Centers and the lack of appropriate clinicial (behavioral and mental health supports), particularly in the rural areas of the region. WFL START can be
		& Uninsured members that		,			
	Med	dicaid (FFS & MC)	Uninsure	ed	Data So	urce Year	
Percentage		79%			afety Net (OPWD	
-	and that this al.	ne information and data proint information may be subject Michael A. Dohe	t to audit and I may b		documenta wer	•	
T:±1		Evocutivo Di	•		<u> </u>		

10/30/2014 Long Island vap_exception_appeal_form Nassau.xlsx

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

I. Are you a Medicaid Provider

VIII.



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

	Answer	Yes							You have chosen the following VAP Exception: i
II. Appeal App	plicant Infori	mation				,		-	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name: L	ong Island Advocacy Center							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Nassau University Medical Center					•		You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is evalu	uated <u>in the context of the PI</u>	<u>PS</u> you are joining. If you are joir	ning more	than one F	PS, you have	the		
			ell (if applicable). Please see the	"VII_Add	litional PPS	ss" tab to sele	ct		a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section II</u>	and VII of the instructions fo	r further clarification!					. [include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	Other					•	Ш	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Гуре - Other: (OPWDD MSC/NMSC						Ш	b. A description of the applicant's organization, the services provided, and how the services will enhance the
		Operating Certificate/L	icense # MMIS*			NPI*		Ш	network of services for the PPS in this community (ies).
Unique	e Identifiers:		2002344	1		NA		Ш	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code: 8	30730590						Ш	
	ing Entity ID: E							Ш	Character Count: 2892
		Address	City		State	Zip			The Long Island Advocacy Center (LIAC) is a non profit community based organization with an expertise in the laws that protect the educational
	Address	999 Herricks Rd.	New Hyde Park		NY	11040			rights of students in New York State. LIAC provides educational advocacy to students with emotional disabilities. Youth with emotional
III. Ammaal Dai	: f C t	_1				* REQU	IRED		disabilites have a multitude of needs that impact on their ability to be successful in school. When their needs are not met they are at risk for
III. Appeal Poi									school failure, truancy, and even ending up in the juvenile justice system. Education advocates are trained to work with families to identify the
Contact P	Person Linda Title CEO	IVIIICII							educational and social emotional needs of youth and to insure that those needs are met. The Individiuals with Disabilities Education Act (IDEA) provides certain rights to parents to ensure that students with disabilites have a free appropriate public education. Unfortunately, most parents
Contact	Phone 516-2		Ext	ension		21			are not aware of these rights and do not know how to assert them. LIAC has adovcates who can assist parents in understanding their rights,
	t Email Imilch		ļ -						train them in advocacy techniques and represent them at school meetings. LIAC is the only Agency on Long Island that has expertise in
	-	owing VAP Exception:						1	education advocacy. The majority of LIAC's advocates are parents of children with special needs so they understand the parent perspective.
		-							The advocates also include the youth in the process so they can attend school meetings and advocate on their own behalf. Children spend the
		_	ng the exception because no oth	er eligible	e provider i	s willing or			majority of their day in school. In order for them to be successful their needs must be met; academic and emotional. These needs are
	ble of serving t	the community.							understood through a process that starts with free evaluations provided by the school district ending with appropriate supports and services
O ii Any h	nospital is unio	quely qualified to serve based	l on services provided, financial	viabilitv. r	elationship	s within the	-	_	provided to students so that they have success in the school environment. This success spills over into the home and community which impacts on quality of life for the enitire family. Education advocacy is a unique and necessary and cost effective service for youth with emotional
-	•	•	in reducing avoidable hospital	•	Cidelolisinp	5 Within the			disabilities. It often prevents in patient psychiatric evaluations since school districts are required to provide out patient psychiatric evaluations
			•						when the psychiatric needs of a student are impacting on their education. School districts can also provide therapuetic day programs when that
O iii Any s	state-designat	ed health home or group of h	nealth homes. **						is necessary based on educational needs. It is important to note that while there are more than 60 school districts on Long Island they are all
When choosing	g VAP Exception	on i & ii – Please indicate wh	at Performing Provider System	(PPS) you	plan on joi	ning. If you do)		bound by one law. LIAC has education lawyers that provide technical assistance to the education advocates and will represent families when
not indicate wh	nat PPS you int	tend to join, then you will be	denied. Please indicate the nan	ne of the	PPS in the '	'Appeal Appli	ant		necessary. Happily, in most cases, advocates and families working together are able to come up with a plan to meet the needs of youth in
Information – S	Section II". <u>If y</u>	ou are part of multiple PPSs,	see section VII tab.						school. Research indicates that sucessful completing school is an excellent predictor for sucess in later life. The Long Island Advocacy Center
_	•	•	ubmitted a draft list of State De	•					helps families to help their children succeed.
	-	•	en approved as safety net provi			•	_		
• •	•	• •	pending approval, you will be g		•		VIS		
• •			nization operating your Health F m. If your organization does not		•		lict		
			organization believes that it sho						
	• •	ailable on the DSRIP website.	· ·		,	/ [
~ For	Section IV, if	you are joining more than o	ne PPS, use second tab (Sectior	VII) to a	dd additior	nal PPSs.			
			e						
V. Percentage	of Medicaid &	k Uninsured members that y	our facility serves					_	
	Med	licaid (FFS & MC)	Uninsured		Data Sou	urce Yea	r		
	IVICA	incula (115 & Wie)	Omnoured		Data 300	irec rea	'		
Percentage		L	5%		OPWD	D .	2014		
				_					
Vos I Hereby (Certify that th	e information and data prov	vided on this form is accurate a	nd correc	t to the he	st of my knov	ledg	6	
	-		to audit and I may be asked to			-	_		
this appea		•				• •			
			п	Ansv		1			
Nam		Linda Milch	1	Yes	O No	1			
Titl		CEO	L.						
	Only appe	eals from the CEO, CFO or (comparable will be accepted					J	

11/12/2014 Long Island VAPE Suffolk.xlsx

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

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



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

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

be posted for	public comm	ent 30 days prior to appli	cation approval. 1	Three allowe	d reasons	s for granti	ng an exception a	re shown in Section IV.
I. Are you a M	1edicaid Prov	ider						
	Answer Y	es es					•	You have chosen the following VAP Exception: i
II. Appeal App	olicant Inform	nation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name: L	ong Island Advocacy Center	•					∼ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough∼
	Joined PPS: 5	Stony Brook University Hospital					~	You chose the qualification i, in the space below please include:
		lated in the context of the P			-			
		P Exception in that PPS as w			"VII_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
		and VII of the instructions fo	or further clarification	ion!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
	ovider Type: 0						•	without your organization's involvement given the PPS current configuration of network providers. b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider T	Type - Other: C	DPWDD MSC/NMSC						of services for the PPS in this community (ies).
		Operating Certificate/I	License #	MMIS*			NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:			2002344	4		NA	
	Agency Code: 8							Sharet as Santa 2003
BIIII	ing Entity ID: E	.0099826 Address	1	City		State	Zip	Character Count: 2892 The Long Island Advocacy Center (LIAC) is a non profit community based organization with an expertise in the laws that protect the educational
	Address 9	999 Herricks Rd.	Nev	w Hyde Park		NY	11040	rights of students in New York State. LIAC provides educational advocacy to students with emotional disabilities. Youth with emotional disabilities.
		33 Herricks Na.	ļi i c				* REQUIRED	have a multitude of needs that impact on their ability to be successful in school. When their needs are not met they are at risk for school failure,
III. Appeal Poi								truancy, and even ending up in the juvenile justice system. Education advocates are trained to work with families to identify the educational and
Contact F	Person Linda N	Milch						social emotional needs of youth and to insure that those needs are met. The Individiuals with Disabilities Education Act (IDEA) provides certain
Contact	Title CEO Phone 516-24	18-2222		Evt	ension		21	rights to parents to ensure that students with disabilites have a free appropriate public education. Unfortunately, most parents are not aware of these rights and do not know how to assert them. LIAC has adovcates who can assist parents in understanding their rights, train them in
	t Email Imilch			LAC	21131011			advocacy techniques and represent them at school meetings. LIAC is the only Agency on Long Island that has expertise in education advocacy.
IV. Please cho	ose the follo	wing VAP Exception:						The majority of LIAC's advocates are parents of children with special needs so they understand the parent perspective. The advocates also
of ser Any h comm iii Any si When choosing indicate what P Information – S When choosing care Manageme CMS approval al approval ad approval and de safety net list, y another approv complete this fo	rving the commospital is uniq munity, and/or state-designate g VAP Exceptio PPS you intend section II". If you g VAP Exceptio eent Agencies if your Health I o not need to s you do not nee you do not nee you do not nee red safety net p form. List is awa r Section IV, if	not be served without grantinunity. uely qualified to serve based clear track record of successed health home or group of I on I & II — Please indicate who to join, then you will be derou are part of multiple PPSs, on III— The Department has successed to submit this form. If the organization of the organ	d on services provides in reducing avoid health homes. ** that Performing Provinied. Please indicates see section VII tabes ubmitted a draft lisen approved a safe is pending approval, inization operating our organization doe itzation believes that one PPS, use second	ded, financial idable hospital idable hospital idable hospital idable for the the name of the second second for the providing, you will be gryour Health Hes not appear cat it should quitable idable for the second for	pps) you p f the pps i ignated He ers as well ranted a V on the dra alify as a H	elationship: olan on joini n the "Appe ealth Home l as those th AP Exceptic A already ap ft Health Hom lealth Hom	s within the ing. If you do not al Applicant s and Network hat are pending on pending CMS pears on another ome list or on e, please	in school. In order for them to be successful their needs must be met; academic and emotional. These needs are understood through a process that starts with free evaluations provided by the school district ending with appropriate supports and services provided to students so that they have success in the school environment. This success spills over into the home and community which impacts on quality of life for the entitre family. Education advocacy is a unique and necessary and cost effective service for youth with emotional disabilities. It often prevents in patien psychiatric evaluations since school districts are required to provide out patient psychiatric evaluations when the psychiatric needs of a student are impacting on their education. School districts can also provide therapuetic day programs when that is necessary based on educational needs It is important to note that while there are more than 60 school districts on Long Island they are all bound by one law. LIAC has education lawyers that provide technical assistance to the education advocates and will represent families when necessary. Happily, in most cases, advocates and families working together are able to come up with a plan to meet the needs of youth in school. Research indicates that sucessful completing school is an excellent predictor for sucess in later life. The Long Island Advocacy Center helps families to help their children succeed.
	Med	licaid (FFS & MC)	Uninsu	ured		Data Sou	irce Year	
Percentage		L	5%	5	1	OPWD	D 2014	
Yes Hereby C	Certify that the	e information and data prov	vided on this form i	is accurate an	d correct	to the best	of my knowledge.	
understan appeal.	nd that this inf	ormation may be subject to	o audit and I may b	e asked to pro	ovide docu Ansv		in support of this	
Nam	ne	Linda Milo	ch	Γ		O No		
Titl		CEO						

