11/10/2014 Advocate Community Providers - VAP Exception 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

I. Are you a l	Medicaid Pro	vider	ication approvai	. Timee unowed rea	250115	rioi granc	ing un c	ception	in stown in section iv.					
	Answer	Yes						~	You have chosen the following VAP Exception: i					
II. Appeal Ap	plicant Infor	mation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!					
Organia	zation Name:	Advocate Community Provide	ders, Inc.						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
- 0	Joined PPS:	100 (0100000000000000000000000000000000						-	You chose the qualification i, in the space below please include:					
^^ The VAP Ex		luated in the context of the F	PPS you are joining	g. If you are joining m	nore 1	than one PF	PS, you ha	ve the						
		'AP Exception in that PPS as v							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
multiple PPS's	. See <u>Section I</u>	I and VII of the instructions f	or further clarifica	tion!					include descriptions of the geographic area, the population, and how the services in this community are insufficient					
Р	Provider Type:	Other						•	without your organization's involvement given the PPS current configuration of network providers.					
Provider	Type - Other:								b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).					
		Operating Certificate/	License #	MMIS*			NPI*							
Uniqu	Unique Identifiers: N/A N/A								c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	Agency Code:			.,,,,			.,,,,							
	lling Entity ID:								Character Count: 3378					
		Address		City		State	Zi	p	A. A SPECIFIC DEFINITION OF THE COMMUNITY(IES) THAT WOULD OTHERWISE NOT BE SERVED BY THE SELECTED PPS.					
	Address	5030 Broadway, Ste 821	N	ew York		NY	100		Advocate Community Providers, Inc. (ACP) requests from NYSDOH and CMS to be considered for approval as an exception to the safety net					
III. Annaal Da	-! C						* R	EQUIRED	definition as a Vital Access Provider (VAP) under the qualification i to provide healthcare services to a community that would not be served					
III. Appeal Po	Person Hal S								without granting the exception because no other eligible provider is willing or capable of serving the community.					
Contact		hief Executive Officer							The physicians and health care providers of ACP provide care to Medicaid patients in the 4 boroughs of New York City (Bronx, Brooklyn, New					
Contac	t Phone 317			Extensio	on				York, and Queens Counties) and Nassau County. Brooklyn is the largest in population with an estimated 2.6 million people in 2013, followed by					
Contact Email halsadowy@yahoo.com									Manhattan with 1.6 million, the Bronx 1.4 with million, Queens with 2.3 million and 1.3 million for Manhattan. Medicaid patients living in NYC's					
IV. Please ch	oose the foll	owing VAP Exception:							boroughs represent a substantial proportion of patients treated by ACP providers and are an underserved and at-risk population of different					
		•							cultures and languages, low socio-economic status and Limited English Proficiency (LEP).					
		not be served without grant	ing the exception	because no other eli	igible	provider is	willing o	capable	<b>L</b>					
of serving the community.									This vulnerable population is poorly integrated into the healthcare system due to barriers such as language, ethnicity, culture, economics, geography, transportation, housing, chronic health conditions and the siloed nature of the healthcare delivery system. However, the providers					
Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the								he	of ACP provide a solution to these barriers to care by providing services in a culturally competent and sensitive manner by providers reflecting the					
com	munity, and/o	or clear track record of succe	ss in reducing avoi	idable hospital use.					diversity of the communities and the languages spoken, i.e., Spanish, Chinese, Korean, Vietnamese, Indian and others to Medicaid patients that					
O iii Anv									would otherwise be lost in a system unfamiliar with the cultural and language needs of a large population to engage and properly manage the					
Any	state-designa	ted health home or group of	health homes. **						healthcare.					
When choosin	ng VAP Excepti	<b>ion i &amp; ii</b> – Please indicate wh	nat Performing Pro	ovider System (PPS)	you p	lan on join	ing. If yοι	do not						
		d to join, then you will be de			PPS ii	n the "Appe	eal Applic	ant						
		you are part of multiple PPSs		<del>_</del>					B. A DESCRIPTION OF THE APPLICANT'S ORGANIZATION, THE SERVICES PROVIDED, AND HOW THE SERVICES WILL ENHANCE THE NETWORK OF SERVICES.					
		ion iii— The Department has s (CMAs) that have already be							SERVICES.					
_	_	h Home appears on this list a						_	Advocate Community Providers, Inc. (ACP) represents a large network of over 2,000 physicians and 900 healthcare provider organizations					
		submit this form. If the orga						-	throughout Manhattan, Bronx, Brooklyn and Queens that provide needed care for large Medicaid population of the PPS service area.					
		eed to submit this form. If yo					•							
another appro	ved safety ne	t provider list, but your orgar	nization believes th	nat it should qualify	as a H	lealth Hom	e, please		ACP is composed of representation from each of the major provider segments that are critical to successful DSRIP implementation, including but					
-		vailable on the DSRIP website							not limited to hospitals; OASAS, OMH and OPWDD affiliated organizations; certified health homes, urgent care centers, FQHCs, LTCs, nursing					
~ Fe	or Section IV,	if you are joining more than	one PPS, use seco	nd tab (Section VII)	to ad	d addition	al PPSs.		homes, home care agencies, diagnostic treatment centers, laboratories, dialysis centers, managed care plans, housing organizations and IPAs.  Therefore, ACP uniquely enhances care to the Medicaid patients served by the PPS by providing healthcare services across the full spectrum of					
V. Percentage	of Medicaid	& Uninsured members that y	our facility serves	5					healthcare among different disciplines as patients transition from the community to the hospital and require acute and long term care as well as					
· · · c. · · · · · · · · · · · · · · · ·			your ruemey serves	, 					meet social and housing needs. The ACP providers can uniquely assist patients in navigating the current healthcare system and target					
	Me	edicaid (FFS & MC)	Unins	sured		Data Sou	ırce	Year	underserved communities by providing care to Medicaid patients in a language and culture understood by the patient, who would otherwise not					
r									seek or delay seeking care, resulting in a poor health outcome and increased cost of care.					
Percentage		77%	31	%		s of health	plans	2013						
	•						•		4					
Yes   Hereby	Certify that t	he information and data pro	vided on this form	n is accurate and cor	rect 1	to the best	of my kn	owledge.	1					
	and that this in	nformation may be subject t	o audit and I may	be asked to provide	docu	ımentation	in suppo	rt of this						
appeal.					A									
Nai	me	Ramon Talla	i. MD		Ansv Yes	O No	•							
	itle	President/				- 110								
		eals from the CEO. CFO or		be accepted										

10/30/2014 Albany County Department of Health

### 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 app		I. Three allow					, ,
I. Are you a N									
	Answer	Yes						•	You have chosen the following VAP Exception:
II. Appeal App	plicant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name:	Albany County Department	of Health						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Ellis Hospital						~	You chose the qualification i, in the space below please include:
		luated in the context of the							
		AP Exception in that PPS as I and VII of the instructions f			ne "VII_Add	litional PPSs	s" tab to s	elect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient
· · · · · ·	rovider Type:		or rarener clarinics	30011.				•	without your organization's involvement given the PPS current configuration of network providers.
	Type - Other:	Local Health Department						·	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider	rype - Other.		<i>i i</i> .	MM	C*	1	NPI*		of services for the PPS in this community (ies).
Union	- 1-1	Operating Certificate,	/License #	4736		10	NPI** 35140118		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers: Agency Code:	0101202R		4/36	16	18	35140118	6	
	ing Entity ID:	E0252155							Character Count: 3243
	0,	Address		Cit	/	State	Zi	р	Albany County Department of Health (ACDOH) is the local governmental agency charged with protecting and promoting the health of all
	Address	175 Green Street	P	Albany		N.Y.	122	202	individuals, families, communities and the environment. While our target population is the entire county community, efforts are made to
							* R	EQUIRED	address the highest risk populations as appropriate. ACDOH is the only local health department in Albany County solely responsible for this
III. Appeal Po		es B. Crucetti MD MPH							charge. We work with community partners to offer a variety of programs and services to prevent communicable and chronic diseases, injuries, and disabilities; protect against environmental hazards that threaten health and safety; promote the health and development of infants and
Contact		missioner of Health							children and the wellness of our citizens and our communities; and prepare and educate the Albany Community to address disaster and
Contact	Phone 518-				xtension				emergencies.
		es.crucetti@albanycounty.co	m	•		•			ACDOH is involved in initiatives that support healthier choices in areas such as diet, exercise, and tobacco. We are involved in efforts to prevent
IV. Please cho	oose the foll	owing VAP Exception:							and reduce the effects of chronic diseases, such as diabetes and asthma and engage in activities to detect and stop outbreaks of diseases like measles, tuberculosis, and foodborne illnesses. We engage in activities to protect children and adults from infectious diseases through
A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.									immunizations and are involved in enforcing laws and regulations that keep people safe such as smoke-free air laws, restaurant inspections, and water and sewer treatment.
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.								he	ACDOH's involvement in the PPS is essential to its success and enhances the network of services for the community. In addition to the services mentioned above and the work we do in our D & T and LHCSA where we primarily serve Medicaid patients and have for years, ACDOH has vast experience in providing home visiting, outreach and navigation services, which is beneficial to a number of the projects the PPS is considering such as Asthma Home Visiting. ACDOH has a strong Maternal Child Health (MCH) Program that provides assessment and surveillance, case
When choosing	g VAP Except	ted health home or group of ion i & ii – Please indicate w d to join, then you will be de	hat Performing Pr	rovider Syster					management, public health nursing and community health worker home visits, health education, nutritional counseling and education, navigatic services, and assistance with barriers to care. Public Health Nurses (PHNs) and Community Health Workers (CHWs) have been delivering MCH services to the highest risk, racially and ethnically diverse, economically disadvantaged populations for many years. ACDOH PHN's have provided
Information – S When choosing	Section II". <u>If</u> g VAP Except	you are part of multiple PPS ion iii– The Department has	s, see section VII to submitted a draft	<u>ab</u> . list of State D	esignated H	lealth Home	s and Net	twork	pediatric case management services to high risk asthmatics for a number of years including partnering with the Greater Capital District Asthma Coalition in the development of an Asthma Case Management Program. This initiative supported PHN home visits where staff assessed homes for
CMS approval.	If your Healtl	(CMAs) that have already be h Home appears on this list a o submit this form. If the org	is pending approv	al, you will be	granted a \	/AP Exception	on pendin	g CMS	asthma triggers and educated parents on ways to reduce such triggers. In addition, PHNs provided education on asthma symptoms, proper use of medications and medical devices, and assisted in the development of an asthma action plan.  CHWs began providing services to high-risk Medicaid and underinsured individuals in the early 1970s which continues to this day. PHNs and CHV
		eed to submit this form. If yo							staff have extensive experience in working with pregnant and parenting families, and with children diagnosed with chronic health issues such as
	-	t provider list, but your orga		hat it should	qualify as a	Health Hom	e, please		asthma and diabetes.
•		vailable on the DSRIP website if you are joining more than		ond tab (Secti	on VII) to a	dd addition:	al PPSs.		
		& Uninsured members that		-	o v, to u		u		
	Me	edicaid (FFS & MC)	Unin	sured		Data Sou	ırce	Year	
Percentage		81%	7	7%		A/R Rep	ort	2013	
-	nd that this in	he information and data pro information may be subject to James B. Crucetti Commissioner	o audit and I may			umentation wer	-	_	
110		eals from the CEO, CFO or		II be accepte	d				

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



		·	•			basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
•	public comment 30 days prior to	application approval. Three all	owed reaso	ns for gran	ting an exception	are shown in Section IV.
I. Are you a N	Nedicaid Provider					
	Answer Yes				~	You have chosen the following VAP Exception: i
II. Appeal App	plicant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name: Alcohol & Substance Ab	usde Council of Jefferson County	, Inc.			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Samaritan Medical Center				-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is evaluated in the context of	the PPS you are joining. If you are	joining more	e than one F	PPS, you have the	
	ving for the VAP Exception in that PPS		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 <u>Section II and VII</u> of the instruction	ons for further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	rovider Type: Select One				•	without your organization's involvement given the PPS current configuration of network providers.
Provider 1	Type - Other: Drug-Free Prevention So	ervices				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	Operating Certific	cate/License # M	MIS*		NPI*	of services for the PPS in this community (ies).
Uniqu	e Identifiers: NYS OASAS #1	.00900736				c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code: 36130					
Billi	ing Entity ID:					Character Count: 3251
	Addre		City	State	Zip	The Alcohol & Substance Abuse Council of Jefferson County, Inc. (ASAC) serves Jefferson County in the Tughill/Seaway region. With a population
	Address 167 Polk St. Suite 320	Watertown		NY	13601	of 125,000, ASAC is the only OASAS licensed substance abuse prevention provider in our county, charged with the prevention of underage
III. Annool Bo	int of Contact				* REQUIRED	drinking, adult harmful drinking and other drug abuse both at the individual and population level. We employ a staff of twenty-one, a third of
	Person Bill Bowman					whom are New York State Credentialed to provide prevention services. As we provide prevention services, and not healthcare or treatment currently, we do not bill for our services and are not a licensed behavioral health or healthcare clinic. We provide a wide-array of community and
Contact	Title Executive Director					school based services that promote positive health choices, and help prevent substance use. In schools, these involve the provision of prevention
Contact	Phone 315-788-4660		Extension			counseling services that seek to intervene with high risk youth to develop strategies and build skills that will prevent substance abuse and
Contact	t Email bbowman@jcasac.com					promote healthy behaviors as well as the provision of evidenced based curricula and programs that are researched proven to prevention
IV. Please cho	oose the following VAP Exception:				_	substance abuse including Boyvin's Life Skills Training, Project Success, Second Step, Teen Intervene, Sport and more. At the community level, we seek to reduce alcohol and other drug use at the population level by providing education and awareness to the public via social marketing, media
of ser Any h comm iii Any s When choosing indicate what P Information – S When choosing care Managem CMS approval approval and di safety net list, y another approv complete this fo	mmunity will not be served without grving the community.  hospital is uniquely qualified to serve munity, and/or clear track record of s state-designated health home or grou g VAP Exception i & ii – Please indicat PPS you intend to join, then you will b Section II". If you are part of multiple g VAP Exception iii— The Department tent Agencies (CMAs) that have alreat If your Health Home appears on this o not need to submit this form. If the you do not need to submit this form. Yed safety net provider list, but your of form. List is available on the DSRIP we or Section IV, if you are joining more to Medicaid & Uninsured members to Medicaid & Uninsured members to	based on services provided, finan access in reducing avoidable hos, p of health homes. **  e what Performing Provider Syst e denied. Please indicate the nan PPSs, see section VII tab. has submitted a draft list of State by been approved as safety net pri list as pending approval, you will organization operating your Healt if your organization does not appropragnization believes that it shou bsite.  han one PPS, use second tab (Se hat your facility serves	em (PPS) you ne of the PPS Designated I oviders as we be granted a lth Home/CN ear on the di d qualify as a	relationship plan on join in the "App Health Hom ell as those VAP Except VAP Except VAP Except A already a raft Health Hor add addition	ps within the  ning. If you do not beal Applicant ses and Network that are pending ion pending CMS ippears on another home list or on me, please nal PPSs.	and presentations. We organize, develop and provide technical assistance and support to community coalitions that seek to prevent drug use and address harmful community conditions, including the current prescription drug and opiate epidemic. We organize coalition strategies that promote policies and ordinances that promote healthy living. We undertake comprehensive community assessments involving both quantitative data, including surveys to determine drug use prevalence and archival data including arrest records, emergency room visits, as well as anecdotal data including town hall meetings, focus groups and key informant interviews. This enables us to determine the scope and nature of problems in our county. We strategize and promote environmental strategies to reduce youth access to alcohol, and the community's access to illegal drugs which includes such activities as organizing retail compliance checks and working with parents to reduce youth access to alcohol in their homes. In addition, we are able to apply these environmental strategies to include other conditions that impact chronic disease and health care access, and cost including diabetes prevention, obesity and other chronic diseases. ASAC provides a critical component of prevention, especially at the population level, that can impact rates of chronic disease and other conditions that impact health care utilization and cost. Working together with the other partners in our PPS, we provide critical community resources that help improve health outcomes and work toward the overarching goals of DSRIP and PHIP that, amongst other outcomes, seek to reduce unnecessary outcomes by 25%. Without our services, a large component of population health services would be missing, as well as a large percentage of preventive services in our schools.
	Medicaid (FFS & MC)	Uninsured		Data So		
Percentage	35%	30%		ADM	IN 2013	
-	Certify that the information and data not that this information may be subj	•	o provide do <u>An</u>		-	
Tit	de Evecutiv	e Director				

10/30/2014 Alexander Infusion LLC dba Avanti Health Care Services 1

# 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

l. Are you a M	ledicaid Prov	/ider						
	Answer	Yes					-	You have chosen the following VAP Exception: i
II. Appeal App	licant Inforn	nation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Alexander Infusion LLC d/b/a	a Avanti Health C	are Services				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	The New York Hospital Medical Cen	nter of Queens					You chose the qualification i, in the space below please include:
		uated <u>in the context of the F</u>			-			
	-	AP Exception in that PPS as v			"VII_Add	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 for	or further clarific	ation!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	Other					•	without your organization's involvement given the PPS current configuration of network providers.
Provider T	ype - Other:	Home infusion therapy, pha	rmacy, nursing, h	nome care, MTM				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/	License #	MMIS*			NPI*	of services for the PPS in this community (ies).  c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique	e Identifiers:	23601		03009794	4	16	39165459	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
A	gency Code:	second MMIS # 01815512 N	NPI # 111413029:	1				
Billi	ng Entity ID:							Character Count: 3452
		Address		City		State	Zip	Avanti Health Care Services is a Joint Commission Accredited Full Service Pharmacy specializing in oral medication therapy management, home
	Address	75 Nassau Terminal Road		New Hyde Park		NY	11040	infusion therapy, specialty compounding, and hospice symptom management since 1997. Over the years we have committed ourselves to
III. Appeal Poi	int of Contac	+					* REQUIRE	ISED serving the New York State Medicaid population as a fundamental provider of home infusion care for patients suffering from many acute and chronic illnesses. We are also a NYS Licensed Home Care Agency, employing nurses to deliver infusion therapy and to oversee patient medication
		Piacquadio R.Ph						compliance. Our service area includes all five boroughs of NYC, Westchester, Nassau, and Suffolk counties. Avanti Health Care Services is
Contact	Title CEO							subcontracted by several major Certified Home Health Agencies and Hospices, such as; NYC Health and Home Care, Visiting Nurse Service of Ne
Contact	Phone 516-2	80-1000		Exte	ension		1001	York, Metropolitan Jewish Home Care, Revival, Self Help, Calvary Home Care and Hospice, Compassionate Care, Hospice of New York, and other
Contact	Email ppiace	quadio@avantihealth.com						We are also contracted with most major Medicaid Long Term Care Programs. It is our belief that Avanti Health Care's services would be of grea
IV. Please cho	ose the follo	wing VAP Exception:					_	benefit in serving these communities due to our unique composition. There is no other pharmacy provider that can deliver oral medications an
<b>⑤</b> : ∧ sor	mana unita casilla	not he conved without grant	ing the evention	a bassusa na ath	or oliaible	. neovidor is	المحمد محمدالني	also provide sterile injectable infusion medications. Our facility maintains USP (797) compliant clean rooms where specially trained pharmacists
_	-	not be served without grant	ing the exception	i because no otne	er eligible	provider is	willing or capable	and technically composite injectable incursations for patients, including incursation in addition, we maintain a negative
	rving the com	munity.						pressure clean room where chemotherapeutic agents are prepared. Avanti Health Care currently services Bellevue Hospital's outpatient oncolo
O ii   Anv h	nospital is unic	quely qualified to serve base	d on services pro	ovided, financial v	viability, r	elationships	within the	clinic with the compounding of the clinic's chemotherapy orders. We have also developed a special program to reduce the need for nursing visito pre-pour Medicaid patients' chronic medications. Avanti partners with Guildnet, Amerigroup, ICS, and MJHS, to transition patients off of CH
		r clear track record of succes				cidcionsinps	***************************************	pre-pour Medicaid patients chronic medications. Availt partners with editioner, Amerigroup, ics, and Mins, to transition patients on or ch pre-pour programs, who have no other skilled needs. Currently our Medication Therapy Management and Adherence Program has been
			· ·	•				demonstrated to save Medicaid Managed Long Term Care Programs \$3000.00 per year/per patient. Data also supports decreased
O iii Any s	tate-designate	ed health home or group of	health homes. *	*				hospitalizations, relief of caregiver burden, reduced medication errors and ommissions, and increased communication amongst all providers. 1
When choosing	VAP Exception	on i & ii – Please indicate wh	nat Performing P	rovider System (F	PPS) you i	olan on joini	ng. If you do not	
indicate what P	PS you intend	to join, then you will be de	nied. Please indi	cate the name of	the PPS i	n the "Appe	al Applicant	Visiting Doctor's Program (MACT Program) to reduce hospitalizations by providing pharmaceuticals to patients sent home from the Emergency
Information – S	ection II". <u>If y</u>	ou are part of multiple PPSs	, see section VII t	<u>ab</u> .				Department that would otherwise have been hospitalized. NYHQ has also requested that we participate in their Performing Provider Steering
When choosing	VAP Exception	on iii– The Department has s	submitted a draft	list of State Desi	gnated H	ealth Homes	and Network	Committee. There is no pharmacy in your approved list that is licensed to provide nursing, oral medications, and infusion services. Therefore, w
		(CMAs) that have already be						
		Home appears on this list a						
		submit this form. If the orga ed to submit this form. If yo						continued and collaborative provision of enhanced quality care for all our communities.
		provider list, but your organ	-					continued and contabolative provides of an access quality care is at our communities.
		ailable on the DSRIP website		tilat it siloulu que	aiiiy as a i	ricaltii i ioiile	e, piease	
		you are joining more than		ond tab (Section	VII) to a	dd additiona	ıl PPSs.	
V. Percentage o	of Medicaid &	Uninsured members that y	our facility serv	es				
		4:: (FFC Q MAC)	11-1			Data Carr	V	$\neg$
	ivied	dicaid (FFS & MC)	Uni	nsured		Data Sou	rce Year	
Percentage		10%		1%		omnany fin:	ancia 2013-2014	4
· crecitage		1070				Jinpany iiii	ancia 2015 2014	
V 111	^	- !				4 - 4b - b4	-£ l l - d - d	
-	-	e information and data pro formation may be subject to						
appeal.	iu iiiai iiiis III	iormation may be subject to	o audit allu i Ma	, we asked to pro	viue uoci	umentation	in support of this	1119
abbeen.					Ansv	wer		
Nam	ne	Pietro Piacqu	uadio		Yes	O No		
Titl		CEO		L				
	Only appe	eals from the CEO, CFO or	comparable w	ill be accepted				

11/10/2014 BLHC PPS vap\_exception\_appeal\_form.xlsx

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

be posted	for public com	ment 30 days prior to appli	ication approval. Thre	e allowed reason	ons for g	ranting a	in exception a	re shown in Section IV.
I. Are you	a Medicaid Pro	ovider						
	Answer	No					~	You have chosen the following VAP Exception: i
II. Appeal	Applicant Info	rmation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Org	anization Name:	Bronx Lebanon PPS						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Bronx-Lebanon Hospital Center					-	You chose the qualification i, in the space below please include:
		luated in the context of the P						
		/AP Exception in that PPS as w		se see the "VII_A	dditional	PPSs" tak	to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple Pl		II and VII of the instructions for	or further clarification!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
	Provider Type:	Other					•	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
Provi	der Type - Other:	Performing Provider System						of services for the PPS in this community (ies).
		Operating Certificate/	License #	MMIS*		NP	1*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
U	nique Identifiers:	N/A		TBD		TB	D	
	Agency Code:							
	Billing Entity ID:		1	6.1	6	1	·	Character Count: 2971
	Address	Address 1650 Grand Concurse	New Yo	City	Stat	_	Zip 10457	We believe that our greatest strength in reform is our history of inclusiveness with our community partners. Indeed, we know that the strong reputation of our health home is due to the fact we worked so closely with our community partners. That's why, the Bronx Lebanon Health
	Address	1030 Grand Concurse	New 1	лк	INI	<u> </u>	* REQUIRED	Center Performing Provider System (BLHC PPS) is going to embody further transparency and partners empowerment by creating NewCo to execut
III. Appea	l Point of Conta	act						our new DSRIP program.
Con	tact Person Sam							
_		-President		1				NewCo will enhance the network of services for the PPS community in a number of ways, including that it will: 1) create a more inclusive process;
	tact Phone 718-	tman@bronxleb.org		Extension				2) empower our partners to decide the best solution to our challenges; 3) give voice to partner thoughts and goals; 4) ensure a fair playing field for governance for all partners; and, 5) create the organization that will in five years be able to take on risk management and payment reform. Al
								of this means that the community have will more outstanding care for all of the persons served by our PPS.
	choose the fol	lowing VAP Exception:						Signature and the community rate and more constanting the rate of the persons of the constanting the rate of the rate of the constanting the rate of the rate
		I not be served without granti	ing the exception becau	ise no other eligil	ble provid	der is willi	ing or capable	While we are still only in the preliminary stages of planning NewCo, we believe the new organization will:
	of serving the con	nmunity.						Be an LLC, as this will give us more flexibility in operations.
0 11 /	Nov hospital is up	iaualy avalified to come bace	d an carvicas providad	financial viability	v rolation	schine wit	hin tho	Have a president appointed by the board.
	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.							Have a board will be composed of our current Steering Committee members (approximately 15 people) which will function on the principle of people and people are people.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							one person, one vote.  • Move the existing PPS committee structure to within NewCo to maintain continuity of governance.
O iii	Any state-designa	ited health home or group of	health homes. **					and the change is a committee of the com
When choo	osing VAP Except	ion i & ii – Please indicate wh	at Performing Provide	System (PPS) yo	u plan on	joining. I	If you do not	Over the next several month, we will work with our Steering Committee to address key governance questions, and we are planning a day long
indicate wl	nat PPS you inten	id to join, then you will be der	nied. Please indicate th	e name of the PP	PS in the "	'Appeal A	pplicant	retreat in November on governance to help kick-start our planning process. Many key questions remain, including:
	·—	you are part of multiple PPSs,						Supporting Different Perspectives: While health care thought leaders in our community have a long and successful history working together,
	-	ion iii– The Department has s		_				what specific processes and structures are needed for this new governance paradigm?  • Achieving the State's Vision: How will the board achieve the state's goals in the context of making sure the unique needs of BLHC PPS
		s (CMAs) that have already be h Home appears on this list as						oppulation are also met?
		o submit this form. If the orga						• Scope of Control: What control, if any, will the board have over provider internal operations that are hurting DSRIP goals?
		eed to submit this form. If you						
		t provider list, but your organ						NewCo will provide a ready-made forum to discuss how to address the challenges faced by the PPS. And, it is clear that NewCo would have a
		vailable on the DSRIP website						positive impact on the persons in the BLHC PPS, which covers the South and Central Bronx. For example, the draft Community Needs Assessment
	~ For Section IV,	if you are joining more than	one PPS, use second ta	b (Section VII) to	add addi	itional PP	Ss.	(CNA) shows 57 percent of the Bronx population speaks a language other than English at home. Of those who are uninsured, more than 60 percent are foreign born. And the CNA also shows that 78 percent of those in the Bronx live below the poverty line. Absent NewCo, the care
V. Percent	age of Medicaid	& Uninsured members that y	our facility serves					delivered by the BLHC PPS could be missing the leadership and vision needed to achieve the goals of the DSRIP in the face of challenges such as a
	Ĭ		•					highly diverse population.
	Me	edicaid (FFS & MC)	Uninsured		Data	a Source	Year	
_					-			
Percenta	ge	64%	1%		D	ASNY	2103	
	rstand that this i	the information and data pro nformation may be subject to		ked to provide d				
	Name	Michael Fue	ntes	● Ye	es O	No		
	Title	Presiden	t					
	Only app	eals from the CEO, CFO or	comparable will be a	ccepted				

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

oe posted for p	oublic comm	ent 30 days prior to applicati	ion approval. Three	allowed reason	ns for grant	ing an exception a	re shown in Section IV.
. Are you a Me	edicaid Prov	vider					<u></u>
	Answer	Yes				~	You have chosen the following VAP Exception: i
II. Appeal Appl	licant Inforn	nation				_	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organizat	tion Name:	CareFirst NY, Inc. (formerly Sout	hern Tier Hospice and	l Palliative Care)			<sup>∼</sup> The VAP Exception relies heavily on the statement you provide, so please be concise and thorough <sup>∼</sup>
	Joined PPS:	Finger Lakes PPS				•	You chose the qualification i, in the space below please include:
^^ The VAP Exce	eption is evalu	uated in the context of the PPS y	you are joining. If you	are joining more	than one P	PS, you have the	
	-	AP Exception in that PPS as well (		see the "VII_Add	ditional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's. S	ee <u>Section II</u>	and VII of the instructions for fu	urther clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	Other				•	without your organization's involvement given the PPS current configuration of network providers.
Provider Ty	ype - Other: I	Hospice					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/Lice	nse #	MMIS*		NPI*	of services for the PPS in this community (ies).  c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique	Identifiers:	0721501F	(	00973982	12	285638775	c. Any supporting documentation to substantiate your manative (attach as FDF in the email when submitting)
Ag	gency Code:						
Billin	ng Entity ID:						Character Count: 3268
		Address		City	State	Zip	As CareFirst continues as an active member of the Finger Lakes PPS, we need to maximize our ability to provide care through DSRIP as we are the
	Address	11751 East Corning Road	Corning		NY	14830 * REQUIRED	sole eligible provider to provide many of the vital aspects of the projects of this PPS within the Southeastern NOCN. The Care Transitions proje (2.b.iv) that Finger Lakes PPS wishes to pursue will be utilizing many of the programming basics that CareFirst already provides through their
III. Appeal Poin	nt of Contac	t				REQUIRED	Thrive program - assessment of patient and caregiver needs and goals, review of advance directives, referral to appropriate providers with folic
- ' '	erson Robin						lup for compliance, patient and caregiver education on care needs and symptom management, assessment of patient safety and medication
		s Director					reconciliation. CareFirst, as well as other hospices in the PPS coverage area, is uniquely placed to cover this aspect of the PPS's plan due to bot
	Phone 607-9			Extension		152	our programmatic experience as well as our clinical expertise. A) CareFirst is the sole hospice provider in Chemung, Schuyler and Steuben
Contact	Email Stawa	szR@CareFirstNY.org					Counties as necessitated by the NYS Certificate of Need regulations. As documented by the DSRIP Chartbook for Finger Lakes, the DSRIP Performance and Reporting Metrics for these counties continually score near the top in the State in need, including high incidence of avoidable
of serv Any hc comm Any st: When choosing ' Information – Se When choosing ' Care Manageme CMS approval. If approval and do sanother approve complete this for	wing the commonspiral is unic aunity, and/or ate-designate VAP Exceptic Section II". If you VAP Exceptic ent Agencies ( f your Health and not nee ed safety net arm. List is ava	not be served without granting to munity.  Julely qualified to serve based or a clear track record of success in a death home or group of heal on i & ii – Please indicate what for to join, then you will be denied ou are part of multiple PPSs, see on iii – The Department has subnic CMAs) that have already been a Home appears on this list as per submit this form. If the organizated to submit this form. If your organizated to submit the DSRIP website.  If you are joining more than one in the proper submit in the proper submit than one in the proper submit that the proper submit this form. If your organizate submit that the proper submit this form the proper submit the proper submit the proper submit this form the proper submit the p	n services provided, find reducing avoidable has been serviced by the homes. **  Performing Provider State the esection VII tab. Initted a draft list of Stapproved as safety nending approval, you vation operating your briganization does not sign believes that it should be reduced by the home serviced b	nancial viability, ospital use.  ystem (PPS) you name of the PPS ate Designated It providers as we vill be granted a lealth Home/CN appear on the drould qualify as a	plan on join in the "App Health Home Ill as those t VAP Excepti IA already a aft Health H Health Hom	ing. If you do not eal Applicant es and Network that are pending on pending CMS opears on another ome list or on le, please	hospitalizations for a multiple array of causes including respiratory and heart disease, as well as a high incidence of avoidable ED visits. As the only provider of hospice and home-based palliative care in this area, CareFirst is absolutely vital in addressing these needs within our healthcare continuum and bringing the appropriate care to these families in need. B) CareFirst is an independent, not-for-profit, Board driven health care provider offering various hospice, palliative care and bereavement programs through interdisciplinary case management. Such home-based, holistic, multi-disciplinary, capitated care has been tremendously successful in providing high quality care in the home and avoiding unnecessar rehospitalizations and ED use. We participate in all insurance programs and offer a sliding fee scale for uninsured and underinsured. CareFirst has already proven instrumental in assisting the Arnot Health network in reducing their readmission rate dramatically. This has been achieved through the Thrive program as well as CareFirst's diagnosis-specific hospice programs that focus on successful disease management in the hom (C) Hospice and palliative care have been repeatedly proven to be powerful tools in meeting the MRT's Triple Aim. As just two examples, CareFirst's hospice disease management programs (LifeBeat and Breath) have reduced unnecessary hospitalizations and ED use at our partnerir hospitals by close to 100% for those enrolled, who are the most chronically and seriously ill patients the hospitals see. CareFirst also already contracts with our local hospitals to provide on-site palliative care consultations through a variety of disciplines to extend the range of specialti available to the patient and their family, strengthen the facilities' discharge planning, enhance the patient and family care planning process and provide an automatic transition and follow up in the community via home based care other than hospice.
V. Percentage of		id & Uninsured members that your facility serves  Medicaid (FFS & MC) Uninsured Data Source Year					
Percentage		17%	2%		EMR	2012	
rercentage		1//0	Δ70		EIVIK	2013	
understand appeal.	d that this in	e information and data provide formation may be subject to au	dit and I may be aske	d to provide do	cumentation swer		
Name		Mary Ann Starbud	LK	• Yes	O No		
	-	LEU				•	

10/30/2014 Catharine Street Community Center, Inc.