10/30/2014 ADDICTS REHABILITATION CENTER FUND, INC..xlsx

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



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

I. Are you a Med	dicaid Provider								_
	Answer No				•		You have chosen the following VAP Exception:	i	
II. Appeal Applic	cant Information					VI	/I. Restricted to 3500 Characters only! - Please read	instru	uctions for clarification!
Organizatio	on Name: ADDICTS REHABILITATION C	ENTER FUND, INC.				~ -	The VAP Exception relies heavily on the statement	t you p	provide, so please be concise and thorough~
Jo	pined PPS: Health & Hospital Corportation						You chose the qualification i, in the space bel	ow ple	ease include:
option of applying	tion is evaluated in the context of the g for the VAP Exception in that PPS as we section II and VII of the instructions f	well (if applicable). Pleas	• •		· •				vould otherwise not be served by the selected PPS. Be sure to pulation, and how the services in this community are insufficient
Provi	ider Type: OASAS-Article 32				•		without your organization's involvement give	n the	PPS current configuration of network providers.
Provider Typ	e - Other:							-	services provided, and how the services will enhance the
	Operating Certificate/	License #	MMIS*		NPI*	1	network of services for the PPS in this commu		•
Unique Id	dentifiers: 130210050/12041			129	95139665	1	c. Any supporting documentation to substant	iate yo	our narrative (attach as PDF in the email when submitting)
	ncy Code: ADDICTS REHABILITATION C	ENTER FUND, INC 000)19						
Billing	Entity ID:								Character Count: 3142
	Address		City	State	Zip			•	larly sensitive communities throughout it: those of color, those of pover
	Address 2015 MADISON AVENUE	NEW YO	ORK	NY	10035				y. These communities as well as other communities already rely uniquely
III. Appeal Point	t of Contact				* REQUIRED				ought NYC, and thus these communities would sorely miss out if HHC t
	rson JENELL HORTON						argest hospital network in NYC, was not selected as a PPS.		ur Intensive Residential Drug Treatment provider funded by NYS OASAS (
	Title CHIEF OPERATING OFFICER					-1			State and all of NYC, but also its direct communities of East Harlem, Cent
	one 212-427-6960		Extension	16	6 OR 17				cilities. This population is predominantly underprivileged/poor people of
Contact Er	mail jhorton@addictsrehabfundinc.or	g	•	•		-1			pulations from these communities which traditionally tend to be hardest
V. Please choos	se the following VAP Exception:					su	ubstance abuse and related physical illnesses. Furthermo	re, we	significantly serve as a program of last resort for many clients who have
when choosing V not indicate what Information – Section When choosing V Care Management CMS approval. If y approval and do nanother safety neror on another approximation – For Section Processing V For Section Processing V Proc	spital is uniquely qualified to serve base nity, and/or clear track record of succeste-designated health home or group of AP Exception i & ii — Please indicate we PPS you intend to join, then you will be tion II". If you are part of multiple PPS (AP Exception iii— The Department has at Agencies (CMAs) that have already be your Health Home appears on this list a not need to submit this form. If the orget list, you do not need to submit this for oroved safety net provider list, but your me. List is available on the DSRIP websit action IV, if you are joining more than Medicaid & Uninsured members that	ss in reducing avoidable health homes. ** hat Performing Provide edenied. Please indicates, see section VII tab. submitted a draft list of een approved as safety as pending approval, you anization operating you orm. If your organization organization believes the. one PPS, use second ta	e hospital use. er System (PPS) y te the name of the f State Designate net providers as u will be granted r Health Home/C does not appea that it should qua	you plan on join the PPS in the "A ed Health Home well as those t a VAP Exceptio CMA already ap or on the draft H	ing. If you do Appeal Applicant es and Network that are pending on pending CMS spears on Health Home list on Home, please	Jol ide the roo the in HI	ob Readiness, Legal and Medical Services, Seminars, and Neologies have succesfully treated substance abuse for 57 he HHC PPS will allow us to continue to provide these necoom visits due to overdose or other physical challenges rehese services in our current progam, but also can readily regeneral, which is a sub-goal of the MMC program under HHC as a PPS would allow ARC which serves thousands or	Vocation Voc	counseling, Housing and PACT Services, Individual Substance Abuse Countrial/Educational Services. Such services and ARC's unique spectrum of and is already established as a critical partner to HHCs. Our formal incluservices to people who tend to account for a great portion of the emergo substance use and abuse. Further, we not only can continue to provide and deliver these intensive services that are already formed to the compact as psychsocials, crisis intervention, educational services, etc. Inclustance abuse clients each year as a partner, to continue to provide and and enhance our services to reduce the rates of ER recidivism.
	Medicaid (FFS & MC)	Uninsured		Data Sour	ce Year				
Percentage	98%	1%		ARC Data D	Dept 2014				
	rtify that the information and data produced that this information may be subject		asked to provide	e documentation					
Name	JENELL HOR	TON		nswer es O No					
Title	CHIEF OPERATING			U INU					
i	Only appeals from the CEO, CFO or		ccepted						
	,								

10/30/2014 Alternatives Counseling Services, Inc..xlsx

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



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

I. Are you a M	edicaid Pro	vider					
	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	tion Name:	Alternatives Counseling Serv	ices, Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Stony Brook University Hospital				▼	You chose the qualification i, in the space below please include:
^^ The VAP Exce	eption is eval	uated in the context of the P	<u>PS</u> you are joining. If yo	u are joining mor	e than one P	PPS, you have the	
	•	AP Exception in that PPS as w		e see the "VII_Ad	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. S	See <u>Section II</u>	and VII of the instructions fo	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	OASAS-Article 32				•	without your organization's involvement given the PPS current configuration of network providers.
Provider Ty	ype - Other:						b. A description of the applicant's organization, the services provided, and how the services will enhance the
		Operating Certificate/L	icense #	MMIS*		NPI*	network of services for the PPS in this community (ies).
Unique	dentifiers:	150411504		2772296	15	08085226	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:						
Billir	ng Entity ID:						Character Count: 3418
	0.11	Address		City	State	Zip	Alternatives' mission is to provide state of the art alcohol and drug prevention, chemical dependency and recovery services to the individuals,
	Address	518 East Main Street	Riverhea	ıd	NY	11901-2529 * REQUIRED	families and community on the East End of Long Island. The East End communities that we serve are diverse in their cultural and ethnic origins and are mostly uninsured and underinsured. We are dedicated to providing services that are affordable, caring, non judgmental, professional
III. Appeal Poi	nt of Conta	ct				REQUIRED	and culturally competent. We have been delivering services on the East End exclusively for over 40 years.
	erson Christ						At the 2000 census, the five East End towns and the Shinnecock Reservation had a land area of 900.581 km (347.72 sq mi), or about 38.12
		itive Director			_		percent of Suffolk County's land area. Its total population was 125,442 inhabitants, or about 8.84 percent of the county's population. Its average
	Phone 631-2			Extension			population density was 139.29/km² (360.76/sq mi). The East End of Long Island has a profile which more accurately reflects a rural community
Contact	Email cepifa	ania@alternatives-counseling	g.org				rather than a suburban community. The five towns incorporate in their profiles villages and hamlets with distinctive profiles and populations.
IV. Please cho	ose the foll	owing VAP Exception:					There is a significant summer population that commutes back to NYC in the off season. Transportation for the local population is often difficult and a barrier to treatment services with treatment services being under represented for the need of the population. Alternatives over the year
i A con	nmunity will	not be served without granti	ng the exception because	se no other eligib	le provider is	s willing or	has learned to lower these barriers and bring much needed services at an affordable cost with a culturally diverse staff.
		the community.	0				We can offer to the PPS, medically supervised treatment services that include bilingual services to the Latin population, specialized woman's
	_					L	services, services for the Shinnecock Nation, adolescent services and family services for the significant others affected by substance. We have
· ·	•	quely qualified to serve based	•	•	relationship	s within the	psychiatrist on staff and provide medication management if the locator does not indicate a higher level of care for co-occurring disorders.
comm	nunity, and/o	r clear track record of succes	s in reducing avoidable	nospital use.			Additionally, we offer medication assisted chemical dependency services and NREP evidenced based treatment programs. We accept private
O iii Any st	tate-designat	ed health home or group of l	health homes. **				insurance, Medicaid and have a sliding fee scale.
•				(556)			Alternatives is an OASAS prevention provider and annually services over 4,000 of the children of the East End. We are working with seniors offering an NREPP evidenced based wellness program at the Senior Centers. These services bring us into contact with a broad spectrum of the
_	•	i on i & ii – Please indicate wh tend to join, then you will be					East End Community. We have the capacity to offer prevention education services to educate the public regarding various risk factors and build
	•	ou are part of multiple PPSs,		the name of the	PP3 III tile	Арреаі Арріісані	an understanding of wellness.
		i on iii – The Department has s		State Designated	Health Hom	nes and Network	Our two offices located in Riverhead and Southampton provides access to both the north and South Fork. Our Southampton office is located at
_	•	(CMAs) that have already be		•			291 Hampton Road within walking distance of Southampton Hospital and the Riverhead office is located on East Main Street in downtown
CMS approval. I	f your Health	Home appears on this list as	s pending approval, you	will be granted a	VAP Excepti	ion pending CMS	Riverhead. We have an EMR and video conferencing capacity in both offices.
• •		submit this form. If the orga			- '	• •	What we can offer the PPS is evidenced based services, licensed staff, flexibility in our style of collaboration and a deep history and knowledge
		lo not need to submit this for					of the East End. We have a commitment to these communities and will not discharge a client because their benefits have ended. We provide a real link deep into the community; this has been our focused mission for many years and will continue to have it be our focus and primary
		ty net provider list, but your ailable on the DSRIP website	_	at it should quali	ry as a Heart	in Home, please	mission. This is what we bring to the partnership and to Stonybrook.
•		you are joining more than o		(Section VII) to a	ndd addition	nal PPSs.	
	5cc	you are joining more than o	me i i o, use secona tas	(Section 111) to t	ida adaitioii		
V. Percentage o	of Medicaid 8	& Uninsured members that y	your facility serves				
	Med	dicaid (FFS & MC)	Uninsured		Data Sou	ırce Year	
Percentage		62%	29%		lont Audita	ed Sta 2013	
Percentage		0270	2970		lent Audite	eu 3ta 2013	
-	-	ne information and data pro					
this appea		information may be subject	to addit allu i illay be a	aven to highline (aocumentat	ion in support of	
арреа				Ans	wer		
Name	e	Christine Epif	ania	Yes			
Title		Exeutive Dire					
	Only appe	eals from the CEO, CFO or	comparable will be ac	cepted			

10/30/2014 Can Am Youth Services Inc. dba Rose Hill.xlsx

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



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

- 1	Medicaid Pro	ovider			5 5	eption are shown in Section IV.
	Answer	Yes			▼	You have chosen the following VAP Exception: i
II. Appeal A	Applicant Infor	rmation				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
		Can Am Youth Services Inc. dba Ros	e Hill			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Organ		Samaritan Medical Center	C 11111		_	You chose the qualification i, in the space below please include:
۸۸ The ۱/۸D ۱		luated in the context of the PPS you	are joining. If you are joining n	nore than one	DDS you have the	Tou those the qualification i, in the space below please include.
		AP Exception in that PPS as well (if a			· · ·	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 for furth	• • • • • • • • • • • • • • • • • • • •	_Additional I	33 tab to select	include descriptions of the geographic area, the population, and how the services in this community are insufficient
•			ici da modelom			
	Provider Type:				_	without your organization's involvement given the PPS current configuration of network providers.
Provide	r Type - Other:	RRSY	T			b. A description of the applicant's organization, the services provided, and how the services will enhance the
		Operating Certificate/License	# MMIS*		NPI*	network of services for the PPS in this community (ies).
Uni	que Identifiers:	160811624	1178385		1891896767	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:	36330				
Е	Billing Entity ID:	E0182050				Character Count: 0
		Address	City	State	Zip	
	Address	100 County Route 43	Massena	NY	13662	
					* REQUIRED	
	Point of Conta					
Conta	ct Person Tina	· · · · · · · · · · · · · · · · · · ·				
		utive Director	1			
	ct Phone 315-7		Extensio	n		
	-	kley@rosehillrehab.org				
IV. Please o	hoose the foll	lowing VAP Exception:				
when choose not indicate Information When choose Care Manage CMS approval and another safe or on another complete this complete this complete when the complete this compl	y state-designaring VAP Except what PPS you in Section II". If your Health do not need to ty net list, you or section IV, if yor Section IV, if	quely qualified to serve based on sear clear track record of success in record ted health home or group of health ion i & ii — Please indicate what Pentend to join, then you will be denie you are part of multiple PPSs, see see ion iii— The Department has submit to (CMAs) that have already been appears on this list as pending submit this form. If the organization of the provider list, but your organical and pr	homes. ** forming Provider System (PPS) d. Please indicate the name of ection VII tab. ted a draft list of State Designa proved as safety net providers and approval, you will be granted in operating your Health Home, our organization does not appearation believes that it should question believes that it should question to the providers and the providers are the providers and the providers are the providers and the providers are the provi	you plan on j the PPS in the ted Health Ho as well as thos d a VAP Excep /CMA already ear on the dra ualify as a Hea	pining. If you do e "Appeal Applicant mes and Network e that are pending cms appears on ft Health Home, please	
	Me	dicaid (FFS & MC)	Uninsured	Data S	ource Year	
Percentage		90%	10%	oas	as 2014	
		he information and data provided information may be subject to aud				ge.
	peal.					
I under this ap	-	Time Division		Answer		
I under this ap N	peal. ame Title	Tina Buckley Executive Director		Answer Yes O No		

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



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

I. Are you a M	ledicaid Provider				. 0	
	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: Catholic Ch	harities of the Diocese of Roch	hester dba Catholic Family Cer	nter		~ 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:
	· —	·	joining. If you are joining mor			
	-		cable). Please see the "VII_Ad	l ditional PPSs" tal	b to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		the instructions for further c	iarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
	ovider Type: OASAS-Articl	le 32			_	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:					network of services for the PPS in this community (ies).
	· ·	rating Certificate/License #	MMIS*	NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
		250; PRU 51933 and 1191	1179964	1790853	3844	(, , , , , , , , , , , , , , ,
	gency Code:					Character Count: 996
Billi	ng Entity ID:	Address	City	State	Zip	CFC' s Restart Outpatient Substance Abuse Services Department provides Day Rehabilitation services to adults 18 years of age and older with
	Address	Address	City	State	Σιρ	chronic chemical dependency. It is the only program of its kind in Monroe County and the northern Finger Lakes region (8 counties). Program
	•			•	* REQUIRED	participants are 70% male, 66% African American, 20% Latino, and 14% white. 60.5% of the clients served also have a co-occurring mental
	int of Contact					health condition. Because of its singularity, the program receives referrals for a very complex and severely impaired population. Day Rehab is in
Contact F						the process of developing a Peer Support program, which is a best practice for serving this population. The Day Rehab is important within the
Contact	Title Phone		Extension			PPS for prevention of avoidable Emergency room visits and hospitalizations, as well as for helping the population to maintain abstinence. The program is likely to have significant impact on preventing hospitalizations for both mental health, substance abuse, and related medical issues.
Contact			Extension			program is likely to have significant impact on preventing nospitalizations for both mental nearth, substance abase, and related medical issues.
IV. Please cho	oose the following VA	AP Exception:				
	_	•	antian hassuss no other cligib	النبي عند معاملة المساورة	ing or	
	mmunity will not be serville of serville the comm		eption because no other eligib	ie provider is willi	ing or	
	or or serving the comm	idinity.				
O ii Any h	nospital is uniquely quali	ified to serve based on service	es provided, financial viability,	relationships with	hin the	
comn	nunity, and/or clear trac	ck record of success in reducir	ng avoidable hospital use.			
O iii Any s	tate-designated health	home or group of health hom	nes. **			
•	-	- '				
-	•		ning Provider System (PPS) yo lease indicate the name of the		•	
	•	rt of multiple PPSs, see section		Trom the Appe	zai Applicarie	
			a draft list of State Designated	Health Homes an	nd Network	
Care Managem	ent Agencies (CMAs) th	at have already been approve	ed as safety net providers as v	vell as those that a	are pending	
			pproval, you will be granted a	·	-	
		•	perating your Health Home/CN organization does not appear			
			on believes that it should quali			
	orm. List is available on		'	•	, ı	
~ For	Section IV, if you are jo	oining more than one PPS, us	e second tab (Section VII) to a	add additional PP	Ss.	
V. Percentage	of Medicaid & Uninsure	ed members that your facility	y serves			
	Medicaid (FFS	5 & MC)	Uninsured	Data Source	Year	
Percentage	90%		5%	EMR billing	2014	
Yes Hereby (Certify that the informa	ation and data provided on th	nis form is accurate and corre	ct to the best of n	my knowledge).
•	•	•	nd I may be asked to provide			
this appea	al.					
NI a saa	10	Kathleen Johnson		wer		
Nam Tit		Interim CFO	Yes	O No		
110		the CEO, CFO or comparab	ole will be accepted			

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



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

A	vider			_
Answer	Yes		•	You have chosen the following VAP Exception: i
II. Appeal Applicant Infor	mation			VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization Name:				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined PPS:	St. Barnabas Hospital (dba SBH Health System)		•	You chose the qualification i, in the space below please include:
option of applying for the VA	uated <u>in the context of the PPS</u> you are j AP Exception in that PPS as well (if applic and VII of the instructions for further cla	cable). Please see the "VII_	and the state of t	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider Type:	OASAS-Article 32		•	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
	Operating Certificate/License #	MMIS*	NPI*	network of services for the PPS in this community (ies).
Unique Identifiers:	7000217R	245643	1891837910	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency Code:				
Billing Entity ID:				Character Count: 3329
A.11	Address	City	State Zip	Licensing and Services Categories: Licensed by New York State's OASAS (Article 32) and Department of Health (Article 28), the Einstein Divis
III. Appeal Point of Contac	1300 Morris Park Avenue	Bronx	NY 10461 * REQUIRE	of Substance Abuse Wellness Programs provide methadone maintenance, chemical dependency and outpatient withdrawal services combin with primary medical care, vocational rehabilitation, peer recovery and medical case management services. Locations & Communities Served: Our services are provided in three newly renovated, state of the art Wellness Centers located in areas of the areas of the art wellness centers located in areas of the areas
Contact Person Sarah				Bronx that have been designated as medical shortage areas: (1510 Waters Place, 804 E. 138th Street and 260 E. 161st Street). The majority
	tive Director			our patients are ethnic minorities. Hispanic/Latino: 59%; Black/African American: 22%; White: 17%; Other: 2% While we do not have accurate
Contact Phone 718-4		Extension		figures on federal poverty levels, we suspect that the vast majority of our patients live at or below 200% of the federal poverty line based on
Contact Email schure	ch@dosa.aecom.yu.edu			patient insurance mix, levels of unemployment, location of our clinics and NYC DOH data on neighborhood poverty levels and disease burder Compared to the other boroughs of New York City (NYC), the Bronx has the lowest median income and is the lowest in the city (\$34,264) and
Capable of serving to Any hospital is union community, and/or O iii Any state-designate When choosing VAP Exception of indicate what PPS you into Information — Section II". If you When choosing VAP Exception Care Management Agencies CMS approval. If your Health approval and do not need to another safety net list, you do or on another approved safety complete this form. List is available.	quely qualified to serve based on services or clear track record of success in reducing ted health home or group of health home on i & ii – Please indicate what Perform tend to join, then you will be denied. Please on iii— The Department has submitted a (CMAs) that have already been approved Home appears on this list as pending approved the provider list, but your organization open on the provider list, but your organization ailable on the DSRIP website.	is provided, financial viabiling avoidable hospital use. es. ** ling Provider System (PPS) ease indicate the name of the NII tab. draft list of State Designated as safety net providers approval, you will be granted erating your Health Home/organization does not appean believes that it should question to the second tab (Section VII) to the second tab (Section VII) to the second tab (Section VIII) to the second tab (Section	ty, relationships within the you plan on joining. If you do the PPS in the "Appeal Applican ed Health Homes and Network s well as those that are pending d a VAP Exception pending CMS CMA already appears on ar on the draft Health Home list halify as a Health Home, please	only 60% of the city average (\$56,951). In the South Bronx, approximately one-third of area residents have no primary care provider, and one fifth use emergency rooms when they feel sick or need health advice. Prevalence of mental illness and hospitalization due to mental disorde are higher in the South Bronx than elsewhere in NYC. The South Bronx and the Port Morris neighborhood are particularly hard hit by the drug epidemic. In 2004, the 40th Police Precinct, in which this clinic is sited, had the highest number of drug-related arrests in the Bronx. In 2004 Bronx had twice the average rate of adult drug arrests compared to the rest of the City. There is a high correlation between drug dealing and drug abuse. Regarding drug-related deaths, in the South Bronx, there have been on average 26 deaths per 100,000 adults, which is 1.5 time the rate in the Bronx and 2.6 times the rate in NYC in general. The patient population in the South Bronx needs medical staff who are well versed in treating patient populations who are affected by substance use disorders. Our programs are specifically designed to offer one-stop shopping care to the Bronx patient population who have multiple comorbid medical, substance use and psychiatric disorders and our staff has successfully treated this population for over 40 years. Number of Services: Annually, the Division of Substance Abuse provides services to over 5500 unique patients, including approximately 70,0 counseling services, over 500,000 methadone medication dispensing visits, and approximately 22,000 medical services. Over the past few years, our program has absorbed patients from other addiction treatment agencies that have closed, including Hunts Point Multi-Service Ce MMTP and the South Bronx Mental Health Counseling Center. There is no additional capacity for substance abuse treatment in the Bronx. SBH PPS would be unable to provide adequate addiction treatment services to the large number of patients enrolled in our program without participation of the Einstein Division o
v. Percentage of Medicaid &			Data Source Year]
Med	` '		ePACES 201	4
complete this form. List is ava	ailable on the DSRIP website. you are joining more than one PPS, use Uninsured members that your facility	e second tab (Section VII) t	Data Source Year	

10/30/2014 Equinox Inc..xlsx

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



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

must be poste	ed for public	comment 30 days prior to	application appr	oval. Three allowe	ed reasons to	r granting an exc	eption are shown in Section IV.
I. Are you a M	ledicaid Pro	ovider					
	Answer	Yes				•	You have chosen the following VAP Exception: i
II. Appeal App	olicant Infor	rmation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ition Name:	Equinox Inc.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Albany Medical Center Hospital				-	You chose the qualification i, in the space below please include:
^^ The VAP Exce	eption is eva	luated in the context of the P	PPS you are joining.	If you are joining m	ore than one F	PS, you have the	
	_	AP Exception in that PPS as w			Additional 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 for	or further clarification	on!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	OASAS-Article 32				•	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
		Operating Certificate/L	License #	MMIS*	Т	NPI*	network of services for the PPS in this community (ies).
Unique	e Identifiers:	160511801		2581964	18	31389899	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
· · · · · · · · · · · · · · · · · · ·	gency Code:	100011001				2200000	
`	ng Entity ID:	E0144346					Character Count: 2124
		Address		City	State	Zip	The Equinox OASAS Counseling Center serves up to 120 adults and adolescents struggling with chemical dependency and their families,
	Address	500 Central Avenue	Alba	any	NY	12206	primarily from Albany County. The client population is primarily urban-based and comes from all socioeconomic strata. Many clients also have
						* REQUIRED	,
III. Appeal Poi							(OASAS). The Counseling Center performs provides outpatient services and, when treatment efforts are successful, provides a vital role in
Contact P	Person Andro	ew Joslin					averting unnecessary hospitalization and/or stays in rehabilitation facilities. In the first 10 months of 2013, the Counseling Center served an
Contact	Title CFO Phone 518-4	125 0021		Extension		5233	average of 120 clients and provided and average of 684 services to them each month. A Federally funded grant administered through OASDAS
		n@equinoxinc.org		Extension	ļ	3233	allows the Counseling Center to serve individuals without insurance or who are under insured.
	•						Using a holistic, multidisciplinary approach, complementary with 12 step and other recovery approaches, the Counseling Center provides:
iv. Please cho	ose the foil	lowing VAP Exception:					comprehensive assessments, health screenings, treatment planning, case management, individual and group counseling and assistance with
i A con	mmunity will	not be served without granti	ing the exception be	ecause no other elig	ible provider i	s willing or	referrals to detox and inpatient programs. The team consists of a Medical Director who is a board certified Psychiatrist with extensive
capab	ole of serving	the community.					experience in addictions, a Clinic Director with over 20 years of experience in the addictions field, an RN and several trained Addictions
O ii Any h							Counselors with a diverse background which includes both addictions and mental health training and experience.
	•	quely qualified to serve base	•	·	y, relationship	s within the	
comm	nunity, and/o	or clear track record of succes	ss in reducing avoida	able hospital use.			To address and treat each client's unique issues related to chemical dependency. The Counseling Center offers services to individuals and their
O iii Any st	tate-designa	ted health home or group of	health homes. **				families to help them to move forward on their paths to recovery and healing from alcohol and substance abuse/dependency disorders.
•							Funding Courses Medicaid Medicare OACAC grant other incurance re imbursement cliding scale for convices provided
_	•	ion i & ii – Please indicate wh	_		•	• .	Funding Sources- Medicaid, Medicare, OASAS grant, other insurance re-imbursement, sliding scale for services provided.
	-	ntend to join, then you will be			ne PPS in the	Appeal Applicant	Licensing- The Counseling Center Program is licensed by the New York State Office of Addiction and Substance Abuse Services (OASAS).
		you are part of multiple PPSs,			ad Uaalth Uam	ac and Notwork	Electising The courseling center Program is incerised by the New York State Office of Addiction and Substance Abase Services (O/IS/IS).
_	•	ion iii– The Department has s (CMAs) that have already be		-			
_	_	n Home appears on this list as	• •	•		•	
• •	•	submit this form. If the orga		•	•		
• •		do not need to submit this for		•	•	• •	
		ety net provider list, but your	-				
complete this fo	orm. List is av	vailable on the DSRIP website	2.				
~ For S	Section IV, if	you are joining more than o	one PPS, use second	d tab (Section VII) to	add addition	al PPSs.	
V. Percentage o	of Medicaid	& Uninsured members that y	your facility serves				
Γ	Me	dicaid (FFS & MC)	Uninsu	red	Data Sou	ırce Year	
		, ,					
Percentage		16%	69%		EMR	2013	
-	and that this	he information and data pro information may be subject Andrew Jos	to audit and I may	be asked to provid		•	ge.
Titl	e	Chief Financial (Officer				
		eals from the CEO, CFO or	comparable will k	oe accepted			