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

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



Vital Access	Provider Exception: The state will	I consider exceptions to the safety	net definition of	on a case-by-case b	asis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must			
be posted for	public comment 30 days prior to appli	lication approval. Three allowed rea	asons for grant	ing an exception a	re shown in Section IV.			
I. Are you a M	ledicaid Provider							
	Answer No			▼	You have chosen the following VAP Exception: i			
II. Appeal App	olicant Information				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
Organiza	ation Name: Catharine Street Community	y Center, 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	eption is evaluated in the context of the F	<u>PPS</u> you are joining. If you are joining n	more than one P	PS, you have the				
	ing for the VAP Exception in that PPS as v		_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 II and VII</u> of the instructions for	or further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Pr	ovider Type: Other			•	without your organization's involvement given the PPS current configuration of network providers.			
Provider T	Type - Other: Catharine Street Community	y Center, Inc.			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:				c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
A	gency Code:							
Billi	ing Entity ID: 14 6037154				Character Count: 1033			
	Address	City	State	Zip	Catharine Street Community Center was established in 1922, with a mission to provide health, education and support services to needy indivudals			
	Address 69 Catharine Street	Poughkeepsie	NY	12601	and families in Poughkeepsie, New York and Dutchess County. We have been a provider of quality case management, transportation and			
III. Appeal Poi	int of Contact			* REQUIRED	supportive HIV/AIDS services for more than 15 years. We are community based serving a population comprised of 85% African-Americans and			
	Person Shirley A. Adams				Hispanics, who are at or below the federal poverty level as measured by the most recent census report for individuals residing in the Mid-Hudson Valley and New York State. Our extensive network of local linkages place us in a unique position to identify eligible individuals for services and			
Contact	Title Executive Director				Valies and they for state. Our extensions network or local minages place us at a unique position to underly engoine monitorial on services and facilitate their access to resources. Without our inclusion and participation as a PPS, a large segment of the most eligible individuals in our			
Contact	Phone (845) 473-2272	Extensio	on		community will not be served. Additionally, We are a Provider that is in a pending CMS-approved status category of bulk exceptions as a			
	t Email sadams@catharinecenter.orgX	•			medicaid provider of Home Health Service.			
IV. Please cho	ose the following VAP Exception:			_				
When choosing indicate what P Information – S When choosing Care Managem CMS approval. I approval approval expression of the complete this for possible complete complete this for possible complete comp	rving the community.  In spital is uniquely qualified to serve base munity, and/or clear track record of succestate-designated health home or group of g VAP Exception i & ii – Please indicate where you intend to join, then you will be desection II". If you are part of multiple PPSs y VAP Exception iii—The Department has sent Agencies (CMAs) that have already be lif your Health Home appears on this list a onot need to submit this form. If the orgayou do not need to submit this form. If your ded safety net provider list, but your orgar orm. List is available on the DSRIP website or Section IV, if you are joining more than of Medicaid & Uninsured members that y	health homes. **  the Performing Provider System (PPS) sinied. Please indicate the name of the see section VII tab. submitted a draft list of State Designateen approved as safety net providers a sepending approval, you will be grante anization operating your Health Home our organization does not appear on th nization believes that it should qualify e.  one PPS, use second tab (Section VII)	you plan on join PPS in the "App ted Health Home is well as those t ed a VAP Excepti /CMA already aj ie draft Health H as a Health Hom	eal Applicant es and Network hat are pending on pending CMS oppears on another tome list or on the, please tal PPSs.				
Percentage	70%	20%	agend	zy 2014				
understar appeal.	Certify that the information and data pro nd that this information may be subject to	o audit and I may be asked to provide	documentation Answer	-				
Nam	ne Shirley A. Ac		Yes O No					
Tit	ie Executive Dire	ECTOLY						



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

•	•	nent 30 days prior to appli	ication approval. Thr	ee allowed reason	ns for gran	nting an exception	are shown in Section IV.
I. Are you a N	Medicaid Pro Answer	vider				_	You have chosen the following VAP Exception:
						•	· · · · · · · · · · · · · · · · · · ·
II. Appeal Ap							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiz		Catholic Charities of the Dio	cese of Albany, DBA Ca	atholic Charities of F	ulton and	Montgomery Counti	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
** TI V * D F		Ellis Hospital				nns I II	You chose the qualification i, in the space below please include:
		uated in the context of the F AP Exception in that PPS as v					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		and VII of the instructions for			artional FF	33 tab to select	include descriptions of the geographic area, the population, and how the services in this community are insufficient
	rovider Type:			-		▼	without your organization's involvement given the PPS current configuration of network providers.
		Mental Health Community R	Paridanca				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
riovidei	Type - Other.			MMIS*		NPI*	of services for the PPS in this community (ies).
Unio		Operating Certificate/ 7703431, 77034		01304636	ļ	1144476185	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	ue Identifiers: Agency Code:	,	430	01304636		11444/6185	
	ling Entity ID:	12340					Character Count: 2802
		Address		City	State	Zip	We have successfully provided residential and case management services to the mental health population since 1986. We operate two NYS Office
	Address	55 East Main St.	Johns	town	NY	12095	of Mental Health (OMH) licensed, 24-hour supervised, Community Residences. Both residence programs earned a 3-year OMH Recertification
						* REQUIRED	(the maximum awarded by OMH) for their last site visit in 2014.
	oint of Conta						1
Contact	Person John	A. Nasso utive Director					We opened the first residence, a ten-bed facility, in 1986. The second Community Residence is a specialized, eight-bed facility that serves  Mentally III Chemical Abusers (MICA). When opened in 1991 this program was one of the first MICA residences in New York State. People who
Contact	t Phone 518-7			Extension		226	live in our MICA residence participate in a structured, supportive program designed to provide an array of services to assist them in acquiring the
		nasso@cc-fmc.org				-	skills needed to avoid unnecessary hospital use and to live independently. The needs of the MICA population are not adequately met in our
IV. Please ch	oose the foll	owing VAP Exception:					community due to the lack of specific MICA support services.
i A co		not be served without grant	ing the exception beca	use no other eligible	e provider	is willing or capable	All of the people we serve have a primary psychiatric diagnosis, most have a documented history of chemical abuse and about one quarter are evoffenders. In addition, many of the people we serve are homeless, face legal problems or have borderline intellectual functioning. Our services provide the PPS with the most viable, appropriate and comprehensive housing service for this population.
		quely qualified to serve base or clear track record of succes			relationsh	ips within the	We provide this population with the following: assistance with daily living skills; socialization activities; chemical abuse relapse prevention; long
	_	ed health home or group of		or System (DDS) you	nlan an ia	ining If you do not	term stability of mental health symptoms; assistance with attaining and maintaining personal entitlements; access to career training; transportation to local AA/NA meetings; and medication management. We assure that those we serve gain access to the various support services that will assist in helping them to become more self-sufficient.
indicate what	PPS you intend	d to join, then you will be del you are part of multiple PPSs	nied. Please indicate t				We serve residents of Fulton and Montgomery counties; however we have accepted and served appropriate referrals from throughout New York
Care Managen	nent Agencies	on iii— The Department has s (CMAs) that have already be home appears on this list a	en approved as safety	net providers as we	ell as those	that are pending	State. In addition to our housing service, our agency provides other services that supplement those provided by our Community Residences.  These include: a Single Residence Occupancy (SRO) that specializes in serving Mentally III Chemical Abusers; Emergency Assistance that provides people with basic living needs such as food, shelter, and medicine; and a Food Pantry.
		submit this form. If the orga		-			
safety net list, another appro	you do not ne ved safety net	eed to submit this form. If yo provider list, but your organ vailable on the DSRIP website	ur organization does n	ot appear on the dra	aft Health	Home list or on	Catholic Charities of Fulton and Montgomery Counties has a 38 year history of providing services to the county's most vulnerable populations including: children, the mentally ill, the economically disadvantaged, chemical abusers, and the homeless. We are an agency of Catholic Charities of the Diocese of Albany, a fourteen county system. Being a part of this comprehensive system enhances our services and will enhance the PPS.
		f you are joining more than		ab (Section VII) to a	dd additio	nal PPSs.	
V. Percentage	of Medicaid 8	& Uninsured members that y	our facility serves				
	Me	dicaid (FFS & MC)	Uninsure	d	Data S	ource Year	
Percentage		100%				2013	
-	-	ne information and data pro oformation may be subject to			cumentatio		
Nar	me	John A. Na	isso	( Yes		ī	
Ti	itle	Executive Dir	rector			_	
	Only app	eals from the CEO, CFO or	comparable will be	accepted			

10/30/2014 Catholic Medical Partners - CMP

# 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

be posted for public of	omment 30 days prior to applic	ation approval. Three	allowed reason	ns for granti	ng an exception a	n are shown in Section IV.
I. Are you a Medicaid	Provider					
Ansv	ver Yes				▼	You have chosen the following VAP Exception: i
II. Appeal Applicant I	nformation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organization Na	me: Catholic Medical Partners and	l Participating Providers				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined	PPS: Catholic Medical Partners-Accountab	le Care IPA INC			•	You chose the qualification i, in the space below please include:
	evaluated in the context of the PP					
	ne VAP Exception in that PPS as we		see the "VII_Add	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
	ion II and VII of the instructions for	r turtner clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider T					•	without your organization's involvement given the PPS current configuration of network providers.  b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider Type - Ot	her: ACO and Participaing Provide	rs (Hospitals, CHAA, Phy		- See attach		of services for the PPS in this community (ies).
	Operating Certificate/Li		MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique Identif		124 ACO Par	icipants Attached	d ACO Partio	cipants Attached	_
Agency Co						Sharaka Santa Sant
Billing Entity	Address	1	City	State	Zip	Catholic Medical Partner's Accountable Care organization (CMP-AC) was incorporated to implement and govern the CMS Shared Saving ACO
Addr		Buffalo	City	NY	14209	contract. CMP-AG is a related entity to CIPA WNY IPA dba Catholic Medical Partners (CMP) and shares common governance and clinical
	1003 Beleware	Barraio			* REQUIRED	D improvement structure with Catholic Health System. CMP-AC goals are to achieve the vision of the Triple Aim, namely better care at a lower cos
III. Appeal Point of Co						with improved population health. CMP-AC performance has shown on-going success in all key quality and cost indicators including: reductions i
	Dennis R. Horrigan					hospital admissions and readmissions per 1000, reductions in ER visits per 1000 and CT scans per 1000, as well as a 13% reduction in ambulator
Title Contact Phone	CEO of Catholic Medical Partners		Extension			care sensitive conditions. CMP-AC is the lowest cost ACO in the CMS Shared Savings Demonstration and one of the most successful ACOs in the
	dhorriga@chsbuffalo.org		Extension			country. CMP-AC infrastructure is modeled after the Idealized Design of the Clinical Office and the Patient Centered Medical Home. CMP-AC's guiding principles & practices are team driven care, optimal use of health IT, use of clinical registries and process improvement to enhance care
	following VAP Exception:					coordination and care transitions. CMP-AC network includes over 1,000 physicians, Catholic Health Systems, Mt St. Mary's Hospital, a behaviora
A community of serving the community, a Any hospital is community, a Any state-des  When choosing VAP Exindicate what PPS you is Information – Section II When choosing VAP Ex Care Management Ager CMS approval. If your Happroval and do not ne safety net list, you do nanother approved safet complete this form. List ~ For Section	will not be served without granting	on services provided, f in reducing avoidable lealth homes. ** it Performing Provider ied. Please indicate the see section VII tab. ibmitted a draft list of S in approved as safety ne pending approval, you provided in the provided of the pending approval, you reproved in the province of the pending approval, you in the province of t	nancial viability, tospital use.  System (PPS) you name of the PPS tate Designated It t providers as we will be granted a dealth Home/CM appear on the drould qualify as a	plan on joini in the "Appe Health Homes Ill as those th VAP Exceptio IA already ap aft Health Ho Health Home	ng. If you do not al Applicant s and Network at are pending n pending CMS pears on another ome list or on e, please	population health value driven business model. CMP has six years of successful managed care contracts that are performance based with risk sharing and an insurance captive. These contracts include IHA, Wellcare and Fidelis which cover approximately 48,000 Medicaid lives. CMP-AC infrastructure includes a web site and an effective communication system, MedInsight data warehouse and analytics, PCMH-level 3 certified practices for 65% of the patients, EHR in all practices with over 50% interoperable. CMP has an extensive network of embedded care coordinate in the clinical office who are working with the populations which have the highest burden of illness. CMP has consistently demonstrated its abilit to perform and to adapt to the complex needs of patients, providers, health plans and government sponsored initiatives. CMP-AC is able to measure quality and cost at the practice level and regularly conducts patient care experience surveys. The governing board is trained in all aspects of board governance with a focus on clinical integration, financial integrity and effective board decision making on strategy and policy. The NYS DSRIP is aligned with CMP population health objectives and CMP infrastructure has capacity to support the performance requirements set forth by NYS in its vision of transformation. Only a low percentage of its practices have safety net status yet CMP firmly believes a broad bas of private practice physician groups are foundational to expanding access to the Medicaid population and to the success of the DSRIP plan. If CMP-AC is limited to the 5% cap it will not be able to bring needed DSRIP project driven resources to its network of private provider groups.
	Medicaid (FFS & MC)	Uninsured		Data Sou	rce Year	]
Percentage	22%			Managed I	Lives 2014	4
•	nat the information and data provi his information may be subject to Dennis R. Horr	audit and I may be ask	ed to provide doo Ans			

10/30/2014 Catskill Area Hospice & Palliative Care, Inc.

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

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



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

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

must be posted	for public comment 30 days prior to	o application approval. Three all	•	•	
I. Are you a Med	dicaid Provider				
	Answer Yes			▼	You have chosen the following VAP Exception: i
II. Appeal Applie	cant Information				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organizatio	on Name: Catskill Area Hospice & Palli	ative Care, Inc.			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Jo	pined PPS: Mary Imogene Bassett Hospital			-	You chose the qualification i, in the space below please include:
^^ The VAP Excep	tion is evaluated in the context of the I	PPS you are joining. If you are joinir	ng more than o	one PPS, you have the	
option of applying	g for the VAP Exception in that PPS as	well (if applicable). Please see the "	VII_Additional	I 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. Se	e <u>Section II and VII</u> of the instructions f	for further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Prov	ider Type: Other			•	without your organization's involvement given the PPS current configuration of network providers.
Provider Typ	e - Other: Hospice				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 le		1067674		1558353680	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	ency Code:	1007074	I	13363333000	
	Entity ID:				Character Count: 758
	Address	City	Stat	e Zip	Catskill Area Hospice & Palliative Care is the only community based hospice and palliative care provider in Otsego, Delaware and Schoharie
	Address 1 Birchwood Drive	Oneonta	NY	13820	Counties.
				* REQUIRED	Our DSRIP has identified community based Palliative Care as essential to decrease hospital and emergency room utilization. Catskill Area Hospice
III. Appeal Point	_				& Palliative Care has a proven track record in this area.
Contact Per					We also serve 20% dually eligible Medicaid patients in Nursing Homes in our three county area.
	Title CEO\President	- Coden	-:		Providing hospice and palliative care in the Nursing Homes has also been identified as a key to hospital avoidance in this population. Therefore
	one 607-432-6773 mail lola.rathbone@cahpc.org	Exten	ISIOII		increasing community based Palliative Care will be an important strategy for our DSRIP  Therefore we are submitting this application to be a Vital Access Provider.
B	se the following VAP Exception:				Therefore we are submitting this application to be a vital access Provider.
Capable Any hos commu Any stat When choosing V indicate what PPS Information – Sec When choosing W Care Manageme CMS approval. If y approval and do ranother safety ne or on another app complete this for ~ For So	nunity will not be served without grant of serving the community.  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 while you intend to join, then you will be detion II". If you are part of multiple PPSS AP Exception iii— The Department has tagencies (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 groved safety net provider list, but you m. List is available on the DSRIP website ection IV, if you are joining more than Medicaid & Uninsured members that	ed on services provided, financial vists in reducing avoidable hospital ustificated the homes. **  that Performing Provider System (Plenied. Please indicate the name of 15, see section VII tab.  submitted a draft list of State Designeen approved as safety net provider as pending approval, you will be granization operating your Health Home. If your organization does not a rorganization believes that it shoule.  one PPS, use second tab (Section Veneral Land Land Land Land Land Land Land Land	ability, relation se.  PS) you plan on the PPS in the second seco	n joining. If you do not "Appeal Applicant Homes and Network lose that are pending ception pending CMS ady appears on draft Health Home list Health Home, please	
	Medicaid (FFS & MC)	Uninsured	Data	a Source Year	
Percentage	3%	0%	САН	PC's EMR 2013	
-	rtify that the information and data pro d that this information may be subject Pamela Fir	to audit and I may be asked to pro	Answer	ntation in support of th	

10/30/2014 CCE Wayne vap\_exception\_appeal\_form

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



Vital Access	Provider	Exception: The state will	consider exceptions	to the safety ne	t definition	n on a ca	se-by-case	pasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for	public com	ment 30 days prior to appl	ication approval. Thre	ee allowed reas	ons for gra	nting an	exception	re shown in Section IV.
I. Are you a M	ledicaid Pro	vider						·
	Answer	No					~	You have chosen the following VAP Exception: i
II. Appeal App	licant Info	mation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Cornell Cooperative Extension	on of Wayne County					~ 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		luated in the context of the F	PPS you are joining. If yo	ou are joining mo	re than one	PPS, you	have the	
option of apply	ing for the \	AP Exception in that PPS as v	well (if applicable). Plea	se see the "VII_A	dditional PF	Ss" tab t	o select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section</u>	I and VII of the instructions f	or further clarification!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	ovider Type:	Other					•	without your organization's involvement given the PPS current configuration of network providers.
Provider T	ype - Other:	informal educational organiz	zation					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	71	Operating Certificate/		MMIS*		NPI*		of services for the PPS in this community (ies).
Unique	e Identifiers:	Operating Certificate/	License #	IVIIVIIS		1411		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:							
	ing Entity ID:							Character Count: 292
		Address		City	State	1	Zip	Cornell Cooperative Extension of Wayne County (CCE) provides nutrition education programs to families of low-incomes that are not provided by
	Address	1581 Route 88 North	Newar		NY		4513	other organizations. These programs address obesity and diabetes prevention as well as other chronic diseases impacted by diet and exercise.
						,	* REQUIRED	CCE
III. Appeal Poi								
Contact I		beth A. Claypoole						
		utive Director						
	Phone 315-			Extension				
	_	@cornell.edu						
IV. Please cho	ose the fol	owing VAP Exception:						
comn Any s When choosing indicate what P	nunity, and/ tate-designa <b>VAP Except</b> PS you inten	iquely qualified to serve base or clear track record of succe ted health home or group of ion i & ii – Please indicate wh d to join, then you will be de you are part of multiple PPSs	ess in reducing avoidable health homes. ** hat Performing Provide mied. Please indicate th	e hospital use. r System (PPS) yo	ou plan on jo	ining. If y	ou do not	
				State Designated	d Health Hor	nes and f	Network	
Care Managem CMS approval. I approval and do safety net list, y another approv complete this for	When choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  *For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.							
V. Percentage	of Medicaid	& Uninsured members that y	our facility serves			ı		
	Me	edicaid (FFS & MC)	Uninsured		Data S	ource	Year	
Percentage		48%			WebN	IEERS	2014	
	n <b>d that this i</b> ne	he information and data pro nformation may be subject t Elizabeth A. Cla Executive Dii	o audit and I may be as aypoole rector	ked to provide d			•	
	Only app	eals from the CEO, CFO or	comparable will be a	ccepted				

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

		comment 30 days prior to	o application a	pproval. Three allo	wed re	easons for	granting an ex	xcep	ptior	are shown in Section IV.					
I. Are you a M															
	Answer							_	Ť	You have chosen the following VAP Exception: i					
II. Appeal App								_		Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
Organiza		Chemung County Departme	nt of Aging and	Long Term Care				Ц	_~1	he VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
		Fing Finger Lakes PPS						_	$\mathbf{T}$	You chose the qualification i, in the space below please include:					
option of apply	ring for the V	luated in the context of the I AP Exception in that PPS as I and VII of the instructions f	well (if applicabl	e). Please see the "V						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					
Pro	ovider Type:	Othe Other							•	without your organization's involvement given the PPS current configuration of network providers.					
Provider T	vpe - Other:	Area Agency on Aging & NY	Connects							b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
	71:	Operating Certificate/		MMIS*			NPI*	-1		of services for the PPS in this community (ies).					
Unique	e Identifiers:	Operating certificates	Licerise #							c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	gency Code:				_										
	ing Entity ID:									Character Count: 1417					
		Address		City		State	Zip		Th	e Chemung County Department of Aging and Long Term Care is the trusted and established provider of a broad range of information,					
	Address	PO Box 588 425 Pennsylvani	ia Ave	Elmira		NY	14902		ass	istance and services to support and empower older adults, people of all ages in need of long term services and supports, and their caregivers					
							* REQUIRI	RED		f families. We serve Chemung County residents as the single point of entry for long term services and supports; and for Medicare information,					
III. Appeal Poi								_		istance, options counseling, enrollment, education about preventive services, and problem solving regarding access to needed coverage. We					
Contact F	Person Pame Title Direct							-		ntify Chemung County residents age 60 and over, and those of all ages in need of long term services and supports, who are in need of eventive services and medical and behavioral health care, and link them to necessary services. We provide information and assistance					
Contact	Title Director Phone 607-737-5520 Extension									caining a broad range of psychosocial supports necessary to ensure this population's ability to successfully utilize preventive, primary and					
	t Email pbrown@co.chemung.ny.us									navioral health care. The services we provide to Chemung Couny residents over age 60 and those of all ages in need of long term care are					
IV. Please cho	ose the follo	owing VAP Exception:							un	que to our agency, and are imperative to the goals of the Finger Lakes Performing Provider System to ensure necessary supports are in place					
Oi Any h	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.									substantially reduce avoidable hospitalizations and transform the healthcare delivery system to more effectively and efficiently fulfill nmunity needs.					
indicate what P Information – S When choosing Care Managem CMS approval. I approval and do another safety or on another a complete this for	When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not dicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network are Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending MS approval. If your Health Home appears on this list as pending approval, you 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 nother safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  "For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.							g IS							
V. Percentage	of Medicaid 8	& Uninsured members that	your facility serv	ves	ı			_							
	Med	dicaid (FFS & MC)	Uni	nsured		Data Sou	rce Year								
Percentage		20%		5%		Agency Rep	ports 20:	)13							
l understa appeal.	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  Pamela M. Brown  Titlo  Director														



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

I. Are you a Medicaid						
	ver No				▼	You have chosen the following VAP Exception: i
II. Appeal Applicant II						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
	me: CNY DSRIP Performing Provi	der System, Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	PPS: Upstate University Hospital					You chose the qualification i, in the space below please include:
option of applying for th	evaluated <u>in the context of the I</u> ne VAP Exception in that PPS as v	vell (if applicable). Pleas				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>Secti</u>	ion II and VII 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 Ty	/pe: Other					without your organization's involvement given the PPS current configuration of network providers.
Provider Type - Oth	her: Performing Provider System	(to be formed)				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 Identifi	ers: NA					c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency Co	ode: NA	•				
Billing Entity	/ ID: NA					Character Count: 3481
	Address		City	State	Zip	In response to stakeholder engagement, encouragement by the Department of Health, and the overwhelming preference of the PACs of the
Addre	ess c/o University Hospital Adm	inistration, 750 Syracus	9	NY	13210	four emerging PPSs in Central New York, the four PPS leads have agreed to combine into a single PPS, called CNY DSRIP Performing Provide
III. Appeal Point of Co	ontact				* REQUIRED	System, Inc., hereafter abbreviated CNYDPPSI (see attachments to email for letter signed by the 4 CEOs). CNYDPPSI will be formed as a ne legal entity, i.e., a non-profit membership corporation, and therefore does not yet have license, MMIS, or NPI numbers. The following form
Contact Person S						PPS leads will serve as the founding members: Auburn Community Hospital, Faxton-St. Luke's Healthcare, St. Joseph Hospital Health Center.
	OSRIP Project Operations Manage	er				and SUNY Upstate University Hospital. CNYDPPSI's service area encompasses 9 counties, in most of which it is the sole PPS: Cayuga, Cortla
Contact Phone 3	· · ·		Extension			Herkimer, Lewis, Madison, Oneida, Onondaga, Oswego, and St. Lawrence. The Medicaid population residing within this geographic area
Contact Email c	craigmis@upstate.edu					numbered 335,912 enrollees for the March 2013 – February 2014 period. Of that number, 16% were dually eligible for Medicare, 55% were
IV. Please choose the	following VAP Exception:					female, 35% were under the age of 18, and 28% identified with a race other than white.
i A community	will not be served without grant	ing the exception because	so no othor oligi	bla providor is willi	ing or	As a unified sole PPS, CNYDPPSI represents a true collaboration of the former PPS leads and their respective PACs that will maximize the
	ving the community.	ing the exception becau	se no otner engi	bie provider is wiii	rig oi	effective use of current resources, provide adequate networks for the project selected, and effectively engage its network in projects that
	ving the community.					structured with the highest potential to succeed. Anchored by the region's public hospital and its internal resources, dedicated full-time st and \$2.3 million DSRIP planning grant, the 4 former PPSs combine to bring a wealth of experience with successful collaborations with parti
O ii Any hospital is	s uniquely qualified to serve base	ed on services provided,	financial viability	y, relationships witl	hin the	organizations around care coordination, patient engagement, and primary care/behavioral health integration. CNYDPPSI's over 1450 indivi
community, a	nd/or clear track record of succe	ss in reducing avoidable	hospital use.			providers from more than 200 agencies comprise the majority of providers in the 9-county region (see attachments to email for listing). The
O iii Any state-desi		1 1.1 1 44				capacity of providers belonging to the other PPSs operating in 3 of the 9 counties or remaining outside any PPS would be insufficient to me
iii Any state-desi	ignated health home or group of	health homes. **				community's needs absent the services provided by CNYDPPSI's network.
When choosing VAP Exc	<b>ception i &amp; ii</b> – Please indicate w	hat Performing Provide	System (PPS) ye	ou plan on joining.	If you do	The four PPSs forming CNYDPPSI have drafted bylaws which establish a board of directors that will be representative of partners (including
•	ou intend to join, then you will be		e the name of th	ne PPS in the "Appe	eal Applicant	licensed providers and community based organizations), include representatives from the PAC, and be geographically representative. The
	". If you are part of multiple PPSs					founding members will have reserved powers and make decisions by majority votes. These bodies will govern and oversee the performanthe PPS, including finance, clinical, and HIT/HIE domains. CNYDPPSI will manage the implementation of projects, oversee the distribution of
	ception iii – The Department has		_			funds, employ the PPS's project management staff, and serve as the project reporting entity to the State Department of Health. It will also
-	ncies (CMAs) that have already be ealth Home appears on this list a	• • • • • • • • • • • • • • • • • • • •	•			coordinate training and technical assistance for member organizations and assure accountability of PPS providers to DSRIP milestones and
	ed to submit this form. If the orga		_		_	outcome metrics. CNYDPPSI will best serve the region, as defined, by establishing a common vision consistent with DSRIP requirements, b
• •	you do not need to submit this fo					organizing and financing care coordination, by expanding primary care and behavioral health integration, by organizing itself for long-term
•	, I safety net provider list, but your		• •			sustainability, and by entering in to contracts with Medicaid managed care organizations beyond the term of the DSRIP program.
complete this form. List	is available on the DSRIP website	е.				
~ For Section I	IV, if you are joining more than	one PPS, use second tab	(Section VII) to	add additional PP	Ss.	
V. Percentage of Medic	caid & Uninsured members that	your facility serves				
	Medicaid (FFS & MC)	Uninsured		Data Source	Year	
Percentage	NA	NA		NA	NA	
Yes I Hereby Certify th	nat the information and data pro this information may be subject	ovided on this form is ac		ect to the best of r		ee.
this appeal.			An	ıswer		
Name	Tom Quir	nn	● Ye	_		
Title	Special Assistant to the Senior					
	appeals from the CEO, CFO or	•	cented			

10/30/2014 Columbia County Department of Health

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

appeal.

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



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

id members. Any exceptions that are considered must be approved by CMS and must

	vider Exception: The state wi ic comment 30 days prior to app	•	,		•	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mulare shown in Section IV.				
I. Are you a Medic	, , , , , , , , , , , , , , , , , , , ,				0					
,	Answer Yes				-	You have chosen the following VAP Exception: i				
II. Appeal Applica	nt Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
	Name: Columbia County Departm	ent of Health				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
Joir	ed PPS: Albany Medical Center Hospital					You chose the qualification i, in the space below please include:				
^^ The VAP Exception	on is evaluated in the context of the	PPS you are joining. If you	are joining more	than one PF	S, you have the	-				
	or the VAP Exception in that PPS as		see the "VII_Add	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 S	Section II and VII of the instructions	for further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Provid	er Type: DTC				•	without your organization's involvement given the PPS current configuration of network providers.				
Provider Type	- Other:					b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
	Operating Certificate	e/License #	MMIS*		NPI*	of services for the PPS in this community (ies).				
Unique Ide	ntifiers: 1001200R	l		15	78752192	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	y Code:					]				
Billing E	ntity ID:					Character Count: 937				
	Address		City	State	Zip	Columbia County Department of Health (CCDOH) is a vital safety net health care provider for county residents. The County operates STD and				
A	ddress 325 Columbia Street	Hudson		NY	12534	immunization clinics weekly, provides maternal child health home visits to ensure the health of post partum mothers and newborns, and CCDO				
III. Appeal Point o	f Contact				* REQUIRE	also provides educational services on a large variety of health related topics with a focus on health promotion and disease prevention. Without these services, many county residents would seek care in the emergency room. Many of the services we provide are free and therefore we do				
• • • • • • • • • • • • • • • • • • • •	n Angella Ttimothy					not accurately reflect the true value of a safety net provider. CCDOH works collaboratively with numerous community-based health partners				
	le Public Health Director					including Columbia Memorial hospital, the only hospital in the County. Our staff are highly skilled in chronic disease prevention and managem				
Contact Phor	ne 518-828-3358		Extension		1240	and will be instrumental in decreasing the rates of avoidable emergency use in the county.				
Contact Em	ail angella.timothy@columbiacoun	tyny.com				]				
IV. Please choose	the following VAP Exception:				_					
_	nity will not be served without grar the community.	nting the exception becaus	e no other eligibl	e provider is	willing or capable					
	tal is uniquely qualified to serve bas			relationship	s within the					
O iii Any state-	designated health home or group o	of health homes. **								
indicate what PPS ye	Exception i & ii – Please indicate wou intend to join, then you will be d	enied. Please indicate the								
	on II". If you are part of multiple PPS		D:	114-11	a and National					
Care Management A	PException iii— The Department has sgencies (CMAs) that have already bur Health Home appears on this list	een approved as safety ne	t providers as we	ell as those th	nat are pending					
	need to submit this form. If the or		_		-					
safety net list, you o	o not need to submit this form. If y	our organization does not	appear on the dr	aft Health H	ome list or on					
	afety net provider list, but your orga		ould qualify as a	Health Hom	e, please					
•	List is available on the DSRIP websi tion IV, if you are joining more that		(Section VII) to a	add addition	al PPSs.					
	edicaid & Uninsured members that		. ,							
	Medicaid (FFS & MC)	Uninsured		Data Sou	ırce Year	]				
Percentage	7%	2%		NYS Clai	ms 2013	3				
Percentage Yes I Hereby Certi	Medicaid (FFS & MC)	Uninsured 2%  ovided on this form is according to the control of t		NYS Clai	ms 2013	<u> </u>				

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



					basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
		lication approval. Three allowed reas	ons for grant	ting an exception a	re shown in Section IV.
I. Are you a Medic					
A	nswer No			▼	You have chosen the following VAP Exception:
II. Appeal Applican	t Information				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organization	Name: Comprehensive Interdiscipli	inary Developmental Services, Inc. CIDS			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Join	ed PPS: Finger Lakes PPS			•	You chose the qualification i, in the space below please include:
		PPS you are joining. If you are joining me			
		well (if applicable). Please see the "VII_/	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
	ection II and VII of the instructions f	for further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provide	r Type: Other			▼	without your organization's involvement given the PPS current configuration of network providers.
Provider Type -	Other: Developmental screening, H	lome visitation services including Nurse	Home Visitation	on	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 Ider	tifiers:				c. Any supporting documentation to substantiate your narrative (attach as 1 or 11 the email when submitting)
Agency	/ Code:				
Billing En	•				Character Count: 1462
	Address	City	State	Zip	CIDS has provided Home Visitation services in Chemung County for over 40 years. It has been our goal to provide these services to all families in
Ac	dress 161 Sullivan Street	Elmira	NY	14901 * REQUIRED	Chemung County. Within the last three years, there have been significant funding cuts that have seriously impacted our ability to meet the goal
III. Appeal Point of	Contact			REQUIRED	of Universal Home Visitation. Specifically the implementation of Manadatory Managed Care has resulted in the elimination of funding for our Prenatal Early Infancy Program (PEIP), the original NFP program site.
	n David Andreine				One demographic that has experienced the greatest reduction in services due to funding cuts is the Maternal / Child population of pregnant and
	e Executive Director				parenting teens. almost three years ago the CIDS PEIP program which was the pilot program of what became the Nurse Family Partnership (NFP)
Contact Phon	e 607 733-6533	Extension			In addition to losing the well documented outcomes of the nurse home visitation program , PEIP From a systemic perspective these
Contact Ema	I DavidA@cidsfamilies.com				programming loses have directly impacted the ability to identify the high need population for our existing services such as, The Chemung County School Readiness Project, the Healthy Families Chemung County Program and The Early Childhood Services Team.
of serving Any hospit communit Any state-o When choosing VAP indicate what PPS yo Information – Sectio When choosing VAP Care Management A CMS approval. If you approval and do not safety net list, you de another approved sa complete this form.	the community.  al is uniquely qualified to serve base, and/or clear track record of succe designated health home or group of  Exception i & ii – Please indicate wh u intend to join, then you will be de in II". If you are part of multiple PPSs  Exception iii— The Department has segencies (CMAs) that have already be r Health Home appears on this list a need to submit this form. If the org; o not need to submit this form. If yo fety net provider list, but your organ List is available on the DSRIP website.	hat Performing Provider System (PPS) y enied. Please indicate the name of the P s, see section VII tab. submitted a draft list of State Designate seen approved as safety net providers as as pending approval, you will be granted anization operating your Health Home/tour organization does not appear on the nization believes that it should qualify a e.	ou plan on joir PS in the "App d Health Hom well as those t a VAP Excepti MA already a draft Health Hon	os within the  ning. If you do not neal Applicant es and Network that are pending on pending CMS ppears on another some list or on ne, please	By identifying CIDS as a provider, we would be able to implement the NFP program an identified DSRIP intiative tool box. There is no other organization with in this region that has had the extensive experience and success rate of implementing Nurse Home Visitation services that CIDS has
	Medicaid (FFS & MC)	Uninsured	Data So	urce Year	
Percentage	50%	10%	internal re	ecords 2013	
		reine			

10/30/2014 Council for Prevention

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

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



I. Are you a M										
		No				▼	You have chosen the following VAP Exception:			
II. Appeal App	1					1	VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
Organiza		Council for Prevention				Encore.	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
		Adirondack Health Institute				•	You chose the qualification i, in the space below please include:			
		luated in the context of the PP								
	-	'AP Exception in that PPS as we I and VII of the instructions for		-	Additional PP	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 include descriptions of the geographic area, the population, and how the services in this community are insufficient			
· ·	ovider Type:		Turtifici ciuriii	cation:		•	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 I	ype - Other:	PreventionOASAS					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)			
	e Identifiers:	OASAS		0		0				
	gency Code: ing Entity ID:	33040					Character Count: 1298			
Billi	ing Entity ID.	Address		City	State	Zip	The Council for Prevention serves the communities of Warren and Washington Counties, population approximately 130,000. The Council is the			
	Address	10 LaCrosse St		Hudson Falls	NY	12839	primary source of Prevention Services and Programs. The services provided include, but not limited to: Community Mobilization, training,			
						* REQUIRED	education, collaboration and consultation for our schools, communities, families and agencies. The Council provides training for BH/SA			
III. Appeal Poi							professionals bringing people from diverse agencies together. As the prime facilitator of Community Mobilization, the Council is able to bring a			
Contact F	Person David	utive Director					diverse group of stakeholders together to address community health/BH issues and needs. Every two years the Council invites our 18 school districts to participate in the Student Substance Use/ Risk and Protective Survey which will be administered to all students in grades 6-12. The			
Contact	Phone 518-7			Extension	1		data's used to guide development of programs and activities in our communities and schools. The Council also coordinated the Natural Helpers			
		d Saffer@councilforprevention	n.org				and SADD programs in the area schools. The services of the Council are closely aligned with the needs assessment of the Adirondack Rural Healt			
IV. Please cho	ose the follo	owing VAP Exception:					network. The Council for Prevention is unique qualified in helping the PPS meeting its goals as we work closely with other agencies, especially th BH and Health organizations.			
of ser Any h comm iii Any si When choosing indicate what P Information – S When choosing Care Manageme CMS approval. I	rving the commospital is uninunity, and/o state-designat s VAP Excepti PS you intendection II". If y s VAP Excepti ent Agencies If your Health	not be served without grantin immunity.  iquely qualified to serve based or clear track record of success ted health home or group of histon i & ii – Please indicate what d to join, then you will be denifyou are part of multiple PPSs, ston iii – The Department has su (CMAs) that have already been home appears on this list as a submit this form. If the organ	on services pr in reducing avealth homes. * tt Performing lied. Please ind see section VII ibmitted a draft n approved as pending appro	rovided, financial viability oidable hospital use.  **  Provider System (PPS) y licate the name of the Ptab. It list of State Designate safety net providers as val, you will be granted	ey, relationshi ou plan on joi PS in the "Ap d Health Hom well as those a VAP Except	ps within the  ning. If you do not beal Applicant  ses and Network that are pending ion pending CMS				
another approv complete this fo ~ For	red safety net orm. List is av r Section IV, i	eed to submit this form. If your t provider list, but your organiz vailable on the DSRIP website. if you are joining more than or & Uninsured members that yo	zation believes	that it should qualify a	s a Health Ho	me, please				
ſ	Me	edicaid (FFS & MC)	Uni	insured	Data So	ource Year				
Percentage										
understan appeal.	nd that this in	he information and data provi	audit and I ma	ay be asked to provide o	locumentatio	n in support of this				
Nam	ne	David Saffe			res O No					



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

		nent 30 days prior to appl	ication approv	al. Three allowed	d reasons	s for grant	ing an except	ion are	e shown in Section IV.				
I. Are you a f	Medicaid Pro									_			
	Answer	Yes						•	<u> </u>	i			
II. Appeal Ap	plicant Infor	mation							VI. Restricted to 3500 Characters only! - Please read inst				
Organia	zation Name:	Empire Home Infusion Servi	ces, Inc., d/b/a i	Northeast Home N	1edical Ed	quipment		^	~ The VAP Exception relies heavily on the statement you	u provide, so please be concise and thorough~			
	Joined PPS:	Ellis Hospital						-	You chose the qualification i, in the space below p	please include:			
		uated <u>in the context of the F</u>			-								
		AP Exception in that PPS as v		*	"VII_Addi	itional PPSs	s" tab to select	t	1 '	at would otherwise not be served by the selected PPS. Be sure to			
		and VII of the instructions for	or further clarifi	cation!						population, and how the services in this community are insufficient			
Р	rovider Type:	Other						•	, ,	he PPS current configuration of network providers.			
Provider	Type - Other:	Durable Medical Equipment,	/Home Respirat	ory Therapy						the services provided, and how the services will enhance the network			
		Operating Certificate/	License #	MMIS*			NPI*		of services for the PPS in this community (ies). c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
Uniqu	ue Identifiers:			2164510	)	17	770551228		c. Any supporting documentation to substantiate	your narrative (attach as PDF in the email when submitting)			
	Agency Code:												
Bil	ling Entity ID:									Character Count: 3435			
		Address		City		State	Zip			nedical equipment and home respiratory therapy (DME/RT) provider integral to St.			
	Address	60 Cohoes Avenue		Green Island		NY	12183			e Ellis PPS: Albany, Rensselaer, Saratoga, Schenectady, Fulton and Montgomery.			
III. Annool De	oint of Conta	<b>-</b>					* REQUI			d patients annually, makes over 28,000 deliveries. 30% of patients are hospice			
	Person Irene								· · · · · · · · · · · · · · · · · · ·	8% receive charity care/financial assistance with copays. Our equipment and care, behavioral health, and integrated delivery system Ellis PPS projects.			
Contact	Title Direc							_	, , ,	E/RT services in the targeted service area without the approval of NEHME as a vital			
Contac	t Phone 518-2			Exte	ension				access provider. NEHME was established in 2001 and is critical				
		.Magee@sphp.com		•					·	this region for the past 15 years. The nature of serving hospice patients requires u			
IV. Please ch	oose the foll	owing VAP Exception:					_	t	to be in every neighborhood every day whereas the typical DN	ME provider is setup to deliver to certain areas on a certain day of the week.			
		•							= ' ' '	unique in being responsive evenings, weekends and holidays to ensure access off			
_	-	not be served without grant	ing the exceptio	n because no othe	er eligible	provider is	willing or capa		hours. Our staff also has experience caring for patients at end				
	erving the com	munity.								ners, and a key partner in the Ellis PPS. NEHME is the only DME/RT provider with			
O ii Any	hosnital is uni	quely qualified to serve base	nd on services or	ovided financial v	viahility r	elationshin	s within the		, , ,	sician offices and each hospice branch office to help avert ER visits/hospitalizations			
	•	r clear track record of succes	•	,		Cidcionsinp	5 Within the		· · · · · · · · · · · · · · · · · · ·	cy. We have nebulizer loan closets in our physician practices and urgent care center atient/caregiver to be taught to use the equipment. As part of the Ellis PPS, NEHMI			
			_	•					will expand on-site closets at patient-centered medical homes				
iii Any	state-designat	ed health home or group of	health homes. *	**					· ·	to has delivery vehicles loaded with appropriate inventory which allow the delivery			
When choosin	g VAP Excepti	on i & ii – Please indicate wh	nat Performing	Provider System (F	PS) you p	olan on join	ing. If you do n			eliminating the need to return to the warehouse for new orders. NEHME is the only			
indicate what	PPS you intend	d to join, then you will be de	nied. Please ind	licate the name of	the PPS i	n the "Appe	eal Applicant		DME/RT service with equipment loan closets at all four SPHP h	hospitals, Sunnyview Rehab Center, SPHP sub acute rehab facilities to facilitate			
Information –	Section II". If y	ou are part of multiple PPSs	, see section VII	tab.					timely discharges.				
When choosin	ig VAP Excepti	on iii– The Department has s	submitted a draf	ft list of State Desi	gnated H	ealth Home	s and Network	`		atory technology including those items which will be important in serving the			
		(CMAs) that have already be	• • •					ъ :		lizers, breast pumps, portable ramps, wheelchairs, walkers, commodes, beds,			
		Home appears on this list a						١٠ .		lucts and services: invasive and non-invasive home ventilators, Bipap, CPAP and rate of only 3% for home-based ventilator-dependent patients with an average dail			
		submit this form. If the orga		0,			•	.iici	census of 30 patients.	Tate of only 5% for nome-based ventilator-dependent patients with an average dail			
	•	ed to submit this form. If yo provider list, but your organ	•						·	r patients with special needs who also require immediate delivery. Averting an ER			
		railable on the DSRIP website		tilat it siloulu qua	illy as a r	nealth nom	ie, piease		· · · · · · · · · · · · · · · · · · ·	urs, in our experience, if the equipment needed at home can be obtained in hours,			
•		f you are joining more than		cond tab (Section	VII) to ac	d addition:	al PPSs.		not days.	. ,			
• •		. you are joining more than	o	(000	,								
V. Percentage	of Medicaid 8	& Uninsured members that y	our facility serv	res .									
	Me	dicaid (FFS & MC)	Uni	insured		Data Sou	urce Year	r					
Percentage		8%		8%		Censu	is 2	2013					
understa appeal. Nai	me	ne information and data pro iformation may be subject to Michelle Maz VP/Direct eals from the CEO, CFO or	o audit and I ma	ay be asked to pro		umentation	-	-					

10/30/2014 Empire Home Infusion Services, Inc.

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



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

		ment 30 days prior to appl	ication approva	al. Three allowe	ed reason	s for grant	ing an except	ion are	shown in Section IV.
I. Are you a f	Medicaid Pro								
	Answer	Yes						•	You have chosen the following VAP Exception: i
	plicant Infor								VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organia	zation Name:	Empire Home Infusion Servi	ces, Inc.						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:							~	You chose the qualification i, in the space below please include:
		luated in the context of the F			_				
		AP Exception in that PPS as was and VII of the instructions for		*	"VII_Add	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
			or further clarific	Lation:					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.
	/۱ .	Other						•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider	Type - Other:	Home Infusion Pharmacy							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)
	ue Identifiers:	23023		169746	55	15	98705386		,
	Agency Code:								
Bil	lling Entity ID:					1		—II.	Character Count: 3485
	Address	Address		City		State NY	Zip 12020		Empire Home Infusion Service (EHIS) is a non-profit home infusion pharmacy serving the greater Capital Region, including the 6-county area targeted by the Ellis PPS: Albany, Rensselaer, Saratoga, Schenectady, Schoharie, Fulton and Montgomery counties. EHIS was formed in 1996 and
	Address	10 Blacksmith Drive, Suite 2 Malta NY 12020 * REQUIRED							is an integral component of St. Peter's Health Partners (SPHP), serving 500 patients per day, 1,500 unduplicated patients annually. EHIS will be a
III. Appeal Po	oint of Conta	ct					n.c.qo		key provider in the following Ellis PPS projects: care transitions, palliative care, and integrated delivery system.
Contact	t Person Diana	a Boschi, RPh							The Ellis PPS would be unable to serve patients in need of home infusion pharmacy services in the targeted service area without the approval of
	Title Direc								EHIS as a vital access provider. Home infusion therapy will be used more extensively to avoid hospitalizations by patients living in the communit
	t Phone 518-8			Ex	tension				as well as by those residing in nursing homes. EHIS is unique in several ways:
Contac	ct Email Diana	a.Boschi@sphp.com							• EHIS has been the exclusive provider for the only Hospice in the region for more than 15 years. Our pharmacists have extensive experience
IV. Please ch	oose the foll	owing VAP Exception:					-		with pain and serve as expert resources to physicians to assure patients are receiving the most appropriate medication at optimal dosing. In addition, our delivery technicians have specialized training and experience caring for patients at end of life, which is key in achieving the desired
i Acc	ommunity will	not be served without grant	ing the exceptio	n because no otl	her eligible	provider is	willing or capa		outcomes in the Ellis PPS palliative care program.
of se	erving the com	munity.							• EHIS is uniquely positioned to facilitate care transitions with on-site RN Liaisons at all SPHP hospitals and rehab centers and stat provision of IV
O ii Any									RNs for pre-discharge teaching of patients/caregivers. EHIS provides a 4-hour stat response time to new orders.
\	•	quely qualified to serve base				elationship	s within the		<ul> <li>Averting a hospitalization through the use of IV therapy in the home requires a degree of integration and responsiveness that is only provided in</li> </ul>
com	nmunity, and/o	or clear track record of succe	ss in reducing av	oidable hospital	use.				this region by EHIS. The SPHP Home Visiting Physician Program utilizes EHIS routinely to avert ER visits and hospitalizations for their homebound
O iii Anv	state-designat	ted health home or group of	health homes. *	*					patients. The MDS/NPs in this model share examples with their physician colleagues showing how EHIS started IV therapy in the home faster than
					(DDC)				it would occur if the same physician were ordering it while in a hospital.  • EHIS is also unique in providing IV therapy to residents of 9 skilled nursing facilities to avoid unnecessary hospitalizations. EHIS works with Edd
		on i & ii – Please indicate what to join, then you will be de		•			· ,		VNA to train SNF-based RNs in IV therapy and provides support and assistance 24/7/365. EHIS will expand the service throughout the Ellis PPS.
		you are part of multiple PPSs			n the FF3 i	ii tile Appt	eai Applicant		• EHIS patient outcomes and process measures are nationally benchmarked through Strategic Healthcare Programs and are consistently above
	·	on iii– The Department has s		<del></del>	signated H	ealth Home	s and Network	,	national averages. In 2013, 77% of patients completed therapy, 2% above the national average. Remarkably, with a large percentage of patients
		(CMAs) that have already be			-				served being on a home-based palliative care program, hospice program or chemotherapy, EHIS has achieved an hospital avoidance rate of
CMS approval.	. If your Health	Home appears on this list a	s pending appro	val, you will be g	granted a V	AP Exception	on pending CM	13	99.5%, or 0.29 unscheduled hospitalization events per 1000 service days, versus 0.32 nationally.
		submit this form. If the orga	•	0,			•		• Most home infusion pharmacies operate a licensed home care agency to provide IV nursing services in a patient's home. However, Medicaid
	•	ed to submit this form. If yo							beneficiaries, duals and managed Medicaid members must be provided by a certified home health agency. EHIS is the only home infusion pharmacy with contracts and effective working relationships with the 3 certified home health agencies (Eddy VNA, VNA of Northeastern New
		provider list, but your orgar vailable on the DSRIP website		that it should qu	uality as a	Health Hom	e, please		York and Community Health Center) covering the Ellis PPS service area.
•		if you are joining more than		rond tah (Sectio	n VII) to a	ld addition:	al DDSc		The state of the s
.,	01 3000001117,1	ir you are joining more than	one 11 3, use se	cond tab (Sectio	,	au uuunnon	u 55.		
V. Percentage	of Medicaid 8	& Uninsured members that y	our facility serv	es					
	Me	dicaid (FFS & MC)	Uni	nsured		Data Sou	ırce Year	,	
Percentage		12%		1%		Censu	s 2	2013	
rereentage		1270		170		Cerisa	2	.013	
-	-	he information and data pro					-	-	
	and that this ir	nformation may be subject to	o audit and I ma	y be asked to pr	ovide doc	umentation	in support of	this	
appeal.					Ansv	ver			
Nai	me	Michelle Maz	zzacco	1	Yes	O No			
Ti	itle	VP/Direct	or						
	Only app	eals from the CEO, CFO or	comparable w	ill be accepted					

10/30/2014 Equinox Inc. 1

# 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

be posted for	•	ment 30 days prior to appl	lication approval. Thre	e allowed reas	ons fo	or granting	an exception a	re shown in Section IV.
i. Are you a iv	Answer						_	You have chosen the following VAP Exception:
II Ammaal Amm							·	<u> </u>
II. Appeal App							1	VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	Equinox Inc.						The VAP Exception relies heavily on the statement you provide, so please be concise and thorough?
** 71 1/40 5	Joined PPS:	Albany Medical Center Hospital	nncr			200	~	You chose the qualification i, in the space below please include:
		lluated in the context of the I						A qualific definition of the community (i.e.) that you determine the country to the colored DDC De sure to
	•	II and VII of the instructions f		e see the VII_A	aartio	mai PP35 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 include descriptions of the geographic area, the population, and how the services in this community are insufficient
	ovider Type:	1	or rarener clarification.				•	without your organization's involvement given the PPS current configuration of network providers.
							•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider I	ype - Other:	OMH Congregate Care Level						of services for the PPS in this community (ies).
		Operating Certificate	/License #	MMIS*			IPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:	7524430		2995811		14776	695021	
	gency Code:	504.442.45						Sharata Sarata 2220
BIIII	ng Entity ID:	Address		City	-	State	Zip	Character Count: 3269 Geographic Area of services provided by Equinox, Inc. – Albany County
	Address	500 Central Avenue	Albany	City		NY	12206	Population Served – Adults 18 and older with a diagnosis of serious mental illness
	Addiess	300 Central Avenue	Albarry			INI	* REQUIRED	Services would be insufficient without Equinox, Inc. Residential Program – If Equinox did not provide adult residential services, there would be 83
III. Appeal Poi	int of Conta	ict						fewer residential beds in the Albany County community that would provide housing to adults living with a serious mental health diagnosis. This
Contact I	Person And	rew Joslin						lack of residential beds would result in a greater number of hospitalizations both medically and psychiatrically. With fewer options for hospital
	Title CFO							discharges to community based residential services, there would be a greater number of clients that would continue to remain in the hospital or
Contact		435-9931		Extension		52	233	be discharged to the community without proper case management services (medication supervision, proper nutrition, medical care, outpatient
		in@equinoxinc.org						psychiatric services).
i A coron of ser	mmunity wil will wing the concomplishing the concom	In our be served without grant munity.  In ot be served without grant munity.  In our be served without grant gran	ed on services provided, ess in reducing avoidable health homes. ** hat Performing Provide hied. Please indicate the sees section VII tab. submitted a draft list of een approved as safety is pending approval, you anization operating you our organization does no nization believes that it e. one PPS, use second ta	financial viability hospital use.  System (PPS) you ename of the PF State Designated the providers as will be granted. Health Home/C tappear on the should qualify as	y, related by plan plan plan plan plan plan plan plan	n on joining. he "Appeal is th Homes ai those that Exception p iready appeal Health Home, p	If you do not Applicant and Network are pending bending CMS ars on another e list or on olease	Equinox, Inc. is a dynamic human service agency with deep roots in the community of the Capital District of New York. The agency serves adolescents and adults struggling with chemical dependency, domestic violence, mental illness, and youth who are homeless or at-risk for homelessness and other negative outcomes. With a staff of more than 200 dedicated employees, the agency provides compassionate treatment, services, advocacy and support to more than 5,000 people each year at 11 different locations throughout Albany County. Equinox, Inc. is the product of two strong organizations, ClearView Center and Equinox, which merged in 2012. ClearView Center, originally the Albany Child Guidance Center, was founded in 1947 by a group of parents seeking to keep their children with mental illness nearby. ClearView's mental health services grew to include family support, rehabilitation, case management, and residential facilities. Equinox formed in 1969 when a group of students and community volunteers created a 24-hour crisis hotline and intervention center for youth. Over the years, Equinox expanded its counseling and emergency shelter programs for youth, added support services and safe shelter for victims of domestic violence and created comprehensive after-school offerings for at-risk youth, and established a counseling center for adolescents and adults struggling with chemical dependency. Today, Equinox, Inc. serves clients through a comprehensive continuum of services used evidence-based best practices and a client centered approached. The organization was built by the people of Albany County and continues its commitment to the community by guiding clients to move forward on paths to recovery, healing and independence.  Enhance Network: The services offered by Equinox provide a continuum of human services to the residents in the Capital Region for both the youth and adult population. As a result of the comprehensive services provided, the community is able to obtain evidence-based, best practices that will enhance ser
	Me	edicaid (FFS & MC)	Uninsured		Г	Data Source	e Year	
Percentage		100%	0%			EMR	2013	
	nd that this i	the information and data pro information may be subject t Andrew Jo Chief Finacial peals from the CEO, CFO or	o audit and I may be as oslin Officer	ked to provide d	ocume nswer	entation in		

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



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

be posted for	•	ment 30 days prior to appl	ication approval. Thre	ee allowed rea	asons	for grant	ing an exce	eption a	e shown in Section IV.
i. Are you a iv	Answer							•	You have chosen the following VAP Exception:
II. Appeal App									VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
									· ————
Organiza	ation Name:							1920	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
44 TI VARE	Joined PPS:	Albany Medical Center Hospital	200				DC 1	<b>X</b>	You chose the qualification i, in the space below please include:
option of apply	ing for the \	Iluated in the context of the I I/AP Exception in that PPS as I II and VII of the instructions f	well (if applicable). Plea						a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		1	of further clarifications					_	include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
	ovider Type:							•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider 1	Type - Other:	OMH Congregate Care Level	12			1			of services for the PPS in this community (ies).
		Operating Certificate	/License #	MMIS*			NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:	7524433		2995811		14	477695021		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Agency Code:								
Billi	ing Entity ID:								Character Count: 3484
		Address		City		State	Zip		
	Address	500 Central Avenue	Albany			NY	12206	OUIRED	Geographic Area of services provided by Equinox, Inc. – Albany County  Population Served – Adults 18 and older with a diagnosis of serious mental illness
III. Appeal Poi	int of Conta	nct					REC	JUIKED	Services would be insufficient without Equinox, Inc. Residential Program – If Equinox did not provide adult residential services, there would be
Contact		rew Joslin							fewer residential beds in the Albany County community that would provide housing to adults living with a serious mental health diagnosis. This
	Title CFO								lack of residential beds would result in a greater number of hospitalizations both medically and psychiatrically. With fewer options for hospital
Contact	Phone 518-	435-9931		Extension	on		5233		discharges to community based residential services, there would be a greater number of clients that would continue to remain in the hospital or
Contact	t Email ajos	in@equinoxinc.org							be discharged to the community without proper case management services (medication supervision, proper nutrition, medical care, outpatient
IV. Please cho	ose the fol	lowing VAP Exception:							psychiatric services).
of set  Any M  comm  iii Any S  When choosing indicate what P Information – S  When choosing indicate what P Information and care Managem  CMS approval approval and disafety net list, y another approv  complete this fo	rving the cor mospital is un munity, and/ state-designa g VAP Except PS you inter- section II". If g VAP Except ent Agencies If your Healt o not need t you do not n ved safety ne form. List is a r Section IV,	I not be served without grant nomity.  iquely qualified to serve base or clear track record of succe ted health home or group of ion i & ii – Please indicate wid to join, then you will be de you are part of multiple PPSs ion iii – The Department has:  is (CMAs) that have already be h Home appears on this list a to submit this form. If the orgeed to submit this form. If yot t provider list, but your orgat valiable on the DSRIP website if you are joining more than & Uninsured members that you was a submit that the submit of the provider list, but your orgat valiable on the DSRIP website	ed on services provided ses in reducing avoidable health homes. ** nat Performing Provide nied. Please indicate the see section VII tab. submitted a draft list of seen approved as safety is pending approval, you anization operating you are organization does no nization believes that it e. one PPS, use second ta	financial viabi e hospital use. r System (PPS) ie name of the State Designat iet providers a u will be grante r Health Home bt appear on th should qualify	you p PPS in ted He s well ed a Vi /CMA e drai as a F	elationship alan on join n the "App ealth Home as those ti AP Exceptic already a ft Health H dealth Hom	ing. If you deal Applicants and Netwinstant are pendon pending oppears on ar tome list or dee, please	do not not ork ding CMS nother	B. Description of Organization and how services will enhance network — Equinox, Inc. is a dynamic human service agency with deep roots in the community of the Capital District of New York. The agency serves adolescents and adults struggling with chemical dependency, domestic violence, mental illness, and youth who are homeless or at-risk for homelessness and other negative outcomes. With a staff of more than 200 dedicated employees, the agency provides compassionate treatment services, advocacy and support to more than 5,000 people each year at 11 different locations throughout Albany County. Equinox, Inc. is the product of two strong organizations, ClearView Center and Equinox, which merged in 2012. ClearView Center, originally the Albany Child Guidance Center, was founded in 1947 by a group of parents seeking to keep their children with mental illness nearby. ClearView's mental healt services grew to include family support, rehabilitation, case management, and residential facilities. Equinox formed in 1969 when a group of students and community volunteers created a 24-hour crisis hotline and intervention center for youth. Over the years, Equinox expanded its counseling and emergency shelter programs for youth, added support services and safe shelter for victims of domestic violence and created comprehensive after-school offerings for at-risk youth, and established a counseling center for adolescents and adults struggling with chemical dependency. Today, Equinox, Inc. serves clients through a comprehensive continuum of services used evidence-based best practices and a client centered approached. The organization was built by the people of Albany County and continues its commitment to the community by guiding clients to move forward on paths to recovery, healing and independence.  Enhance Network: The services offered by Equinox provide a continuum of human services to the residents in the Capital Region for both the youth and adult population. As a result of the comprehensive services provided, the community i
	Me	edicaid (FFS & MC)	Uninsured			Data Soi	urce Y	ear	
Percentage		100%	0%			EMR	1	2013	
	n <b>d that this i</b> ne	the information and data pro information may be subject to Andrew Jo Chief Finacial peals from the CEO, CFO or	o audit and I may be as sslin Officer	ked to provide		ımentation	•	•	

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### 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	nent 30 days prior to appli	ication approval. T	Three allowed re	easons	for grant	ing an exception a	re 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	olicant Inforr	mation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organiza	ation 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 Exc	eption is eval	uated in the context of the P	PPS you are joining.	If you are joining	more th	han one Pf	PS, you have the					
	-	AP Exception in that PPS as w			I_Addit	ional 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</u>	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				
Pr	ovider Type:	Other					•	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 sources for the PDS is this community (ice).				
Provider T	Гуре - Other:	OMH Congregate Care Level	2									
		Operating Certificate/	License #	MMIS*			NPI*	of services for the PPS in this community (ies).				
Unique	e Identifiers:	7524434		2995811		14	77695021	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
A	gency Code:											
Billi	ing Entity ID:	E0144346						Character Count: 3311				
		Address		City		State	Zip	Geographic Area of services provided by Equinox, Inc. – Albany County				
	Address	500 Central Avenue	Alb	any		NY	12206	Population Served – Adults 18 and older with a diagnosis of serious mental illness				
III. Appeal Poi	int of Contac	~ <b>+</b>					* REQUIRED	Services would be insufficient without Equinox, Inc. Residential Program – If Equinox did not provide adult residential services, there would be 87				
	Person Andre							fewer residential beds in the Albany County community that would provide housing to adults living with a serious mental health diagnosis. This lack of residential beds would result in a greater number of hospitalizations both medically and psychiatrically. With fewer options for hospital				
Contact	Title CFO	24 3031111						discharges to community based residential services, there would be a greater number of clients that would continue to remain in the hospital or				
Contact	Phone 518-4	35-9931		Extens	ion		5233	be discharged to the community without proper case management services (medication supervision, proper nutrition, medical care, outpatient				
Contact	t Email ajoslir	n@equinoxinc.org						psychiatric services).				
IV. Please cho	ose the follo	owing VAP Exception:						Equinox, Inc. is a dynamic human service agency with deep roots in the community of the Capital District of New York. The agency serves adolescents and adults struggling with chemical dependency, domestic violence, mental illness, and youth who are homeless or at-risk for				
IV. Please choose the following VAP Exception:  A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.  Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.  Any state-designated health home or group of health homes. **  When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception iii – The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending							s within the ing. If you do not eal Applicant is and Network	homelessness and other negative outcomes. With a staff of more than 200 dedicated employees, the agency provides compassionate treatment, services, advocacy and support to more than 5,000 people each year at 11 different locations throughout Albany County. Equinox, Inc. is the product of two strong organizations, ClearView Center and Equinox, which merged in 2012. ClearView Center, originally the Albany Child Guidance Center, was founded in 1947 by a group of parents seeking to keep their children with mental illness nearby. ClearView's mental health services grew to include family support, rehabilitation, case management, and residential facilities. Equinox formed in 1969 when a group of students and community volunteers created a 24-hour crisis hotline and intervention center for youth. Over the years, Equinox expanded its counseling and emergency shelter programs for youth, added support services and safe shelter for victims of domestic violence and created comprehensive after-school offerings for at-risk youth, and established a counseling center for adolescents and adults struggling with chemical dependency. Today, Equinox, Inc. serves clients through a comprehensive continuum of services used evidence-based best practices and a client centered approached. The organization was built by the people of Albany County and continues its commitment to the community by guiding clients to move forward on paths to recovery, healing and independence. Enhance Network: The services offered by Equinox provide a continuum of human services to the residents in the Capital Region for both the youth and adult population. As a result of the comprehensive services provided, the community is able to obtain evidence-based, best practices				
approval and do safety net list, y another approv complete this fo ~ For	o not need to you do not nee yed safety net form. List is av. r Section IV, if of Medicaid 8	submit this form. If the orga ed to submit this form. If you provider list, but your organ ailable on the DSRIP website f you are joining more than & Uninsured members that y dicaid (FFS & MC)	anization operating of ur organization does in its anization believes that the one PPS, use second	your Health Homes not appear on to appear on to at it should qualify the data (Section VII)	ie/CMA :he draft y as a He	already ap t Health Ho ealth Hom	opears on another ome list or on ee, please	that will enhance services provided to support the needs of the community.  Adult Residential Program Description:  Recovery Residence – Serves 12 male adults, ages 18 years or older, who have both a psychiatric diagnosis and a chemical addiction – program builds skills necessary to live independently in the community – this program serves only men with this co-occurring disorder.				
Percentage		100%	0%		ļ	EMR	2013					
-	nd that this in	ne information and data pro formation may be subject to Andrew Jos	o audit and I may bo		de docur	mentation	-					
Tit	le	Chief Finacial (	Officer		_							

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



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

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

•	•	ment 30 days prior to appl	ication approval. Thre	e allowed reas	ons	for grantin	ng an except	ion ar	e shown in Section IV.
I. Are you a N	Answer							•	You have chosen the following VAP Exception:
II Ammaal Amm								×	
II. Appeal App								_	VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:							Festiva	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS	The state of the s						~	You chose the qualification i, in the space below please include:
		aluated <u>in the context of the F</u> VAP Exception in that PPS as v						e	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 f		e see the VII_F	· uuiti	ioliai FF35	tab to select		include descriptions of the geographic area, the population, and how the services in this community are insufficient
	ovider Type	<del></del>	or rurence clarificación.					•	without your organization's involvement given the PPS current configuration of network providers.
			1.2					·	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider I	ype - Other	: OMH Congregate Care Level						_	of services for the PPS in this community (ies).
		Operating Certificate	/License #	MMIS*			NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers	: 7524432		2995811		147	77695021	_	
	gency Code	50144246							Character County 2002
ВІІІІ	ing Entity ID	Address		City	<u> </u>	State	Zip		Geographic Area of services provided by Equinox, Inc. – Albany County
	Address	500 Central Avenue	Albany	City	-+	NY	12206		Population Served – Adults 18 and older with a diagnosis of serious mental illness
	Addiess	500 Central Avenue	Albaily			INI	* REQUI	RED	Services would be insufficient without Equinox, Inc. Residential Program – If Equinox did not provide adult residential services, there would be 8
III. Appeal Poi	int of Cont	act							fewer residential beds in the Albany County community that would provide housing to adults living with a serious mental health diagnosis. This
Contact I	Person And	rew Joslin							lack of residential beds would result in a greater number of hospitalizations both medically and psychiatrically. With fewer options for hospital
	Title CFO								discharges to community based residential services, there would be a greater number of clients that would continue to remain in the hospital or
Contact		-435-9931		Extension	1		5233	4	be discharged to the community without proper case management services (medication supervision, proper nutrition, medical care, outpatient
Contact	t Email ajos	lin@equinoxinc.org							psychiatric services).
i A con of set o	mmunity wi rving the con nospital is ur munity, and/ state-designa g VAP Except PS you inter section II". If g VAP Except ent Agencie if your Healto o not need to you do not need safety ne orm. List is a r Section IV,	Illowing VAP Exception:  Ill not be served without grant mmunity.  Iniquely qualified to serve base for clear track record of succe ated health home or group of tion i & ii — Please indicate wh did to join, then you will be de trou are part of multiple PPSs tion iii— The Department has is (CMAs) that have already be th Home appears on this list a to submit this form. If the org to submit this form. If the org to submit this form. If yo et provider list, but your organ variable on the DSRIP website if you are joining more than & Uninsured members that	ed on services provided, sss in reducing avoidable health homes. ** nat Performing Provider, including Pro	financial viabilithospital use.  System (PPS) ye ename of the P State Designate et providers as will be granted Health Home/t tappear on the should qualify as	ou pla PS in d Hea a VA draft draft	an on joinin the "Appea alth Homes as those tha P Exceptior already app Health Home	within the  ng. If you do n al Applicant and Network at are pending n pending CM pears on anot whe list or on e, please	oot	Equinox, Inc. is a dynamic human service agency with deep roots in the community of the Capital District of New York. The agency serves adolescents and adults struggling with chemical dependency, domestic violence, mental illness, and youth who are homeless or at-risk for homelessness and other negative outcomes. With a staff of more than 200 dedicated employees, the agency provides compassionate treatment, services, advocacy and support to more than 5,000 people each year at 11 different locations throughout Albany County. Equinox, Inc. is the product of two strong organizations, ClearView Center and Equinox, which merged in 2012. ClearView Center, originally the Albany Child Guidance Center, was founded in 1947 by a group of parents seeking to keep their children with mental illness nearby. ClearView's mental health services grew to include family support, rehabilitation, case management, and residential facilities. Equinox formed in 1969 when a group of students and community volunteers created a 24-hour crisis hotline and intervention center for youth. Over the years, Equinox expanded its counseling and emergency shelter programs for youth, added support services and safe shelter for victims of domestic violence and created comprehensive after-school offerings for at-risk youth, and established a counseling center for adolescents and adults struggling with chemical dependency. Today, Equinox, Inc. serves clients through a comprehensive continuum of services used evidence-based best practices and a client centered approached. The organization was built by the people of Albany County and continues its commitment to the community by guiding clients to move forward on paths to recovery, healing and independence.  Enhance Network: The services offered by Equinox provide a continuum of human services to the residents in the Capital Region for both the youth and adult population. As a result of the comprehensive services provided, the community is able to obtain evidence-based, best practices that will enhance ser
	М	edicaid (FFS & MC)	Uninsured			Data Sour	rce Year		
Percentage		100%	0%			EMR	2	013	
	nd that this	the information and data pro information may be subject t Andrew Jo Chief Finacial peals from the CEO, CFO or	o audit and I may be assistin Officer	ked to provide o	locur Inswe	mentation i	•	_	

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



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

be posted for	public comr	ment 30 days prior to appli	cation approval.	Three allowed reas	sons to	r grantir	ig an exception	are shown in Section IV.					
I. Are you a N							_						
	Answer	Yes					~	You have chosen the following VAP Exception: i					
II. Appeal Ap	plicant Infor	mation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
Organiz	ation 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:					
		luated <u>in the context of the P</u>											
		AP Exception in that PPS as w		_	Addition	nal 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 Section I	I and VII of the instructions fo	r further clarificat	ion!				include descriptions of the geographic area, the population, and how the services in this community are insufficient					
Pi	rovider Type:	Other					•	without your organization's involvement given the PPS current configuration of network providers.					
Provider <sup>*</sup>	Type - Other:	OMH Congregate Care Level	2					b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
		Operating Certificate/I	icense #	MMIS*			NPI*	of services for the PPS in this community (ies).					
Uniqu	ue Identifiers:	752007A		2995811		147	77695021	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	Agency Code:												
Bill	ling Entity ID:	E0144346						Character Count: 2890					
		Address		City		State	Zip						
	Address	500 Central Avenue	All	bany		NY	12206	The Equinox PROS program serves up to 120 individuals in Albany County with serious mental illness and at least one significant functional defici					
III. Ammaal Da	int of Couto						* REQUIRED	which impairs their ability to adequately function in the community. Additionally 75% of these individuals have a co-occurring alcohol or					
III. Appeal Po	Person Andr							substance abuse disorder.					
Contact	Title CFO	ew Josiiii						The Faulinay PROS program is one of three such programs located in Albany County and accents individuals referred from hospitals, community.					
Contact	t Phone 518-	435-9931		Extension	n		5233	The Equinox PROS program is one of three such programs located in Albany County and accepts individuals referred from hospitals, community services providers, and individuals or family members and is a vital component of the delivery of mental health services within Albany County by					
		in@equinoxinc.org						assisting program participants in stabilizing their psychiatric symptoms and meeting their rehabilitative needs which allows them to better					
IV. Please cho	oose the foll	owing VAP Exception:						function in the community and to avoid/reduce the incidence of hospitalization. The program serves an average of 105 individuals per month per					
								month and provides them with over 2200 individual and group services to them each month.					
_	-	not be served without granti	ng the exception b	ecause no other elig	gible pro	ovider is v	willing or capable						
	erving the com	imunity.						The Equinox PROS program is a comprehensive recovery oriented program for adults with serious mental illness. Its purpose is to assist program					
O ii Anv	hosnital is uni	iquely qualified to serve based	d on services provi	ided financial viahili	tv relat	ionshins	within the	participants by providing a coordinated delivery of rehabilitation, treatment and support services. The program is based upon the core belief that recovery is a reality for individuals with severe mental health conditions. The PROS program offers support in attaining goals and desired life					
		or clear track record of succes			c,, . c.ac		Within the	roles. Participants are involved in all aspects of services from goal setting to service plan development and review.					
			· ·	·				The following services are offered by the PROS Program.					
O iii Any	state-designa	ted health home or group of I	nealth homes. **					Community Rehabilitation and Support (CRS) – Services which assist individuals in managing their illness and restoring those skills necessary to live in the community.					
When choosing	g VAP Excepti	ion i & ii – Please indicate wh	at Performing Pro	vider System (PPS) y	ou plan	on joinir	ng. If you do not						
indicate what F	PPS you inten	d to join, then you will be der	ied. Please indica	te the name of the P	PPS in th	ne "Appe	al Applicant	Intensive Rehabilitation (IR)-Time limited and goal focused services accessed according to assessed need. IR services include: intensive					
Information – S	Section II". <u>If</u>	you are part of multiple PPSs,	see section VII tab	<u>)</u> .				rehabilitation goal acquisition, intensive relapse prevention, family psycho-education, and integrated treatment for co-occurring disorders.					
When choosing	g VAP Excepti	i <b>on iii</b> – The Department has s	ubmitted a draft li	st of State Designate	ed Healtl	h Homes	and Network	Ongoing Rehabilitation and Support (ORS)-Continued assistance to an individual who has secured a job in an integrated completive setting for a					
_	-	(CMAs) that have already bee						minimum of 10 hours per week.					
		n Home appears on this list as						Clinical Treatment- services to help stabilize, alleviate, and control disabling symptoms which are fully integrated into the rehabilitation and service integration. These services include clinical counseling and therapy, medication management, health assessment, and symptom					
• •		submit this form. If the orga				, , , ,		monitoring.					
		eed to submit this form. If you t provider list, but your organ	_					Who We Serve- To be eligible for services a person must be 18 years of age or older, have a designated mental illness diagnosis and have a					
		vailable on the DSRIP website.		at it siloulu quality a	is a ricai	itii iioiiie	, piease	functional disability due to the severity and duration of the illness					
•		if you are joining more than o		nd tab (Section VII) t	o add a	dditiona	I PPSs.	Funding Sources- Medicaid, Medicare, other insurance re-imbursement, sliding scale for services provided.					
	,	, ,		,				Licensing- The PROS Program is licensed by the New York State Office of Mental Health.					
V. Percentage	of Medicaid	& Uninsured members that y	our facility serves										
	Me	dicaid (FFS & MC)	Unins	ured	D	Data Sour	rce Year						
r					-								
Percentage		100%	0%	6		EMR	2013						
Yes   Hereby	Certify that t	he information and data prov	vided on this form	is accurate and corr	ect to tl	he best o	of my knowledge						
understa	nd that this in	nformation may be subject to	audit and I may b	e asked to provide	docume	entation i	in support of this						
appeal.													
		A	lin		Answer	N N = 1							
Nan Tit		Andrew Jos Chief Finacial C			res U	) No							
III		eals from the CEO, CFO or		he accented		•							
	City app	Ca.5 5111 tile CLO, Cl O UI	comparable WIII										

10/30/2014 Exercise Express VAP Form

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

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



be posted for po		days prior to application app	roval. Three allowed re	asons for gran	ting an exception	are shown in Section IV.
i. Are you a live	Answer No				-	You have chosen the following VAP Exception:
II. Appeal Appli	cant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	ion Name: Exercise	Express				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
_	oined PPS: Finger Lake	- det			•	You chose the qualification i, in the space below please include:
		the context of the PPS you are j	oining. If you are joining i	more than one I	PPS, you have the	,
		tion in that PPS as well (if applic				a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's. Se	ee <u>Section II and VII</u> o	of the instructions for further cla	rification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Prov	vider Type: Other				•	without your organization's involvement given the PPS current configuration of network providers.
Provider Ty	pe - Other:					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	Op	perating Certificate/License #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unique	Identifiers:					c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	ency Code:					
Billing	g Entity ID:					Character Count: 1364
		Address	City	State	Zip	Exercise Express LLC participated in the New York State Office of Alcoholism and Substance Abuse Services (OASAS) program.
L	Address 126 Penh	nurst Street	Rochester	NY	* 050111055	ATR/ NY SOARS is a Federal initiative which provides electronic vouchers to adults with substance use disorders to help pay for a range of
III. Appeal Poin	t of Contact				* REQUIRED	community-based recovery support services and Exercise Express was one of the providers. Recovery support services included services that assist individuals to obtain and/or maintain their recovery such as exercise, nutritional classes, meditation and reiki. Exercise Express LLC missi
	erson Karen Rogers					is to make physical activity and exercise a standard part of a global disease prevention and treatment medical paradigm. Research proves that
	Title Owner					exercise has a role in the treatment and prevention of more than 40 chronic diseases including diabetes, heart disease, obesity and hypertensi
Contact Pl	hone (585)967-4356	ŝ	Extensi	on		and stress related illnesses. The overall goal of Exercise Express LLC is to see improvement in the health of high risk patients in a health dispari
Contact E	mail karenkayjona@	@gmail.com				population with high rates of essentially treatable and preventable diseases which are undiagnosed and untreated. Exercise will allow individu
IV. Please choo	se the following V	AP Exception:				to have fewer visits to emergency rooms and hospitalization. Also, improved adherence to regimes and medication adherence thus, improving their quality of life. This was evident in the recovery support services we delivered.
Communication of the control of the	unity, and/or clear tr.  AP Exception i & ii -  Syou intend to join, ction II". If you are p.  AP Exception iii - Th  Agencies (CMAs) ti  Agencies (CMAs) ti  u do not need to submit to  d safety net provider  m. List is available or  Section IV, if you are  section IV, if you are	alified to serve based on service ack record of success in reducin in home or group of health home — Please indicate what Performithen you will be denied. Please art of multiple PPSs, see section the Department has submitted a hat have already been approved ppears on this list as pending application. If the organization period this form. If the organization pelie in the DSRIP website.  I joining more than one PPS, use red members that your facility:	g avoidable hospital use. 25. **  Ing Provider System (PPS) Indicate the name of the VII tab.  draft list of State Designa las safety net providers a proval, you will be grante erating your Health Home on does not appear on the eres that it should qualify expected to the provider of th	you plan on joi PPS in the "Api ted Health Hom is well as those ed a VAP Except y/CMA already a ie draft Health I as a Health Hoi	ning. If you do not beal Applicant les and Network that are pending ion pending CMS ippears on another Home list or on me, please	
	Medicaid (FF	FS & MC)	Uninsured	Data So	ource Year	
_						
Percentage						
-	that this informatio	nation and data provided on thi on may be subject to audit and l Karen Rogers	may be asked to provide		n in support of this	

11/10/2014 Family & Child Service - VAP Exception Form.xlsx

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



t 30 days prior to application appro er ion iily and Child Service of Schenectady, Ir Hospital ed in the context of the PPS you are join	nc.	s for granting	an exception ar  ▼	e shown in Section IV.  You have chosen the following VAP Exception:		
ion hily and Child Service of Schenectady, Ir Hospital ed in the context of the PPS you are join			<b>V</b>	You have chosen the following VAP Exception:		
ily and Child Service of Schenectady, Ir Hospital ed in the context of the PPS you are join			•	You have chosen the following VAP Exception: i		
ily and Child Service of Schenectady, Ir Hospital ed in the context of the PPS you are join						
Hospital ed in the context of the PPS you are join				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!		
ed in the context of the PPS you are join				~ 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:		
	ning. If you are joining more	than one PPS, y	ou have the			
xception in that PPS as well (if applicat	ole). Please see the "VII_Add	litional PPSs" ta	b to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to		
I VII of the instructions for further clari	fication!			include descriptions of the geographic area, the population, and how the services in this community are insufficient		
HCP			•	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 netwo		
Operating Certificate/License #	MMIS*	l N	oj*	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)		
.,, a	00333071	12232	13210			
				Character Count:		
Address	City	State	Zip	See Attached Documentation		
Union St.	Schenectady	NY	12305			
			* REQUIRED			
latta						
	Evtension	1 2	3			
	EXCENSION		<u> </u>			
ear track record of success in reducing in ealth home or group of health homes.  & ii – Please indicate what Performing join, then you will be denied. Please in are part of multiple PPSs, see section V ii – The Department has submitted a dr As) that have already been approved a me appears on this list as pending apprimit this form. If the organization opers o submit this form. If your organization vider list, but your organization believe the on the DSRIP website.  u are joining more than one PPS, use s	avoidable hospital use.  ** g Provider System (PPS) you udicate the name of the PPS II tab. aft list of State Designated H is safety net providers as we roval, you will be granted a V ating your Health Home/CM in does not appear on the dr es that it should qualify as a second tab (Section VII) to a	plan on joining. in the "Appeal A lealth Homes ar Il as those that a /AP Exception p A already appea aft Health Home, p	If you do not applicant d Network are pending ending CMS rs on another list or on lease			
		Data Source	Year			
	12%	Records	2013			
	Address Union St.  etta Director 1369 @familyandchildservice.com ng VAP Exception: be served without granting the except hity. y qualified to serve based on services ar track record of success in reducing health home or group of health homes. & ii – Please indicate what Performing ioin, then you will be denied. Please in are part of multiple PPSs, see section V ii—The Department has submitted a dr As) that have already been approved a me appears on this list as pending apprint this form. If the organization oper o submit this form. If the organization oper or submit this form. If your organization believed to the DSRIP website. u are joining more than one PPS, use sinsured members that your facility se	Operating Certificate/License # MMIS*  n/a 00555871  Address City Union St. Schenectady  etta Director  1369 Extension  @familyandchildservice.com  ng VAP Exception: be served without granting the exception because no other eligible hity.  y qualified to serve based on services provided, financial viability, ar track record of success in reducing avoidable hospital use.  ### ### ### ### ### #### #### ########	Operating Certificate/License # MMIS* NI  n/a 00555871 12252  Address City State Union St. Schenectady NY  etta Director 1369 Extension 2  @familyandchildservice.com ng VAP Exception: be served without granting the exception because no other eligible provider is will nity.  y qualified to serve based on services provided, financial viability, relationships will art track record of success in reducing avoidable hospital use.  wealth home or group of health homes. **  & ii – Please indicate what Performing Provider System (PPS) you plan on joining. plan proper part of multiple PPSs, see section VII tab.  Ii- The Department has submitted a draft list of State Designated Health Homes an As) that have already been approved as safety net providers as well as those that a me appears on this list as pending approval, you will be granted a VAP Exception p mit this form. If your organization operating your Health Home/CMA already appear on submit this form. If your organization does not appear on the draft Health Home vider list, but your organization believes that it should qualify as a Health Home, pole on the DSRIP website.  u are joining more than one PPS, use second tab (Section VII) to add additional PI insured members that your facility serves	Operating Certificate/License # MMIS* NPI*  n/a 00555871 1225245210  Address City State Zip Union St. Schenectady NY 12305  * REQUIRED  etta Director 1369 Extension 23  @familyandchildservice.com  ng VAP Exception:  be served without granting the exception because no other eligible provider is willing or capable nity.  y qualified to serve based on services provided, financial viability, relationships within the art track record of success in reducing avoidable hospital use.  wealth home or group of health homes. **  & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant are part of multiple PPSs, see section VII tab.  i= The Department has submitted a draft list of State Designated Health Homes and Network As) that have already been approved as safety net providers as well as those that are pending me appears on this list as pending approval, you will be granted a VAP Exception pending CMS mit this form. If the organization operating your Health Home/CMA already appears on another or submit this form. If your organization does not appear on the draft Health Home list or on vider list, but your organization believes that it should qualify as a Health Home, please ole on the DSRIP website.  u are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  insured members that your facility serves		

10/30/2014 Family Counseling Service of the Finger Lakes, Inc.