10/30/2014 ES- Bridging Access to Care -OASAS.xlsx

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



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

I. Are you a M	ledicaid Pro	vider					
	Answer	Yes				•	You have chosen the following VAP Exception: i
II. Appeal App	plicant Infor	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Bridging Access to Care					~ 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:
		uated <u>in the context of the PP</u>					
	_	AP Exception in that PPS as we		see the "VII_Ad	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 II</u>	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
Pro	ovider Type:	OASAS-Article 32				•	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
		Operating Certificate/Lic	cense #	MMIS*		NPI*	network of services for the PPS in this community (ies).
Unique	e Identifiers:	150711255		1102441	15	28149341	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:						
Billin	ing Entity ID:		1		, ,		Character Count: 2140
		Address		City	State	Zip	A. Our Brooklyn community, has significant health care disparities; practically related to behavioral health needs. Our community suffers from
	Address	502 Bergen Street	Brooklyn		NY	11217 * REQUIRED	extremely high rates of substance use disorders, mental illness, and chronic diseases such as HIV and hepatitis C. Socioeconomic conditions within service area and population of focus include widespread poverty and high unemployment; literacy rates and educational attainment
III. Appeal Poi	int of Conta	ct				REQUIRED	levels are far below NYC averages. As a result, the service area contains neighborhoods with some of the poorest and least-educated residents
		n Sunshine, LCSW-R					in NYC. For example, the poverty rates in Williamsburg and Central Brooklyn exceed the citywide rate by 30%, while fully 40% of the population
	Title Direct	tor of Behavorial Health					in Williamsburg has no high school diploma. The population of focus has behavioral health issues and multiple co-morbidities and most persons
	Phone 347-5			Extension			are of low health literacy; thus, most persons in the population of focus have difficulty navigating NYC's complex and fragmented healthcare
Contact	t Email Esuns	shine@bac-ny.org					system. BACs specialized outreach and behavioral health services are able to help reduce the impact of the health care disparities' and address
IV. Please cho	oose the foll	owing VAP Exception:					the needs in our community. B. Bridging Access to Care (BAC), formerly Brooklyn AIDS Task Force is a not-for-profit organization authorized to
i A cor	mmunity will	not be served without granting	g the exception becaus	e no other eligibl	e provider is	s willing or	do business and available to provide services in New York State. BAC has been serving Brooklyn's at-risk for and HIV/AIDS population since 1986 and has a long documented history of serving the underserved populations in our community with documented success. BAC's current service
		the community.	8	and an an anglia	- p	8	include: HIV/STD education and prevention services; HIV primary care; HIV counseling, testing, and referral services; New York State-licensed
O ii Any h	_						substance abuse treatment; and housing (HASA & OASAS Scatter-site and HOPWA Housing Placement Assistance). In 2010, BAC obtained a NY
7,	•	quely qualified to serve based	•	• •	relationship	s within the	license to provide mental health services. BAC recently converted its COBRA case management program to provide Health Home care
comm	nunity, and/o	r clear track record of success	in reducing avoidable h	nospital use.			coordination services to the most vulnerable New Yorkers receiving Medicaid. BAC also offers the following services: treatment adherence,
O iii Any st	state-designat	ed health home or group of he	ealth homes. **				ESAP, and case management.
	a VAD Evoonti	i on i & ii – Please indicate wha	at Darforming Dravidor	System (DDS) you	ı nlan an içi	ning If you do	
_	•	tend to join, then you will be o	J			.	
	•	ou are part of multiple PPSs, s				, ippedi / ippiiodiit	
When choosing	g VAP Excepti	i on iii – The Department has su	ubmitted a draft list of S	State Designated	Health Hom	nes and Network	
Care Managem	ent Agencies	(CMAs) that have already bee	en approved as safety n	et providers as w	ell as those	that are pending	
• •	•	ո Home appears on this list as բ		-	•		
• •		submit this form. If the organ		<u>-</u>	•	•	
•		lo not need to submit this forn ty net provider list, but your o					
		railable on the DSRIP website.	-	at it siloulu qualii	y as a ricait	ii rioille, piease	
•		you are joining more than on		(Section VII) to a	dd addition	al PPSs.	
		& Uninsured members that yo		,			
		<u> </u>	•		D 1 C		
	ivied	dicaid (FFS & MC)	Uninsured		Data Sou	irce Year	
Percentage		92%	8%		AS safety n	et rep 2014	
	and that this	ne information and data provi information may be subject to Glenda Smith	o audit and I may be as		locumentat wer	•	e.
Titl	le	Executive Direc	ctor				
		eals from the CEO, CFO or c	comparable will be ac	cepted			

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

	es			▼	You have chosen the following VAP Exception: i
. Appeal Applicant Inform	nation				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization Name: H	ousing Works East NY Community Hea	lth Center			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined PPS: M	laimonides Medical Center			•	You chose the qualification i, in the space below please include:
•	ated <u>in the context of the PPS</u> you are			· · · · · · · · · · · · · · · · · · ·	
	P Exception in that PPS as well (if appli	and the second	Additional PP	'Ss" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
· ·	and VII of the instructions for further c	larification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider Type: 0	ASAS-Article 32			_	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 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 Identifiers:	150911679	1826104	1	538379573	arrange compensation to constitution of the co
Agency Code: 45	5980				Character Count: 563
Billing Entity ID:	Address	City	State	Zip	Housing Works Inc is on the Pending Safety Net OMH/OASAS1915i Providers list, and were were advised to complete a VAP Exception forn
Address 2	640 Pitkin Avenue	Brooklyn	NY	11208	the event the Provider list is not approved by CMS. Housing Works provides critical supportive and rehabilitative services to a client popular
<u> </u>		1		* REQUIRED	that is almost 100% Medicaid eligible. Many of the services we provide will be eligible under the 1915i service categories, and we will be
I. Appeal Point of Contact					applying to be a CBHS provider. Additionally, our integrated health services will be critical to the PPS in meeting it's project goals.
Contact Person Michae					
Contact Phone 347-47	Vice President	Extension			
Contact Email clarke@		LACEIISIOII			
V. Please choose the follo					
community, and/or iii Any state-designate When choosing VAP Exception of indicate what PPS you intensiformation – Section II". If you when choosing VAP Exception are Management Agencies (MS approval. If your Health Approval and do not need to so nother safety net list, you do ron another approved safety omplete this form. List is ava ~ For Section IV, if y	uely qualified to serve based on service clear track record of success in reducind health home or group of health home is a ii — Please indicate what Performend to join, then you will be denied. Pou are part of multiple PPSs, see section iii— The Department has submitted a CMAs) that have already been approved one appears on this list as pending a ubmit this form. If the organization operation of the provider list, but your organization or a provider list, but your organization or a provider list, but your organization or a provider list, but your organization.	ng avoidable hospital use. les. ** ning Provider System (PPS) y lease indicate the name of t n VII tab. lea draft list of State Designate led as safety net providers as pproval, you will be granted lerating your Health Home/o lorganization does not appeal on believes that it should que	you plan on jo he PPS in the ed Health Hor s well as those a VAP Except CMA already a ar on the draf alify as a Heal	pining. If you do "Appeal Applicant mes and Network that are pending tion pending CMS appears on t Health Home list lth Home, please	
		Uninsured	Data So	urce Year	
					
Percentage	97%	3%	electroni	c case 2013	
	e information and data provided on the formation may be subject to audit are				e.
this appeal.			ncwor		
	Charles King		nswer es O No	7	

10/30/2014 Long Beach Reach, Inc.xlsx

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



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

ase-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must

be posted for	public com	ment 30 days prior to appli		•		•	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mu are shown in Section IV.	
I. Are you a M						_	We have been the CHE to MARK t	
	Answer					•	You have chosen the following VAP Exception: i	
II. Appeal App		mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>	
Organiza	ation Name:						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~	
AA The MAD Eve		Nassau University Medical Center	IDC vou and idinin	as If you are injuing man	to than and D	DC you have the	You chose the qualification i, in the space below please include:	
option of apply	ing for the V	luated <u>in the context of the P</u> AP Exception in that PPS as v I and VII of the instructions fo	vell (if applicable	e). 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 include descriptions of the geographic area, the population, and how the services in this community are insufficient	
Pr	ovider Type:	OASAS-Article 32				~	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:	operating deremotics	2.001.00				c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)	
	gency Code:							
	ing Entity ID:						Character Count: 2989	
		Address		City	State	Zip	Long Beach Reach, Inc. is a multi service community based organization licensed by New York State OASAS. The primary program is an outpation	
	Address	2-12 West Park Ave. Long Be	ach, N.Y. 11561				Chemical Dependency Treatment Program serving South west Nassau County including the City of Long Beach, Inc. Services include Individual,	
						* REQUIRED	Group and Family therapy, relapse prevention and Intensive Treatment Program consisting of multimodality Treatment for those clients requiri	
III. Appeal Poi							a higher level of outpatient care. Since the devastion of superstorm Sandy Long Beach Reach is the only licensed provider of chemical	
Contact I		oh Smith, Ph.D. utive Director					Dependency Treatment services located on the long Beach barrier Island which is separated from the "mainland" by three bridges and has a	
Contact	Phone 516			Extension			population of over 35,000 residents. Many Medicaid eligible clients are dependent of public transportion which is either extremely limited and inconvenient or completely unavailable to reach the nearest other providers of behavioral Health services which represents an overwhelming	
		h@longbeachreach.com		Exterision			obstacle to receiving required assistance. Long Beach ranks high on every indicator of need including poverty, school dysfunction, criminasl an	
		owing VAP Exception:					Juvenile justice involvement, mental health and Chemical Dependency needs. Long Beach has a disproportionate share of medicaid eligible clie	
i A corof ser ii Any h comm iii Any s When choosing indicate what P Information – S When choosing Care Manageme CMS approval. approval and de safety net list, y another approv complete this for	mmunity will rving the commospital is uniquently, and/or state-designated by the commospital is uniquently, and/or state-designated by the commospital is a commospital in the commospital is a commospital in the commospital is a commospital in the commospital is a common commospital in the common comm	not be served without grant inmunity. Iquely qualified to serve base or clear track record of success ted health home or group of ion i & ii — Please indicate who do join, then you will be delegou are part of multiple PPSs (CMAs) that have already be in Home appears on this list as a submit this form. If the organication is submit this form. If you to provider list, but your organization are joining more than	d on services pross in reducing available in reducing available in reducing available in reducing Project in reducing Project in reducing a personal project in reganization of reducing a personal personal project in reducing a personal pe	evided, financial viability oidable hospital use. * Provider System (PPS) your cate the name of the PP tab. It list of State Designated safety net providers as well, you will be granted ang your Health Home/CI does not appear on the country to that it should qualify as cond tab (Section VII) to	r, relationship u plan on join S in the "App Health Home rell as those to VAP Exception MA already applicantly the Braft Health Home	s within the sing. If you do not eal Applicant es and Network hat are pending on pending CMS opears on another ome list or on ne, please	as well as a significant uninsured population. In addition to the outpatient treatment program Reach maintains several innovative and critical ancillary services including a High School Diploma program for disenfranchised youth, a Juvenile/Criminal Justice alternative counseling and cas mananagement program for high risk youth and a teenage pregnancy prevention and services program for pregnant and parenting adolescents. These services help to augment services for the high risk vulnerable medicaid eligible and uninsured clients served by the Chemical Dependend Treatment program. The City of Long Beach would remain inadequately served if Long Beach Reach quere not a significant participant in the tNassau County DSRIP. Long Beach Reach, Inc. is onelof the largest providers of outpatient Chemical Dependency Treatment services in Nassau County. Since the events following Superstorm Sandy and the closing of the only other provider of Mental health and Chemical Dependency services located in or near the City of Long Beach, our client caseload has increased by almost 50%. The demand continues to grow as more residents temporarily relocated, return to the City. Many residents continue to struggle with the devastation to their homnes and lives. Many have suffered severe Psychological traumka and many have turned to Chemical abuse leading to dependency and addiction. The exlusion of Lo Beach Reach, Inc. from the array of eligible services to be included under the DSRIP but represent a severe obstacle to the higfh risk population be served and would undoubtedly result in a lack of coordinated care, poor treatment outcomes and more costly emergency intervention and related costs.	
v. Percentage o		& Uninsured members that y	•					
	Me	dicaid (FFS & MC)		nsured	Data So	urce Year		
Percentage		19%	1	11%	nission sta	itistics 2014		
•	nd that this i	he information and data pronformation may be subject to Joseph Sm	o audit and I ma	y be asked to provide do	ocumentation nswer			
Tit	le	Executive Dir	ector					