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

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



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

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

	public comment 30 days prior to ap	pplication approval. Th	hree allowed reason	s for granti	ng an exception a	re shown in Section IV.			
I. Are you a M	ledicaid Provider								
	Answer No				~	You have chosen the following VAP Exception: i			
II. Appeal App	olicant Information					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
Organiza	ation Name: Family Counseling Service	of the Finger Lakes, Inc	С.			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS: Finger Lakes PPS				•	You chose the qualification i, in the space below please include:			
^^ The VAP Exc	eption is evaluated in the context of th	e PPS you are joining. If	f you are joining more	than one PF	S, you have the				
option of apply	ing for the VAP Exception in that PPS a	is well (if applicable). Pl	ease see the "VII_Add	litional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
multiple PPS's.	See <u>Section II and VII</u> of the instruction	s for further clarification	n!			include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Pro	ovider Type: Other				•	without your organization's involvement given the PPS current configuration of network providers.			
Provider T	ype - Other: Trauma Therapy including	g Child & Adolescent Sex	xual Abuse, General C	ounseling, D	omestic Violence	b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
	Operating Certifica	te/License #	MMIS*		NPI*	of services for the PPS in this community (ies).			
Unique	e Identifiers: N/A		N/A	143	170353387	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	gency Code:		,	1					
Billi	ng Entity ID:					Character Count: 3489			
	Address	5	City	State	Zip	a. Family Counseling Service provides professional counseling and specialized services to residents in Ontario, Wayne, Seneca and Yates Counties			
	Address 671 South Exchange St.	Gene	eva	NY	14456	all of which are rural areas. We specialize in family systems, focusing not only on the individual that presents with an issue or concern but on			
III. Appeal Poi	int of Contact				* REQUIRED	providing services to the whole familiy as the entire family is often effected or may be a contributing factor to the presenting problem. We			
<del></del>	Person Barbara Pierce-Morrow					complete assessments for Adverse Childhood Experiences (ACES) for both children and adults who present for services. ACES have been directly			
Contact i	Title Executive Director					correlated with increased health, mental health and substance abuse related issues in adulthood, which we know are costly. Individuals do not need a diagnosis to be seen which allows us to intervein before an issue exasperates which may then lead to medical, mental health or substance abuse interventions or hospitalizations. Family Counseling Service provides a wide array of services and has strong community relations. We			
Contact	Phone 315-789-2613		Extension		2124				
Contact	Email bpierce-morrow@fcsfl.org		•	•		provide services within many school districs which allows us to identify children that may already have multiple adverse childhood experience			
IV. Please cho	ose the following VAP Exception:					and implement services, interventions and identify supports to children that we know are already at higher risk and hopefully limit further			
of ser  Any h comn  iii Any s  When choosing indicate what P Information – S When choosing care Managem CMS approval. I approval and de safety net list, y another approv complete this fe	mmunity will not be served without graving the community.  Inospital is uniquely qualified to serve be munity, and/or clear track record of suctate-designated health home or group is VAP Exception i & ii – Please indicate PS you intend to join, then you will be fection II". If you are part of multiple PI y VAP Exception iii— The Department he ent Agencies (CMAs) that have already If your Health Home appears on this lis o not need to submit this form. If the orou do not need to submit this form. If red safety net provider list, but your or orm. List is available on the DSRIP webs r Section IV, if you are joining more the of Medicaid & Uninsured members the	ased on services provide cess in reducing avoida of health homes. ** what Performing Providenied. Please indicate PSs, see section VII tab. as submitted a draft list been approved as safet t as pending approval, yrganization operating yryour organization does ganization believes that site.  an one PPS, use second at your facility serves	ed, financial viability, ible hospital use.  der System (PPS) you the name of the PPS  of State Designated Heynet providers as we you will be granted a vour Health Home/CM not appear on the drait should qualify as a lab (Section VII) to a	plan on joini in the "Appe lealth Home ill as those th /AP Exceptic A already ap aft Health Hom dd additiona	ing. If you do not all Applicant s and Network that are pending on pending CMS pears on another ome list or on e, please al PPSs.	trauma. We provide outreach and case management to the hispanic community, we provide domestic violence advocacy, and are the leading provider of Trauma Therapy in this area, especially around child and adolescent sexual abuse assessment and treatment and provide mental health counseling in many local school districts. We are not a medicaid provider however many of the individuals we see are low income and medicaid eligible. Our agency is a front line preventative measure for those that might otherwise be large users of medicaid as well as those that are in need of additional support services to reduce future hospital visits and hospitalizations. The agencies mission is to provide professional counseling and support services to individuals, children and families to improve the quality of lives at home and in the community. We are not a regulated program which allows us the ability to move to where services are needed more easily and readily. The agencies policies and procedures are held to high standards and quality care is a priority.  b. Incorporated in 1962, Family Counseling Service of the Finger Lakes, Inc. (FCSFL) is a private, non-profit family service agency. Family Counseling is a member of the New York State Association of Family Services Agencies, NYS Council for Community Behavioral Healthcare and New York State Coalition Against Domestic Violence. Our services include Professional Counseling, Trauma Therapy, Domestic Violence, Bilingual Family Services, School Based Programs and Counseling, Domestic Violence Accountability Program, and Employee Assistance Program. All of our Therapists are highly trainined in trauma therapies and are licensed masters level clinicians.  c. Family Counseling today does not track insuredness of individuals being served today, however will be as of January 1, 2015 with the implementation of electronic records. We do currently track the annual income of individuals and families served.			
	Medicaid (FFS & MC)	Uninsur	ed	Data Sou	rce Year				
Percentage	44%	unknow	vn	Agency D	Pata 2013				
-		t to audit and I may be	asked to provide doc	umentation	-				
Titl	le Executive	Director							



#### 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

	nment 30 days prior to appli	ication approval. Three	•		,				
I. Are you a Medicaid Pr									
Answer	Yes				•	You have chosen the following VAP Exception: i			
II. Appeal Applicant Info						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
Organization Name	Family Residences & Essentia	al Enterprises, Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
Joined PPS					<b>X</b>	You chose the qualification i, in the space below please include:			
	aluated in the context of the P								
	VAP Exception in that PPS as w II and VII of the instructions for		ee the "VII_Ad	ditional PPSs" to	ab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
Provider Type		or rurther clarification:			•	include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.			
					·	b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
Provider Type - Other				1		of services for the PPS in this community (ies).			
	Operating Certificate/		MMIS*		IPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
Unique Identifiers		1	542369	1497	943757				
Agency Code Billing Entity ID						Character Count: 2706			
Dilling Entity ID	Address		City	State	Zip	FREE is already designated as a safety Net provider and will also be applying to provide 1915i services. FREE has the expertise in providing			
Address		Old Bethp		NY	11804	supports and services to individuals with complex needs. We offer services to individuals diagnosed with mental illness and intellectual disabilities			
		1		L L	* REQUIRED	that most other organizations within PPS do not have. FREE offers services to all residents of Nassau and Suffolk Counties in residential settings			
III. Appeal Point of Cont						as in our PROS program. Terry's Place PROS is a person centered recovery focused day program opportunity operated under the auspices of the			
Contact Person Anu						Family Residences and Essential Enterprises, Inc. (FREE) and is licensed by the Office of Mental Health (OMH), currently serving the needs of 136			
Title Vice Contact Phone 1-5	e President Behavioral Health S	Serivces	Extension			enrolled individuals. At Terry's Place; individuals receive a myriad of services aimed at promoting empowerment, self-determination and the realization of their life goals. The diverse team of Vocational Counselors; Licensed Social Workers; Psychiatric Nurse Practitioner; Psychiatrist;			
	nold@familyres.org		EXTENSION			Psychologist; Art and Drama Therapist work alongside the individuals to help develop the skills and abilities that will help enhance their quality of life. Men and women also receive clinical services at the program to help manage their symptoms and participate in group and individual therapy			
IV. Please choose the fo									
	ill not be served without granti	ing the exception because	no other eligib	le provider is wi	lling or capable	ranging from Anger Management and Developing Interests to Preparing for Work and Maintaining Recovery. Employment is of particular emphasis at PROS and Vocational Counselors work with individuals towards securing and maintaining employment. PROS also offers ongoing job-			
of serving the co	_				8	site support for individuals employed in the community.			
O ii Any hospital is u									
— Ally Hospital is u	niquely qualified to serve base			relationships w	ithin the	Individuals engaged in PROS participate in the following services:			
community, and,	or clear track record of succes	ss in reducing avoidable no	spital use.			CRS: Community Rehabilitation and Support – The basic services provided at PROS that help individuals address mental health barriers that			
O iii Any state-design	ated health home or group of	health homes. **				prevent them from moving forward with their recovery.  IR: Intensive Rehabilitation – Services that are time limited and geared towards quicker pace of goal attainment for individuals participating (i.e.			
When choosing VAP Excen	tion i & ii – Please indicate wh	nat Derforming Provider S	stem (DDS) vou	ı nlan on ioining	If you do not	symptom stability after a hospitalization, employment, movement to a more independent setting)			
	nd to join, then you will be der				-	ORS: Ongoing Rehabilitation and Support – Services designed to support an individual currently employed in the competitive workforce. Services			
· ·	f you are part of multiple PPSs,					are provided offsite in the community.			
When choosing VAP Excep	tion iii – The Department has s	submitted a draft list of Sta	te Designated	Health Homes a	nd Network	CT: Clinical Treatment - A full Mental Health Clinic component comprised of Psychiatrist, Nurse Practitioner and Registered Nurse. The clinic			
	es (CMAs) that have already be					component offers a holistic approach to mental health which incorporates all aspects of person's life into their treatment. A particular emphasis			
	th Home appears on this list as		-		_	on a person's medical needs and its effect on their overall mental health are addressed.			
• •	to submit this form. If the orga								
	need to submit this form. If you et provider list, but your organ	•							
	available on the DSRIP website		aia quaiiiy as e	i rieaitii rioilie, į	piease				
•	, if you are joining more than		ection VII) to a	add additional P	PPSs.				
V Percentage of Medicaid	I & Uninsured members that y	our facility serves							
v. reiteiltage of Wedicald	i & Olillisureu members mat y	your facility serves							
М	ledicaid (FFS & MC)	Uninsured		Data Source	e Year				
Percentage	83%			Data DSRIP Ca	lcu 2014				
understand that this appeal. Name Title	the information and data provinformation may be subject to  Anu Arno  Vice President of Behavior peals from the CEO, CFO or	o audit and I may be asked old ral Health Services	An:	cumentation in					

10/30/2014 Family Services of Westchester

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

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



Vital Access Provider	• Exception: The state will cons	sider exceptions to the safe	ety net definition o	on a case-by-case	pasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for public com	nment 30 days prior to application	on approval. Three allowed	I reasons for grant	ing an exception a	re shown in Section IV.
I. Are you a Medicaid Pr	ovider				
Answer	Yes			▼.	You have chosen the following VAP Exception: i
II. Appeal Applicant Info	rmation				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organization Name:	Family Services of Westchester				~ 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 Exception is ev	aluated in the context of the PPS yo	ou are joining. If you are joinir	ng more than one P	PS, you have the	
	VAP Exception in that PPS as well (i	***	'VII_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</u>	II and VII of the instructions for fur	ther 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	: Foster Care (Therapeutic)				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	Operating Certificate/Licen	se # MMIS*		NPI*	of services for the PPS in this community (ies).
Unique Identifiers	:				c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency Code					
Billing Entity ID					Character Count: 1283
	Address	City	State	Zip	a & b. FSW serves all of Westchester County. FSW is a provider of Therapeutic Foster Care in Westchester County, as well as the operator of two
Address	1 Gateway Plaza	Port Chester	NY	10549	Foster Care Group Residences. While other organizations offer group residential services as well as Therapeutic Foster Care, FSW has a niche in
	-			* REQUIRED	the service landscape that is unique in Westchester. Our Therapeutic Foster Care program is implementing Trauma Systems Therapy as part of
III. Appeal Point of Cont				1	the program, a first in Westchester County, and an important aspect of working with traumatized youth. Our Group Residences utilize a House
Contact Person Eric					Parent model, which has been almost entire abandoned in favor of a shift model in other organizations. This model allows for a family type feel,
	President of Program Operations -872-5259	Evto	ension		helping the adolescents who live with us to feel safe and cared for while they are with FSW. This, in turn, helps them function better in school and the community and eases their transition out of care, whether that is back home, or to independent living. Haiving these two options in
Contact Email eto		EXC			Westchester provides an important piece to the services available to foster youth, and therefore to the community. FSW has been a provider of
IV. Please choose the fo					Foster Care for decades, and should therefore be considered a Safety Net provider, though not currently on the list of such at this time.
of serving the co Any hospital is un community, and, Any state-design When choosing VAP Excep indicate what PPS you intel Information – Section II". If When choosing VAP Excep Care Management Agencie CMS approval. If your Heal approval and do not need a safety net list, you do not r another approved safety net complete this form. List is a ~ For Section IV.	Il not be served without granting the mmunity.  niquely qualified to serve based on for clear track record of success in reated health home or group of health tion i & ii – Please indicate what Pend to join, then you will be denied. If you are part of multiple PPSs, seetion iii— The Department has submits (CMAs) that have already been apth Home appears on this list as pen to submit this form. If the organization of the provider list, but your organization are granted to the DSRIP website.  If you are joining more than one Foundard members that your of the provider list, but your organization are granted to the provider list.	services provided, financial vireducing avoidable hospital uses thomes. ** erforming Provider System (Piese indicate the name of issection VII tab. itted a draft list of State Designoyed as safety net provideding approved, you will be gration operating your Health Hoganization does not appear or on believes that it should qualepps, use second tab (Section 1)	PPS) you plan on joir the PPS in the "App gnated Health Home rs as well as those t anted a VAP Excepti ome/CMA already a In the draft Health Hon lify as a Health Hon	ing. If you do not eal Applicant es and Network that are pending on pending CMS opears on another ome list or on he, please	
	edicaid (FFS & MC)	Uninsured	Data So	urce Year	
Percentage	100%	0%	FSW rec	ords 2013	
•	the information and data provided information may be subject to aud Susan Wayne	lit and I may be asked to prov			

10/30/2014 Finger Lakes Parent Network Inc.

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

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



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

Vital Access Provider Exception. The state will consider exceptions to the safety net definition on a case-hy-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

	public comment 30 days pr		•		•	uasis in this deemed in the best interest of interioral members. Any exceptions that are considered must be approved by Civis and must be shown in Section IV
	edicaid Provider	ior to application appro	vai. Tillee allowed rea	SOIIS IOI BI aii	tilig all exception a	ne shown in section iv.
i. Are you a ivi	Answer Yes				~	You have chosen the following VAP Exception:
II Annoal Ann	licant Information				·	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
		and Maderia de La a				•
	tion Name: Finger Lakes Pare	ent Network Inc.				The VAP Exception relies heavily on the statement you provide, so please be concise and thorough?
	Joined PPS: Finger Lakes PPS	hand after DDC tat			PDC h th	You chose the qualification i, in the space below please include:
	eption is evaluated in the cont ng for the VAP Exception in t					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
	See Section II and VII of the in			Additional FF 5	s tab to select	include descriptions of the geographic area, the population, and how the services in this community are insufficient
	ovider Type: Other				•	without your organization's involvement given the PPS current configuration of network providers.
	71					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider Ty						of services for the PPS in this community (ies).
		Certificate/License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Identifiers:		2622195	1	790186872	
	gency Code: 26470					Character Count: 2846
БІІІІ	ng Entity ID:	Address	City	State	Zip	The Finger Lakes Parent Network Inc. (FLPN Inc.) is an independent parent run, youth driven not for profit organization. The Administration and
	Address 25 West Steuber		Bath	NY	14810	Family Peer Advocates is parent of children with disabilities. The Board of Directors is 51% parents of children with disabilities. FLPN Inc. began a
	25 West Steamer	. 50.	Dutii		* REQUIRED	a pilot program in 1990. Since incorporating in 1995, this not for profit organization has contracted with OMH, OPWDD, OCFS and Elmira
III. Appeal Poir	nt of Contact					Psychiatric Center, as well as several other agencies in the Finger Lakes region. In addition, we are a Medicaid Waiver Service Provider (WSP) to 1
Contact P						counties in Western and Central New York. The Finger Lakes region is comprised of a majority of small, rural counties with a number of remote
	Title Executive Director					residences. Families that are referred to FLPN Inc. are often described as difficult to engage or uninterested in receiving services. Once connecte
	Phone 585-289-4874		Extension	n		to our agency, our Family Peer Advocates and Skill Building staff connects with the Parents/Caregivers and a trusting relationship is forged. Our
B	Email pdinardo@flpn.org ose the following VAP Exce					services are an integral component to prevent the necessity of more costly, restrictive services. Families often end up in emergency rooms because they feel there is no alternative. Situations escalate when communication is lacking. A Family Peer Advocate can act as a buffer between
of sendand	mmunity will not be served wi ving the community.  ospital is uniquely qualified to nunity, and/or clear track reco- tate-designated health home.  VAP Exception i & ii – Please PS you intend to join, then yo ection II". If you are part of m VAP Exception iii— The Depar ent Agencies (CMAs) that have if your Health Home appears of not need to submit this form ou do not need to submit this ed safety net provider list, bu orm. List is available on the DS Section IV, if you are joining of Medicaid & Uninsured men	o serve based on services por of of success in reducing or group of health homes. Indicate what Performing unwill be denied. Please in ultiple PPSs, see section Vitment has submitted a dreal early been approved a son this list as pending appin. If the organization operation of the organization believes from the organization believes the organization beli	provided, financial viabili avoidable hospital use.  ** g Provider System (PPS) y indicate the name of the F III tab. aft list of State Designate is safety net providers as roval, you will be grante ating your Health Home/ in does not appear on the es that it should qualify a	ou plan on jointer and the management of the man	ps within the  ning. If you do not neal Applicant ses and Network that are pending ion pending CMS ippears on another home list or on me, please	successful at engagement by providing an empathetic partner on the journey to empowerment and emotional and physical wellness. Because no one agency can provide all services, our Family Peer Advocates are experts at information and referral. We are asking to be included in the Finge Lakes PPS to provide seamless care for the families residing in the Finger Lakes region. These counties are mostly rural in nature and the residents we serve struggle with transportation issues, and economic struggles. The families often feel isolated due to their children's disabilitie and often dealing with their own physical and mental challenges. These families are often involved in multi systems and our services help families and youth get optimum benefit from the services they participate in by helping them to voice their satisfaction and/or concerns. We pride ourselves on maintaining an active partnership with other community agencies in an effort to offer the most comprehensive, streamlined service possible. The high level of referrals from SPOA within the counties we serve demonstrates the necessity for our service, the reliance on that service and by nature of the continual referrals, the value of that service to families and agencies in the community. Having a Family Peer Advocate can assure that the family and youth voice is heard and that services are appropriate and consistent.
Γ	Medicaid (FFS & MC	· · ·	ninsured	Data So	ource Year	
		,		2013 30		
Percentage	52%				2014	
	ertify that the information ald that this information may be	•	nay be asked to provide		n in support of this	

10/30/2014 Finger Lakes PPS

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

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,	Answer No				▼	You have chosen the following VAP Exception:
II. Anneal Ann	licant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	ition Name: Finger Lakes PPS					~ 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:
	eption is evaluated in the context of th	e PPS vou are ioining	. If you are joining mo	ore than one i	00000	ros and an quantum , man species and a process process.
	ing for the VAP Exception in that PPS a					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's. S	See Section II and VII of the instruction	s for further clarifica	tion!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type: Other				•	without your organization's involvement given the PPS current configuration of network providers.
Provider T	ype - Other: Performing Provider Syste	em				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	Operating Certifica	te/License #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers: N/A	,	TBD		TBD	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code: N/A	<u> </u>				
Billin	ng Entity ID: TBD					Character Count: 1651
	Address		City	State	Zip	Finger Lakes Performing Provider System is somewhat unique within the New York State Medicaid Waiver DSRIP program as it has two separate
	Address 2100 Brighton Henrietta	L Road, Unit #100 R	ochester	NY	14623	co-lead non-profit saftey net hospitals collaborating to lead the PPS. The fact that there are two co-leads requires the development of a new
III. Appeal Poi	nt of Contact				* REQUIRED	corporation, currently envisioned as a not-for-profit corporation with two members - Rochester General Hospital (part of the Rochester Regiona Health System) and Strong Memorial Hospital (part of the University of Rochester) - if possible qualified for a tax exempt status under section
	Person Allen Miller					501(c)3 of the internal revenue code. The new corporation will not likely be in place by the due date for this VAP form, however the two formin
	Title Consultant					solic)s of the internal revenue code. The new corporation will not likely be in place by the due date for this VAP form, nowever the two forming entities, Rochester General Hospital and Strong Memorial Hospital, are both currently safety net providers. The NPI and MMIS numbers for the
	Phone 310-386-5812		Extension			safety net hospital co-leads are: Strong Memorial NPI 1346285657 MMIS 00279034 Rochester General Hospital NPI 1255360517 MMIS
Contact	Email amiller@copehealthsolutions.c	org				03000557. We envision the following timeline to put our new corporation into place: November 24, 2014 - Identify an existing non-for-profit
IV. Please cho	ose the following VAP Exception:					entity or determine to create a new corporation for which a 501(c)3 application will be submitted. December 1, 2014 - apply for MMIS and NPI numbers for the new entity. December 16, 2014 - Submit governance plan for the new corporation as part of the DSRIP Organizational
of ser	nmunity will not be served without gra ving the community. ospital is uniquely qualified to serve ba		_			Application for FLPPS. January to March, 2015 - Constitute the interim board and launch the corporation in order to ensure readiness for DSRIF implementation on April 1, 2015.
	nunity, and/or clear track record of suc	cess in reducing avoi	dable hospital use.			
O iii Any st	tate-designated health home or group	of health homes. **				
indicate what PI Information – So When choosing Care Manageme	VAP Exception i & ii – Please indicate PS you intend to join, then you will be ection II". If you are part of multiple Pf VAP Exception iii– The Department ha ent Agencies (CMAs) that have already	denied. Please indica PSs, see section VII ta as submitted a draft I been approved as sa	ate the name of the P <u>b</u> . ist of State Designate fety net providers as	PS in the "App d Health Hom well as those	peal Applicant nes and Network that are pending	
	f your Health Home appears on this lis					
	o not need to submit this form. If the o rou do not need to submit this form. If	-				
	ed safety net provider list, but your or	-				
	orm. List is available on the DSRIP webs		, , , , , , , , , , , , , , , , , , , ,		, p	
~ For	Section IV, if you are joining more that	an one PPS, use seco	nd tab (Section VII) t	o add additio	nal PPSs.	
V. Percentage	of Medicaid & Uninsured members tha	t your facility serves	:			
	Medicaid (FFS & MC)	Unins	sured	Data So	ource Year	
Percentage	N/A	N/	'A	N/A	A N/A	
	Certify that the information and data p id that this information may be subject  But the subject of the subject	t to audit and I may	be asked to provide o		on in support of this	

10/30/2014 FLH Medical, P.C. DSRIP Exception Form\_101614

# 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

•	•	ment 30 days prior to appl	ication approval. Th	ree allowed reas	ons for g	granting ar	n exception a	are shown in Section IV.
I. Are you a N								
	Answer						▼	You have chosen the following VAP Exception: ii
II. Appeal App								VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	FLH Medical, P.C.						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Finger Lakes PPS					~	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:
		luated <u>in the context of the F</u>						
	•	AP Exception in that PPS as value of the Instructions for the Instruction in the		<del>-</del>	dditiona	I PPSs" tab	to select	a. A description of the applicant's niche services that would enhance the network of services for the PPS. b. A financial viability analysis (attach as PDF in the email when submitting)
Pr	ovider Type:	Other					•	c. An identification of and description of how the applicant's relationships within the community that would enhance
Provider 1	Гуре - Other:	Professional Corporation						PPS' success.
		Operating Certificate/	License #	MMIS*		NPI <sup>3</sup>	*	d. Demonstration of past success in reducing avoidable hospital use
Uniqu	e Identifiers:			3093703	-	121517	4644	e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:							
Billi	ing Entity ID:	PRL for non-ortho and FLH N	Medical, PC for Ortho					Character Count: 2481
		Address		City	Sta	ate	Zip	in 2008 Geneva General Hospital established a captive professional corporation (P.C.) for the purpose of establishing Primary Care and Specialty
	Address	PO Box 1077	Gene	va	N'	IY	14456	practices in various communities with provider access needs in Ontario, Seneca and Yates Counties. FLH Medical P.C. is a 501(c)(3) corporation
							* REQUIRED	with a corporate office at 196 North St. Geneva, NY 14456.
III. Appeal Po	Person Fran							The P.C. includes the following services: Family Medicine Practices, Internal Medicine Practices, Orthopedics, Physiatry, Psychiatry, Urgent Care
Contact		Site Administrator						Currently FL H Medical P.C. has 32 full-time and 10 part-time providers. In 2013 the practices saw 98,216 visits. Year-to-date volumes trend to
Contact		531-2021		Extension				more than 105,000 visits for 2014. Medicaid visits accounts for approximately 1.4% of volume. Self-pay visits are approximately 1.5% of visits.
		.korich@flhealth.org		1				Medicare visits accounts for approximately 30% of volume.
IV. Please cho	ose the foll	owing VAP Exception:						Although not a Safety Net Provider, FLH Medical P.C. is critical in managing the health of the local communities. These practices have improved
							]	access to primary and specialty care in counties where there is either no or limited transportation systems.
	mmunity will rving the com	not be served without grant	ing the exception bec	ause no otner eligi	bie provi	ider is willin	ig or capable	The primary care practices and 3 Urgent Care operations assist in decompression of local Emergency Departments and provide a continuum
	I VIIIg tile coll	imumity.						option for patients referred from Emergency Departments in a cost effective manner.  • Admissions and readmissions are prevented by the improved access to primary care that FLH Medical, P.C. provides.
(i) Any h	ny hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the							Admissions and readmissions are prevented by the improved access to primary care that FLH Medical, P.C. provides.      Additionally, the primary care practices are a key linkage in chronic disease management.
comr	munity, and/o	or clear track record of succe	ss in reducing avoidab	le hospital use.		-		Access to key specialties has also been improved. Orthopedic access has improved across the region. Previously there was no orthopedic
O iii Any s								access in 2 of the counties served. Psychiatry is an underserved population across the care region.
Any s	state-designa	ted health home or group of	health homes. **					FLH Medical P.C. is key link in the continuum of care for Finger Lakes Health (FLH). FLH is the primary inpatient and outpatient provider for care
When choosing	y VAP Except	i <b>on i &amp; ii</b> – Please indicate wh	nat Performing Provid	ler System (PPS) yo	ou plan o	n joining. If	you do not	in eastern Ontario County, Seneca County and Yates County. In addition to the 42 providers in FLH medical, P.C., the delivery network includes
		d to join, then you will be de		the name of the PF	PS in the	"Appeal Ap	plicant	acute care safety net hospitals (Geneva General Hospital and Soldiers and Sailors Memorial Hospital, a Critical Access Hospital in Yates County),
	· · · · · · · · · · · · · · · · · · ·	you are part of multiple PPSs						number of article 28 clinics and 4 long-term care facilities.  Clearly the practice and primary care practices play an important role in the excellent quality ratings that Geneva General Hospital and Soldiers
_		ion iii – The Department has s (CMAs) that have already be		_				and Sailors Memorial Hospital have been known for.
_	-	n Home appears on this list a		•				and an oral management of the second of the
		submit this form. If the orga		-			-	
		ed to submit this form. If yo						
another approv	ed safety ne	t provider list, but your orgar	nization believes that	t should qualify as	a Health	n Home, ple	ase	
		vailable on the DSRIP website						
~ Fo	r Section IV,	if you are joining more than	one PPS, use second	tab (Section VII) to	add add	ditional PPS	is.	
V. Percentage	of Medicaid	& Uninsured members that y	your facility serves					
	Me	dicaid (FFS & MC)	Uninsure	d	Dat	ta Source	Year	
Percentage		14%	2%		Me	dent EMR	2014	
	nd that this in	he information and data pro nformation may be subject t Pamela E. Jol Treasurer & eals from the CEO, CFO or	o audit and I may be a hnson CFO	asked to provide d				

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



							basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mu			
be posted for p	oublic comme	ent 30 days prior to applica	ation approval.	. Three allowed reason	ons for gran	ting an exception a	re shown in Section IV.			
I. Are you a Me	edicaid Provid	der								
	Answer No	0				▼	You have chosen the following VAP Exception: i			
II. Appeal Appl	licant Informa	ation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
Organizat	tion Name: Fo	our Points Christian Counseli	ng Services				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough∼			
	Joined PPS: Fir	nger Lakes PPS				•	You chose the qualification i, in the space below please include:			
^^ The VAP Exce	eption is evalua	ated in the context of the PP	S you are joining	g. If you are joining mo	re than one F	PPS, you have the				
	-	Exception in that PPS as we		_	dditional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
		nd VII of the instructions for	further clarifica	tion!			include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Pro	ovider Type: Ot	ther				▼	without your organization's involvement given the PPS current configuration of network providers.			
Provider Ty	ype - Other: Ch	nristian Counseling Services					b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
		Operating Certificate/Li	cense #	MMIS*		NPI*	of services for the PPS in this community (ies).			
Unique	Identifiers:	na		na		na	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
Ag	gency Code: na	1	•							
Billir	ng Entity ID: na	)					Character Count: 2263			
		Address		City	State	Zip	A) Finger Lakes currently consist of secular counseling which in and of itself is not as comprehensive as a dynamic combination of Chistian and			
	Address 81	L5 Park avenue	R	ochester	NY	14608	secular treatment. Populations such as the elderly, young adults, adults, single parents with young children, or younger adults with smiall			
III. Ammaal Bair						* REQUIRED	children, veterans, and those re entering society. People with domestice violence and trauma victums, and lastly the LGBT community.			
III. Appeal Poir	erson Denise					1	B) Four Points Christian Counseling Services provides wholistic counseling that is founded on both spiritual, mental, and emotional perspective			
Contact F	Title Ministe						Counseling will be provided on an on-call and scheduled basis, individual, family, and group sessions. Each session will last 30 minutes to one hour. Topic discussed will relate to the specifics of the inidvidual who is needing the service for example; a Veteran who is frequenting the			
Contact F	Phone 585-456			Extension			emergency room because s/he is feeling a lose of connection from their community of faith. This person will be given the opportunity to discu			
		ynnbell@gmail.com			•		their need for becoming involved with faith based communities as well as attending spiritual guidance counseling sessions from Four Points CC			
IV. Please choo	ose the follow	ving VAP Exception:					c) Improving the overal health of an individual cannot be done without treating the whole person. People who have a faith base connection at			
Any ho comm  Any st  When choosing indicate what PF Information – Se When choosing Care Manageme CMS approval. If approval and do safety net list, yo another approve complete this fo ~ For	white, and/or contact-designated VAP Exception PS you intend to exception III". If you VAP Exception ent Agencies (Cife to the protection of the protection	unity.  I lely qualified to serve based clear track record of success of health home or group of he is & ii – Please indicate what o join, then you will be deniful are part of multiple PPSs, si iii—The Department has su MAs) that have already beer lome appears on this list as jubmit this form. If the organ of the submit this form. If your rovider list, but your organize lable on the DSRIP website. You are joining more than our Uninsured members that your mem	ealth homes. **  t Performing Pred. Please indicase section VII tabmitted a draft In approved as sa pending approvaigation operating organization operating organization believes the pPS, use second	ovider System (PPS) yo ate the name of the PF bb. list of State Designated fety net providers as val, you will be granted g your Health Home/C bes not appear on the hat it should qualify as	u plan on joi 'S in the "App I Health Hom vell as those a VAP Except MA already a draft Health Hor a Health Hor	ning. If you do not beal Applicant les and Network that are pending ion pending CMS appears on another Home list or on me, please	prior to that s/he may consult a distant family member or his/her spiritual couselor at FouPoints CCS that will give her some quick advice based on the knowledgable statff member. Talk her through to call the on call staff at her peds office and set up an appointment for the morninng an some techniques to help his/her child sleep comfortable through the night.			
	Medio	caid (FFS & MC)	Unins	sured	Data So	ource Year				
Percentage	•	na	n	a	na	na				
-	d that this info	information and data provi ormation may be subject to a Denise Lynn B	audit and I may	be asked to provide d		n in support of this				

10/30/2014 Genesee County Office for the Aging

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

be posted it	or public comi	ment 30 days prior to appi	ication approvai. Thre	e allowed reasc	ons for gran	ting an exception	rare snown in Section iv.
I. Are you a	Medicaid Pro	vider					
	Answer	Yes				•	You have chosen the following VAP Exception: i
II. Appeal A	pplicant Infor	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organ	ization Name:	Genesee County Office for t	he Aging				~ 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 E	xception is eva	luated in the context of the F	PPS you are joining. If yo	u are joining mo	re than one I	PS, you have the	
option of app	olying for the V	'AP Exception in that PPS as v	well (if applicable). Pleas	e see the "VII_A	dditional PPS	is" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS'	s. See <u>Section I</u>	I and VII 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.
Provide	r Type - Other:	Area Agency on Aging					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	, , ,	Operating Certificate/	/Liconco #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unic	que Identifiers:	NA	License #	NA		NA	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
UIIIC	Agency Code:	NA NA		INA		INA	
R	silling Entity ID:	Federal ID 16-600-2560					Character Count: 3363
	ming Erreity 15.	Address		City	State	Zip	a. NY Connects Genesee Care Options is a federally recognized Aging and Disability Resource Center providing vital long term care no wrong door
	Address	2 Bank Street	Batavia		NY	14020	screening, information, assistance, and referral/conflict free management services to Genesee County residents age 60+, disabled individuals, and
l-						* REQUIRE	their caregivers. We are well known and respected throughout the community, region, and state as an accessible agency providing exceptional,
	Point of Conta						unbiased resource information and strong collaborative professional relationships. Aging services (Genesee County residents age 60+) offer
Contac	ct Person Ruth						home and community based services, long term care planning assistance, legal assistance, medical transportation, health insurance information
		ces Administrator					and counseling assistance. Underserved, uninsured individuals feel safe coming to Genesee County NY Connects/Office for the Aging when
	ct Phone 585-			Extension		5913	seeking information and services.
		k@co.genesee.ny.us					b. NY Connects Genesee Care Options is the local, trusted communication "hub" for long term/healthcare providers in Genesee County enjoying strong, collaborative relationships with the local hospital and other healthcare providers. For 10 years, we've facilitated Long Term Care Task
IV. Please cl	hoose the foll	owing VAP Exception:				_	Force (Attached) forming strong collaborative relationships, implementing successful initiatives. Members have established MOU's and
<b>⊚</b> i Ad	community will	not be served without grant	ing the exception becau	se no other eligil	ble provider	s willing or capabl	
	serving the com	nmunity.	-	_	•		the recently established Genesee, Orleans, Wyoming DSRIP Naturally Occurring Care Network with Finger Lakes Performing Provider System. We
Ο ::							are a sole source provider in our county for home delivered and congregate nutrition services.
		iquely qualified to serve base			y, relationshi	os within the	CURRENT MEDICAID PROVIDER POSITION:
cor	mmunity, and/o	or clear track record of succe	ss in reducing avoidable	hospital use.			We do not have a MMIS or NPI number, because we are not direct recipients of Medicaid funds. However, we currently contract with a Certified
O iii Anv	v stato dosigna	ted health home or group of	hoalth homos **				Home Health Care Agency (HCR of Rochester) to provide home delivered meals under the Medicaid Long Term Home Health Care Program and
	-					_	are in the final stages of securing contracts with Medicaid Managed Care Provider Organizations to provide home delivered and congregate meal
		<b>ion i &amp; ii</b> – Please indicate wh					
		d to join, then you will be de		e name of the PP	S in the "App	eal Applicant	our status from "Community Based Organization" (which collectively shares 5% performance-based DSRIP funds) to a "Vital Access Medicaid
	· · · · · · · · · · · · · · · · · · ·	you are part of multiple PPSs					Provider" status via contracts to provide Medicaid-funded services for Medicaid licensed Home Care Agency and Medicaid Managed Care Organizations.
	•	ion iii – The Department has s					Current contract:
_	_	(CMAs) that have already be					HCR Homecare of Rochester-Certified Home Health Care Agency
		h Home appears on this list a o submit this form. If the orga		_			
• •		eed to submit this form. If yo	,				Fidelis Care-Medicaid Managed Care Provider Org.
		t provider list, but your organ					iCircle Services/CDS Monarch-Medicaid Managed Care Provider Org.
	•	vailable on the DSRIP website		moura quamy as	a ricaitii rioi	iie, piedse	Niagara Advantage-Medicaid Managed Care Provider Org.
		if you are joining more than		b (Section VII) to	add additio	nal PPSs.	
							ADDITIONALLY:
V. Percentag	e of Medicaid	& Uninsured members that y	your facility serves				Within the past three years, our agency has provided Care Transitions Intervention Coaching through a pilot with CMS funding and have provided
							Chronic Disease Self Management programming in the community. We are in a position to provide these evidence-based CTI and CDSMP services
	Me	edicaid (FFS & MC)	Uninsured		Data So	urce Year	as well as the afore-mentioned nutrition services.  SUMMARY:
Doucentess		100/	120/		ustatoofb	oalth a 201	
Percentage	!	19%	12%		ystateofh	ealth.n 201	Justice would uitake by write or contracted agreements with wieutable Providers, our status would not be Community Based Organization but "vital Access Medicaid Provider"
		he information and data pro					
		nformation may be subject t	o audit and I may be as	ked to provide do	ocumentatio	n in support of thi	s
appeal.				_			
NI-	ame	Pamela Whit	tmore	Ar Ý	nswer	T	
	Title	Director		—L <b>e</b> "	- 110	1	
'		eals from the CEO. CEO or		ccepted			

10/30/2014 God's Love We Deliver, Inc.

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



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

be poster	d for public com	ment 30 days prior to appl	ication approval.	. Three allowed rea	asons	for grantir	ng an exception	are shown in Section IV.
I. Are you	u a Medicaid Pro	ovider						
	Answer	No					•	You have chosen the following VAP Exception: i
II. Appea	l Applicant Info	rmation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Org	ganization Name:	God's Love We Deliver, Inc.						~ 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 VA	P Exception is eva	aluated in the context of the F	PPS you are joining	g. If you are joining n	nore th	nan one PP:	S, you have the	
		VAP Exception in that PPS as v						a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple P	PS's. See <u>Section</u>	II and VII of the instructions for	or 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.
Prov	ider Type - Other	Medically-Tailored Home De	elivered Meal Prov	rider				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).
	Inique Identifiers	operating certificates	Electise #			1/16	57646281	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code					140	77040281	
	Billing Entity ID							Character Count: 3448
		Address		City	1	State	Zip	God's Love We Deliver is the only nonprofit provider of individually tailored, home-delivered meals and nutritional counseling for people living
	Address	630 Flushing Avenue, 7th Flo	oor B	rooklyn		NY	11206	with multiple, chronic and life-threatening illnesses in New York City. The population that we serve citywide has no other comparable service
		•		•	•	•	* REQUIRED	available to them, because their intense nutritional needs require not just food, but food prescribed by a licensed Registered Dietitian, of which
	al Point of Conta							we have 6 on staff. Our nutrition counseling and medically-tailored meals give Medicaid beneficiaries the tools they need to remain in the
Cor	ntact Person Aliss							community, despite needing a nursing home level of care, which enhances the impact of traditional Medicaid services. Thus our services decrease
		ctor of Policy & Planning						the number of preventable admissions and readmissions, bring down the overall cost of care and reduce over-utilization of intensive services.
	ntact Phone 212			Extensio	on			L
	ontact Email awa							To put the cost savings in perspective, a study by our sister agency in Philadelphia showed a 62% reduction in healthcare costs, for a total savings of ~\$12,000 per person per month, in the first 3 months of being on their medically-tailored meal program. Additionally, nutritional risk is a
IV. Pleas	e choose the fol	lowing VAP Exception:						significant predictor of hospitalization, rehospitalization and increased length of stay in hospitals. In a Clinical Nutrition study, for malnourished
● i	A community wil	I not be served without grant	ing the exception	because no other eli	ligible r	orovider is	willing or capable	patients, hospital length of stay was 1.5 times longer, average inpatient hospitalization cost was 24% higher, and they were twice as likely to be
	of serving the cor	•	0		0 1		0,	readmitted to the hospital within 15 days. Our services are key for individuals transitioning from acute care settings back into the community.
- 1	· ·	,						realistics to the hopping that it is a construction of the first term of the first t
0 "	Any hospital is ur	iquely qualified to serve base	ed on services prov	vided, financial viabi	ility, re	lationships	within the	Need citywide has led to tremendous growth in our program: 76% in the last seven years, translating to delivery of over 1.2 million meals to more
	community, and/	or clear track record of succe	ss in reducing avoi	idable hospital use.				than 5,000 clients in FY14. We currently partner with 32 Medicaid MLTC plans in NYC to deliver meals to their beneficiaries, keeping them healthy
O ;;;								and in their homes. Our services are also billable to mainstream Medicaid managed care plans through a memo released by the NYS Department
<b>–</b>	Any state-designa	nted health home or group of	health homes. **					of Health on August 28, 2013. Furthermore, the State recognized the unique nature of the service we provide by awarding us a Balancing
When cho	osing VAP Except	t <b>ion i &amp; ii</b> – Please indicate wh	nat Performing Pro	ovider System (PPS)	you pl	an on joinir	ng. If you do not	Incentives Project grant to expand our services to Nassau and Westchester Counties, where there are no comparable services for Medicaid
indicate w	hat PPS you inter	nd to join, then you will be de	nied. Please indica	ate the name of the	PPS in	the "Appe	al Applicant	beneficiaries.
		you are part of multiple PPSs						
When cho	osing VAP Except	t <b>ion iii</b> – The Department has s	submitted a draft l	list of State Designat	ted Hea	alth Homes	and Network	Despite growth, we know there are many more vulnerable individuals in the downstate area that need our services. The home-delivered meals
		s (CMAs) that have already be						benefit in MLTC is underused. At present there are over 115,000 people in the MLTC program in NYC, and only a little over 900 (<1%) are
		h Home appears on this list a						currently on contract for home-delivered meals with God's Love. Furthermore, need for medically-tailored food is one of only three reasons that
		o submit this form. If the orga						a beneficiary can be transitioned to an MLTC plan.
		eed to submit this form. If yo						Meals are integral to managing chronic disease for our clients. Our services target a very specific Medicaid population, which may include
		et provider list, but your orgar available on the DSRIP website		nat it should quality	as a He	eaith Home	e, piease	individuals who are: medically at-risk, in danger of being institutionalized, significantly limited in their ADL that affect shopping and cooking;
complete		if you are joining more than		and tab (Section VIII)	to ado	l additiona	l DDCe	dealing with serious behavioral health issues that impede their ability to take care of their nutritional needs; in the progressive stages of dementic
	Tor Section IV,	ii you are joining more than	one rrs, use seco	ma tab (Section VII)	to auc	auuitioila	11133.	that require pureed or minced diets; those who need temporary support to recover from a relapse of diabetes-related complications; or being
V. Percen	tage of Medicaid	& Uninsured members that y	our facility serves	s				discharged from the hospital after an acute episode with no supports in the home.
					Г			
	M	edicaid (FFS & MC)	Unins	sured		Data Soul	rce Year	
Percenta	age	56%	5'	%		nternal Rec	ords 2014	
rerecite	.gc	3070		70	Ľ	internal nec	2014	
								7
		the information and data pro					-	1
		nformation may be subject to	o audit and I may	be asked to provide	e docur	mentation	in support of this	
appe	eai.				Answ	or		
	Name	Karen Pea	arl			O No		
	Title	President &				J		
		peals from the CEO, CFO or		l be accepted				
	J, up		parable will	socopica				

10/30/2014 Hamilton County Community Services

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

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



Vital Access Provide	r Exception: The state will conside	er exceptions to the safety net	definition o	n a case-by-case l	asis 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 cor	nment 30 days prior to application a	approval. Three allowed reasor	ns for granti	ng an exception a	re shown in Section IV.		
I. Are you a Medicaid P	rovider						
Answe	r No			▼	You have chosen the following VAP Exception: i		
II. Appeal Applicant Info	ormation				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>		
Organization Name	e: Hamilton County Community Service	S			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~		
Joined PP	S: Adirondack Health Institute			-	You chose the qualification i, in the space below please include:		
^^ The VAP Exception is ev	valuated in the context of the PPS you a	re joining. If you are joining more	than one PP	S, you have the			
option of applying for the	VAP Exception in that PPS as well (if ap	plicable). Please see the "VII_Add	litional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to		
multiple PPS's. See Section	n II and VII of the instructions for furthe	r clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient		
Provider Type	e: Other			•	without your organization's involvement given the PPS current configuration of network providers.		
Provider Type - Othe	r: Mental health oupatient services (ps	ychiatric, psycological, couseling,	care coordia	ntion, prevention)	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 Identifier			25	1S00000X	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)		
Agency Code				13000000			
Billing Entity II	·				Character Count: 1060		
, , , , , , , , , , , , , , , , , , ,	Address	City	State	Zip	Hamilton County Community Services (HCCS) is the sole provider of mental services located in Hamilton County. County residents would need to		
Address	143 White Birch Lane	Indian Lake	NY	12842	travel over an hour, one way, to access services outside the county if not for HCCS. HCCS serves an average of 115 unique individuals a month.		
				* REQUIRED	There is no public transportation in the county and, absent HCCS, many residents would have no access to MH services. HCCS is funded by the		
III. Appeal Point of Con					New York State Office of Mental Health, operated by the County of Hamilton, and provides psychiatric/ psychological services, counseling/		
Contact Person Ro					therapy, care coordination, referral services, crisis intervention and forensic services. Hamilton County meets the federal criteria for a frontier county (<6 people per sq. mi., Hamilton has just under 3) and, due to its size, would struggle to support a typical, viable, in-county MH clinic found in any other county in NYS. As such there are no other providers outside the county willing to open services in the county -making HCCS		
	ector of Community Services 8-648-5355	Extension					
	eppang.hccs@frontiernet.net	Extension			essential to the safety and well-being of all county residents.		
<u> </u>	ollowing VAP Exception:						
of serving the community, and community, and any state-design when choosing VAP Except indicate what PPS you into Information – Section It". When choosing VAP Except Care Management Agencic CMS approval. If your Hea approval and do not need safety net list, you do not another approved safety recomplete this form. List is ~ For Section IN	rill not be served without granting the elementity.  Iniquely qualified to serve based on ser alfor clear track record of success in redinated health home or group of health health home or group of health health oin, then you will be denied. Plefut ojoin, then you will be denied. Plefut you are part of multiple PPSs, see section iii—The Department has submittees (CMAs) that have already been approfith Home appears on this list as pendin to submit this form. If your organization need to submit this form. If your organize to rovider list, but your organization it available on the DSRIP website.  If, if you are joining more than one PPS, de Winisured members that your facil	vices provided, financial viability, ucing avoidable hospital use.  omes. **  orming Provider System (PPS) you have indicate the name of the PPS tion VII tab.  d a draft list of State Designated hoved as safety net providers as we grapproval, you will be granted a operating your Health Home/CM ization does not appear on the druelieves that it should qualify as a use second tab (Section VII) to a	plan on joini in the "Appe lealth Home: ill as those th VAP Exceptio A already ap aft Health Home	s within the  sing. If you do not al Applicant s and Network hat are pending on pending CMS pears on another ome list or on e, please			
N	Nedicaid (FFS & MC)	Uninsured	Data Sou	rce Year			
Percentage	49%	8%	on-site stat	tistics 2014			
	t the information and data provided on information may be subject to audit a Robert Kleppang		umentation wer				



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

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

be posted f	or public com	ment 30 days prior to appl	ication approv	al. Three allowed re	asons	for grantin	ng an exc	eption a	re shown in Section IV.			
I. Are you a	Medicaid Pro	vider										
	Answer	Yes						•	You have chosen the following VAP Exception: i			
II. Appeal A	Applicant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
Orga	nization Name:	Hands Across Long Island, In	corporated						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
		Stony Brook University Hospital						~	You chose the qualification i, in the space below please include:			
		luated in the context of the F										
		'AP Exception in that PPS as value of the IPS as value of the instructions for the instructions for the IPS as value of the IP			_Addi	tional PPSS	tab to se	elect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient			
	Provider Type:							•	without your organization's involvement given the PPS current configuration of network providers.			
Drovida	- ''	PROS							b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
FIOVICE	er Type - Other.	Operating Certificate/	/Liconco #	MMIS*			NPI*		of services for the PPS in this community (ies).			
Hni	ique Identifiers:	8684006A	License #	02995619			27269141		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
Oili	Agency Code:	13070		02333013		142	27203141					
-	Billing Entity ID:	E0003098							Character Count: 2210			
		Address		City		State	Zip		Individuals who have been diagnosed with a severe and persistant mental health diagnosis is a community that is currently served by PEERS			
	Address	159 Brightside Avenue		Central Islip		NY	1172		within the geographic area that would be covered by the PPS of StonyBrook University Hospital. In Mental Health Systems, Peer Services have			
III. Appeal	Point of Conta	ct					* KE	QUIRED	demonstrated to be a Best Practice throughout NYS and the Country. Hands Across Long Island (HALI) is a Peer Run Organization that has operated in NYS for over 20 years. Over 85% of the staff and 75% of the Board of Directors are peers. HALI is the first Peer Run PROS/with Clinic			
	ct Person Ellen								in New York State and the Country. HALI provides Rehabilitative and Clinical services to the Suffolk Country community. HALI serves			
		utive Director							approximately 300 individuals with severe and persistant mental illness. There have been significant success made by the participants at HALI.			
	act Phone 631-			Extens	on				People have gone to school or work, reduced hospitalizations, maintained community housing and decreased public benefits. Participants of HALI			
	tact Email ellen								have worked closely with our Psychiatrist to reduce or change medications that have kept them unable to stay awake, stay focused or able to think clearly. Although this should happen everywhere, it does not. Folks attending HALI experience success because success is expected. HALI			
_	choose the foll	owing VAP Exception:							also provides other services, such as forensic, housing with case management and advocacy. Without HALI providing services in this geographic			
	-	not be served without grant	ing the exceptio	n because no other e	ligible	provider is v	willing or	capable	area of Suffolk County, the community of individuals with severe and persistant mental illness would not have the option to receive services			
- 1	serving the com	nmunity.							from a PEER within a PEER RUN organization. Not having PEER SERVICES provided within the Performing Provider Service Network ignores the			
Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the								e	demonstrated success, Best Practice and developed tool kits of those services. Incorporating HALI's Peer Run services to the current network of services for the PPS in the Suffolk County community will enhance the service capacity of the PPS as well as contribute to the overall reduction of			
		or clear track record of succe			.,,				hospitalizations. HALI has been an active member of the StonyBrook PAC and Behavioral Health Committees of the DSRIP. HALI is supportive of			
O iii Ar	u stata dasima	tad baalth hama ar group of	haalth hamas *	*					the project priorities that will be submitted in the DSRIP Proposal in December.			
		ted health home or group of										
		ion i & ii – Please indicate wh	_			-						
	•	d to join, then you will be de you are part of multiple PPSs			PPS II	n the Appea	аі Аррііса	nt				
		on iii – The Department has			ted He	ealth Homes	and Netv	work				
Care Manag	ement Agencies	(CMAs) that have already be	en approved as	safety net providers	as well	as those tha	at are per	nding				
	-	n Home appears on this list a				-	-					
		submit this form. If the orga eed to submit this form. If yo										
		t provider list, but your organ	•					OII				
	•	vailable on the DSRIP website					, ,					
~	For Section IV,	if you are joining more than	one PPS, use se	cond tab (Section VII	) to ad	ld additional	l PPSs.					
V. Percenta	ge of Medicaid	& Uninsured members that y	our facility serv	res								
			,			T .						
	Me	dicaid (FFS & MC)	Uni	insured		Data Sour	rce	Year				
Percentage	е	99%		1%		EMEDN	Y	2014				
unders appeal	stand that this in	he information and data pro nformation may be subject t	o audit and I ma	y be asked to provid	e docu	mentation i	-	_				
	lame	Ellen M. He Executive Dir		®	Yes	O No						
	Only app	eals from the CEO, CFO or		vill be accepted								

10/30/2014 HealthReach Plus

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



		ovai. Tillee allowed leas	ons for granting a	an exception a	re shown in Section IV.						
. Are you a Medicaid Provider	,		0 0	·							
Answer No				▼.	You have chosen the following VAP Exception: i						
I. Appeal Applicant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!						
Organization Name: HealthR	each Plus				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
Joined PPS: Select PP:				-	You chose the qualification i, in the space below please include:						
^ The VAP Exception is evaluated in		ining. If you are joining mo	re than one PPS, v	ou have the	The state of the s						
option of applying for the VAP Exce					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to						
nultiple PPS's. See Section II and VII	of the instructions for further clar	rification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient						
Provider Type: Select On	)			-	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 netw						
	perating Certificate/License #	MMIS*	NE	) *	of services for the PPS in this community (ies).						
Unique Identifiers:	peracing certificate, license #	IVIIVIIS	11040		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)						
Agency Code:			11040	43646							
Billing Entity ID: Medicai	d pending				Character Count: 54						
<u> </u>	Address	City	State	Zip	Please see attachment for Health Reach Plus. Thank you						
Address 396 Che	stnut Rideg Road	Rochester	NY	14624							
				* REQUIRED							
II. Appeal Point of Contact											
Contact Person Jennifer E. Re Title Owner	id										
Title Owner Contact Phone (585) 261-590	14	Extension									
Contact Email jennifer.reid3		Extension									
/. Please choose the following \											
of serving the community.  Any hospital is uniquely que community, and/or clear to the community, and the community, and the community, and the community and the community and the community and the community and the community, and the community, and the community, and the community, and the community.  Any hospital is uniquely query and the community.  Any state-designated health and the community.  Any state-design	then you will be denied. Please in lart of multiple PPSs, see section \ne ne Department has submitted a di	provided, financial viabilit avoidable hospital use. 5. ** Ig Provider System (PPS) yo ndicate the name of the PI VII tab. raft list of State Designated	r, relationships wit u plan on joining. 'S in the "Appeal A	If you do not applicant							
are Management Agencies (CMAs)											
MS approval. If your Health Home approval and do not need to submit				-							
afety net list, you do not need to su											
nother approved safety net provide	r list, but your organization believ	es that it should qualify as	a Health Home, p	lease							
omplete this form. List is available o											
	e joining more than one PPS, use		add additional PF	PSs.							
/. Percentage of Medicaid & Uninsu	red members that your facility se	erves									
Medicaid (F	FS & MC)	Jninsured	Data Source	Year							
Percentage											
Percentage  Yes I Hereby Certify that the inform	,	form is accurate and corre	ct to the best of n	ny knowledge.	1						

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



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

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

be posted	for public co	omment 30 days prior to appl	ication approva	I. Three allowed reas	sons for g	ranting	an exception	re shown in Section IV.						
I. Are you	a Medicaid	_												
	Answ	ver Yes					~	You have chosen the following VAP Exception:						
II. Appeal	Applicant In	formation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>						
Org	anization Nan	ne: Home Aide Service of Easter	n New York, Inc.,	d/b/a Eddy Health Ale	ert			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
	Joined P	PS: Ellis Hospital					~	You chose the qualification i, in the space below please include:						
		evaluated <u>in the context of the F</u>												
		e VAP Exception in that PPS as v		·	Additional	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						
multiple Pl		on II and VII of the instructions for	or further clarific	ation!				include descriptions of the geographic area, the population, and how the services in this community are insufficient						
	Provider Ty	pe: Other					•	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)						
Provi	der Type - Oth	ner: Personal Emergency Repons	e Service											
		Operating Certificate/	License #	MMIS*		N	IPI*							
U	nique Identifi	ers:		1446193		1114	967924	c. Any supporting documentation to substantiate your narrative (attach as FDF in the email when submitting)						
	Agency Co	de:												
	Billing Entity							Character Count: 3451						
		Address		City	Stat		Zip	Eddy Health Alert is a local provider of personal emergency response services and monitored medication dispensers since 1986 which operates a						
	Addre	ss 433 River Street, Suite 3000		Ггоу	NY		12180 * REQUIRED	part of St. Peter's Health Partners, serving over 4,300 clients daily. Thirty percent (30%) of clients are covered by Medicaid/managed Medicaid, an additional 6% are covered by County Departments of Aging/EISEP, and 1% served through charity care. Our service area includes six counties						
III. Appea	l Point of Co	ntact					REQUIRED	within the Ellis PPS Albany, Rensselaer, Schenectady, Saratoga, Fulton, and Montgomery counties. We offer products and services critical in the						
	tact Person L							following Ellis PPS projects: care transitions, palliative care, behavioral health and integrated delivery system.						
	Title Director of Finance & Operations							The Ellis PPS would be unable to serve patients in need of personal emergency response services and monitored medication dispensers in the						
	ntact Phone 5			Extension	า			targeted six-county service area without the approval of Eddy Health Alert as a vital access provider because:						
Co	ntact Email L	ynette.Turo@sphp.com						We are the only provider in the region of monitored medication dispensers. We completed a study of the effectiveness of this technology with						
IV. Please	IV. Please choose the following VAP Exception:							the support of grants which demonstrated 99% patient/family satisfaction, 96% medication adherence, and zero hospitalizations or ER visits related to lack of compliance with medication regime. This technology proved to be particularly helpful for the following patient populations:						
i	A community will not be served without granting the exception because no other eligible provider is willing or capable.							dementia, behavioral health, neurological disorders (patients who cannot physically open traditional prescription bottles), and people with						
	of serving the community.							multiple chronic diagnoses struggling to comply with complex medication regimes.						
0								We are the only personal emergency response program in the region offering a full range of PERS technology—landline, cellular and GPS-						
		uniquely qualified to serve base			ty, relation	ships w	ithin the	enabled, along with auto-alert capability to summon help even when the client cannot press a button following a fall, and multiple types of						
(	community, ar	nd/or clear track record of succe	ss in reducing avo	oidable hospital use.				devices for individuals with a variety of disabilities. To save costs, many clients have transitioned from landline phones to cell phones making it						
O iii A	Anv state-desi	gnated health home or group of	health homes **					crucial for the PERS technology used to be compatible. In addition, Medicaid patients cared for in the community are often not homebound,						
-								making the latest GPS-enabled technology which can be used to summon help wherever the client is located critical to the success of the Ellis						
	-	eption i & ii – Please indicate wh tend to join, then you will be de	-				•	PPS.  • We employ specially trained technicians who install the units in the client's home and train clients and caregivers in the use of the technology.						
	•	. If you are part of multiple PPSs			P3 III tile	Appear	Аррисант	National PERS vendors ship the technology to client homes, expecting them to be able to install it and teach themselves how to use it.						
		eption iii – The Department has s			d Health H	lomes a	nd Network	Recognizing issues with literacy, the unfamiliarity with this technology, and the need at times to use splitters to adapt old phone/wiring systems,						
	•	cies (CMAs) that have already be						we have kept a client-centered approach to delivery and instruction, using teach back to ensure the client/family can use the equipment						
		ealth Home appears on this list a						successfully before we leave the home. In addition, battery changes, repairs and replacement are also handled in person. This approach						
approval a	nd do not nee	d to submit this form. If the orga	anization operatii	ng your Health Home/	CMA alrea	dy appe	ars on another	dramatically increases the use of the equipment.						
		t need to submit this form. If yo	_	* * *				270 counts of individual count in 2012 counts described activity.						
		net provider list, but your organ		that it should qualify a	s a Health	Home, p	olease	37% percent of individuals served in 2013 were targeted patients: 24% were covered by Medicaid						
		is available on the DSRIP website  IV, if you are joining more than		and tab (Saction VII) t	o add addi	itional D	DC.	6% Managed Medicaid/MLTC/PACE						
	roi section	iv, ii you are joining more than	one FF3, use sec	ond tab (section vii) t	o auu auui	itional F	F35.	6% County Offices of Aging & EISEP						
V. Percent	age of Medica	aid & Uninsured members that y	our facility serve	es				1% Uninsured						
		na-diid (FFC Q nac)	111-	d	D-4	- 6		Medication adherence using monitored medication dispensers, and PERS technology which allows clients to live independently because they can						
		Medicaid (FFS & MC)	Unir	nsured	Data	a Source	e Year	obtain help when needed, are both critical to the Ellis PPS.						
Percenta	ge	30%	:	1%	С	ensus	2013							
unde	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	Michelle Maz	zacco	( )	res O	No								
	Title	VP/Direct	or											
	Only	appeals from the CEO, CFO or	comparable wi	II be accepted										

10/30/2014 Hospicare & Palliative Care Services

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



								basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus					
		nt 30 days prior to applic	cation approval. T	rree allowed rea	sons for	granting ar	exception a	rre shown in Section IV.					
I. Are you a Medi													
	Answer Yes						▼	You have chosen the following VAP Exception:					
II. Appeal Applica	ant Informa	tion						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
Organization	n Name: Hos	spicare & Palliative Care Se	ervices					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
Join	ined PPS: Unit	ted Health Services Hospitals, Inc	13					You chose the qualification i, in the space below please include:					
^^ The VAP Exception	ion is evaluat	ed in the context of the PP	<u>PS</u> you are joining. I	you are joining m	ore than	one PPS, you	ı have the						
		Exception in that PPS as we		_	Additiona	al 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	Section II and	d VII of the instructions for	r further clarificatio	n!				include descriptions of the geographic area, the population, and how the services in this community are insufficient					
Provid	der Type: Sele	ect One					~	without your organization's involvement given the PPS current configuration of network providers.					
Provider Type	e - Other: Lice	ensed Hospice						b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
		Operating Certificate/Li	icense #	MMIS*		NPI*		of services for the PPS in this community (ies).					
Unique Ide	entifiers:	5401501F				1730185	5737	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	ncy Code:	34013011				173010.	,,,,,						
	Entity ID: 22-	2473715						Character Count: 1815					
		Address		City	Sta	ate	Zip	Hospicare is applying for a Vital Access Provider Exception as we are the sole provider of community based hospice and home-based palliative					
Α	Address 172	2 East King Road	Itha	ca	N	NΥ	14850	care services in the counties of Tompkins and Cortland – two of the ten counties covered by the Southern Tier Rural Intergrated PPS (STRIPPS). A					
							* REQUIRED	we are the only holder of the Certificate of Need to provide hospice in these counties, Medicaid recipients here are dependent upon Hospicare					
III. Appeal Point o							1	for this service provision. Per the 2010 census, the population of Tompkins is 101,564 and of Cortland is 49,336. The population is largely rural					
Contact Perso								and most of the population is more than an hour from urban hospitals and health care systems.					
		e Director				440		Hospicare, like hospices across NYS, is uniquely qualified to meet the metrics set forth by the DSRIP process, especially through the specific					
Contact Pho				Extensio	n	118		palliative care related projects (3.g.i., 3.g.ii, and 3.g.iii.) as well as the Care Transitions projects (2.b.iv. and 2.b.v.) and many others. This ability has already been recognized by the STRIPPS Executive Committee and they have asked us to share our expertise in skilled and comprehensive					
Contact Email djohnson@hospicare.org								home-based care that serves patients at home and keeps them out of the emergency room. As just one example, Hospicare did not initiate a					
IV. Please choose	the followi	ing VAP Exception:						single emergency room visit for one of its patients in 2012. Not one – and this is while handling many off-hours on-call crises. This kind of					
Any hospi	community, and/or clear track record of success in reducing avoidable hospital use.							engenders.  A final note on the data provided – the Medicaid rate data covers 2012 and covers Tompkins County only as Hospicare did not officially take ove the hospice services of Cortland until September 15, 2014. The Medicaid rate is higher in that county. Thank you for your consideration.					
When choosing VAI indicate what PPS y	AP Exception i	health home or group of h i & ii – Please indicate wha join, then you will be deni are part of multiple PPSs,	at Performing Provi				-						
Care Management A CMS approval. If yo approval and do no safety net list, you canother approved s complete this form.	Agencies (CN our Health Ho ot need to sul do not need safety net pro List is availa	iii—The Department has su AAs) that have already bee ome appears on this list as bonit this form. If the organ to submit this form. If you ovider list, but your organi- able on the DSRIP website. ou are joining more than o	en approved as safe pending approval, nization operating y or organization does ization believes that	cy net providers as you will be granted our Health Home/ not appear on the it should qualify a	well as the well as a Health	hose that are xception pen eady appears ealth Home li th Home, plea	e pending oding CMS on another st or on ase						
V. Percentage of M	/ledicaid & U	ninsured members that yo	our facility serves										
	Medica	aid (FFS & MC)	Uninsur	ed	Da	ata Source	Year						
Percentage		16%	>1%		9	Suncoast	2013						
	•	nformation and data provi mation may be subject to Dale Johnso	audit and I may be	asked to provide		ntation in su	•						

10/30/2014 Hospice At Lourdes

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

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



					•	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus				
be posted fo	r public commen	t 30 days prior to application	approval. Three allowed reason	ons for gran	ting an exception a	are shown in Section IV.				
I. Are you a l	Medicaid Provide	r								
	Answer Yes				▼	You have chosen the following VAP Exception: i				
II. Appeal Ap	oplicant Informat	ion				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organi	ization Name: Hos	pice At Lourdes				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
		ed Health Services Hospitals, Inc			-	You chose the qualification i, in the space below please include:				
^^ The VAP Ex		ed in the context of the PPS you	are joining. If you are joining mo	re than one P	PS, you have the					
			applicable). Please see the "VII_A			a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
multiple PPS's	See Section II and	VII of the instructions for furth	ner clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient				
F	Provider Type: Othe	r			•	without your organization's involvement given the PPS current configuration of network providers.				
Provider	Type - Other: Hos	nice				b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
oriaci	Type Guien Tag		# MMIS*		NPI*	of services for the PPS in this community (ies).				
11-1-		Operating Certificate/License				c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	ue Identifiers:	0301501F	00955775	1	336197714					
	Agency Code: illing Entity ID:					Character Count: 2670				
Ы	illing Entity ID.	Address	City	State	Zip	The Hospice at Lourdes (LH) is a dba entity of Our Lady of Lourdes Memorial Hospital, Inc. LH is the only Hospice licensed in Broome and Tioga				
	Address 410	2 Old Vestal Road	Vestal	NY	13850	Counties and serves Chenango and Delaware with other Hospice providers. With the exception of Broome County most of the geographic area of				
	71001033 4107	E Old Vestal Road	vestar		* REQUIRED	the Tioga, Chenango and Delaware is very rural. LH involvement will add value to the UHS PPS as LH will be able to offer a more collaborative				
III. Appeal Po	oint of Contact					approach to seamless delivery of end of life care for all of the areas licensed to serve. Hospice involvement with the PPS will also foster				
Contact	t Person Rochelle	Eggleton				communication across county boundaries as well. Current issues with insufficient care stem from fragmentation between providers, knowledge				
	Title Service Li	ne Administrator				of services and access. The network of proposed providers is eager to collaborate at every level to ensure each Medicaid recipient receives the				
Contac	t Phone 607-772-1	1598	Extension			appropriate care at the appropriate level of care.				
Conta	ct Email reggleton	@lourdes.com				LH has been licensed as a hospice since 1980, one of the first in New York State. LH has helped individuals with a terminal illness live life to its				
		ng VAP Exception:	exception because no other eligi	hle provider i	s willing or canable	fullest up to the final moment. LH is a primarily a homecare focused program that also provides care wherever the patient calls home, be it a nursing home, assistive living facility, etc. We aim to improve the quality of life of the patient and caregivers by providing physical comfort, pair				
of serving the community.						management and emotional and spiritual support. Expert comprehensive care is delivered by our specialty- trained team including: physicians, nurses, licensed social workers, volunteers, bereavement counselors and spiritual care counselors.  LH is already collaborating with UHS and Lourdes Hospital in palliative care efforts. Increasing palliative care services across the PPS will improve				
		y qualified to serve based on se ar track record of success in rec	ervices provided, financial viability ducing avoidable hospital use.	y, relationship	os within the	the provision of community care and decrease emergent and acute care episodes.  LH is currently licensed by NYS and certified by CMS. To further add value to any PPS, LH is accredited by The Joint Commission and the American Nurse Credentialing				
	_	ealth home or group of health				Center as a Magnet facility. LH is also a part of Ascension Health that has 30-40 home health and hospice agencies sharing best practices and resources to improve patient care.				
indicate what	PPS you intend to		forming Provider System (PPS) yo Please indicate the name of the PF Potion VII tab.			The Hospice at Lourdes focuses our attention on quality, positive patient outcomes, building strong relationships with referral sources, staff recruitment and retention, assessing our intake and referral processes and a strong emphasis on patient/family satisfaction.				
			ted a draft list of State Designated	Health Hom	es and Network					
		•	roved as safety net providers as v							
			ing approval, you will be granted							
approval and	do not need to sub	mit this form. If the organizatio	on operating your Health Home/C	MA already a	ppears on another					
safety net list,	, you do not need t	o submit this form. If your orga	nization does not appear on the	draft Health H	lome list or on					
another appro	oved safety net pro	vider list, but your organization	believes that it should qualify as	a Health Hon	ne, please					
•		ole on the DSRIP website.								
~ F	or Section IV, if yo	u are joining more than one PP	S, use second tab (Section VII) to	add addition	nal PPSs.					
V. Percentage	e of Medicaid & Un	insured members that your fac	cility serves							
	Medica	id (FFS & MC)	Uninsured	Data So	urce Year					
Percentage		9%	2%	Lourdes F	inance FY 14					
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.										
c M	ime	Rochelle Eggleton		es O No	Т					
IN d	itle	Service Line Administrat		C3 0 140						