10/30/2014 Loyola Recovery VAP Final.xlsx

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

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



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

Joined PPS: F The VAP Exception is evaluation of applying for the VA pultiple PPS's. See Section II Provider Type: C Provider Type - Other: Unique Identifiers: Agency Code: 7 Billing Entity ID: Address 7	oyola Recovery Foundation Ginger Lakes PPS Justed in the context of the PPS you are journed in the context of the PPS you are journed in that PPS as well (if application and VII) of the instructions for further claration in that PPS as well (if application in that PPS as well (if a	ble). Please see the "VII_A	dditional Pl	* *	VI. Restricted to 3500 Characters only! - Please read instructions for clarification! "The VAP Exception relies heavily on the statement you provide, so please be concise and thorough" You chose the qualification i, in the space below please include: a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers. b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies). c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Organization Name: Joined PPS: F The VAP Exception is evaluation of applying for the VAP outliple PPS's. See Section II Provider Type: C Provider Type - Other: Unique Identifiers: Agency Code: 7 Billing Entity ID: Address 7	oyola Recovery Foundation Finger Lakes PPS Jated in the context of the PPS you are jour Pexception in that PPS as well (if application and VII) of the instructions for further class OASAS-Article 32 Operating Certificate/License # 150211608 O570 Address 6 Veterans Avenue, 6th floor	MMIS* 00689721 City	dditional Pl	PSs" tab to select ▼ NPI*	The VAP Exception relies heavily on the statement you provide, so please be concise and thorough? You chose the qualification i, in the space below please include: a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers. b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
Joined PPS: F The VAP Exception is evaluation of applying for the VA pultiple PPS's. See Section II Provider Type: C Provider Type - Other: Unique Identifiers: Agency Code: 7 Billing Entity ID: Address 7	Operating Certificate/License # 150211608 OAGARES OAG	MMIS* 00689721 City	dditional Pl	PSs" tab to select ▼ NPI*	You chose the qualification i, in the space below please include: a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers. b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
Provider Type - Other: Unique Identifiers: Agency Code: 7 Billing Entity ID: Address 7	Operating Certificate/License # 150211608 OAddress OADDR	MMIS* 00689721 City	dditional Pl	PSs" tab to select ▼ NPI*	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers. b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
ption of applying for the VA nultiple PPS's. See Section II Provider Type: Of Provider Type - Other: Unique Identifiers: Agency Code: 7 Billing Entity ID:	P Exception in that PPS as well (if applica and VII of the instructions for further clare) OASAS-Article 32 Operating Certificate/License # 150211608 O570 Address 6 Veterans Avenue, 6th floor	MMIS* 00689721 City	dditional Pl	PSs" tab to select ▼ NPI*	include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers. b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
Provider Type - Other: Unique Identifiers: Agency Code: 7 Billing Entity ID: Address 7	Operating Certificate/License # 150211608 0570 Address 6 Veterans Avenue, 6th floor	00689721 City			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).
Unique Identifiers: Agency Code: 7 Billing Entity ID: Address 7	150211608 0570 Address 6 Veterans Avenue, 6th floor	00689721 City			network of services for the PPS in this community (ies).
Agency Code: 7 Billing Entity ID: Address 7	150211608 0570 Address 6 Veterans Avenue, 6th floor	00689721 City			
Agency Code: 7 Billing Entity ID: Address 7	Address 6 Veterans Avenue, 6th floor	City		134294978	c. Any supporting documentation to substantiate your narrative (attach as FDF in the email when submitting)
Billing Entity ID: Address 7	Address 6 Veterans Avenue, 6th floor	·			
Address 7	6 Veterans Avenue, 6th floor	·			
•	6 Veterans Avenue, 6th floor	·			Character Count: 1545
•	·	IRatu	State	Zip	Our service community includes Allegany, Steuben, Chemung, Yates, and Schuyler Counties. The total population (2010 census) is 280,457
I Annaal Daint of Conto		<u> </u>	NY	14810-0810 * REQUIRED	individuals within the southern portion of the Finger Lakes PPS. Loyola Recovery Foundation provides inpatient medically supervised detoxification for both alcohol and opioid substance abuse and has operated a 25 bed unit on the campus of the Bath VA Medical Center sind
I. Appeal Point of Contac	rt e e e e e e e e e e e e e e e e e e e			REQUIRED	2007. We provide these services to both Veterans and community members. We also operate an integrated transportation program in this
Contact Person Georg					highly rural area to both bring patients to our facility as well as connect them to their next level of care. Our facility is OASAS licensed and Jo
Title Presid					Commission accredited. We are the only facility providing this service to the communities indicated above and our inclusion enhances the I
Contact Phone 585 20	3 1005	Extension			continuum of available services for substance abuse treatment and access to the next level of care. Notably, we also maintain unique
Contact Email gbash	er@loyolarecovery.org				competency in providing crisis stabilization services to veterans and military families. All of our services have been fully integrated into the system of care, with more than 4,000 veterans served in the Bath facility. In the veteran population, our catchment area expands to all of
Any state-designated when choosing VAP Exception of indicate what PPS you interpolated in the policies of the choosing VAP Exception are Management Agencies of MS approval. If your Health opproval and do not need to the nother safety net list, you do not nother safety net list, you do not nother approved safety omplete this form. List is available.	clear track record of success in reducing ed health home or group of health homes on i & ii — Please indicate what Performing end to join, then you will be denied. Please on II". If you are part of multiple PPSs, seen iii— The Department has submitted a conformal conformal form. If the approved Home appears on this list as pending approved the provider list, but your organization open on the provider list, but your organization allable on the DSRIP website.	ng Provider System (PPS) yourse indicate the name of the se section VII tab. draft list of State Designated as safety net providers as woroval, you will be granted a rating your Health Home/CI ganization does not appear believes that it should quality	e PPS in the d Health Ho well as thos I VAP Excep MA already on the drai ify as a Hea	mes and Network e that are pending otion pending CMS appears on ft Health Home list olith Home, please	
	Uninsured members that your facility s	serves			
Med	icaid (FFS & MC)	ninsured	Data So	urce Year	
Percentage	3%	1%	OASAS	CDS 2013	
	e information and data provided on this nd that this information may be subject George P. Basher		d to provid		

10/30/2014 Nassau Alternative Advocacy Program.xlsx

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

I. Are you a Medicaid Provider



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

	Answer	Yes					•	You have chosen the following VAP Exception: i
I. Appeal App	olicant Infor	mation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Nassau Alternative Advocacy	Program					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
- 0		Nassau University Medical Center					•	You chose the qualification i, in the space below please include:
option of applyi	eption is eval	uated <u>in the context of the P</u> AP Exception in that PPS as w	ell (if applicab	le). Please see the "VI				a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
•	1	and VII of the instructions fo	or further clarif	ication!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	OASAS-Article 32					•	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
		Operating Certificate/L	icense #	MMIS*			NPI*	network of services for the PPS in this community (ies).
Unique	e Identifiers:	160511269		02350012		148	7871133	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
A	gency Code:	41400						
Billi	ng Entity ID:							Character Count: 2888
		Address		City		State	Zip	a. Nassau Altrnative Advocacy Program serves clients involved in the criminal justice system. NAAP is designated by the NYS Division of Crimina
	Address	151 Herricks Road, Suite 102		Garden City Park		NY	11040	Justice Services as an Alternative to Incarceration Agency(ATI) which promotes treatment rather than incarceration. This is beneficial to the
II. Appeal Poi	int of Conta	rt					* REQUIRED	clients and their families and saves taxpayers money. We are the sole ATI in Nassau County. The purpose for which this agency was organized was to provide services in criminal cases to indigent defendants who have veen assigned counsel by the Court in order to present to the Court
	Person Frank							alternatives to incarceration. The program offers preparation of bail applications, pre-trial release plans and pre-pleading, pre-sentence reports
		am Director						with alternative sentencing proposals. After evaluating the defendants background and current status, appropriate referrals will be made to
Contact	Phone 516 7	41-3110		Extensi	on			social service agencies as well as drug, alcohol, and psychiatric facilities as indicated, and under the auspices of the New York State Office of
Contact	t Email Frank	H. Andrews			·			Alcoholism and Substance Abuse Services (OASAS) to provide alcohol/chemical dependence evaluations and to provide treatment to individual
V. Please cho	ose the foll	owing VAP Exception:					_	suffering from alcohol/chemical dependency and to their families and significant others who have been impacted by this disease.
 i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community. ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use. iii Any state-designated health home or group of health homes. ** 							within the ing. If you do appeal Applicant are pending n pending CMS pears on lealth Home list Home, please	b. We offer: chemical dependence treatment to individuals and families. Our program includes outpatient detoxification for opioid and alcoho dependency, anger management, spanish language, adolescent program, family program, domestic violence intervention, intake assessments, evaluation and treatment based on ASAM and OASAS LOCADTRE criteria, relapse prevention, gender specific treatment tracks, DWI/IDS and criminal justice groups—as well as recovering lawyers groups. Our staff is comprised of qualified health professionals, physician/addictionolgist, physician assistants, counsulting psychiatrist, pyschologist, social workers, credentialed alcoholism and substance abuse counselors. Our agency has a relationship with the criminal justice community throughout Nassau, Suffolk and New York Counties. The staff continues to maintain open dialog with Probation Departments, STEP program, Mental Health Treatment Courts, DTAP and the Judicial Diversionary Program, and Correctional Facilities. We maintain an active referral file and continue to work with Adolescents and Youthful offenders utilizing our outpatient clinic as well as various residential and local community-based programs. Adult offender placement includes long-term therapeutic communities throughout New York State and the tri-state area, in addition to community-based programs, inpatient rehab facilities and half-way housing.
~ For	Section IV, if	you are joining more than o	ne PPS, use se	econd tab (Section VII) to ad	d additiona	I PPSs.	
ا. Percentage را.	of Medicaid	& Uninsured members that y	our facility se	rves	F			
	Me	dicaid (FFS & MC)	Un	insured		Data Sour	ce Year	
Percentage		30%		20%		OASAS	2014	
-	and that this	ne information and data pro information may be subject				cumentatio	•	ge.
Nam	ne	Frank H. Andr	ews	•		O No		
Titl		Program Dire	ctor			_		
		eals from the CEO, CFO or	comparable v	will be accepted				