## 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**

All regions   All Provider   All P	•	•	ment 30 days prior to appl		•		•	are shown in Section IV.
H. Appeal applicant information Organization from the pages before the company of	I. Are you a N		vider					,
Distriction of the control of Control		Answer	Yes				•	You have chosen the following VAP Exception:
Direct PS  Under Internation Forward and the extended of the region of playing if you are planing flyes fl	II. Appeal App	plicant Infor	mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Service of applies of the VAP Exception in New York Service in fund Viril Control Plance of the Plance of the Plance of the VAP Exception in the Viril Control Plance of the VAP Exception in the Viril Control Plance of the VAP Exception in the Viril Control Plance of the VAP Exception in the Viril Control Plance of the VAP Exception in the Viril Control Plance of the VAP Exception in the Viril Control Plance of the VAP Exception in the Viril Control Plance of the VAP Exception in the Viril Control Plance of the VAP Exception in the Variety of the viril Control Plance of the VAP Exception in the Variety of the VAP Exception in the Variety of the VAP Exception in the VAP Exce	Organiza	ation Name:	Hospice of Chenango Count	y Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Appeal Point or Val Exception in Mart PR's a well if applicable). However the first individual PR's is the selected PR's Be use to individual PR's and the provider is a well with the surface for the community of the provider is a positive of the provider in the community of the provider is a positive of the provider in the provider		Joined PPS:	United Health Services Hospitals, Ir	nc				You chose the qualification i, in the space below please include:
Included descriptions of the gaographic area, the population, and how the services in this community are insufficient without your organization, the services provided, and how the services will enhance the network of the population, the services provided, and how the services will enhance the network of the population of the population, the services provided, and how the services will enhance the network of the population, the services provided, and how the services will enhance the network of the population, the services provided, and how the services will enhance the network of the population, the services provided, and how the services will enhance the network of the population, the services provided, and how the services will enhance the network of the population, the services provided, and how the services will enhance the network of the population, the services provided, and how the services will enhance the network of the population, the services provided, and how the services will enhance the network of the population, the services provided, and how the services will enhance the network of the population, the services provided, and how the services will enhance the network of the population in the population, the services provided, and how the services will enhance the network of the population in the population, the services provided, and how the services will enhance the network of the population in t								
## Without your open depose of Chemage County inc.    Provider Type   Incorpor of Chemage County inc.						Additional Pl	'Ss" tab to select	· · · · · · · · · · · · · · · · · · ·
Protective Type - Other Images of Chestangs Country Inc.    Operating Continual Country Inc.	Pr	rovider Type:	Other				-	
Usingle infiling Certificate (Actions 1925)  Agency Code:  Agency Code:  Agency Code:  Address 22 Haye State the Revalch No. 1921 1935 1935 1935 1935 1935 1935 1935 193				v Inc				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Agency Cost:  Ag	- Trovider I	Type Galler			MMIS*		NDI*	
Address   Sille   Address   Gity   Silve   Zip   Address   Silve   Silve   Zip   All Silve   Silve   Silve   Silve   Zip   All Silve   Silve   Silve   Silve   Zip   All Silve   Silve   Silve   Silve   Silve   Zip   All Silve   Silve   Silve   Silve   Silve   Silve   Zip   All Silve   S	Unique	e Identifiers:		License #				c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Address   Addr			00243001		01200400	I	1021033302	d
## Appeal Point of Contact ## Appeal Point of Co								Character Count: 2998
## Appeal Point of Contact    Contact Person   Datricia Outhouse   Extension			Address		City	State	Zip	Hospice of Chenango County is the primary provider of Hospice services in Chenango County, serving approximately 90% of those residents wh
III. Appeal Point of Contact		Address	21 Hayes Street	Nor	rwich	NY		<b>■  </b>
Contact Person   Partical Cubribuses	III. Annoal Bo	int of Conto					* REQUIRE	1 '
Title   Executive Director   Contact Prival   Positive Director   Contact Prival   Positive Director   Contact Prival   Positive Director   Contact Prival   Positive Director   Positive								<b>¬  </b>
Contact Phone    607334-3556   Extension	Contact							<b></b>
Note   Please choose the following VAP Exception:   Ordinary or the continuity of the served without granting the exception because no other eligible provider is willing or capably of serving the community.   A community will not be served without granting the exception because no other eligible provider is willing or capably of serving the community.   A community will not be served without granting the exception because no other eligible provider is willing or capably of serving the community.   A community will not be served without granting the exception legal to the community.   A community will not be served without granting the exception because no other eligible provider is willing or capably of serving the community.   A community will not be served without granting the exception legal to the community.   A community will not be served without granting the exception legal to the community.   A community will not be served without granting the exception legal to the community.   A community will not be served without granting the exception legal to the community.   A community will not be served without granting will be community.   A community will not be served without granting will be considered in the community.   A community will not be served will be considered as well as experienced to community.   A community will not be served without granting will be considered as well as experience working with a time the mount of the character of the provision of individual provision.   A community will not be served with the form of the DSIP program.   Boptic of Charango County would be considered a vital access provider for the provision of individual provision.   A community will not be served with the form of multiple PSps. sees excelled will and the provision of the possible work in the provision of the possible wo	Contact				Extensio	n		<b>=   </b>
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 and ny hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.  iii Any state-designated health home or group of health homes. **  When choosing VAP Exception ii ii — Please indicate what Performing Provider System (PPS) you plan on joining, if you do not need to submit this form, if you are part of multiple PPS, see section VII 1ab.  When choosing VAP Exception ii ii — The paramethas will be found and in a stable team embers that you will be granted and valve the exceed excert support. In addition, a 24 hour on-call system providers round the clock clinical sumptory services that enables patients to receive the new development in the home services in the community, and/or clear track record of success in reducing avoidable hospital use.  When choosing VAP Exception ii ii — In Please indicate what Performing Provider System (PPS) you plan on joining, if you do not need to submit this form, if you are part of multiple PPS, see section VII 1ab.  When choosing VAP Exception iii — In the you will be defined. Please indicate the name of the PPS in the "Appeal Applicant information — Section III. 1 you are part of multiple PPS, see section VII 1ab.  When choosing VAP Exception iii — The Department has submitted a draft list of State Designated Health Home; and Network care Management Agencies (CMAs) that have already been approved as safety need to one submit this form. If you are planted multiple PPS, see section IV. If you are planted multiple PPS, see section IV. If you are planted multiple PPS, see section IV. If you are planted multiple PPS, see section IV. If you are planted multiple PPS, see section IV. If you are planted multiple PPS, see section IV. If you are planted multiple PPS, see section IV. If you are planted mult	Contact	t Email pout	house@hospicechenango.or	g				
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 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 state-designated health home or group of health homes. **  When choosing VAP Exception it is in Please indicate what Performing Provider System (PS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the PS in the Your Appeal Applicant in the Possage of the PS in the Your Appeal Applicant in the Your Health Home, you will be denied. Please indicate the name of the PPS in the Your Application of the Your Health Home, you wil	IV. Please cho	oose the foll	owing VAP Exception:				_	
Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.  Any state-designated health home or group of health homes. **  When choosing VAP Exception it. 8 ii - Please indicate that PSy ou intend to join, then you will be defined. Please indicate the name of the PPS in the "Appeal Applicant information — Section II". If you are part of multiple PSs, see section VII alb.  When choosing VAP Exception it. 8 ii - Please indicate that PSP you intend to join, then you will be defined. Please indicate the name of the PPS in the "Appeal Applicant information — Section II". If you are part of multiple PSs, see section VII alb.  When choosing VAP Exception it. 9 ii - Please indicate the name of the PPS in the "Appeal Applicant information — Section II". If you are part of multiple PSs, see section VII alb.  When choosing VAP Exception it. 9 ii - Please indicate the name of the PPS in the "Appeal Applicant information — Section II". If you are part of multiple PSs, see section VII alb.  When choosing VAP Exception it. 9 ii - Please indicate the name of the PPS in the "Appeal Applicant information — Section II". If you are part of multiple PSs, see section VIII alb.  When choosing VAP Exception it. 9 ii - Please indicate the name of the PPS in the "Appeal Applicant information — Section II". If you are part of multiple PSs, see section VIII alb.  When choosing VAP Exception it. 9 ii - Please indicate the name of the PPS in the "Appeal Applicant information — Section II". If you are part of multiple PSs, see section VIII are a provided in the provided of the provided as well as those that are pending CMA already appears on another setly relet its, your organization believes that it should qualify as a Health Home, please complete this form. List is available on the OSF in the provided in the provided of the provided in			_	ing the exception be	ecause no other eli	ible provide	is willing or capab	patients being hospitalized either for general in patient care or respite services. Hospice of Chenango County utilizes an advanced illness
Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the common com		rving the con	imunity.					
community, and/or clear track record of success in reducing avoidable hospital use.  Any state-designated health home or group of health homes. **  When choosing VAP Exception 1 & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what a Performing Provider System (PPS) you plan on joining. If you do not indicate what performing Provider System (PPS) you plan on joining. If you do not indicate what performing Provider System (PPS) you plan on joining. If you do not indicate what performing Provider System (PPS) you plan on joining. If you do not indicate what performing Provider System (PPS) you plan on joining. If you do not indicate what performing Provider System (PPS) you plan on joining. If you do not need to submit this form. It so submitted a forth its of State Designated Health Homes and Network Care Management Agencies (CMAs) phroval, If you relath Home papers on this list as pending approval and do not need to submit this form. If the organization operating your Health Home list or on another approved safety net provider list, but your organization obeside several provider of hospice services to the medicaid population in Chenargo County.  When choosing VAP Exception in IT—The Department has submitted a forth its of State Designated Health Homes and Network Care Management Agencies (CMAs) proval. If you relath Home papers on this list as pending approval and on to need to submit this form. If the organization operating your Health Home is not on the draft Health Home is tor on another approved safety net provider its, but your organization operating your Health Home is not on the draft Health Home is tor on another approved safety net provider of hospice services to the medicaid population in Chenargo County. Would be considered a vital access provider of the provision of hospice services to the medicaid population in Chenargo County.  When Change Management Agencies (MAS) Has have a provider System (PS) you organization operating your health Home is	O ii Any h	hospital is uni	iquely qualified to serve base	ed on services provice	ded, financial viabili	ty, relationsh	ips within the	
Any state-designated health home or group of health homes. **  When choosing VAP Exception I & II – Please indicate what P Psy our limited to join, then you will be denied. Please indicate the name of the PPs) to the "Appeal Applicant Information – Section II". If you are part of multiple PPss, see section VII tab.  When choosing VAP Exception II — The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safely net provider as well as expension operating your Health Home gappers on the draft Health Home (EMA aready appears on another safety net list, you do not need to submit this form. If the organization does not appear on the draft Health Home [state or on another approved asfety net provider list, but your organization does not appear on the draft Health Home [state or on another approved safety net provider list, but your organization does not appear on the draft Health Home [state or on another approved safety net provider list, you do not need to submit this form. If the organization does not appear on the draft Health Home [state or on another approved safety net provider list, you do not need to submit this form. If your organization does not appear on the draft Health Home [state or on another approved safety net provider list, you you go the provider list, you do not need to submit this form. If the possible of the provider list, you do not need to submit this form. If your organization does not appear on the draft Health Home [state or on another approved as after the provider list, you do not need to submit this form. If your organization does not appear on the draft Health Home [state or on another approved as after the provider list, you do not need to submit this form. If your organization does not appear on the draft Health Home [state or on another approved as after the provider list, you do not need to submit this form. If your feather and your least list.  **For Section IV, If you are plaining mo	comr	munity, and/o	or clear track record of succe	ss in reducing avoid	able hospital use.	•		
When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not nidicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII ab.  When choosing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval from the 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 approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  *For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  **Medicaid (FFS & MC)***  **Medicaid (FFS & MC)***  **Uninsured**  **Data Source**  **Data Source**  **Vear**  **Data Source**  **To Section IV, if you are paint more than one PPS, use second tab (Section VIII) to add additional PPSs.  **V. Percentage of Medicaid & Uninsured members that your facility serves  **Medicaid (FFS & MC)**  **Uninsured**  **Data Source**  **To Section IV, if you reganization operating your Health Home, please complete this form. List is available on the DSRIP website.  **Cost Report 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.  **Answer**  **Patricia Outhouse**  **Patricia Outhouse**  **Patricia Outhouse**  **Patricia Outhou	O iii Any s	state-designa	ted health home or group of	health homes. **				as one of the 11 projects that will be focused upon for the DSRIP program. Hospice of Chenango County has the skills and expertise needed to
indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information — Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception lift. If you are part of multiple PPSs, see section VII tab.  No approval in the provision of hospice services in Chenango County, Hospice of Chenango County would be considered a vital access provider for the provision of hospice services to the medicaid population in Chenango County.  When choosing VAP Exception plane appears on the list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If you reganization obes not appear on the draft Health Home, please complete this form. List is available on the DSRIP website.  **For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  **V. Percentage of Medicaid & Uninsured members that your facility serves  **Medicaid (FFS & MC)***  Medicaid (FFS & MC)**  Uninsured  Data Source Year  Cost Report 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**  Patricia Outhouse**  Patricia Outhouse**  Title Executive Director**					ider Custom (DDC)	ou alon on ic	ining If you do not	
Information – Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception III—The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAS) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the OSBIP website.  "For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicald (FFS & MC) Uninsured Verrent Section VII) to add additional PPSs.  Vercentage of Medicaid & Uninsured members that your facility serves  Data Source Vear Cost Report 2013  Yes 1 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 Patricia Outhouse Verrent Security Patricia Outhouse Verrent Security Provider Sec	_			_				
When choosing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. 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 your organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization believes that it should qualify as a 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. Ust is available on the DSRIP website.  For Section IV, If you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC)  Uninsured  Data Source  Year  Cost Report  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  Patricia Outhouse  Title  Executive Director						13 iii tiic A	урсан Аррисанс	
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 you organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  **For Section IV, If you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  **V. Percentage of Medicaid & Uninsured members that your facility serves  **Medicaid (FFS & MC)**  **Uninsured**  **Data Source**  **Vear**  **Percentage**  **Per						d Health Ho	nes and Network	
approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  "For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC) Uninsured Data Source Year  Cost Report 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 Patricia Outhouse  Patricia Outhouse  Patricia Executive Director	Care Managem	nent Agencies	(CMAs) that have already be	en approved as safe	ety net providers as	well as those	that are pending	
safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  *For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  *V. Percentage of Medicaid & Uninsured members that your facility serves    Medicaid (FFS & MC)								
another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  ~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC) Uninsured  Data Source Year  Cost Report 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 Patricia Outhouse  Title Executive Director			-					
complete this form. List is available on the DSRIP website.  For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC)  Uninsured  Data Source Year  Cost Report 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 Patricia Outhouse Title  Executive Director  Data Source Year  Cost Report 2013  Answer No		•		•				
For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC) Uninsured Data Source Year  Percentage 2% 1% Cost Report 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 Patricia Outhouse Yes Nowledge. I Executive Director		-			it it siloulu quality a	s a nealth no	ille, piease	
Medicaid (FFS & MC)  Percentage  2%  1%  Cost Report  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  Patricia Outhouse Title  Executive Director	•				d tab (Section VII)	o add additi	onal PPSs.	
Percentage 2% 1% Cost Report 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 Patricia Outhouse Yes No	V. Percentage	of Medicaid	& Uninsured members that	your facility serves				
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 Patricia Outhouse Title Executive Director		Me	edicaid (FFS & MC)	Uninsu	ıred	Data 9	ource Year	7
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 Patricia Outhouse Title Executive Director	Percentage		2%	1%		Cost F	enort 201	
understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.  Name Patricia Outhouse Title Executive Director	reiteiltage		270	1/0		Cost i	leport 201	
Answer  Name Patricia Outhouse  Title Executive Director	-	-	•					
Name Patricia Outhouse Title Executive Director			, ,	•	•			
Title Executive Director							<del>-,</del>	
						res O N	P	
	Tit				ne accented			

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

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



VILAI ACCESS FIOVILLEI	Exception. The state will consid	ier exceptions to the safety he	t deminition o	ii a case-by-case i	basis in it is deemed in the best interest of infedicald members. Any exceptions that are considered must be approved by Civis and musi							
be posted for public com	ment 30 days prior to application	approval. Three allowed reason	ons for granti	ng an exception a	re shown in Section IV.							
I. Are you a Medicaid Pro	ovider											
Answer	Yes			•	You have chosen the following VAP Exception: i							
II. Appeal Applicant Info	rmation				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!							
Organization Name:	Hospice of Fulton County (DBA Mou	untain Valley Hospice)			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~							
Joined PPS:	Adirondack Health Institute			-	You chose the qualification i, in the space below please include:							
^^ The VAP Exception is eva	aluated in the context of the PPS you	are joining. If you are joining mo	re than one PF	S, you have the								
	VAP Exception in that PPS as well (if a		dditional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to							
multiple PPS's. See <u>Section</u>	II and VII of the instructions for furth	er 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:	: Hospice of Fulton County (DBA Mou	untain Valley Hospice)			b. A description of the applicant's organization, the services provided, and how the services will enhance the network							
	Operating Certificate/License	# MMIS*		NPI*	of services for the PPS in this community (ies).							
Unique Identifiers:	: 1701500F	1062371	13	96759213	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)							
Agency Code:												
Billing Entity ID:	:				Character Count: 1864							
	Address	City	State	Zip	a. Saratoga County townships of Edinburg, Day and Hadley (population 4,275); Hamilton County townships Morehouse, Arietta, Lake Pleasant,							
Address	108 Steele Avenue	Gloversville	NY	12078	Wells, Hope, Benson (population 2,430); Entire Fulton County (population 54,586). These towns/counties would not be provided comprehensive							
III. Ammaal Daint of Cont.				* REQUIRED	end-of-life care as Mountain Valley Hospice is the only provider of Hospice services which supports patient end-of-life decision to forego							
III. Appeal Point of Contact Contact Person Susa				1	laggressive testing/treatments in ER's and inpatient hospitals to allow patient to remain in their own home with comfort and dignity. b.  Mountain Valley Hospice provides palliative, end-of-life, comprehensive healthcare to individuals and their families in their homes, nursing							
Title CEO					homes, adult homes or whereever their home may be. The Hospice team provides holistic care including physical, psychsocial, spiritual care							
Contact Phone (518		Extension			while collaborating with other healthcare providers to provide and support individuals. Hospice provides availability of Registered Nurse 24/7							
Contact Email susa	an.frasier@mvhcares.org	•			for crisis and supportive homecare visits to avoid patient ER visits and unwanted hospitalizations. Mountain Valley Hospice Registered Nurses,							
IV. Please choose the fol	lowing VAP Exception:				Licenses Social Workers and Spiritual Care collaborate with other healthcare providers to facilitate conversations and provide education to individuals to allow self-directed, end-of-life planning to reduce avoidable ER visits and hospitalizations allowing individuals to remain in their							
of serving the cor Any hospital is un community, and/ iii Any state-designa When choosing VAP Except indicate what PPS you inter Information – Section II". If When choosing VAP Except Care Management Agencies CMS approval. If your Healt approval and do not need t safety net list, you do not n	Il not be served without granting the mmunity.  Iniquely qualified to serve based on se for clear track record of success in recent ated health home or group of health I tion i & ii — Please indicate what Performed to join, then you will be denied. Plicyou are part of multiple PPSs, see settion iii— The Department has submitted (CMAs) that have already been appropriate them appears on this list as pendit to submit this form. If the organization teed to submit this form. If your organization at provider list, but your organization at provider list, but your organization at provider list, but your organization.	rvices provided, financial viability ducing avoidable hospital use. homes. ** forming Provider System (PPS) yo lease indicate the name of the PF ction VII tab. ed a draft list of State Designated roved as safety net providers as wang approval, you will be granted in operating your Health Home/C nization does not appear on the oreast and the safety of	u plan on joini S in the "Appe Health Home vell as those th a VAP Exceptio MA already ap draft Health Ho	ing. If you do not eal Applicant s and Network hat are pending CMS pears on another ome list or on	home where most individuals want to be at this time of their life. Also currently collaborating with a community agency to partner and expand palliative care services in geographic areas to bring a full range of palliative care supports and services into the primary care setting as well as nursing homes to provide pain and symptom management during active treatment before a crisis to avoid unwanted/unnecessary ER visits and hospitalizations.							
~ For Section IV,	available on the DSRIP website.  If you are joining more than one PPS  & Uninsured members that your fac	,	add additiona	al PPSs.								
M	edicaid (FFS & MC)	Uninsured	Data Sou	irce Year								
Percentage	3%	0%	Financial R	eport 2013								
	the information and data provided o information may be subject to audit Susan Frasier	and I may be asked to provide d		-								

10/30/2014 Hospice of Jefferson County

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

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



					pasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
		cation approval. Three allowed reas	sons for grant	ing an exception a	re shown in Section IV.
I. Are you a Medicaid Pr					
Answer	Yes			•	You have chosen the following VAP Exception:
II. Appeal Applicant Info	rmation				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organization Name:	Hospice of Jefferson County, I	Inc.			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined PPS	Samaritan Medical Center			~	You chose the qualification i, in the space below please include:
		PS you are joining. If you are joining m			
	VAP Exception in that PPS as we II and VII of the instructions for	ell (if applicable). Please see the "VII_/	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
	1	r turtiler clarification:			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider Type				•	without your organization's involvement given the PPS current configuration of network providers.  b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider Type - Other	: Hospice of Jefferson County, I	1			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)
Unique Identifiers		987279	1:	164426433	
Agency Code	: 3648				Sharata Saut. 274
Billing Entity ID	Address	City	State	Zip	Character Count: 2714  Hospice of Jefferson County, Inc. (HJC) is the only certified hospice in Jefferson County. Our service area also covers Southern St. Lawrence
Address	1398 Gotham St.	Watertown	NY	13685	County due to the geopgraphic bounderies of St. Lawrence County. While there is a certified Hospice in the northern part of the county, Hospic
	1330 000110111 001	water town		* REQUIRED	of Jefferson County is closer to the communities in the southern part of St. Lawrence county. The travel time and mileage cost are the
III. Appeal Point of Cont					determinents of this split in service areas St. Lawrence County. The population of Jefferson County is 116,229 and of southern St. Lawrence
Contact Person Dia					County is 111913. Hospice of Jefferson County provides the full range of hospice services: routine home care, respite care, continuous care,
Title CEC Contact Phone 315		Extension			nursing home hospice care, social work services, spiritual and bereavement services, volunteer services, and is the only hospice in the north
	-766-7323 oodhouse@jeffersonhospice.org		1		country that has an 8 bed Residence. The Residence is used for those patients who do not have a primary caregiver to take care of them at hom or for those patients who choose not to die at home. Respite care is also provided in the Residence. We work closely with PPS partners
IV. Please choose the fo		ь			Samaritan Medical Center, River Hospital, Carthage Area Hospital, Jefferson County Health Department and local nursint homes, (The summit,
of serving the co Any hospital is un community, and, Any state-design When choosing VAP Excep indicate what PPS you intented information — Section II". If When choosing VAP Excep Care Management Agencie CMS approval. If your Heal approval and do not need a safety net list, you do not ranother approved safety net complete this form. List is a For Section IV.	mmunity.  Iniquely qualified to serve based for clear track record of success ated health home or group of h tion i & ii – Please indicate whand to join, then you will be denifyou are part of multiple PPSs, atton iii—The Department has sus (CMAs) that have already been the Home appears on this list as so submit this form. If the organied to submit this form. If you are provider list, but your organicavailable on the DSRIP website.	at Performing Provider System (PPS) y ied. Please indicate the name of the Psee section VII tab.  ubmitted a draft list of State Designate an approved as safety net providers as pending approval, you will be granted initiation operating your Health Home/ir organization does not appear on the ization believes that it should qualify a one PPS, use second tab (Section VII) to	ou plan on joir PS in the "App ad Health Home well as those t I a VAP Excepti CMA already a d draft Health Hor	ing. If you do not eal Applicant es and Network that are pending on pending CMS oppears on another tome list or on nee, please	Hospice of Jefferson County is not listed as a Vital Access Provider. The North Country Initiative and DSRIP have a goal to decrease readmissions to the hospital by 25%. To reach this goal, access to Hospice Care is imperative for those Medicaid patients who have less than 6 months to live. Hospice care has been demonstrated to decrease cost of care and increase quality of care. Kelly et al. studied these effects for Medicare patients; the same conclusions can be extrapolated to Medicaid patients. (Kelley AS, et al. Hospice enrollment saves money for medicaid and improves care quality across a number different lengths of stay. Health Affairs. 2013;32(3): 554-561.) Our demonstrated ability to keep patients out of the hospital through care provided by an interdisciplinary team of experts makes a significant contribution to reforming health care delivery in our communities. Our participation as a Vital Access Provider will enhance hospice services in our communities through the DSRIP camanagement approach being developed for Medicaid patients. A referral to Hospice of Jefferson County will remove them from the high cost hospital readmission cycle. Appropriate cost effective care that manages syptoms and improves quality of life will make a significant contribution to the DSRIP goal.
м	edicaid (FFS & MC)	Uninsured	Data So	urce Year	
Percentage	4%	0%	Billin	g 2013	
	•				

10/30/2014 Hospice of Orange &Sullivan Counties, Inc.

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



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

be posted for	public com	ment 30 days prior to appl		. Three allowed reas		•	on are shown in Section IV.
I. Are you a M							
	Answer	Yes				•	You have chosen the following VAP Exception: i
II. Appeal App	olicant Infor	mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	Hospice of Orange &Sullivan	Counties, Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Montefiore Medical Center					You chose the qualification i, in the space below please include:
		luated <u>in the context of the F</u>					
		'AP Exception in that PPS as value of the instructions for the instruction in the instructio			dditional PPS	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
			or further clarifica	tion:		_	include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
	ovider Type:					•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider T	Type - Other:	Hospice Article 40					of services for the PPS in this community (ies).
		Operating Certificate/	License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:	3502500F		1078468	13	16945660	_
	gency Code:						Character Count: 1832
DIIII	ing Entity ID:	Address		City	State	Zip	A) Hospice of Orange & Sullivan Counties, Inc. serves the following geographic areas all of Orange County and all of Sullivan County and the
	Address	800 Stony Brook Ct.	N	ewburgh	NY	12550	southern part of Ulster County. In both Orange and Sullivan Counties we are virtually the sole provider for hospice care. In Orange County we
		occ stony brook of		c		* REQUIRE	
III. Appeal Poi							_
Contact F	Person Dani						We are the contract provider for general inpatient hospice care for all hospitals in Orange and Sullivan Counties. In addition we own and provide
Contact	Title Presi Phone 845-	dent & CEO		Extension			all care at the Kaplan Family Hospice Residence which is licensed for three inpatient hospice beds, eight hospice residential beds and two swing beds.
		hospiceoforange.com		Exterision			
		owing VAP Exception:					Therefore would request the vital access provider exception for Orange and Sullivan Counties.
of ser Any h comn  iii Any s  When choosing indicate what P Information – S When choosing care Managem CMS approval. I approval and de safety net list, y another approv complete this fe	rving the con- mospital is un munity, and/- state-designa g VAP Except PS you inten- section II". If g VAP Except on to need to your Healt o not need to you do not ne red safety ne or List is a r Section IV,	not be served without grant amunity.  iquely qualified to serve base or clear track record of succested health home or group of ion i & ii – Please indicate who to join, then you will be de you are part of multiple PPS (CMAs) that have already be in Home appears on this list a submit this form. If yo to provider list, but your orgar vailable on the DSRIP website if you are joining more than & Uninsured members that \text{\	ed on services proving sin reducing avoid health homes. ** nat Performing Provined. Please indicators, see section VII taken being approved as satisfied as pending approved anization operating ur organization donization believes the cone PPS, use second	vided, financial viabilitidable hospital use.  ovider System (PPS) yeate the name of the Pb.  ist of State Designate fifety net providers as all, you will be granted gyour Health Home/Opes not appear on the nat it should qualify and tab (Section VII) to	y, relationship ou plan on join PS in the "Appu d Health Home well as those th a VAP Exceptic MA already ap draft Health Hom a Health Hom	ing. If you do not eal Applicant as and Network nat are pending on pending CMS opears on another ome list or on le, please	According to New York State and Federal regulations Hospice provides for the emotional, spiritual and the medical care for our patients (see NYS Article 40 regulations) and support of the patient's family during the illness and bereavement aftercare.  Hospice services can be provided in a wide variety of locations but primarily we provide care in the patient's own home. We also, provide care to Hospice eligible patients in hospitals, nursing homes, adult homes and in group homes.  Our organization and the services we provide to patients and their families would be an important component to the PPS networks we are working with. All three of the providers have projects relating to integrated health delivery systems and Medical Villages. These are at least two of the projects which would require the participation of Hospice if they are to be complete.
	Me	dicaid (FFS & MC)	Unins	sured	Data Sou	ırce Year	7
Percentage		4%			ospice Cos	t repo 201	13
-	nd that this i	he information and data pro nformation may be subject t Daniel Gra President & eals from the CEO, CFO or	o audit and I may ady CEO	be asked to provide o	locumentation nswer		

10/30/2014 Hospice of St. Lawrence Valley

## 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**

		ment 30 days prior to app	•		•				re shown in Section IV.				
I. Are you a N													
	Answer	Yes						•	You have chosen the following VAP Exception:				
II. Appeal App	plicant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organiza	ation Name:	Hospice of St. Lawrence Val	ley						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS:	Samaritan Medical Center						-	You chose the qualification i, in the space below please include:				
		luated in the context of the											
		'AP Exception in that PPS as I and VII of the instructions f			'VII_Add	itional PPSs	" 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  include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Pr	rovider Type:	Select One						•	without your organization's involvement given the PPS current configuration of network providers.				
	Type - Other:	Hospice and Palliative Care						-	b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
- Trovider I	.,pc	Operating Certificate	/License #	MMIS*			NPI*		of services for the PPS in this community (ies).				
Unique	e Identifiers:	4429501F	/ License #	0097702	2	14	97758080		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	Agency Code:	44233011		0037702		1 1	37730000						
	ing Entity ID:								Character Count: 2747				
		Address		City		State	Zip		Our organization, doing business as Hospice and Palliative Care of St. Lawrence Valley, provides almost all the hospice care delivered in St.				
	Address	6805 US Highway 11	Pots	sdam		NY	13676	_	Lawrence County. In 2012 we served 40.5% of all Medicare beneficiaries who died during the year in St. Lawrence County, compared to an				
III. Appeal Poi	int of Conta	.et					* REQ	UIRED	average of 27.2% for NY State. In 2013, we provided care to 22 terminally-ill patients who had Medicaid only, and 44 patients who were dually				
	Person Brian								eligible. The Medicaid-only patients ranged in age from 1 to 64 years old. We are the only organization providing hospice services in the following PPS partner facilities: Claxton-Hepburn Medical Center, Massena Memorial, United Helpers nursing homes, St. Regis Nursing Home,				
Contact		utive Director							and Highland Nursing Home. Through our Palliative Care Program, we serve people outside the hospice benefit. Since 2010 we have offered car				
Contact	Phone 315								transition services for the patients of Massena Memoral and Claxton Hepburn, providing home follow-up for people discharged from the hospit				
Contact	t Email bgar	dam@hospiceslv.org							with chronic progressive illness. This program has been successful in reducing early readmissions to the hospitals. In 2014 we added clinical				
IV. Please cho	ose the foll	owing VAP Exception:						$\neg$	services by a nurse practitioner, providing interdisciplinary palliative care for persons with chronic, progressive illness, the only organization if o area to do so. We have agreements with Claxton-Hepburn and Massena Memorial to provide palliative care services to recently discharged				
<ul> <li>i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.</li> </ul>								pable	patients through our team consisting of a nurse practitioner, nurse, and social worker. So far this year, 146 patients have been served by our palliative care team, or whom 12 were on Medicaid. Palliative care services have a major impact on reducing hospitalization. Palliative care				
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.							s within the	ŀ	programs for Medicaid beneficiaries have been documented to save as much as \$6,900 in hospital costs (Morrison, et al, Health Affairs 2011).  Our Caregiver Support services provide education and guidance for people who are caring for seriously ill family members, helping to avoid hospitalization and nursing home placement. Through our bereavement program, we provide support to schools throughout the county who				
O iii Any s	state-designa	ted health home or group of	health homes. **						have experienced the death of a student or teacher. We have been instrumental in promoting an interagency response to the high rate of suici in St. Lawrence County. Along with PPS partners Claxton-Hepburn and United Helpers, we are partners in creating and maintaining Northern				
When choosing	g VAP Except	ion i & ii – Please indicate w	hat Performing Provi	ider System (F	PS) you p	olan on join	ing. If you do	not	Lights, the only non-profit certified home health agency in St. Lawrence County. In summary, our organization is a vital provider of hospice care				
		d to join, then you will be de		e the name of	the PPS i	n the "Appe	eal Applicant	:	palliative care, caregiver support, transition coaching, and grief support - a unique array of services that benefit people throughout the county, including a large number of people on Medicaid.				
	_	you are part of multiple PPS: ion iii– The Department has		t of State Deci	nated H	aalth Home	s and Netwo	rb	including a large number of people of Medicald.				
_		(CMAs) that have already be			-								
	-	h Home appears on this list a						•					
approval and de	o not need to	submit this form. If the org	anization operating y	our Health H	ome/CM/	A already ap	pears on and	other					
	-	eed to submit this form. If yo	-					n					
		t provider list, but your orga		t it should qua	ilify as a I	Health Hom	e, please						
•		vailable on the DSRIP website if you are joining more than		d tab (Section	VII) to a	ld addition	al PPSs.						
		& Uninsured members that			,								
	Me	edicaid (FFS & MC)	Uninsur	red		Data Sou	ırce Ye	ar					
Percentage		22%	0%			EMR Syst	tem	2013					
understar appeal. Nam	nd that this i	he information and data pro nformation may be subject t Brian Garo	t <b>o audit and I may be</b> dam	e asked to pro		umentation ver	-	_					
Tit		Executive Di											
	Only app	eals from the CEO, CFO or	r comparable will b	e accepted									

10/30/2014 Hospice, Inc. vap\_exception\_appeal\_form FINAL

### 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

You have chosen the following VAP Exception:

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~

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 re shown in Section IV.

be posted for	public c	omr	nent 30 days prior to appli	cation approv	al. Three a	allowed reasons	for granting a	n exception a				
I. Are you a N	∕ledicaid	l Pro	vider									
	Ansv	wer	Yes					•				
II. Appeal Ap	plicant I	nfor	mation									
Organiz	ation Na	me:	Hospice, Inc. doing business	as Hudson Vall	ey Hospice							
	Joined	PPS:	Montefiore Medical Center					~				
^^ The VAP Ex	ception is	eva	luated in the context of the P	<u>'PS</u> you are join	ing. If you a	re joining more	than one PPS, yo	u have the				
			AP Exception in that PPS as w			ee the <b>"VII_Add</b> i	tional PPSs" tab	to select				
multiple PPS's. See <u>Section II and VII</u> of the instructions for further clarification!												
Provider Type: Other												
Provider	Type - Ot	her:	Hospice		1		1					
			Operating Certificate/	License #	1	MMIS*	NPI	*				
	ue Identif		1302500F		1	049669	150886	6286				
	Agency Co											
Bil	ling Entity	y ID:	E0194901		T							
	A ddr.	000	Address		Danahlaan	City	State	Zip				
	Addr	ess	374 Violet Ave.		Poughkee	psie	NY	12601 * REQUIRED				
III. Appeal Po	int of Co	onta	ct					REQUIRED				
Contact	Person	Richa	ard J. Trocino									
	Title	Presi	dent and Chief Executive Offi	icer								
Contact Phone         845-473-2273         Extension         1150												
Contac	t Email t	trocii	nor@hvhospice.org									
IV. Please ch	oose the	foll	owing VAP Exception:									
<b>⊚</b> i Acc	nmunity	/ will	not be served without granti	ing the excentic	n hecause	no other eligible	nrovider is willin	ng or canable				
	rving the		_	ing the exception	because	no otner engione	provider is willing	ig or capabil				
			,									
			quely qualified to serve base				elationships with	in the				
com	munity, a	ind/c	or clear track record of succes	ss in reducing a	voidable ho	spital use.						
O iii Anv	state-des	ignat	ted health home or group of	health homes.	**							
′		_				(DDC)						
	-	-	on i & ii – Please indicate wh d to join, then you will be der	_	-			-				
			ou are part of multiple PPSs,			anie or the rron	ii tile Appeal Ap	plicalit				
			on iii– The Department has s			te Designated He	ealth Homes and	Network				
	-	-	(CMAs) that have already be			_						
CMS approval.	If your H	lealth	Home appears on this list as	s pending appro	val, you wi	II be granted a V	AP Exception per	nding CMS				
approval and o	do not ne	ed to	submit this form. If the orga	nization operat	ing your He	ealth Home/CMA	already appears	on another				
safety net list,	you do n	ot ne	eed to submit this form. If you	ur organization	does not a	ppear on the dra	ft Health Home l	ist or on				
			provider list, but your organ		that it sho	uld qualify as a H	Health Home, ple	:ase				
			vailable on the DSRIP website				-  -					
FC	or Section	1 IV, I	f you are joining more than	one PPS, use se	cond tab (S	section vii) to ac	ia additional PPS	s.				
V. Percentage	of Medic	caid 8	& Uninsured members that y	our facility serv	/es							
		Me	dicaid (FFS & MC)	Un	insured		Data Source	Year				
Percentage			4%		4%		EMR	2013				
Yes   Hereby	Certify th	hat ti	he information and data prov	vided on this fo	rm is accur	ate and correct	to the best of my	v knowledge.				
-	(es 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.											

a. A 9	pecific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
inclu	de descriptions of the geographic area, the population, and how the services in this community are insufficient
with	out your organization's involvement given the PPS current configuration of network providers.
	description of the applicant's organization, the services provided, and how the services will enhance the networ rvices for the PPS in this community (ies).
c. An	y supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Character Count: 33

United States. Since then, Hospice, Inc. has provided Dutchess County NY residents with all 4 levels of hospice care exclusively based on its Certificate of Need. Dutchess County is home to 296,916 residents covering a land mass of 796 sq. miles. 15.1 % of the residents are over 65 years of age and the largest age segment of hospice patients however, Hospice, Inc. serves all patients from neo-natal to 100+ years. Hospice, Inc. has contracts with all 6 Hospitals and 15 of the 20 Skilled Nursing Facilities in Dutchess and Ulster County for hospice care. In 1991, Hospice, Inc. expanded its service area to include Ulster County when the Hospice Association of Ulster County ceased operations. Ulster County has 180,998 residents living in its land mass of 1,124 sq. miles. Similar to Dutchess County 16.8% of its residents are 65 years or older. Please note that while Hospice, Inc. is the predominant provider of hospice care to 99% of the residents of Ulster County, Hospice of Orange and Sullivan Counties, via its CON reports it serves approximately 1 % of its patients along the Orange Ulster County boarder. In 2009, one of Hospice, Inc.'s Strategic Goals was to keep our patients confortable in their choice of residents by avoiding unnecessary hospital visits. To that end, and a now priority goal of the DSRIP initiative, we implimented a number of specific care programs that we believe have put us on the leading edge of this metric. For example, in 2013, Hospice, Inc. served 1018 patients, of which only 8 required a hospital readmission within a 30 day period. Among the specific programs, we launched our "Heart to Heart" hospice cardiac program for end-stage heart disease through consultation with Hudson Valley Heart Center. In addition we have participated in the Hospice Veterans Administartion Partnership since its inception to help educate vererans and their families of the many health and social service benefits available to them. It also educates the medical community in preparing the certain illnesses that are emperically linked to the veteran's military service and campaigns. As an adjunct to the Hospice Veterans Partnership, we have ben active the the "We Honor Veterans" National Hospice program and awarded its highest level of 4 Stars in the Program in 2014. Each level of the program has certain Standards of Practice that have to be met and miantained. Soon, our Respiratory Care program, developed with a leading pulmonologist will be launched to reduce the number of unnecessary ED visits by managing their symptoms effectively at home. It is our intent to share any proven best pactices and protocols with other hospice and homecare providers accross the 7 to 8 counties for our regions DSRIPS. In closing, hospice care is a unique and proven model for an interdisciplinary, case specific form of palliative care since its formal inception in 1983. Further, independant research has show that hospice care can substantially lower the cost of end of life care while freeing up resources for more effective currative care in patients with less advanced illness. In closing, I thank you in advance for your consideration in granting our hospice the safety net provider status.

			Answ	/er	
Name	Richard J Trocino	◉	Yes	0	No
Title	President and Chief Executive Officer			_	
	Only appeals from the CEO, CFO or comparable will be accepted				

10/30/2014 Hospitality House\_Rafael

## 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**

be posted for	public com	ment 30 days prior to appli	cation approval. Thr	ee allowed reaso	ons for grant	ting an exc	eption a	re shown in Section IV.
I. Are you a M	/ledicaid Pro	ovider						
	Answer	No					•	You have chosen the following VAP Exception: i
II. Appeal App	plicant Info	rmation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	Hospitality House						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS	Ellis Hospital					•	You chose the qualification i, in the space below please include:
		aluated <u>in the context of the P</u>						
	-	VAP Exception in that PPS as w		_	Iditional PPS	's" tab to sel	lect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
	see <u>Section</u> rovider Type	II and VII of the instructions for	or further clarification	i .			_	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.
		: NYS licensed 819 residential	provider				_	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
FIUVILLEI	туре - Оптет	Operating Certificate/I		MMIS*	$\overline{}$	NPI*	-	of services for the PPS in this community (ies).
Uniqu	e Identifiers	: 141210043	IICerise #	IVIIVIIS	1'	.578615423	-	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
		: Provider # 170				370011	$\neg$	
Billi	ing Entity ID:	: N/A						Character Count: 14
		Address		City	State	Zip		See atachments
	Address	271 Central Avenue	Alban	у	NY	1220		<b> </b>
III. Appeal Poi	int of Conta	act				* KE	QUIRED	<b> </b>
	Person Linn							
		cutive Director						<b>  </b>
	Phone 518			Extension				<b> </b>
		ker@hospitalityhouse.info						<b> </b>
IV. Please cho	oose the fol	lowing VAP Exception:						<b> </b>
	mmunity wil rving the cor	II not be served without granti mmunity.	ing the exception beca	use no other eligib	ole provider is	s willing or o	capable	
	•	niquely qualified to serve based or clear track record of succes	•		, relationship	os within the	e	
O iii Any s	state-designa	ated health home or group of I	health homes. **					
When choosing	g VAP Except	tion i & ii – Please indicate wh	at Performing Provid	er System (PPS) yoı	u plan on joir	ning. If you	do not	
		nd to join, then you will be der		he name of the PPS	S in the "App	eal Applicar	nt	
	_	you are part of multiple PPSs,		500 1 Dadinard	105 11-44	4.81-4		
_		tion iii– The Department has s s (CMAs) that have already bee		-				
	-	th Home appears on this list as		•				
		o submit this form. If the orga		-				
		need to submit this form. If you	-				on	
		et provider list, but your organ		should qualify as a	a Health Hom	ne, please		
•		available on the DSRIP website.  , if you are joining more than o		ah (Section VII) to	add addition	nal PPSs.		
		& Uninsured members that y		ab (Section VII) to	uuu uuuntion	1011133		
ſ	M	edicaid (FFS & MC)	Uninsure	d	Data Soi	ource \	Year	
Percentage					self data	base	2013	
	nd that this i	the information and data prov information may be subject to Linn Becke Executive Dir	o audit and I may be a er	isked to provide do		n in support		
	Only app	peals from the CEO, CFO or	comparable will be	accepted				1

10/30/2014 Independent Living Center of the Hudson Valley, Inc.

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



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

be posted f	for public com	ment 30 days prior to appli	ication approval. Th	ree allowed reas	ons for granting	g an exception a	are shown in Section IV.
I. Are you a	a Medicaid Pro	vider					
	Answer	Yes				~	You have chosen the following VAP Exception: i
II. Appeal A	Applicant Infor	mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Orga	nization Name:	Independent Living Center o	f the Hudson Valley,	Inc.			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Ellis Hospital				•	You chose the qualification i, in the space below please include:
		luated in the context of the F					
		'AP Exception in that PPS as was a large of the instructions for the instruction in the instru			aditional PPSs" t	tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient
	Provider Type:			•••		•	without your organization's involvement given the PPS current configuration of network providers.
Provide	er Type - Other:	independent living center -c	onsumer directed ne	rsonal care assistar	ice		b. A description of the applicant's organization, the services provided, and how the services will enhance the network
riovide	er Type - Other.	Operating Certificate/		MMIS*		NPI*	of services for the PPS in this community (ies).
Uni	ique Identifiers:	N/A	Liceise #	1631016		7504550	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Oili	Agency Code:			1031010	1447	304330	
	Billing Entity ID:						Character Count: 2504
		Address		City	State	Zip	ILCHV is a consumer driven organization, established in 1987 to assist people with disabilities in gaining independence. We are the only
	Address	15-17 Third Street	Troy		NY	12180 * REQUIRED	consumer run organization in the PPS. We serve Medicaid beneficiaries who have any disabling condition, including those that affect hearing, seeing, mobility, learning and emotional health. Most consumers of service have multiple disabilities; we serve all ages, from students in school,
III. Appeal	Point of Conta	ct				REQUIRED	and their families, to seniors. As part of the PPS we will serve consumers in Albany, Rensselaer, Schenectady and Saratoga counties. Most
	act Person Deni						services take place in our main site in Troy, but given the wide geographic area we serve and the significant barriers that exist for people with
		utive Director		T -			disabilities to travel, we often provide services off-site, at consumers' homes, other agencies, or in public meeting space such as libraries. Our site in Troy is compliant with all aspects of the Americans with Disabilities Act, including wheelchair accessible entrance, automatic doors, accessible bathrooms, materials available in alternative formats, and interpreters for the deaf available upon request.  We are non-residential, working with people with disabilities to either move them from institutional to community living, or to assist them in
	act Phone 518-: tact Email dfigu			Extension			
		owing VAP Exception:					maintaining or gaining more independence in their community. We are the only MFP (Money Follows the Person) provider in the PPS. Under
	-	not be served without grant	ing the exception be	cause no other eligi	ble provider is w	illing or capable	MFP, we outreach to people living in nursing homes, and if interested, we assist them in transitioning to the community. We were recently
	serving the com	imunity.					awarded a new contract for MFP which will enhance our capability to assist with transition and will expand sites to include developmental center and intermediate care facilities. Our full complement of services also include peer counseling, assistance securing benefits such as SSDI, Medicai
O ii Ar	ny hospital is uni	iquely qualified to serve base	d on services provide	ed, financial viabilit	y, relationships w	vithin the	and SSI, consumer directed personal care assistance, assistance finding medical providers, housing, transportation and employment, and
со	ommunity, and/o	or clear track record of succe	ss in reducing avoida	ble hospital use.			architectural barriers consultation.
O iii Ar	ny state-designa	ted health home or group of	health homes. **				All of these services complement without duplicating other providers in the network. With appropriate support services in place, consumers can
				d = - (C t = (DDC)		. 16	address their health care needs. Without a cadre of community based support services, health care cannot be a priority. Given our experience serving people with all disabling conditions and all ages, creating safe community based options, we are a critical component of the PPS's mission
		<b>ion i &amp; ii</b> – Please indicate wh d to join, then you will be de	_				setting people with an unasting continuous and an ages, creating safe community based options, we are a critical component of the FFF 3 mission to enhance the health of vulnerable populations.
		you are part of multiple PPSs		the name of the fi	om the Appear	тррисанс	17
		ion iii– The Department has s		_			
		(CMAs) that have already be	• • •				
	-	h Home appears on this list a o submit this form. If the orga		_		-	
		eed to submit this form. If yo					
another app	proved safety ne	t provider list, but your orgar	nization believes that	it should qualify as	a Health Home,	please	
•		vailable on the DSRIP website					
~	For Section IV,	if you are joining more than	one PPS, use second	tab (Section VII) to	add additional l	PPSs.	
V. Percenta	ge of Medicaid	& Uninsured members that y	our facility serves				
				1			
	Me	edicaid (FFS & MC)	Uninsur	ed	Data Source	e Year	
Percentage	e	60%	5%		client record	ds 2013	
Ves I Herel	hy Certify that t	he information and data pro	vided on this form is	accurate and corre	ct to the hest of	my knowledge.	7
		nformation may be subject to					
appeal	l.		-	-			
	lamo	Donico A Fir	ueroa	[⊕ Y	es O No		
	Name Title	Denise A. Fig Executive Dir			e3 <b>V</b> NO		
		eals from the CEO, CFO or		e accepted			

10/30/2014 Institute for Human Services, Inc. (IHS)

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



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

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

•	•	ment 30 days prior to appl	ication approval. Thre	ee allowed reaso	ns for grantin	ng an exception	are shown in Section IV.
I. Are you	a Medicaid Pro					_	Van haard de state of the state
	Answer					~	You have chosen the following VAP Exception: i
	Applicant Infor						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Orga		Institute for Human Services	s, Inc. (IHS)			. 1000	~ 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:
		luated in the context of the F					
		AP Exception in that PPS as was and VII of the instructions for		se 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 FF			or further clarifications			•	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)
	Provider Type:					•	
Provid	der Type - Other:	Non-emergency medical tra	nsport; chronic disease	prev.			
		Operating Certificate/	License #	MMIS*		NPI*	
Ur	nique Identifiers:						
		(currently pending)					
	Billing Entity ID:	(currently pending)					Character Count: 3464
	A -l -l	Address	5 1	City	State	Zip	a. Services proposed are for Steuben County, which has a population 98,990 with 20,973 enrolled in Medicaid as of late 2013 (21.2%). At 1,400
	Address	6666 CR11	Bath		NY	14810 * REQUIRED	square miles, Steuben is 3/4 the size of Delaware. The 3 population centers are Bath (5,000), Hornell (9,500), and Corning (the largest community at under 11,000). County services are centralized in Bath, and while hospitals exist in all 3 communities, reductions are expected in Hornell in
III. Appeal	Point of Conta	ct				REQUIRED	2015. Public bus service exists between several of the centers, but no one carrier serves the entire county, and vast areas of the outlying towns
	act Person Patri						are away from any public route.
	Title Exec	utive Director					
		776-9467		Extension		211	Steuben shows diversity economically: despite pockets of wealth, large numbers of rural poor reduce median household income (\$46,519) to 199 below the state, and the poverty rate (15.1%) is over the state's (14.9%). The county is aging, with the median age at 40.8. Chronic disease is a
Cor	ntact Email roge	rsp@ihsnet.org					
IV. Please	choose the foll	owing VAP Exception:				$\overline{}$	significant community concern, as is the need to provide information and access to services.
O iii A A comment of the comment of	f serving the con- uny hospital is un community, and/o uny state-designa using VAP Except hat PPS you inten n – Section II". If using VAP Except gement Agencies val. If your Healt had do not need to ist, you do not no proved safety ne him form. List is a "For Section IV,	not be served without grant immunity.  quely qualified to serve base or clear track record of succested health home or group of on i & ii – Please indicate what to join, then you will be devou are part of multiple PPSs on iii – The Department has self (CMAs) that have already be a home appears on this list a pubmit this form. If the orgated to submit this form. If yo provider list, but your orgar valiable on the DSRIP website if you are joining more than & Uninsured members that y	ed on services provided ss in reducing avoidable health homes. ** nat Performing Provide nied. Please indicate th , see section VII tab. submitted a draft list of een approved as safety is pending approval, you anization operating you ur organization does no nization believes that it e. one PPS, use second ta	, financial viability, e hospital use. r System (PPS) you he name of the PPS State Designated I net providers as we u will be granted a ir Health Home/CN ot appear on the dr should qualify as a	plan on joinin in the "Appea Health Homes ell as those tha VAP Exceptior IA already app raft Health Home Health Home	within the  ang. If you do not al Applicant  and Network at are pending n pending CMS pears on another mel ist or on to please	In rural Steuben, transportation is a significant for access to critical services, such as medical appointments, food, and prescriptions. The need for improved transportation has been cited in multiple needs assessments, including those from the County, the Steuben County Coordination Public Transit-Human Services Transportation Plan, and the United Way. Examples of populations with significant additional challenges include:  - Wheelchair-dependent clients: Due to the specialized vehicles required, public transportation is severely limited  - Medical-need clients: Many specialized or critical services are not available in Steuben County, requiring long-distance travel  - Clients under 60: Because of age-eligibility restrictions of other volunteer driver programs, SCT offers the only volunteer driver services for this population.  b. IHS operates Steuben Coordinated Transportation, a set of transportation services, beginning with a phone triage of caller needs. 2-1-1 HELPLINE – IHS's toll-free link between people and information about services links for clients having trouble affording public transportation—in particular, low-income and Medicaid insured who lack transportation, veterans, or those with disabilities. If public transit isn't an option, SCT assesses transport needs and refers callers as appropriate. For those still with out options, SCT direct services including scheduling wheelchair-accommodating vehicles, and engaging our own volunteer drivers to directly provide door-to-door service for non-emergency medical trips (doctors, clinics, hospitals, specialists, pharmacies), food related trips (grocery stores or food pantries), and rides to social service agencies or appointments to meet critical needs; and scheduling Medicaid-funded medical transports. We believe that the information and referral offered by 2-1-1, as well as the medical transportation services, will in particular assist FLPPS with projects 2.a.1, 2.b.iii, 2.d.i, and 4.b.ii.  Finally, IHS also operates the Steuben Rural Health Network,
	Me	dicaid (FFS & MC)	Uninsured	ı	Data Sour	ce Year	c. As requested.
Percentag	ge	71%	unknown		ept. Monthl	ly rp1 Jul-05	en a requested.
under appea	rstand that this in al.  Name  Title	he information and data pro information may be subject to  Patrick J. Ro  Executive Dir eals from the CFO, CFO or	o audit and I may be as ogers rector	Ans	cumentation i		

10/30/2014 Jefferson Rehabilitation Center

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

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



				e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must			
		lication approval. Three allowed reason	s for granting an exception	are shown in Section IV.			
I. Are you a Medica							
Ar	nswer Yes		•	You have chosen the following VAP Exception:			
II. Appeal Applican	t Information			VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
Organization N	Name: Jefferson Rehabilitation Cen	iter		~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
Joine	ed PPS: Samaritan Medical Center		•	You chose the qualification i, in the space below please include:			
^^ The VAP Exception	is evaluated in the context of the F	PPS you are joining. If you are joining more	than one PPS, you have the	-			
option of applying for	r the VAP Exception in that PPS as v	well (if applicable). Please see the "VII_Add	litional PPSs" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
multiple PPS's. See Se	ection II and VII of the instructions for	or further clarification!		include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Provider	Type: Other		▼				
Provider Type -	Other: OPWDD Services, OPWDD ar	nd Early Intervention Casemanagement		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 Iden		03262484 & 02001729	1003060039	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
Agency		03202404 & 02001723	1003000033	1			
Billing En				Character Count: 494			
	Address	City	State Zip	The Jefferson Rehabilitation provides OPWDD services for residential, vocatonal, adult day programing, and casemanagement. We also provide			
Ad	dress 380 Gaffney Drive	Watertown	NY 13601	early intervention casemanagement services and operate a day care, early intervention and preschool program. In our OPWDD services we do			
	<del>-</del>		* REQUIRE				
III. Appeal Point of	-			services in the community and one of two that provide early intervnetion services.			
Contact Person				<del>-</del>			
	Director of Finance 315-836-1251	Extension		<del>-</del>			
	jaallen@jeffrehabcenter.org	Extension		<del>1</del>			
	he following VAP Exception:			<sup>4</sup>			
community  Any state-of  When choosing VAP Information – Section  When choosing VAP Care Management Ag CMS approval. If your approval and do not safety net list, you do another approved saf complete this form. L  For Secti	elesignated health home or group of Exception i & ii – Please indicate who in the please indicate will be dead to join, then you will be dead in the please is general to submit this form. If the orgonometer is the please in the	hat Performing Provider System (PPS) you printed. Please indicate the name of the PPS is see section VII tab.  submitted a draft list of State Designated Heen approved as safety net providers as well as pending approval, you will be granted a Vanization operating your Health Home/CMM our organization does not appear on the dranization believes that it should qualify as a let.  one PPS, use second tab (Section VII) to accompliance of the provider of the provi	plan on joining. If you do not in the "Appeal Applicant lealth Homes and Network II as those that are pending CMS A already appears on another aft Health Home list or on Health Home, please				
	Medicaid (FFS & MC)	Uninsured	Data Source Year				
Percentage	74%	?	DOH 201	· <u>·</u> ]			
			umentation in support of this				

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



Vital Access Pr	ovider Exception: The state will	consider exceptions to	the safety net	definition o	n a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for pub	olic comment 30 days prior to appli	ication approval. Three a	allowed reasor	ns for granti	ng an exception	are shown in Section IV.
I. Are you a Medi	icaid Provider					· <u></u>
	Answer No				~	You have chosen the following VAP Exception: i
II. Appeal Applica	ant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization	n Name: Leatherstocking Education o	n Alcoholism/Addiction Fo	undation, Inc.			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joi	ned PPS: Mary Imogene Bassett Hospital				•	You chose the qualification i, in the space below please include:
^^ The VAP Excepti	ion is evaluated in the context of the F	PPS you are joining. If you a	re joining more	than one PF	S, you have the	
option of applying	for the VAP Exception in that PPS as v	vell (if applicable). Please s	ee the "VII_Ado	litional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's. See	Section II and VII of the instructions for	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provid	der Type: Other				•	without your organization's involvement given the PPS current configuration of network providers.
Provider Type	e - Other: OASAS Funded Prevention P	rovider				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
7,1	Operating Certificate/	1	MMIS*		NPI*	of services for the PPS in this community (ies).
Unique Ide		License #	VIIVIIS		INFI	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	cy Code: 35280					
Billing E						Character Count: 2109
5,,,,,,	Address		City	State	Zip	The Leatherstocking Education on Alcoholism/Addiction Foundation, Inc. (AKA: The LEAF Council) serves Otsego County, New York. LEAF is the
Į.	Address 80 Water Street	Oneonta	,	NY	13820	only OASAS licensed substance abuse prevention provider in Otsego County with a population of approximately 62,000.
	•	•			* REQUIRED	The LEAF Council has experience in providing behavioral services, such as alcohol and substance abuse prevention, adult education and
III. Appeal Point						community mobilization. The Council employs 7 full time staff and 2 part time staff, of which three are New York State Credentialed to provide
	on Julia M. Dostal					prevention services and two are NYS QHP's. At this point in time we do not bill for our services and are not a licensed behavioral health services
	tle Executive Director					provider.
Contact Pho			Extension		101	As the sole prevention provider within Otsego County we play an integral part in the behavioral healthcare network. Services such as community
•	nail julie@leafinc.org					education, one-to-one referral services, school based prevention, media advocacy and population level prevention are just a few of the many roles the Council assumes. These services would not be available if the Council did not exist to develop, coordinate and implement them. We
IV. Please choose	the following VAP Exception:					provide a wide-array of community and school based services that promote positive health choices and help prevent substance use.
of serving Any hosp communi Any state	unity will not be served without grant g the community.  ital is uniquely qualified to serve base ity, and/or clear track record of succedesignated health home or group of	ed on services provided, fin ss in reducing avoidable ho health homes. **	ancial viability, ospital use.	relationships	s within the	Similar to our partner organization in Schoharie, Schoharie County Council on Alcoholism and Substance Abuse, the Council provides a critical component of prevention, especially at the population level, that can impact rates of chronic disease and other conditions that impact health care utilization and cost. We interact with a wide variety of community and state partners in an effort to affect population level change. Working together with the other partners in the MIBH (Bassett) PPS, we provide critical community resources that help improve health outcomes and work toward the over-arching goals of DSRIP and PHIP that, amongst other outcomes, seek to reduce unnecessary outcomes by 25%. Without our services, a large component of population health services would be missing, as well as a large percentage of preventive services in our schools.
indicate what PPS y Information – Secti	P Exception i & ii – Please indicate whou intend to join, then you will be deion II". If you are part of multiple PPSs	nied. Please indicate the n	ame of the PPS	in the "Appe	eal Applicant	
_	.P Exception iii – The Department has s Agencies (CMAs) that have already be		-			
CMS approval. If you approval and do not safety net list, you another approved somplete this form	Ageitches (Chins) into that have an eady be wur Health Home appears on this list a bt need to submit this form. If the orgs do not need to submit this form. If yo safety net provider list, but your orgar i. List is available on the DSRIP website ction IV, if you are joining more than	s pending approval, you wi anization operating your Hour organization does not a nization believes that it sho	II be granted a vealth Home/CM ppear on the drauld qualify as a	VAP Exception A already ap aft Health Ho Health Hom	on pending CMS pears on another ome list or on e, please	
V. Percentage of N	Nedicaid & Uninsured members that y	our facility serves				
	Medicaid (FFS & MC)	Uninsured		Data Sou	rce Year	
Percentage	18%	18%		unty Public	: Heal 2013	
understand the appeal.  Name	ify that the information and data pro hat this information may be subject to Julia M. Do Executive Direct Only appeals from the CEO, CFO or	o audit and I may be asked stal or & CEO	Ans Yes	umentation wer		

10/30/2014 Lifespan

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



Vital Access	Provider	Exception: The state will	consider exceptions t	o the safety net	definition o	n a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for p	public com	ment 30 days prior to appl	ication approval. Thre	e allowed reasor	ns for grant	ing an exception	are shown in Section IV.
I. Are you a M	edicaid Pro	vider					
	Answer	Yes				~	You have chosen the following VAP Exception: iii
II. Appeal App	licant Infor	rmation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ition Name:	Lifespan					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Finger Lakes PPS				-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
		luated in the context of the F					the space below, please include:
	-	/AP Exception in that PPS as v II and VII of the instructions for		e see the "VII_Ado	ditional PPSs	" tab to select	
			or further clarification!			_	a. A description of your entity in specific relation to being a Health Home.
	ovider Type:					▼	Please do not submit this form if you are already on the draft Health Home List.
Provider T	ype - Other:	Not for Profit -Aging Service			1		
		Operating Certificate/	License #	MMIS*		NPI*	
	Identifiers:			3065616	11	74951297	
	gency Code:						Character Count: 749
BIIIII	ng Entity ID:	Address		City	State	Zip	Lifespan of Greater Rochester serves Health Home clients in our region by assigning social work care managers that are trained to utilize both
	Address	1900 S. Clinton Ave	Roches		NY	14618	Health Home and specific program assessment tools to evaluate care needs. Our team specializes in working with older adults to help prevent
			1,,,,,,,,		1	* REQUIRED	premature and unnecessary hospitalizations as well as inappropriate utilization of healthcare dollars. Our care managers provide home visits and
III. Appeal Poi							intensive support on a monthly basis to manage wellness in five areas: social, physical, financial, mental health and activities of daily living.
Contact P	Person Ann						Assisting older adults in maintaining successfully at home or in the least restrictive level of care aids the larger community focus of reducing cost
Courte et l		ident/CEO		Extension		2	and increasing wellness.
	Phone 585-	ook@lifespan-roch.org		Extension		2	11
		lowing VAP Exception:					<b>'</b>
of ser Any h comm  iii Any st  When choosing indicate what Pl Information – Sc When choosing Care Manageme CMS approval. I approval and de safety net list, y	ospital is un nunity, and/o tate-designa VAP Except PS you intenection II". If VAP Except ent Agencies f your Healt o not need to un do not not not not not not not not not no	iquely qualified to serve base or clear track record of succe ted health home or group of ion i & ii – Please indicate wid to join, then you will be de you are part of multiple PPSs ion iii – The Department has s (CMAs) that have already be home appears on this list a o submit this form. If the orgeed to submit this form. If yo	d on services provided, ss in reducing avoidable health homes. ** hat Performing Provider nied. Please indicate th , see section VII tab. submitted a draft list of en approved as safety n s pending approval, you anization operating you ur organization does no	financial viability, hospital use.  System (PPS) you e name of the PPS State Designated he et providers as we will be granted a Health Home/CN	relationship plan on join in the "Appo Health Home lil as those tl VAP Exceptic IA already ag aft Health H	ing. If you do not eal Applicant s and Network and are pending on pending CMS ppears on another ome list or on	
complete this fo	orm. List is a Section IV,	t provider list, but your orgar vailable on the DSRIP website if you are joining more than & Uninsured members that y	one PPS, use second tal				
		edicaid (FFS & MC)	Uninsured		Data Sou	ırce Year	
Percentage		20%	5%				
	e	he information and data pro nformation may be subject t Jody Row Chief Operating	o audit and I may be asl re	ed to provide do	umentation wer		
		eals from the CEO, CFO or		cepted			

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

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

		ment 30 days prior to applic	cation approval. Three	•		•	re shown in Section IV.
I. Are you a Mo							
	Answer	No				•	You have chosen the following VAP Exception: i
II. Appeal App	licant Infor	rmation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	tion Name:	Long Island Council on Alcoho	olism and Drug Dependen	ice (LICADD)			~ 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 in the context of the Pl					
	•	/AP Exception in that PPS as w		see the "VII_Add	itional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		II 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				•	without your organization's involvement given the PPS current configuration of network providers.
Provider Ty	ype - Other:	OASAS Certifiacte for Educati	on and Training				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/L	icense #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique	Identifiers:						c. Any supporting documentation to substantiate your narrative (attach as 1.5). In the cinal when submitting,
,	gency Code:	501C3					
Billir	ng Entity ID:						Character Count: 3308
		Address		City	State	Zip	LICADD offers a host of services that are considered best practice in the field of behavioral health that would greatly contribute to the reduction
	Address	114 Old Country Road	Mineola		NY	11501 * REQUIRED	of hospital re-admissions in Nassau County by 25%. Please note that all of LICADD's (3) offices are strategically located near buses and train stops to increase client accessibility and convenience. These vital services include; Substance abuse counseling, screening brief interventions, referrals
III. Appeal Poir	nt of Conta	act				KEQUIKED	to treatment (SBIRT), advanced relapse prevention counseling; both individual and group forums, recovery coaching, family support, psycho-
Contact P		e Chassman, LCSW, CASAC					educational and support services, motivational enhancement therapy (MET), start to Stop groups utilizing the stages of changing behavior model
		DD Clinical Director					mental health screenings and thorough bio/psycho/social assessments, Teen Intervene; an evidence based intervention model for adolescent
Contact F	hone 516-	747-2606		Extension		102	ubstance users, emotional regulation groups and individual counseling, quality health care referrals for mental health conditions and co-
Contact	Email scha	ssman@licadd.org					occurring disorders, HIV/AIDS psycho-educational and linkage services, eating disorder; groups and coaching, overdose prevention training
i A con of service of	Contact Email schassman@licadd.org  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 not te 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.				elationship olan on joir n the "App ealth Home I as those t 'AP Excepti A already a fit Health Hon	ing. If you do not eal Applicant es and Network that are pending on pending CMS oppears on another lome list or on he, please hal PPSs.	(including Naloxone distribution), individual behavioral health education and prevention services, risk reduction counseling and treatment adherence support services, substance abuse/mental health and re-integration services and coaching for military veterans. Relapse prevention counseling (individual and group), screening, brief intervention referral to treatment (SBIRT), family education and support services, anger management (individual and group), Start to Stop services (working with active users with stages of changing behavior model), eating disorders, veterans services/re-integration counseling, mentoring for underserved families/children, individual community behavioral health education and prevention, overdose prevention training (including Naloxone distribution), individual and community advocacy for patient rights and wellness. LICADD behavioral health integration efforts will seek to increase access to high quality relapse prevention treatment, substance use and mental health support services, HIV/AIDS behavioral health initiative, recovery coaching and wellness services and supports, reduce disparities between mental health and substance use disorders, with a specific focus on underserved and underinsured populations, to reduce Nassau County hospital re-admissions by 25%. Utilizing the fidelity of evidence based practices provides the clinical team with concrete foundations for effective services benefiting our client base.LICADD continues to provide quality clinical services to over (1000) Long Islanders per month.LICADD will work to address life areas vital to the recovery of individuals with mental health issues and substance use disorders; health, home, purpose and community. LICADD is poised and committed to at risk/affected populations in the application of evidence supported engagement and treatment modalities for behavioral health issues, substance use disorders, mental health conditions, HIV/AIDS. The application of these evidence based practices will prove to work to improve bio/psycho/so
Percentage  Yes   Hereby C	ertify that t	N\A	ided on this form is accur	rate and correct	to the best	of my knowledge.	
-	d that this i	nformation may be subject to			umentation ver	n in support of this	

10/30/2014 Maple City Physical Therapy, PLLC

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

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



Vital Access	s Provider Exception: The state will	I consider exceptions to the safety i	net definition o	n a case-by-case b	pasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for	public comment 30 days prior to appl	lication approval. Three allowed rea	asons for granti	ing an exception a	re shown in Section IV.
I. Are you a N	Nedicaid Provider				
	Answer No			~	You have chosen the following VAP Exception: i
II. Appeal App	plicant Information			_	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name: Maple City Physical Therapy	y, PLLC			~ 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	ception is evaluated in the context of the F	PPS you are joining. If you are joining n	nore than one PF	S, you have the	
	ying for the VAP Exception in that PPS as v		_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	for further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	rovider Type: Select One			•	without your organization's involvement given the PPS current configuration of network providers.
Provider 1	Type - Other: Physical Therapy Office				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).
Uniau	le Identifiers:		18	21411802	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:				
Bill	ling Entity ID:				Character Count: 1393
	Address	City	State	Zip	Our practice is located in a rural area 65 miles south of Rochester, NY. Many people in our area do not have their own transportation. There is
	Address 100 Loder Street	Hornell	NY	14843	limited access to public transportation during the day and none available during the evening and nighttime hours. Currently, the furture of health
	Int of Courts of			* REQUIRED	care in our area is uncertain with the possible closing of Saint James Mercy Hospital. We anticipate this will add to the difficulty of obtaining
	int of Contact Person Megan O'Brien PT, DPT				adequate healthcare in our area. Our organization consists of three physical therapists, one physical therapist assistant, and one office manager. We currently provide services in 700-800 visits per month. We provide physical therapy services to the community with a high level of patient
Contact	Title Owner-Vice President				
Contact	Phone (607) 324-9344	Extensio	on		satisfaction and excellent outcomes. We currently are not a Medicaid provider as we recently purchased our practice from its prior owners. Prior to this recent aquisition we managed this practice in Hornell, NY from its inception. We are in the process of enrolling in the Medicaid program due to the possible closing of Saint James Mercy Hosptial and the large gap this would leave in the community for patients with Medicaid. In
Contac	t Email maplecitypt@gmail.com		•		
IV. Please cho	oose the following VAP Exception:				summary, we are a key provider of physical therapy services in our area where there is a known shortage of health care providers. We are excited
When choosing indicate what F Information – S When choosing Care Managem CMS approval and d safety net list, another approvocomplete this f ~ Fo	rving the community.  hospital is uniquely qualified to serve base munity, and/or clear track record of succe state-designated health home or group of g VAP Exception i & ii – Please indicate wt PPS you intend to join, then you will be de Section II". If you are part of multiple PPSs g VAP Exception iii—The Department has seent Agencies (CMAs) that have already be If your Health Home appears on this list a lo not need to submit this form. If you do not need to submit this form. If the orgayou do not need to submit this form. If you ded safety net provider list, but your orgar form. List is available on the DSRIP website or Section IV, if you are joining more than of Medicaid & Uninsured members that y	ess in reducing avoidable hospital use.  If health homes. **  that Performing Provider System (PPS)  enied. Please indicate the name of the  submitted a draft list of State Designat  een approved as safety net providers as  as pending approval, you will be grante  tanization operating your Health Home,  our organization does not appear on the  nization believes that it should qualify  e.  one PPS, use second tab (Section VII)	you plan on joini PPS in the "Appe ed Health Home s well as those th d a VAP Exceptic /CMA already ap e draft Health Ho as a Health Hom	ing. If you do not eal Applicant s and Network nat are pending on pending CMS opears on another ome list or on e, please al PPSs.	
	Medicaid (FFS & MC)	Uninsurea	Data Sou	irce Year	
Percentage	0%	1%	Company E	Billing 2014	
-	Certify that the information and data pro nd that this information may be subject t	to audit and I may be asked to provide	documentation  Answer	-	
Nam			Yes 🔾 No		
Tit	tle Owner-Vice Pr	resident			

10/30/2014 Medical Solutions, Inc.

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

President and CEO 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**

be posted for	public cor	nment 30 days prior to appli		•			, , , , , , , , , , , , , , , , , , , ,			
I. Are you a N	1edicaid P	rovider								
	Answe	Yes				~	You have chosen the following VAP Exception:			
II. Appeal App	olicant Inf	ormation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
Organiza	ation Name	e: Medical Solutions, Inc.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PP	S: Finger Lakes PPS				•	You chose the qualification i, in the space below please include:			
		valuated <u>in the context of the P</u>								
	•	VAP Exception in that PPS as v		<del>-</del>	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			
		n II 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			
	ovider Typ					•	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 1	Type - Othe	r: CDPAP Fiscal Intermediary	1				of services for the PPS in this community (ies).			
		Operating Certificate/	License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	e Identifier			3016837	12	225375470	, , , ,			
	gency Cod						Changes Courty 2222			
Billi	ing Entity I	Address	1	City	State	Zip	Character Count: 3372  Consumer Directed Personal Assistance (CDPAS) homecare will not be available or not adequately represented to the Medicaid population in the			
	Address		Roc	City	New York	14609	14 County region served by the FLPPS. Authorized CDPAS Fiscal Intermediary companies are not members of the partnering group. Medical			
l	, idai es	1723 NORTON St.	INOC	ciicstci	IVEW TOTAL	* REQUIRED	Solutions is actively serving a Medicaid census of over 125 CDPAS consumers throughout the Finger Lakes Region, a census too large to be			
III. Appeal Poi	int of Con	tact					transitioned to traditional home care services without care disruption. Furthermore, Medical Solutions is contracted with MLTCs and MCOs			
Contact		eg Zimmer					across the FLPPS, and Upstate New York Counties, providing flexibility to serve both metro and rural consumers as necessary while promoting			
		esident and CEO		1			efficient FLPPS project implementation. Given the FLPPS geographic nature of overlap into the PPSs of ECMC, SUNY, Cayuga/Cortland and Units			
		5-261-5050		Extension			Healthcare, we are uniquely poised with availability of service arrangements, affordable payment, and good rate of pay versus existing provided Our operational efficiencies allow the consumer to effectively hire during a time when this medically underserved population will need this			
		_					homecare option. Healthcare workforce challenges to recruit and hire aides and a lack of competitive pay result in an underserved Medicaid			
of ser O iii Any I O iii Any I O iii Any S When choosing indicate what P Information — S When choosing Care Managem CMS approval. approval and de safety net list, y another approv Complete this f Fo V. Percentage	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. **  hoosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not evaluat PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant stion – Section II". If you are part of multiple PPSs, see section VII tab.  hoosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network anagement Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending proval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS all and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another let list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on approved safety net provider list, but your organization believes that it should qualify as a Health Home, please te 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.  entage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC)  Uninsured  Data Source  Year				plan on joir in the "App Health Home Ill as those t VAP Excepti IA already a lathealth H Health H Health H Madd addition	os within the  ning. If you do not eal Applicant es and Network that are pending on pending CMS oppears on another tome list or on ne, please hal PPSs.	population, posing adverse health risks. A provider with the unique capacity to serve the entire region at a better rate of pay, and affordable billing rate is a successful long-term homecare solution. We can improve outcomes, hence reducing the burden that exists, across the FLPPS five (5) distinct naturally occurring care networks. C. Medical Solutions, Inc., an authorized and contracted CDPAS Fiscal Intermediary, is a 503C Corporation formed in 1996 as a medical staffing agency in Rochester, New York. We have provided healthcare staff to hospitals, nursing home assisted living facilities, OPWDD and Office for the Aging. Consumer Directed Services started in 2008 and have been provided from Buffalo to Albany, Watertown to Binghamton. Medical Solutions has a strong regional ability in the FLPPS area. Since inception, the company has provided over 1,500,000 hours of service to 48, article 28 medical facilities and throughout numerous contracts to hundreds of home bound individuals. CDPAS, an extraordinarily successful and heavily preferred program improves healthcare quality and outcomes while saving significant sums of healthcare dollars. This program gives the consumer the control of hiring their caregiver and controlling the delivery of their health care plan. Satisfaction far exceeds traditional homecare. We maintain operation seven days a week with an office staff having over 100 years of combine experience in providing community based services. To ensure performance standards and quality assurance in our non-clinical role, our custom support is uniquely established with orientations, 90 day home visits, evaluations, annual in services, list of active status employees to connect the consumer's to aides, and regular contact with aides and consumers are weekly payroll processing and support staff. The program is manage by owner operators, who are the President, Administrator and Director of Operations, a Program Director and support staff. Community outreach and education for the professionals and consumers			
understar appeal.	nd that this	t the information and data prosinformation may be subject to	o audit and I may b	e asked to provide do An:		n in support of this				
Nam	ie .	Greg Zimm	iei	Yes	OVI LA C	1				

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



Vital Access Provid	er Exception: The state will	consider exceptions to	the safety net	definition o	n a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for public co	omment 30 days prior to appli	ication approval. Three	allowed reason	ns for granti	ng an exception	are shown in Section IV.
I. Are you a Medicaid	Provider					<u></u>
Answ	er No				-	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 Nan	ne: Mental Health Association o	f Rochester/Monroe Coun	tv. Inc.			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined P	1000 1000 1000				~	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 more	than one PP	S, you have the	Too chose the qualification, in the space scion please include.
· · · · · · · · · · · · · · · · · · ·	e VAP Exception in that PPS as v					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
	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: Other				~	without your organization's involvement given the PPS current configuration of network providers.
Provider Type - Oth						b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider Type - Oti				T		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 Identifie						
Agency Co						
Billing Entity				1 - 1		Character Count: 1079
A -1-1	Address		City	State	Zip	The Mental Health Association of Rochester/Monroe County, Inc. proivdes a unique set of services that is not duplicated in our community. Our
Addre	ss 320 N. Goodman Street	Rochester		NY	14607 * REQUIRED	services are based on the self-help, recovery model. The majority of the staff of the MHA identify as peers or family members of those with a mental health issue. Services for adults include peer bridger services, one to one peer coaching including assistance with basic needs. We
III. Appeal Point of Co	ntact				REQUIRED	provide peer support to individuals who have gained competitive employment as well as having a benefits specialist on staff. Services are offered
Contact Person P						to groups of individuals through a recovery center, self-help drop in center and the creative wellness service. Many of our services will be
	resident/CEO					incuded in the HARP's and we will be applying to be a designated provider once the portal is open. The agency also offers Family Support
Contact Phone 5	85 325 3145		Extension		112	Services for families that have children with emotional or behavioral challenges. We have been approved to provide Medicaid servcies through
Contact Email p	woods@mharochester.org					the B2H Waiver. Services are provided in Monroe, Livingston and Wyoming Counties.
IV. Please choose the	following VAP Exception:					
of serving the Any hospital is community, ar Any state-desi When choosing VAP Exc indicate what PPS you in Information – Section II" When choosing VAP Exc Care Management Agen CMS approval. If your He approval and do not nee safety net list, you do no another approved safety complete this form. List ~ For Section	will not be served without grant community.  uniquely qualified to serve base ad/or clear track record of success gnated health home or group of eption i & ii – Please indicate whend to join, then you will be detail to the community of the comm	ed on services provided, fir ss in reducing avoidable he health homes. ** nat Performing Provider Sy nied. Please indicate the r s, see section VII tab. submitted a draft list of States en approved as safety net es pending approval, you we anization operating your H urr organization does not a nization believes that it shot. e. one PPS, use second tab (	nancial viability, ospital use.  ystem (PPS) you name of the PPS ate Designated I providers as we ill be granted a ealth Home/CM ppear on the drould qualify as a	plan on joini in the "Appe Health Home ell as those th VAP Exceptio IA already ap raft Health Hom	ng. If you do not all Applicant s and Network hat are pending on pending CMS pears on another ome list or on e, please	
	Medicaid (FFS & MC)	Uninsured		Data Sou	rce Year	
Percentage	74%	6%		PCS	2013	
understand that the appeal.  Name Title	at the information and data pro- is information may be subject to Patricia Wo President/G	o audit and I may be asked boods CEO	Ans	cumentation swer		