10/30/2014 Nassau County Office of Mental Health CDDDS.xlsx

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



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

Answe	Yes Yes					You have chosen the following VAP Exception: i
II. Appeal Applicant In	formation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization Name	e: Nassau County Office of Mental Health,	Chemical Dependency an	d Developmer	ntal Dis	abilities Servi	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined PF	PS: Nassau University Medical Center				•	You chose the qualification i, in the space below please include:
· · · · · · · · · · · · · · · · · · ·	evaluated in the context of the PPS you are					
	VAP Exception in that PPS as well (if appli	•	_Additional P	PPSs" ta	ab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
•	on II and VII of the instructions for further of	arification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider Typ	oe: OASAS-Article 32				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider Type - Othe	er: Opioid Clinic					b. A description of the applicant's organization, the services provided, and how the services will enhance the
	Operating Certificate/License #	MMIS*		NP	 *	network of services for the PPS in this community (ies).
Unique Identifie	rs: 150210368	00689730		103327	76662	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency Cod	le: 40150		•			
Billing Entity I	D: 00689730/1033276662					Character Count: 959
	Address	City	State		Zip	a. The Opioid Treatment Program operated under the Nassau County Office of Mental Health, Chemical Dependency and Developmental
Addres	2201 Hempstead Turnpike, Building K	East Meadow	NY		11554	Disabilities Services is the only Opioid Treatment Program in Nassau County. The exclusion of this service would deprive residents of a
III. Annual Daint of Co.	-tt				* REQUIRED	necessary treatment level in a continuum of care perspective. This would seriously affect the ability of this county to provide care to persons
III. Appeal Point of Con	mes R. Dolan, Jr., DSW, LCSW				1	with substance use disorders.
	rector of Community Services					b. Our Office has provided opioid treatment for over 40 years. This service has allowed thousands of clients to recover and pursue healthy lifestyles while receiving methadone maintenance and/or Buprenorphine treatment. With the increase in heroin and prescription drug use, to
Contact Phone (5		Extension	on I			services provided by the program plays an even greater role in the battle to aid residents in recovery.
	mes.DolanJr@hhsnassaucountyny.us					c. The attached pdf file provides additional details in response to items (a) and (b).
•	following VAP Exception:					See attached document for further information.
Capable of serv Any hospital is community, and iii Any state-design When choosing VAP Excess not indicate what PPS you information — Section II". When choosing VAP Excess Care Management Agency CMS approval. If your Hest approval and do not need another safety net list, you or on another approved somplete this form. List is "For Section IV	will not be served without granting the excelling the community. uniquely qualified to serve based on service d/or clear track record of success in reducing the alth home or group of health home eption i & ii — Please indicate what Perform unitend to join, then you will be denied. Playou are part of multiple PPSs, see section eption iii— The Department has submitted acties (CMAs) that have already been approve alth Home appears on this list as pending and to submit this form. If the organization op you do not need to submit this form. If your esafety net provider list, but your organizations available on the DSRIP website. If you are joining more than one PPS, us this will be a poining more than one PPS, us this will be a poining more than one PPS, us this will be a poining more than one PPS, us the will be a poining more than one PPS, us the will be a poining more than one PPS, us the will be a poining more than one PPS, us the will be a poining more than one PPS, us the will be a poining more than one PPS, us the will be a poining more than one PPS, us the will be a poining more than one PPS, us the will be a poining more than one PPS, us the will be a poining more than one PPS, us the will be a poining more than one PPS, us the will be a poining more than one pPS, us the will be a poining more than one pPS, us the will be a poining more than one pPS, us the will be a poining more than one pPS, us the will be a poining more than one pPS, us the will be a poining more than one pPS, us the will be a poining more than one pPS, us the will be a poining more than one pPS, us the will be a poining more than one pPS, us the will be a poining more than one pPS.	es provided, financial viabing avoidable hospital use. es. ** ning Provider System (PPS ease indicate the name of a VII tab. In draft list of State Designated as safety net providers pproval, you will be granted erating your Health Home organization does not appoin believes that it should on the second tab (Section VII)	lity, relationship, you plan on justed Health Hoas well as thosed a VAP Except/CMA already ear on the dragualify as a Health Hoas well as the grange of the dragualify as a Health Hoas well as a Heal	joining. joining. omes a ose that ption p y appea aft Heal	thin the If you do eal Applicant Ind Network are pending ending CMS ars on Ith Home list ome, please	
	· · ·	serves				
ľ	Medicaid (FFS & MC)	Uninsured	Data S	Source	Year	
Percentage	47%	5%	Bili	ing	2014	
	nt the information and data provided on the his information may be subject to audit ar	d I may be asked to prov	ide document			e.
	James R. Dolan, Jr., DSW, LCSW		Answer Yes O No			
Name						
Name Title	Director of Community Services		Yes O No			

10/30/2014 NYCATSvap_exception_appeal_form.xlsx

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



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

must be poste	d for public	comment 30 days prior t	o application	approvai. Three allow	eu reaso	iis ioi gi	anting an ex	ception are shown in Section IV.		
I. Are you a M	ledicaid Pro	ovider								
	Answer	Yes					•	You have chosen the following VAP Exception: i		
II. Appeal App	olicant Info	rmation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!		
Organiza	ition Name:	New York Center for Addicti	ion Treatment S	Services				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~		
	Joined PPS:	Health & Hospital Corportation					•	You chose the qualification i, in the space below please include:		
^^ The VAP Exc	eption is eva	luated in the context of the	PPS you are joi	ning. If you are joining m	nore than	one PPS,	you have the			
option of apply	ing for the V	'AP Exception in that PPS as	well (if applicat	ole). Please see the "VII_	Addition	al PPSs" t	ab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to		
multiple PPS's.	See <u>Section I</u>	I and VII of the instructions	for further clari	ification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient		
Pro	ovider Type:	OASAS-Article 32					•	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:									
		Operating Certificate/	[/] License #	MMIS*		NP	*	network of services for the PPS in this community (ies).		
Unique	e Identifiers:	150510892		1492644		149794	12114	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)		
Aį	gency Code:				•					
Billi	ng Entity ID:							Character Count: 2146		
		Address		City	Stat		Zip	A) New York Center for Addiction Treatment Services (NYCATS) Is the only OASAS licensed 822 outpatient substance abuse program in		
	Address	598 Broadway 2nd Floor		New York	NΥ	′	10012 * REQUIRED	Manhattan that treats individuals convicted of a sexual offense. Over 70% of NYCATS' 250 patients have been convicted of a sexual offense and		
III. Appeal Po	int of Conta	act					REQUIREL	are mandated to substance abuse and sex offender treatment by Parole or the Court system. Over 40% of NYCATS patients have an active mental health diagnosis and over 50% are homeless at admission. NYCATS patients live throughout the five boroughs of New York City, with the		
	Person Evere							largest populations in Manhattan and Brooklyn. Without NYCATS' participation in the Health and Hospitals Corporation PPS, this extremely		
	Title CEO/							needy and difficult population will not be served.		
Contact	Phone (914)	882-9652		Extension				B) New York Center for Addiction Treatment Services has provided substance abuse treatment and case management to high risk populations i		
Contact	Email ekrar	mer@nycats.net						our city for over 25 years. NYCATS specializes in the treatment of violent and sexual criminals with a Chemical Dependency Diagnosis. NYCATS		
IV. Please cho	ose the fol	lowing VAP Exception:						provides group and individual therapy, as well as case management for this patient population. NYCATS works to find stable housing, job		
i A cor	mmunity will	not be served without grant	ting the except	ion because no other elig	gible prov	ider is wil	lling or	training, coordinates primary care and mental health services as well as developing social support systems for its patients. NYCATS has a 3 year license from OASAS with a perfect score on its most recent audit. NYCATS utilizes the leading evidence based practices in its treatment program		
		the community.	. 0		0 1 -		0 -	Its sex offender treatment program includes evidence based risk assessment tools such as the Sexual Adjustment Inventory (SAI), the Static 99		
O ii								and the Stable 2007. NYCATS finds that the criminal history of its patients is co-occuring with their chemical dependency diagnosis, several		
	•	quely qualified to serve base	•	•	ty, relatio	nships wi	thin the	studies have shown that active substance abuse is a major risk factor in criminal ricidivism and treating the whole individual with this in mind		
comm	nunity, and/c	or clear track record of succe	ess in reducing a	avoidable hospital use.				has proven extremely successful.		
O iii Any s	tate-designa [.]	ted health home or group of	f health homes.	**						
		: ion i & ii – Please indicate w			vou plan	on ioining	. If you do			
-		ntend to join, then you will b		• • • •			•			
	•	tion II". <u>If you are part of mu</u>			the FFS II	THE APP	, cui			
		ion iii– The Department has	-		ted Healtl	n Homes a	and Network			
Care Managem	ent Agencies	(CMAs) that have already b	een approved	as safety net providers a	s well as	those tha	t are pending			
• •	•	h Home appears on this list a		· ·			_			
• •		submit this form. If the org	•	•		,				
		do not need to submit this fo ety net provider list, but you	-							
		vailable on the DSRIP websit	_	believes that it should qu	aaiiiy as a	Healthin	offie, piease			
•		you are joining more than		econd tab (Section VII) t	o add ad	ditional P	PSs.			
V. Percentage	of Medicaid	& Uninsured members that	your facility se	erves						
	Med	dicaid (FFS & MC)	Un	insured	Dat	a Source	Year			
Percentage		99%		1%	C	ASAS	2013/2014			
knowledg	e. I understand this appeal e	he information and data pro and that this information m I. Everett Kra CEO/ Presidents from the CEO, CFO or	may be subject t mer dent	to audit and I may be as	ked to pr		-			

10/30/2014 Oceanside Counseling Center.xlsx

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



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

must be posted	d for public	comment 30 days prior to	application approval.	Three allowed	reasons fo	r granting an	exceptio	on are shown in Section IV.
I. Are you a M	edicaid Pro	ovider				,		
	Answer	Yes					•	You have chosen the following VAP Exception: i
II. Appeal App	licant Infor	rmation					VI	I. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organizat	tion Name:	Oceanside Counseling Center					~ 1	The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Nassau University Medical Center					•	You chose the qualification i, in the space below please include:
	•	luated <u>in the context of the PP</u>						
	•	AP Exception in that PPS as we		see the "VII_Ac	dditional PPS	is" tab to selec		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 for	r turtner clarification!				$\neg \sqcap$	include descriptions of the geographic area, the population, and how the services in this community are insufficient
		OASAS-Article 32						without your organization's involvement given the PPS current configuration of network providers.
Provider Ty	ype - Other:							b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
		Operating Certificate/Li	icense #	MMIS*		NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Identifiers:	150810910	1	1302501	18	11967128		c. Any supporting documentation to substantiate your narrative (attach as 1 b) in the email when submitting)
	gency Code:							Chausatau Causatau Ca
Billin	ng Entity ID:			City	Ctata	7:	$ \parallel$ $_{\Box}$	Oceanside Counseling Center (OCC) is an Article 32 licensed outpatient substance abuse treatment facility that serves the South Shore
	Δddress	Address 71 Homecrest Court	Oceansid	City	State NY	Zip 11572		ommunities of Nassau County such as Oceanside, Long Beach, Island Park and vicinity. These communities were devastated by Superstorm
	7 dui C33	71 Homecrest Court	Oceansia	<u> </u>	INI	* REQUIF		andy and lost essential treatment services due to the closure of Long Beach Hospital and other treatment providers. Oceanside Counseling
III. Appeal Poi	nt of Conta	ıct						enter has filled a crucial gap in services by meeting the needs of these communities. Since 2012 we have seen a steady increase in the
Contact P	erson Teres	-						umber of individual seen at OCC. There was an approximatley 20% increase in individual and group sessions from January 2102 (before the
	Title Direc			I	1			form) and January 2013 and these gains have largely been sustained through 2014.
	Phone 516-7			Extension	_	14		OCC provides prevention services, education, individual, group and family therapy for patients with primary substance abuse disorders. OCC ffers specialized services for DUI offenders, those involved in felony treatment court and adolescents. Those patients that can benefit from
		uire@snch.org						sychiatric services are seen by the staff psychiatrist for evaluation and follow up when needed. OCC offers services to over 160 people per
A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.							oc Wi qu nt k ng S	nonth in an effort to enhance their recovery and reduce the risk of relapse. The comprehensive services provided by the treatment team at CC offers members of the community treatment in a safe and convenient location. These services are unduplicated in the South Shore area. //ithout them, patients would not be able to receive treatment in their community and thus have a higher liklihood of relapse. OCC believes it ualifies for a VAP exception and will be a critically important component of the emerging PPS in Nassau County.
Γ	Me	dicaid (FFS & MC)	Uninsured		Data Sou	ırce Year	$\exists \bot$	
Percentage		38%	12%		Financial se	rvice: 20)14	
•	nd that this al.	he information and data provinformation may be subject t	to audit and I may be as	Ans		•	-	

10/30/2014 Recovery Counseling, LLC_1.xlsx

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



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

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

must be posted for publ I. Are you a Medicaid Pr	ic comment 30 days prior to applic	ation approval. Three allowe	ed reasons for granting an exce	eption are shown in Section IV.		
Answer			▼	You have chosen the following VAP Exception:		
II. Appeal Applicant Info				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!		
	: Recovery Counseling, LLC			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~		
	S: Upstate University Hospital		▼	This field is populated when you select a VAP Exception in Section IV		
	valuated in the context of the PPS you	are joining. If you are joining me	ore than one PPS, you have the			
	VAP Exception in that PPS as well (if a					
multiple PPS's. See <u>Sectior</u>	<u>n II and VII</u> of the instructions for furth	er clarification!				
Provider Type	2: OASAS-Article 32		▼			
Provider Type - Other	:					
	Operating Certificate/License	# MMIS*	NPI*			
Unique Identifiers		E0320685	1225178445			
Agency Code	2: 47830					
Billing Entity ID	2588416			Character Cour		
	Address	City	State Zip			
Address	188 Genesee St. Suite 104	Auburn	NY 13021 * REQUIRED			
III. Appeal Point of Con	tact		* KEQUIKED			
Contact Person Jen						
	ical Supervisor					
Contact Phone 315		Extension				
Contact Email jen	nifer.frary@hotmail.com					
V. Please choose the fo	ollowing VAP Exception:					
Capable of servin Any hospital is u community, and,	ill not be served without granting the organized by the community. niquely qualified to serve based on se or clear track record of success in red	vices provided, financial viability ucing avoidable hospital use.				
When choosing VAP Exception indicate what PPS you Information – Section II". I	nated health home or group of health leation i & ii – Please indicate what Per intend to join, then you will be denied from are part of multiple PPSs, see se	forming Provider System (PPS) y . Please indicate the name of the stion VII tab.	he PPS in the "Appeal Applicant			
Care Management Agencie CMS approval. If your Heal approval and do not need another safety net list, you or on another approved sa complete this form. List is	etion iii— The Department has submitted (CMAs) that have already been appoint Home appears on this list as pending to submit this form. If the organization of the organization of the provider list, but your organization available on the DSRIP website. If you are joining more than one PPS	roved as safety net providers as ag approval, you will be granted operating your Health Home/Cour organization does not appea ation believes that it should qua	well as those that are pending a VAP Exception pending CMS CMA already appears on or on the draft Health Home list alify as a Health Home, please			
V. Percentage of Medicaio	d & Uninsured members that your fac	ility serves				
М	edicaid (FFS & MC)	Uninsured	Data Source Year			
Percentage	98%	0%	2014			
• •	the information and data provided of its information may be subject to audi	t and I may be asked to provide		e.		
Name	Jennifer Frary, LMSW	OYE				
Title	Clinical Supervisor					
	peals from the CEO, CFO or compa	rable will be accepted				

10/30/2014 Recovery Counseling, LLC_2.xlsx

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



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

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

must be posted for pub	olic comment 30 days prior to	•	llowed reasons for granting an exce	reption are shown in Section IV.
I. Are you a Medicaid P Answe			-	You have chosen the following VAP Exception:
II. Appeal Applicant Inf			Ť	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	e: Recovery Counseling, LLC		1	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	S: Upstate University Hospital		_	This field is populated when you select a VAP Exception in Section IV
		PS you are joining. If you are join	ng more than one PPS, you have the	This field is populated when you select a VAF Exception in Section IV
	· · · · · · · · · · · · · · · · · · ·		'VII_Additional PPSs" tab to select	
	<u>n II and VII</u> of the instructions fo		_	
Provider Type	e: OASAS-Article 32		▼	
Provider Type - Othe	er:			
···	Operating Certificate/I	License # MMIS*	NPI*	
Unique Identifier		E0320685		
Agency Code				
Billing Entity II				Character Count: 0
	Address	City	State Zip	
Address	188 Genesee St. Suite 104	Auburn	NY 13021	
III. Appeal Point of Con	ntact		* REQUIRED	
Contact Person Jer				
	nical Supervisor			
Contact Phone 31	5-255-3559	Exte	nsion	
Contact Email jen	nnifer.frary@hotmail.com			
V. Please choose the f	ollowing VAP Exception:			
	vill not be served without granting the community.	ing the exception because no other	er eligible provider is willing or	
		d on services provided, financial v s in reducing avoidable hospital u	The state of the s	
O iii Any state-design	nated health home or group of	health homes. **		
_			PPS) you plan on joining. If you do e of the PPS in the "Appeal Applicant	
	If you are part of multiple PPSs,			
_			ignated Health Homes and Network ers as well as those that are pending	
-		• • • • • • • • • • • • • • • • • • • •	anted a VAP Exception pending CMS	
		inization operating your Health Ho		
		_	appear on the draft Health Home list	
• • •		-	ld qualify as a Health Home, please	
•	available on the DSRIP website	e. one PPS, use second tab (Section	VII) to add additional PPSs	
	id & Uninsured members that	•	vii) to add additional FF35.	
	леdicaid (FFS & MC)	Uninsured	Data Source Year	
Percentage	98%	0%	2014	
I Hereby Certify that	t the information and data pro	vided on this form is accurate an	d correct to the best of my knowledge rovide documentation in support of	
Name	Jennifer Frary,		Answer O Yes O No	
Title Only a	Clinical Super opeals from the CEO, CFO or	visor comparable will be accepted		

10/30/2014 South Brooklyn Medical Administrative Services, Inc..XLS

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

mast se postea for pasie	comment so days prior to	o application approval. II	nee anowea	1 0 0 0 1 0	. Brancii	ig all exec	ption are shown in Section iv.
I. Are you a Medicaid Pro							
Answer	Yes						You have chosen the following VAP Exception: i
II. Appeal Applicant Infor	mation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization Name:	South Brooklyn Medical Adn	ministrative Services, Inc.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined PPS:	Lutheran Medical Center					•	You chose the qualification i, in the space below please include:
^^ The VAP Exception is eval							
option of applying for the V	•		e the "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
multiple PPS's. See Section I	<u>I and VII</u> of the instructions f	or further clarification!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider Type:	Other					•	without your organization's involvement given the PPS current configuration of network providers.
Provider Type - Other:	OASAS - Article 28						b. A description of the applicant's organization, the services provided, and how the services will enhance the
	Operating Certificate/	License # M	MIS*		NPI*		network of services for the PPS in this community (ies).
Unique Identifiers:	160310387		37286	11	1409352	3	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency Code:	00553	•					
Billing Entity ID:	E0026459						Character Count: 2173
	Address	(City	State	Zi	р	South Brooklyn Medical Administrative Services Inc. has been providing methadone maintenance program treatment services for nearly four
Address	685 3rd Ave	Brooklyn		NY	112		decades in the same location. It is situated in a geographic area comprised of low to middle income households, and the population is a mixtur
III. Annual Daint of Cont.	.1				* F	EQUIRED	of Hispanic, White, Asian and Black. We are the only providers of these services in the community and very well established and received. The
III. Appeal Point of Conta							organizations primary goal is addressing the service needs of the local low to middle income residents with functional drug problems who design big by a service and acceptable treatment leading. Community residents should continue to be up a service at this treatment leading and significant should be up the continue to be up a service at this treatment leading and significant should be up the continue to be up the continue to
Contact Person Alexis	nistrative Director						a highly confidential and accessible treatment setting. Community residents should continue to have access to this treatment locally especially in light of the growing epidemic of heroin use. We currently serve over 350 clients and most of these are from this very community. We are
Contact Phone 718-7			Extension	T	117		certainly needed and have always been wanted.
Contact Email sobro			Extension	ļ			Our mission is to help adults with heroin use issues attain stability in personal life areas through medically assisted treatment. Supervised
IV. Please choose the foll							services are delivered in a caring and nurturing environment that will inspire progress and hope. We work with other agencies through referral
Capable of serving Any hospital is unic community, and/o iii Any state-designate When choosing VAP Exception of indicate what PPS you in Information — Section II". If y When choosing VAP Exception Care Management Agencies CMS approval. If your Health approval and do not need to another safety net list, you complete this form. List is a work or on another approved safety complete this form. List is a work or on another approved safety or on another a	quely qualified to serve base or clear track record of successive health home or group of the distance of the	ed on services provided, finals in reducing avoidable hose the health homes. ** that Performing Provider System denied. Please indicate the system of the s	ncial viability, pital use. Stem (PPS) you e name of the providers as we be granted a lath Home/CM is not appear of t should qualif	relationship I plan on joi PPS in the ' Health Homell as those VAP Except IA already a on the draft fy as a Healt	ning. If your control of the sand Not that are ion pending prears on the sand Health H	ou do Applicant Jetwork pending ng CMS n ome list	so that the client needs are addressed at every level. We maintain contacts with these agencies so that continuity of care is maintained. This system of referring clients for other services works in the avoidance of constant hospitalizations and enables these clients to incorporate general wellness into their daily life. This is the very goal of all health care providers. The services this organization provides would enhance an Performing Provider System because of the dedicated staff, convenient location and positive environment in which service is delivered. Treatment is provided in a competent and supportive service environment in which information about persons served is confidential and the rights and responsibilities of both client and staff are both thoroughly respected and safeguarded. Our service delivery seeks to insure that our clients get the best results from treatment and are able to fulfill their goals and actualize themselves as productive members of society.
V. Percentage of Medicaid	& Uninsured members that	your facility serves					
Me	dicaid (FFS & MC)	Uninsured		Data Sou	ırce	Year	
Percentage	95%	5%		CFR		2013	
this appeal. Name Title	ne information and data proinformation may be subject Alexis Bos Administrative I eals from the CEO, CFO or	t to audit and I may be aske co Director	Ans	locumentat wer	-	_	

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

	Provider				
Answ	er No			•	You have chosen the following VAP Exception: i
II. Appeal Applicant In	nformation				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	ne: Trinity Alliance of the Capital	l Region, Inc Homer Perkins Ce	enter		~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	PS: Albany Medical Center Hospital			▼	You chose the qualification i, in the space below please include:
	evaluated in the context of the P	PPS you are joining. If you are joining.	ning more than one	PPS, you have the	
·	e VAP 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
	on II and VII of the instructions for		_		include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider Ty	pe: OASAS-Article 32			•	without your organization's involvement given the PPS current configuration of network providers.
	er: Adult Residential Substance	Ahuse Treatment			b. A description of the applicant's organization, the services provided, and how the services will enhance the
Trovider Type Gen	Operating Certificate/I		,	NPI*	network of services for the PPS in this community (ies).
Unique Identifia	· · · · ·	LICEUSE # IVIIVIIS		1326448275	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique Identifie Agency Cod			-	1320448275	
Billing Entity					Character Count: 2659
Dilling Entity	Address	City	State	Zip	A. The Homer Perkins Center was established in the 1980's as an adult Intensive Residential Treatment Center licensed by OASAS by then
Addres	ss 15 Trinity Place	Albany	NY	12202	Albany Mayor Thomas Whalen. The Center is located in the city of Albany in the Arbor Hill neighborhood. The Arbor Hill neighborhood is a
		[:]		* REQUIRED	predominately low-income, highly economically distressed section of the city, predominately populated by an African-American population
II. Appeal Point of Co	ntact				Mayor Whalen's objective was twofold: 1) To serve an underserved portion of the population with high quality substance abuse treatment
Contact Person H					services and 2) To help stabilize the neighborhood by providing a highly effective treatment alternative. The Homer Perkins Center current
Title C			. 1		houses and treats only men. It is the only such facility that treats men exclusively in the Albany Medical Center PPS in the Capital Region. It is one of just a handful of adult Intensive Residential Treatment Centers in the Capital Region as well. Thus, the Homer Perkins Center may be characterized as a unique facility within this PPS in that it is located in a high need neighborhood surrounded by two other similar neighborhoods from which it draws its consumers, treating many African-American clients with a culturally competent staff, and serving men in
Contact Phone 5:		EX	ension	116	
-	.oberlander@ta-cr.org following VAP Exception:				
Any hospital is community, and iii Any state-design when choosing VAP Except indicate what PPS you formation — Section II" when choosing VAP Except Management Agent MS approval. If your Head opposed and do not need to the safety net list, you complete this form. List in a For Section IV	uniquely qualified to serve base ad/or clear track record of success gnated health home or group of eption i & ii — Please indicate who intend to join, then you will be a lf you are part of multiple PPSs, eption iii— The Department has existed (CMAs) that have already be eath Home appears on this list as d to submit this form. If the organ ou do not need to submit this for safety net provider list, but your is available on the DSRIP website by, if you are joining more than called & Uninsured members that we are interested as a submit that the called & Uninsured members that we are interested in the provider is a wailable on the DSRIP website.	health homes. ** nat Performing Provider Systeme denied. Please indicate the naty, see section VII tab. submitted a draft list of State Decen approved as safety net provides pending approval, you will be grainization operating your Health rm. If your organization does not organization believes that it shows the provided in the pro	(PPS) you plan on joine of the PPS in the esignated Health Hostiders as well as thost granted a VAP Exceptione/CMA already tappear on the drawould qualify as a Health Hea	oining. If you do e "Appeal Applicant omes and Network the that are pending otion pending CMS appears on ft Health Home list oith Home, please	Eligibility: Chemically dependant adults age 18 and up who are in need of chemical dependency treatment, free of communicable diseases can be transmitted through ordinary contact and not in need of acute hospital or psychiatric care or other intensive services which would prevent a persons participation in chemical dependence services. Referral Sources: Local DSS, NYS Parole, County/City Drug Courts, Family Treatment Courts, TASC, Probation, Self referral, other levels of treatment. A completed referral form and psycho-social information is required. Program Site: 76-82 Second St. Hours: 24 hours, 7 days a week, office Monday-Friday 8:00am -9:00pm. Description of Program: The Homer Perkins Center provides intensive long term drug free residential treatment. Resident's participant in structured groups, individual counseling, vocational/educational classes, Drug and Alcohol Education, HIV Education, Parenting and other L Skill classes as scheduled. Expected Outcomes: The program outcomes as monitored and measured by OASAS include the following areas: Utilization, Retention, Uni Service, Client Care ratio, Employment status, Abstinence, Completion of treatment and referrals.
	Medicaid (FFS & MC)	Uninsured	Data So	ource Year	
Percentage	0%	0%			
			and correct to the b		

10/30/2014 vap_exception_appeal_form.xlsx

You have chosen the following VAP Exception:

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

I. Are you a Medicaid Provider

Answer Yes



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

II. Appeal Applicant I	nformation				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!		
Organization Nar	ne: The Addiction Center of Broo	ome County Inc.			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~		
Joined F	PS: United Health Services Hospitals, I	inc			You chose the qualification i, in the space below please include:		
option of applying for the multiple PPS's. See <u>Sect</u>	e VAP Exception in that PPS as von II and VII of the instructions for	PPS you are joining. If you are joining well (if applicable). Please see the "for further clarification!	_		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		
	pe: OASAS-Article 32				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 Type - Otl					network of services for the PPS in this community (ies).		
	Operating Certificate/			NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)		
Unique Identifi	de: 36030	635112		1295817583	4		
Billing Entity					Character Count: 3471		
0 - 1	Address	City	State	Zip	ACBC provides outpatient clinic and outpatient rehabilitation services to primarily Broome County, and some people from other counties. In		
Addre	ss 30 West State St.	Binghamton	NY	13901	2010 local services plan, Broome County is identified as having a total population of just under 200,000 with 14.9% of individuals living below		
III. Appeal Point of Co	ntact			* REQUIRE			
	armela Pirich LCSW, MBA				ACBC provides the only outpatient rehabilitation program in the county, with 81% of OPR participants having been treated for mental health/with co-occurring psychiatric disorders. The average number of the outpatient rehabilitation programs in the state of NY who have b		
	xecutive Director				treated for mental health is 56.9%. ACBC's outpatient rehabilitation program services a high-need, high risk population. Patients admitted to		
Contact Phone (•	Exter	nsion	124	ACBC's clinic and outpatient rehabilitation program have timely access to mental health services with the program's medical director. ACBC		
Contact Email o	armelap@stny.rr.com				the only outpatient clinic/rehabilitation program providing the following evidence-based practices: Women's TREM (trauma recovery and empowerment), Men's TREM, The Nurturing Parenting Program for families in substance abuse treatment and recovery, contingency		
Capable of ser Any hospital is community, and any state-des When choosing VAP Exercited in the choosing VAP Exercited III when choosing VAP Exercited III wh	ving the community. Is uniquely qualified to serve base and/or clear track record of success gnated health home or group of ception i & ii — Please indicate who intend to join, then you will be it. If you are part of multiple PPSs ception iii— The Department has acies (CMAs) that have already be ealth Home appears on this list a end to submit this form. If the organical on the provider list, but your is available on the DSRIP website	hat Performing Provider System (Per denied. Please indicate the name of see section VII tab. submitted a draft list of State Designen approved as safety net provide as pending approval, you will be graphization operating your Health Holorm. If your organization does not a corganization believes that it should be. one PPS, use second tab (Section Vince)	ability, relations se. PS) you plan on e of the PPS in the present the result as the nted a VAP Exceme/CMA alread ppear on the drualify as a Head qualify as a Head a varied a varied a read present the drug the	joining. If you do ne "Appeal Applicant omes and Network ose that are pending perion pending CMS y appears on aft Health Home, please	management, Wellness Group, and art therapy with a licensed art therapist. Spanish speaking therapy group is also offered; no other Span speaking therapy groups currently offered in the community. These services are integrated into substance abuse treatment to address the complex needs of our patients and promote their recovery process. It is. ACBC is trained in CBT to address criminal thinking errors and hold contract with the Federal Bureau of Prisons and Federal Probation. Many individuals receiving services from ACBC have significant legal histories and treatment will assist with public safety and monitoring, as we work very closely with Broome County probation and NYS parola ACBC provides contractual services to Broome County to complete urine drug screens for parents/guardians suspected of substance abuse problems, and many services to individuals with CPS involvement. Broome County has been adversely impacted by the heroin epidemic. According to Time Warner News, in 2013 there were 31 opiate overdoses in Broome County. In February of this year, 10 more individuals he died from opiate overdoses, indicating a trend that the fatalities in 2014 may surpass the amount of overdoses in 2013. According to agenc data, there has been a rise in opiates and heroin use among our patients over the past two years. In 2014, opiates and heroin have been reported as the drug of choice in 26.7% of our patients, which is a 3.7% increase from last year and a 6.9% rise from two years ago. ACBC w soon introducing medication assisted therapy, Vivitrol to assist recovery from opiate use disorders and alcohol use disorders which is not presently being offered in the community. ACBC provides assessments, individual, group and family therapy. ACBC provides psychiatric assessment, and medication monitoring. We also provide referral for other services, higher levels of care, crisis stabilization and case management. ACBC is working on linkage with Mothers and Babies Perinatal Network as ACBC had more than 5 pregnant women in treatn t		
	Medicaid (FFS & MC)	Uninsured	Data S	Source Year			
Percentage	75%	10%	fisca	stats 201			
I understand that this appeal. Name Title	this information may be subject Carmela Pirich LC Executive Dire		ovide documen Answer	tation in support of			

10/30/2014 YMCA of Long Island, inc..xlsx

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



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

Vital Access Provider Exception

			·	-			se basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and
·	-	, ,	oplication approval. Three allo	owed r	reasons fo	or granting an exc	ception are shown in Section IV.
I. Are you a M							
	Answer					•	You have chosen the following VAP Exception:
II. Appeal App	olicant Info	rmation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	YMCA of Long Island, inc.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Stony Brook University Hospital				•	This field is populated when you select a VAP Exception in Section IV
	•	luated in the context of the PPS				· •	
	_	AP Exception in that PPS as well		'II_Add	litional PP	Ss" tab to select	
		I and VII of the instructions for fu	urtner clarification!				
		OASAS-Article 32				▼	<u> </u>
Provider T	ype - Other:	822 Outpatient program					
		Operating Certificate/Lice	nse # MMIS*			NPI*	
Unique	e Identifiers:	161211543	unsure		1	11649914]
A	gency Code:						
Billir	ng Entity ID:				1		Character Count: 0
		Address	City		State	Zip	
	Address	1150 Portion Road Suite 6	Holtsville		NY	11742	
III. Appeal Poi	int of Conta	nct				* REQUIRED	
	Person Stace						
		utive Director					
Contact I	Phone 631-	580-7777	Extens	ion		104	
Contact Email stacey.spata@ymcali.org							
IV. Please cho	ose the fol	lowing VAP Exception:					
When choosing not indicate wh Information – S. When choosing Care Managemer CMS approval. I approval and do another safety or on another a complete this for	tate-designal of tate-designal of tate-designal of tate of tat	quely qualified to serve based or or clear track record of success in ted health home or group of health home or group of health home or group of health it and to join, then you will be degou are part of multiple PPSs, seed ion iii— The Department has substituted in the properties of the provider has been and the provider list, but your orgonal you are joining more than one	reducing avoidable hospital use alth homes. ** Performing Provider System (PPonied. Please indicate the name of esection VII tab. mitted a draft list of State Designapproved as safety net provider ending approval, you will be granuation operating your Health Homal If your organization does not approvation believes that it should	es. of the land the second as we ted a value of the pear of qualify	plan on jo PPS in the Health Horell as those /AP Except A already a n the draft y as a Heal	mes and Network that are pending tion pending CMS appears on theath the Home list the Home, please	
V. Percentage o	of Medicaid	& Uninsured members that you	r facility serves	Ī			
	Me	dicaid (FFS & MC)	Uninsured		Data So	urce Year	
Percentage		25%	75%		Billing Sy	stem 2013	
-	and that this al.	he information and data provide information may be subject to a Stacey Spata		vide d	ocumenta	•	
Titl		Executive Directo			.,,		
1101		eals from the CEO, CFO or cor					

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

•	•	• •		orovai. Triree and	, wca i	Cu30113 10	· braining	, all CACC	ption 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! - Please read instructions for clarification!		
Organization Name: YOUTH AND FAMILY COUNSELING AGENCY OF OYSTER BAY EAST NORWICH, INC								~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~		
Joined PPS: Nassau University Medical Center								You chose the qualification i, in the space below please include:		
^^ The VAP Exc	ception is evaluate	ed in the context of the PI	PS you are joining	g. If you are joining	more	than one P	PS, you ha	ve the		
	_	xception in that PPS as w			II_Add	itional PPS	s" tab to s	elect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to	
<u> </u>		d VII of the instructions fo	r further clarifica	tion!					include descriptions of the geographic area, the population, and how the services in this community are insufficient	
Provider Type: Other								without your organization's involvement given the PPS current configuration of network providers.		
Provider T	Provider Type - Other: OASAS 822								b. A description of the applicant's organization, the services provided, and how the services will enhance the	
		Operating Certificate/L	icense #	MMIS*	NPI*			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)		
	e Identifiers:	160511549			1316032782					
	agency Code: 683								Character County 2112	
Billi	ing Entity ID:	Address	Т	City	I	Ctata	7in		Character Count: 2112	
	Address 193		0)	City yster Bay		State ny	Zip 1177		Youth and Family Counseling Agency is located the the heart of the Hamlet of Oyster Bay on the north shore of Long Island. It was founded	
	* REQUIF								approximately 45 years ago in response to the need of the local residents for quality psychiatric care, substance abuse services and other social	
	oint of Contact								services. The need as well as the barriers remain today.	
Contact Person Barbara Rakusin										
Contact	Title ED Contact Phone 516-922-6867 Extension							The primary barriers to services are the severe lack of public transportation and low income.		
								There is no local bus service in the entire Hamlet of Oyster Bay. The closest bus route ends approximately 8 miles to the south of the Hamlet.		
IV. Please choose the following VAP Exception:								The area is serviced by a short branch of the Long Island Railroad which runs on a very limited schedule. The closest provider of similar services is located approximetly 9 miles to the northeast. Residents without the ability to pay for taxi service, and those with out private automobiles		
	ble of serving the		ng the exception	because no otner (eligible	provider is	s willing or		have no access to psychiatric or substance abuse service.	
	bic of scraing the	community.							The 2010 Census indicates that the population of the Hamlet of Oyster Bay is 6707. Approximately 20% of the population is either Hispanic or	
Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the							s within th	African American and reside in the downtown area. Approximately 17% of this population is uninsured, underemployed and have less than high		
community, and/or clear track record of success in reducing avoidable hospital use.								school education. Most of this population does not		
O iii Any state-designated health home or group of health homes. **								have access to private transportation nor the means to pay for taxi service. The Youth and Family Counseling Agency is a community based organization providing the following services: Medically Supervised Substance Abused Treatment (OASAS 822), Mental Health Counseling,		
When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do							nine l			
-	-	ı & II – Please indicate wh d to join, then you will be		•					Psychiatric Services and Medication Management including Suboxone, Crisis Intervention, Emergency Assistance (food, clothing, referrals for housing, etc) Early Childhood Enrichment, Teen Summer Recreation, Summer Camp Scholarships and a Mentoring Program. Clients referred to this organization for mental health and/or substance abuse services will benefit from the additional services available on site.	
	•	are part of multiple PPSs,), LITE F	. 5	, ърса Ар	Piicuit		
		iii – The Department has s			nated F	lealth Hom	nes and Ne	twork		
_	-	1As) that have already be	• •				•	_		
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 o	ne PPS, use seco	nd tab (Section VI	I) to ac	ld addition	al PPSs.			
V. Percentage of Medicaid & Uninsured members that your facility serves										
Me		caid (FFS & MC) Uninsured		ured		Data Source Ye		'ear		
Percentage		bbb	60	%		oasas		2013		
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Barbara Rakusin Title ED No								_		
	Only appeals	from the CEO, CFO or o	comparable wil	l be accepted						