10/30/2014 Mental Health Empowerment Project, Inc

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



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

Provider Type: Other Provider Type: Other Provider Type - Other: Peer Support Services  Operating Certificate/License # MMIS* NPI*  Unique Identifiers: Operating Certificate/License # MMIS* NPI*  Agency Code: 27100  Billing Entity ID: Character Count:  Address 3 Atrium Drive Suite 205 Albany NY 12205  III. Appeal Point of Contact  Contact Person Amy Colesante  Title [Executive Director Contact Email amymhep@aol. Com  IV. Please choose the following VAP Exception:	be posted for	public com	ment 30 days prior to appl	ication approval. Th	hree allowed reason	ns for gran	nting an exc	eption a	re shown in Section IV.
Mapped Prior to Contect	I. Are you a N	/ledicaid Pro	vider						
Dispersations have Merital Health Engineerment Process. In 1985 (Supplemental Process of the Property of the Control of the Process of the Pr		Answer	No					•	You have chosen the following VAP Exception:
Booset RPS   Jahou y Model Count respect   When W V V V Super counted in the country of the P*S you are pinner, if you are pi	II. Appeal App	plicant Info	rmation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
**New Address of American Context Front   Secretary Context Front   Se	Organiza	ation Name:	Mental Health Empowerme	nt Project, Inc					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
space of septing of the VV Exception in that PS as well of applicable. Please see the "VI Additional PSs" tab to select the VI Exception (PSs) and the VI Ex		Joined PPS:	Albany Medical Center Hospital					-	You chose the qualification i, in the space below please include:
Provide Type - Other Provide Type - Other Provide Type - Other Dynamic Interface Dyn	option of apply	ying for the \	/AP Exception in that PPS as v	well (if applicable). Ple	lease see the "VII_Ado				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
of services from the PS in this community (les).  Unique identifiers  Agency code 22:00	Pr	rovider Type:	Other					•	, , ,
Unique learning:  Agency Code  2100  Mile Service Code  Agency Code  Mile Service Code  M	Provider 1	Type - Other:	Peer Support Services						
Appear   Post			Operating Certificate	License #	MMIS*		NPI*		, , ,
Agency Code: 27000 Silling chry 100 Address   City   State   23p    10. Agreed Point of Contact Title   Securities Deviced Deviced Deviced Contact   Securities D	Uniqu	ie Identifiers:	.,						c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Address   Address   Sartum Drive Salte 205   Ablany   NY   12205    III. Appeal Point of Contact  Contact Person   Perso			27100			•			
His Appeal Point of Contact    His Appeal Point of Contact   Title   Security Directors   Sec	Billi	ling Entity ID:							Character Count: 0
III. Appeal Point of Contact  Contact Person   Amy Colesante  Itself   Securitive Divertor    Ontact Person   Staf-548-1333   Extension    Contact Time   Securitive Divertor    Ontact Proper   Staf-548-1333   Extension    Contact Time   Staf-548-1333   Extension    Ontact Proper   Staf-548-1333   Extension    Ontact Proper   Staf-548-1333   Extension    III.   Amy together   Staf-548-1333   Extension    III.   Amy hospital   suniquely 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.   Amy state-designated health home or group of health homes: **  When choosing VAP Exception I & III.   Please indicate what Performing Provider System (PPS) you plan on joining. If you do not reinforce that Pry you intend to join, the row will be denied; he came of the PPS in the *Appeal Applicant Information - Section III.   Section Vision    One of the Amperiment System   Section Vision   Section   Section Vision   Section   S									
III. Appeal Point of Contact		Address	3 Atrium Drive Suite 205	Alba	ny	NY			
Traile (Executive Director Table (Executive Director Table (Executive Director Contact Fine) \$18.49.1393	III. Appeal Poi	int of Conta	ıct				∓ RE	QUIKED	
Title Executive Directors Contact Final Intrymhep@eal. Com  N Please choose the following VAP Exception:    I ammunity will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.    I amy 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.   II amy 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 amy state-designated health home or group of health homes.**  When choosing VAP Exception ii. If you pare part of multiple PSs, see section VII tab.  When choosing VAP Exception ii. If you are part of multiple PSs, see section VII tab.  When choosing VAP Exception ii. If you are part of multiple PSs, see section VII tab.  When choosing VAP Exception ii. If you are part of multiple PSs, see section VII tab.  When choosing VAP Exception ii. If you are part of multiple PSs, see section VII tab.  When choosing VAP Exception ii. If you are part of multiple PSs, see section VII tab.  When choosing VAP Exception ii. If you are part of multiple PSs, see section VII tab.  When choosing VAP Exception ii. If you are part of multiple PSs, see section VII tab.  By the community will be parted VAP Exception period part of the part of VAP Exception period part of the part of VAP Exception period part of VAP Exception ii. If you are part of multiple PSs, see section VII to add additional PSs.  Verentage of Medicaid & Uninsured methers that your facility serves    Data Source Vear   Vear									
Contact Email Jammynep@aol. Com    Nease choose the following VAP Exception:									
M. Please choose the following VAP Exception:    A community will not be served without granting the exception because no other eligible provider is willing or capability of serving the community.   A community will not be served without granting the exception because no other eligible provider is willing or capability 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.   In a community, and/or clear track record of success in reducing avoidable hospital use.   In a community, and/or clear track record of success in reducing avoidable hospital use.   In a community, and/or clear track record of success in reducing avoidable hospital use.   In a community, and/or clear track record of success in reducing avoidable hospital use.   In a community, and/or clear track record of success in reducing avoidable hospital use.   In a community will not be served to success in reducing avoidable hospital use.   In a community will not be served to success in reducing avoidable hospital use.   In a community will not be served to success in reducing avoidable hospital use.   In a community will not be served to submit his form it will be denied. Please indicate the name of the PSI in the "Appeal Applicant Indicates what PSI you intend the how already hose section VI in the part has the success of the succ					Extension				
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.  When choosing VAP Exception I.8 ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Peys you intend to join, then you will be defined. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception III—The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (ICMs) that have already been approved as a slifety net providers as well as those that are pending CVAS approval. If your Neath Home Agencies (ICMs) this form. If the organization operating your Health Home (FWA already appears on another approved as selfety net provider it. It should qualify as Health Home list or on another approved as selfety net provider it. It should qualify as Health Home please complete this form. List is available on the DSRP website.  *For Section IV, If you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicald & Uninsured members that your facility serves  Medicald (FFS & MC)  Uninsured  **Data Source**  **Ves 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**  **Answer**	Contact	t Email amy	mhep@aol. Com						
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.  If it is a first indicate what Person in a first indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant indicates what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant indicates" of the provider of the provider is a submitted a draft list of State Designated Health Homes and Network.  When choosing VAP Exception iii- The Department has submitted a draft list of State Designated Health Homes and Network and the provider of the providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and not need to submit this form. If your organization operating your Health Home/MA already appears on another safety need its, you do not need to submit this form. If your organization operating your Health Home/MA already appears on another approved as sylvable on the OSBIP website.  *For Section IV, if you are joining more than one PPS, use second tab (Section VIII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC) Uninsured  **Data Source Year**  Medicaid & Uninsured members that your facility serves  Medicaid & Uninsured members that your facility serves  **Answer**  **Name**  Any Colesante**  **Answer**  **Name**  **Any Colesante**  **Answer**  **Name**  **Answer**  **Answe	IV. Please cho	oose the fol	lowing VAP Exception:						
Community, and/or clear Track record of success in reducing avoidable hospital use.  Any state-designated health home or group of health homes.**  When choosing VAP Exception i & ii — Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information — Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network  Care Management Agencies (CMAs) that have already been approved as selfery net providers as well as those that are pending  CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and not need to submit this form. If the organization operating your Health Home/CMA already appears on another 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 DSRI website.  "For Section IV, if you are joining more than one PDSRI website.  "For Section IV, if you are joining more than one PDSRI website.  "For Section IV, if you are joining more than one PDSRI website.  "For Section IV, if you are joining more than one possible of the provider list, but your facility serves  Medicald (FFS & MC) Uninsured  Data Source Year  Percentage Over 35%  Verenetage of Medicald & Uninsured members that your facility serves  Anny Colesante  Anny Colesante  Anny Colesante  Title Executive Director	of sei	-		ing the exception bed	cause no other eligibl	le provider i	is willing or	capable	
When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval four will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home(CMA) already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  *For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC) Uninsured Uninsured PPS, use second tab (Section VIII) to add additional PPSs.  Yes 1 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.  Any Colesante  Title Executive Director		•				relationshi	ps within th	e	
Indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information — Section II". If you are part of multiple PPSs, see section VIII tab.  When choosing VAP Exception III— The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as afety net providers as well as those that are pending CMS approval I 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 your organization operating your Health Home/CMA already appears on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, lease complete this form. List is available on the DSRIP website.  *For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC)  Uninsured  *Data Source Year  Percentage  Over 35%  Data Source Year   Test Security in 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 Amy Colesante  Title Executive Director	O iii Any s	state-designa	ted health home or group of	health homes. **					
Information — Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception III — The Department has submitted a draff list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If your organization operating your Health Home/CMA already appear on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  For Section IV, if you are joining more than one PPs, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC) Uninsured  Data Source Year  Percentage  Over 35%  Uninsured  Data Source Year  Percentage  Amy Colesante  Answer  Name  Amy Colesante  Answer  Name  Amy Colesante  Answer  Name  Amy Colesante  Answer  Name  Amy Colesante	_			_					
When choosing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have aiready been approved as safety net providers as well as those that are pending CMS approval. You'r 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 believes that it should qualify as a 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. Ust is available on the DSRIP website.  For Section IV, If you are joining more than one PPS, use second tab (Section VIII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC) Uninsured  Data Source Year  Percentage over 35%  Data Source Year  Percentage over 35%  Data Source Year  Answer  Answer  Answer  Answer  Title Executive Director					the name of the PPS	in the "App	peal Applica	int	
Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and ont 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. Ust is available on the DSRIP website.  "For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC) Uninsured Vear  Percentage over 35%  Ves 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  Amy Colesante  Title Executive Director					of State Designated	⊔oalth ⊔om	or and Note	work	
safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  "For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves    Medicaid (FFS & MC)	Care Managem CMS approval.	nent Agencies If your Healt	(CMAs) that have already be h Home appears on this list a	en approved as safet s pending approval, y	ty net providers as we you will be granted a	ell as those VAP Except	that are per ion pending	nding g CMS	
another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  "For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC) Uninsured  Data Source Year  Percentage over 35%  Thereby 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 Amy Colesante  Title Executive Director			_						
complete this form. List is available on the DSRIP website.  ~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC) Uninsured Data Source Year  Percentage over 35%  Ves 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 Amy Colesante  Title Executive Director		-	•	-				OII	
V. Percentage of Medicaid & Uninsured members that your facility serves    Medicaid (FFS & MC)					,		, p		
Medicaid (FFS & MC) Uninsured  Data Source Year  Percentage over 35%  Ves 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 Amy Colesante Title Executive Director	~ Fo	or Section IV,	if you are joining more than	one PPS, use second	tab (Section VII) to a	add additio	nal PPSs.		
Percentage over 35%  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 Amy Colesante Title Executive Director	V. Percentage	of Medicaid	& Uninsured members that y	our facility serves					
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 Amy Colesante Title Executive Director		Me	edicaid (FFS & MC)	Uninsur	ed	Data So	ource	Year	
understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.  Name Amy Colesante Title Executive Director	Percentage		over 35%						
Title Executive Director	understar appeal.	nd that this i	nformation may be subject t	o audit and I may be	asked to provide doo	cumentatio swer	on in suppor	_	
					yes	No			
	Tit				e accented		<b>→</b>		

10/30/2014 MiddleportFamilyHealthCenter

## 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**

be posted for	public comr	nent 30 days prior to appli	ication approv	al. Three allowed re	easons	for grant	ing an exception a	re shown in Section IV.
I. Are you a M	ledicaid Pro	vider						
	Answer	Yes					•	You have chosen the following VAP Exception: i
II. Appeal App	olicant Infor	mation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Moden-Giroux, INC. d/b/a N	/liddleport Fami	ly Health Center				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Niagara Falls Memorial Medical Cen	nter				~	You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is eval	uated in the context of the P	<u>PPS</u> you are joini	ng. If you are joining	more	than one P	PS, you have the	
	-	AP Exception in that PPS as w			II_Addi	tional 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	or further clarifi	cation!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	ovider Type:	Other					▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Гуре - Other:	Pharmacy						b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/	License #	MMIS*			NPI*	of services for the PPS in this community (ies).  c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique	e Identifiers:	17837		775966		10	073602017	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
А	Agency Code:							
Billi	ing Entity ID:							Character Count: 3396
		Address		City		State	Zip	a. Moden-Giroux, Inc. d/b/a Middleport Family Health Center is applying for the VAP Exception to join the Niagara Falls Memorial Medical Cente
	Address	81 Rochester Road, PO Box 1	188	Middleport		NY	14105	PPS in meeting the needs of patients in Niagara and Orleans counties. As an integral part of a rural population in Niagara County, Moden-Giroux
III. Appeal Poi	int of Conta	rt					* REQUIRED	Inc. d/b/a Middleport Family Health Center provides pharmacy and clinical services in an area that adjunct to several medically underserved area including Orleans Service area and Niagara Falls Service area which also have primary care health professional shortages. Through partnerships
<del></del>	Person Steph						1	with local primary care providers and companies, clinical pharmacists from Middleport Family Health Center provide services to this population
		er and President						including medication therapy management, diabetes self-management education and training, medication adherence services, immunization
Contact	Phone (716)	735-3261		Extens	ion			services, and insulin pump training and management. Our services have met the needs of patients who would otherwise need to travel 50 miles
Contact	t Email girou	xmf@rochester.rr.com						or more to receive care or if unable to travel were denied access to these services.
IV. Please cho	ose the foll	owing VAP Exception:						b. Moden-Giroux, Inc. d/b/a Middleport Family Health Center has an American Association of Diabetes Educators (AADE) Accredited Diabetes
i A co	mmunity will	not be served without granti	ing the exception	n because no other e	eligible	provider i	s willing or capable	Self-Management Education and Training (DSME/T) Program – 'Western New York Diabetes Solutions', ID#207980, March 29, 2012 – March 29, 2016. The DSME/T program at Middleport Family Health Center following the AADE Diabetes Education Curriculum: Guiding Patients to
	rving the com				8	p		Successful Self-Management, focuses on educating patients on self-care behaviors while providing the added expertise of pharmacist
O ii Any h								involvement to effectively manage patients' medication regimens. This comprehensive program provides patients with resources and ongoing
		quely qualified to serve base				elationship	s within the	support to better manage their diabetes and achieve clinical outcomes including coordination with their providers to optimize their diabetes
<b>I</b>	munity, and/o	r clear track record of succes	ss in reducing a	voidable hospital use				management and reduce risks of complications. Individual appointments are scheduled with the patients initially, usually prior to the initiation of
O iii Anys	state-designat	ed health home or group of	health homes. *	**				the group classes. Thereafter, we schedule and conduct one-on-one appointments with the patients, usually at 3-month intervals or as
					·			appropriate, keeping the primary care doctor updated in the process. The patients complete 4 group sessions: getting started (overall disease state education and monitoring), healthy eating, problem solving and being active, taking medications, living with diabetes (healthy coping and
_		on i & ii – Please indicate wh d to join, then you will be der		, ,		,	· ,	reducing risks). The patients complete one of these 1-2 hour-long classes, every 2 weeks for 2 months, if completed consistently.
		ou are part of multiple PPSs,			CITSI	ii tile App	ear Applicant	Patients completing our DSME/T program achieve on average a 1.79% drop in hemoglobin A1C. Patients receiving insulin pump training and
	·	on iii– The Department has s			ated He	ealth Home	es and Network	management achieve on average a 1.3% drop in hemoglobin A1C.
_		(CMAs) that have already be		-				In addition, our medication synchronization and adherence program has produced a mean proportion of days covered (PDC) well above the
CMS approval.	If your Health	Home appears on this list as	s pending appro	val, you will be grant	ted a V	AP Excepti	on pending CMS	accepted threshold for adherence (>80%) for oral hypoglycemic agents (91%), antihypertensive agents with a renin angiotensin system antagoni
		submit this form. If the orga	•	0,			•	(RASA) mechanism (91.7%), agents with an HMG-CoA reductase inhibitor mechanism (89.7%). These and other services will enhance the services
		ed to submit this form. If you	-					offered by the Niagara Falls Memorial Medical Center PPS by contributing to improved patient access to clinical services, improved adherence to medication regimens, and improved patient outcomes.
	-	provider list, but your organ vailable on the DSRIP website		that it should qualif	y as a r	realth Hon	ie, piease	The state of the s
		f you are joining more than		cond tab (Section VI	I) to ad	ld addition	al PPSs.	
				•	,			
V. Percentage	of Medicaid 8	& Uninsured members that y	your facility serv	res .				
	Me	dicaid (FFS & MC)	Un	insured		Data So	urce Year	
Percentage		15%		5%		Intern	al 2013	
rerecitage		1370		370		interi	2013	
-	-	ne information and data pro						
	nd that this ir	nformation may be subject to	o audit and I ma	y be asked to provid	le docı	ımentatio	in support of this	
appeal.					Ansv	ver		
Nam	ne	Stephen L. G	iiroux	[ 📵	_	O No	Ī	
Tit		Owner and Pre						

10/30/2014 Mid-Hudson Addiction Recovery Centers, Inc.

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

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



						basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
•	r public comment 30 days prior to	o application approval. Th	hree allowed reaso	ns for grant	ing an exception a	are shown in Section IV.
I. Are you a	Medicaid Provider					· · · · · · · · · · · · · · · · · · ·
	Answer No				▼	You have chosen the following VAP Exception:
II. Appeal Ap	plicant Information					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organi	zation Name: Mid-Hudson Addictio	n Recovery Centers, Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Westchester Medical Center	er			•	You chose the qualification i, in the space below please include:
	ception is evaluated in the context of					
	ying for the VAP Exception in that P			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
	See Section II and VII of the instruc	tions for further clarification	n!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
F	rovider Type: Other				•	without your organization's involvement given the PPS current configuration of network providers.
Provider	Type - Other: Chemical Dependency	y Crisis Center - Stabilization	n and Respit			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 (les).
	Operating Certi	ificate/License #	MMIS*		NPI*	/ · · ·
Uniq	ue Identifiers: 1703	10114	N/A		N/A	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code: 34010					
Bi	ling Entity ID: N/A					Character Count: 1585
		dress	City	State	Zip	The Chemical Dependency Crisis Center, located in downtown Poughkeepsie, is licensed by OASAS as a Medically Monitored Withdrawal Program
	Address 51 Cannon St	Poug	ghkeepsie	NY	12601	Operating since 1977, it serves over 400 individuals aged 16 and over each year. The program focuses primarily on residents of Dutchess County
III. Annoal D	oint of Contact				* REQUIRED	and the surrounding Mid-Hudson Counties but serves other residents from throughout NY state. Except for a similar program in Middletown, it is
	Person Steven Pressman				1	the only Crisis Center in the Mid-Hudson region accepting patients with Substance Use Disorders even when they are under the influence at admission. In addition, the program accepts patients in crisis and/or at high risk of relapse transitioning from in-patient programs, jail, prison or
Contac	Title Executive Director					other settings to longer term, community-based settings. With substance abuse patients admitted for stabilization, the program succeeds in
Contac	t Phone 845 452 8816		Extension			connecting over 60% with follow-up treatment services. The program is also unique because it does not require Medicaid or any other insurance
Conta	ct Email spressman@csdsl.net					coverage for admission. Without this service individuals seeking primary care would only have hospital-based detox as an alternative. Hospital-
IV. Please ch	oose the following VAP Exception	n:			_	based program are much more costly and have very restrictive eligibility and lengths of stay. Our Crisis Center provides a unique and exceptionally cost effective means of avoiding hospital admissions. It is thoroughly integrated in the existing service network. Because it operates
of s Any com Any When choosis indicate what Information – When choosis Care Manager CATS approval approval and safety net list, another approcomplete this	pommunity will not be served withous erving the community.  hospital is uniquely qualified to sen munity, and/or clear track record of state-designated health home or grig VAP Exception i & ii – Please indic pPS you intend to join, then you will Section II". If you are part of multipling VAP Exception iii—The Department Agencies (CMAs) that have alreated to submit this form the onto need to submit this form you do not need to submit this form ved safety net provider list, but you form. List is available on the DSRIP or Section IV, if you are joining monor of Medicaid & Uninsured members.	ve based on services provided f success in reducing avoidal oup of health homes. ** cate what Performing Provid I be denied. Please indicate le PPSs, see section VII tab. and has submitted a draft list ready been approved as safet is list as pending approval, y he organization operating yon. If your organization does or organization believes that website.	ed, financial viability, ble hospital use.  der System (PPS) you the name of the PPS of State Designated by net providers as wo you will be granted a our Health Home/CN not appear on the dit should qualify as a	, relationship u plan on join 5 in the "App Health Home ell as those ti VAP Exceptie MA already ap raft Health Hom	ing. If you do not eal Applicant es and Network that are pending on pending CMS opears on another ome list or on the, please	at more than 95 % capacity, and routinely turns away many prospective patients when beds are filled, it would be very advantageous to expand the program's capacity.
	Medicaid (FFS & MC)	Uninsure	ed	Data Sou	urce Year	
Percentage	92%	5%		Agency re	cords 2013	
			asked to provide do			

10/30/2014 Monroe County Office for the Aging

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

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



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

				•			basis in it is deemed in the best interest of Medicald Members. Any exceptions that are considered must be approved by Civis and must
•		ment 30 days prior to appli	cation approval. Three a	illowed reason	s for gran	an exception a	are snown in Section IV.
I. Are you a N	Answer						You have chosen the following VAP Exception:
<u> </u>						•	
II. Appeal App							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiz		Monroe County Office for th	e Aging				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:					•	You chose the qualification i, in the space below please include:
		aluated in the context of the P					A second first the first second first first second first first second
	-	VAP Exception in that PPS as was a support of the instructions for the instructions of the instructions are instructed in the instruction of the instructio		ee the "VII_Add	iitionai 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 include descriptions of the geographic area, the population, and how the services in this community are insufficient
	rovider Type:		or rarener clarification:			▼	without your organization's involvement given the PPS current configuration of network providers.
						•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider	Type - Other:	Area Agency on Aging					of services for the PPS in this community (ies).
		Operating Certificate/	License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:						
	Agency Code:	551N 46 6002562					Character Character 242
Bill	ing Entity ID:	FEIN: 16-6002563 Address	1	City	Ctata	7in	Character Count: 3442  Monroe County is located in the Finger Lakes Region of New York. The County has a population of over 745K residents & is comprised of 19
	Address	435 E Henrietaa Road, 3rd Fl	oor Faith Rochester	City	State NY	Zip 14450	towns, 10 villages & the City of Rochester. Of the 745,000 residents, there are approximately 200K adults age 55 & over. This is the fastest
	Addiess	455 E Helli letaa Road, 514 11	ooi raitii		INI	* REQUIRED	growing population of our community & will result in increased need for services to keep people independent & allow them to age in place
III. Appeal Po	int of Conta	act				-	The Monroe County Office for the Aging (MCOFA) is the state designated agency in Monroe County responsible for planning, coordinating,
Contact	Person Julie	Allen Aldrich					funding & advocating for programs & services which meet the needs of residents age 60 & over, persons with disabilities, & their caregivers of
	Title Dire		,				any age. MCOFA was formed in 1973 to respond to the needs of the Older Americans Act. Services are targeted to individuals with the greatest
Contact		-753-6548		Extension			social & economic need, placing emphasis on serving those older persons who are low-income, minority & those with physical & mental
		Aldrich@monroecounty.gov					disabilities. Our Director is an elected board member of the Association on Aging in New York, & Western NY Caucus Leader for Area Agencies on Aging. The agency oversees the Long Term Care (LTC) Council, Council on Elders & is partners on the Aging Alliance & RCCHI & LTC Work Group.
IV. Please cho	ose the fol	lowing VAP Exception:					has the designated Aging & Disability Resource Center in our County, known as N 5 paniers of the ROCPA is tasked with meeting the Long Term Care
of se  Any I  Any I  O iii Any S  When choosing indicate what F Information – S  When choosing indicate what F Information and Safety net list, another approval complete this f  Fo	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.						Information & Assistance needs of older adults, persons with disabilities, & their caregivers. With NY Connects expansion, this will be a no wrong door, conflict free point of entry for anyone in the community to call with long term care needs, including increased access for persons on Medicaid, uninsured or underinsured. This is the main referral source for our community's HCBS. We are then able to provide HCBS, including by not limited to: Case Mgmt including helping to apply for needed benefits; Transportation – to congregate meal sites, grocery & other shopping Personal Care Assistance; Social Adult Day; Respite for Caregivers; Nutrition: education & counseling, congregate meals, home delivered meals; Evidence Based Programs: falls prevention, Geriatric Addictions, Chronic Disease Self-Management & depression interventions: PATHS & PEARL—We also provide assistance with civil legal matters for low income seniors, Health Insurance Information, Assistance & Counseling (HIICAP), an Financial Management. —MCOFA & its Area Agency on Aging affiliates in other counties can: capture data & analyze trends, package services to meet the needs of the individuals served at a lower cost, provide intensive ongoing training, & improve the wellbeing & health outcomes of thos we serve. Our software, Peerplace, is linked through the Rochester Regional Health Information Organization (RHIO) so that doctors & their staff can better understand the patients they serve & recommend HCBS to assist them with better health outcomes & less readmissions. —**On a sic note, we had not previously required tracking information on healthcare providers since our programs were not set up for billing to Medicaid however, with the changes with the ACA, MRT & MLTCs, we recognize that is imperative to partner with our healthcare providers & will collect this information going forward. Of the 18,262 served between 1/1/2014-10/31/2014, we identified 718 persons with Medicaid & 2380 with another form of healthcare, 15,882 were blank.
Yes I Hereby	Certify that t	ox. 4% - see note in VI.  the information and data proinformation may be subject to	audit and I may be asked	ate and correct to provide doc	umentatio wer	t of my knowledge. n in support of this	
Nan	ne	Maggie Bro	oks	C	O No		

10/30/2014 Mount Sinai PPS NewCo

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



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

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

be posted for public com	ment 30 days prior to appli	ication approv	al. Three allowed re	asons	for granti	ng an exce	ption a	re shown in Section IV.
I. Are you a Medicaid Pro	ovider							
Answer	Select One						~	You have chosen the following VAP Exception:
II. Appeal Applicant Info	rmation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organization Name:	Mount Sinai PPS NewCo							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined PPS:	Mount Sinai Hospitals Group						-	You chose the qualification i, in the space below please include:
	luated in the context of the P							
	/AP Exception in that PPS as v			_Addit	ional PPSs	" tab to sel	ect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
	II and VII of the instructions for	or further clarifi	ication!				include descriptions of the geographic area, the population, and how the services in this community are insufficient	
Provider Type:							•	without your organization's involvement given the PPS current configuration of network providers.  b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider Type - Other:	N/A							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:	N/A		N/A			N/A		a Any supporting documentation to substantiate your narrative (attack as 7.5). In the cities which substantially
Agency Code:								
Billing Entity ID:								Character Count: 3494
Address	Address		City		State NY	Zip 10029		While the final governance structure has yet to be finalized, the Mount Sinai PPS is seriously contemplating the delegated authority model as a future model. The proposed model, referred to in this form as the Mount Sinai PPS NewCo (name TBD), will be comprised of the PPS itself and
Address	One Gustave L. Levy Place		New York		INY		UIRED	serve the attributed Medicaid population in the PPS service area. Currently, the proposed service area includes all 5 boroughs in New York City
III. Appeal Point of Conta	nct							(NYC) and Westchester Co. Information required in this form, including the provider type, unique identifiers, billing entity IDs, and the percentag
Contact Person Arth	ur Gianelli							of Medicaid and uninsured lives served, are filled in as N/A, as this entity does not yet exist.
	ident, Mount Sinai St. Luke's,	Special Advisor			the Mount	t Sinai Heal	th Syste	
Contact Phone (212			Extension	on				This proposed governance model incorporates the current Project Advisory Committee (PAC) structure into the proposed entity, which we intended the current Project Advisory Committee (PAC) structure into the proposed entity, which we intended the current Project Advisory Committee (PAC) structure into the proposed entity, which we intended the current Project Advisory Committee (PAC) structure into the proposed entity, which we intended the current Project Advisory Committee (PAC) structure into the proposed entity, which we intended the current Project Advisory Committee (PAC) structure into the proposed entity, which we intended the current Project Advisory Committee (PAC) structure into the proposed entity, which we intended the current Project Advisory Committee (PAC) structure into the proposed entity, which we intended the current Project Advisory Committee (PAC) structure into the proposed entity, which we intended the current Project Advisory Committee (PAC) structure into the proposed entity which we intended the current Project Advisory Committee (PAC) structure into the proposed entity in the current Project Advisory Committee (PAC) structure into the proposed entity in the current Project Advisory Committee (PAC) structure into the proposed entity in the current Project Advisory Committee (PAC) structure into the proposed entity in the current Project Advisory Committee (PAC) structure in the current Project Advisory Committee (PAC
	ur.gianelli@mountsinai.org							to become be a Medicaid Risk Bearing Entity (RBE). The reason for this modified structure is to ensure the transparent, collaborative nature of our PPS in our current structure. Under this model, the RBE will consist of the Mount Sinai Hospitals Group (MSHG), which is certified to operate
IV. Please choose the fol	lowing VAP Exception:							To safety net eligible hospitals in NYC, as well as other approved safety net partners in the Mount Sinai PPS. An Executive Board comprised of
i A community wil	I not be served without grant	ing the exception	on because no other el	ligible p	provider is	willing or c	apable	equity and non-shareholders in the RBE will oversee a governing body with a structure identical to the PAC. This structure is comprised of a
of serving the con	nmunity.							Leadership Committee that oversees Clinical, Finance, IT, and Workforce committees. Regional Workgroups feed into these four committees.
O ii Any hospital is un							-	II
- Any nospitaris an	iquely qualified to serve base or clear track record of succes		,	ility, re	lationships	s within the		Key goals with this proposed governance structure are to: 1) promote transparency and collaboration throughout DSRIP implementation, 2)
	or clear track record or succes	ss iii reducing a	voluable flospital use.					ensure broad and fair representation across the continuum of PPS providers and regionally, 3) allow the PPS to move quickly and nimbly in making key decisions, 4) strengthen the PPS' potential to take value-based payments, 5) and fully support the development of an integrated
O iii Any state-designa	ted health home or group of	health homes. 3	**					delivery system. The proposed structure will enable the PPS to manage population health, take risk – thereby realigning financial incentives,
When choosing VAP Except	ion i & ii – Please indicate wh	nat Performing	Provider System (PPS)	la uov	an on ioini	ng. If you d	o not	increase efficiency, and improve access to primary, outpatient, and preventive care for Medicaid patients in our service area.
	d to join, then you will be de							
Information – Section II". <u>If</u>	you are part of multiple PPSs	, see section VII	tab.					There is a clear need for system integration and improvements within our service area, as well as greater access to care coordination and
When choosing VAP Except	ion iii– The Department has s	submitted a dra	ft list of State Designat	ted He	alth Home	s and Netw	ork	preventive health care services. In 2012, there were almost 1.2 million potentially preventable Medicaid ED visits (PPVs) in NYC, at a rate of 35
	(CMAs) that have already be						_	events per 100 members. We surveyed our potential PPS partners, providing insight as to why some of these preventable hospitalizations are occurring. They told us that Medicaid beneficiaries have a "difficult" time accessing many providers, with the exception being emergency
	h Home appears on this list a							services.
• •	o submit this form. If the orga eed to submit this form. If yo	•	0,					Schied.
	t provider list, but your organ						711	Our proposed governance structure will support clinical integration and population health through several mechanisms. The structure will
	vailable on the DSRIP website		,			-, p		leverage the unique contributions of each partner (e.g., clinical expertise) to ensure that best practices are standardized and disseminated acros
~ For Section IV,	if you are joining more than	one PPS, use se	cond tab (Section VII)	) to add	d additiona	al PPSs.		the continuum of care, which will improve care coordination and health outcomes in the community. In addition, an RBE will support the PPS in
V D	& Uninsured members that y	<b>f</b> :!!**						moving higher up the "risk food chain" with health plans and creating shared-savings that can be used to incentivize provider performance and
v. Percentage of Medicald	& Uninsured members that y	our facility serv	ves	_				reinvested in the clinically integrated infrastructure, ultimately creating a more cost-effective and responsive system of care for patients.
Mi	edicaid (FFS & MC)	Un	insured		Data Sou	irce Y	ear	
Percentage	N/A		N/A	Ī	N/A	N/A		
understand that this i appeal. Name Title 2's, Specia	the information and data proinformation may be subject to  Arthur Giar Il Advisor to the President and Deals from the CEO, CFO or	o audit and I man nelli d CEO of the Mo	ount Sinai Health	e docui	mentation	-	_	

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

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



•		cception: The state will consider omment 30 days prior to applicat	•			•	e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and
I. Are you a M	•		ion approvai. i	illiee allowed	i reasons ic	n granting an exc	eption are shown in section iv.
i. Are you a iv	Answer Ye					•	Var. have a haven the fallowing VOD Franching.
L						•	You have chosen the following VAP Exception:
II. Appeal App	1						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
- u		assau - Queens PPS, LLC (potentially	o be formed)			District Control	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Se					•	You chose the qualification i, in the space below please include:
		ited in the context of the PPS you are					
	•	Exception in that PPS as well (if app nd VII of the instructions for further		see the "VII_AC	aditional 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
			au meacion:			▼	include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
	ovider Type: O	ner				<u>M</u>	b. A description of the applicant's organization, the services provided, and how the services will enhance the
Provider I	ype - Other:		-		1		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)
	e Identifiers:	None	To be	e assigned	То	be assigned	6,
	gency Code:						Character County 2220
BIIII	ing Entity ID:	Address	1	City	State	Zip	Character Count: 2229  North Shore-LIJ Health System/Long Island Medical Center (NSLIJ), Nassau University Medical Center (NUMC) and Catholic Health Services of
	Address 22	01 Hempstead Turnpike	East Mead		NY	11554	Long Island (CHS) each have been designated as safety-net entities and as emerging PPSs by the NYS DOH under the DSRIP program. These
<u></u>	Address 22	of Hempstead Tumpike	Last Wead	OW	141	* REQUIRED	three safety-net providers are exploring the creation of the Nassau-Eastern Queens PPS, in lieu of pursuing individual PPS applications. In
III. Appeal Poi	int of Contact						connection with the combination into one PPS, these three safety-net providers are considering forming a Limited Liability Company ("LLC"),
Contact F		or Politi, MD, FACP, FACEP					tentatively named "Nassau-Eastern Queens PPS, LLC. This VAP exception application is being submitted so that the proposed LLC, of which the
		nt and Chief Executive Officer					three safety-net entities would be the members ("proposed members"), can be designated as a safety-net entity, to the extent necessary for it
	Phone 516-572 t Email vpoliti@			Extension			to participate in the management and operation of the combined PPS.
							The proposed members all designated Nassau County and Queens as their proposed service areas. By combining the three proposed members
IV. Please choose the following VAP Exception:  A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.  Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.  Any state-designated health home or group of health homes. **  When choosing VAP Exception i & ii — Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information — Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.							into a single PPS serving Nassau County, the estimated 246,000 Medicaid beneficiaries in Nassau County are guaranteed inclusion in the DSRIP program. Furthermore, because NUMC is a public hospital, the estimated 110,000 uninsured residents of Nassau County will be reached through the "11th project." The final governance plan for the PPS and the proposed LLC will be provided as part of the DSRIP application to be submitted on December 16, 2014. The NPI and MMIS numbers of the three members are: North Shore LIJ Health System/Long Island Jewish Medical Center NPI 1285641514 MMIS 00243903; Nassau University Medical Center NPI 1801857172 MMIS 01962156; Catholic Health Services of Long Island, co-operator of Mercy Medical Center, NPI 1659330173. MMIS 02996725.  *The percentages in Question V reflect NUMC's Medicaid (duals, FFS, and MC) and uninsured percentages. At Mercy Medical Center in 2013, Medicaid discharges and outpatient visits represented 31.0% of total discharges and visits; uninsured accounted for 7.7%. At Long Island Jewish Medical Center in 2013, Medicaid discharges and outpatient visits represented 23.1% of total discharges and visits; uninsured accounted for 7.4%.
Ī	Medic	aid (FFS & MC)	Uninsured		Data So	urce Year	
Percentage		35.70*%	27.17*%		Internal	Data 2013	
	and that this in al.	information and data provided on a formation may be subject to audit a Politi, MD, Michael Dowling, and Ala	nd I may be ask n Guerci, MD	ed to provide			e.

10/30/2014 NewCo - UHS

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

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



I. Are you a Me					
	Answer No			▼	You have chosen the following VAP Exception:
	cant Information				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organizati					The VAP Exception relies heavily on the statement you provide, so please be concise and thorough
	pined PPS: United Health Services Hospitals, Ir			~	You chose the qualification i, in the space below please include:
		PPS you are joining. If you are joining m			A consiste definition of the community (i.e.) the transition of the community of the community of the community (i.e.) the transition of the community of the c
	e Section II and VII of the instructions f	well (if applicable). Please see the "VII_ for further clarification!	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 include descriptions of the geographic area, the population, and how the services in this community are insufficient
	ider Type: Other	ion rance dameation.		•	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 Ty		/		NO.	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)
	dentifiers: Unavailable ency Code:	e Unavailable		Unavailable	
	Entity ID:				Character Count: 1582
	Address	City	State	Zip	We are filing this VAP application on the advice of DSRIP Support Team. We are the lead agency of The Southern Tier Rural Integrated
	Address 10-42 Mitchell Avenue	Binghamton	NY	13903	PPS(STRIPPS) which will ultimately be organized under a delegated governance model and establishing a "NEWCO". NEWCO has not been legally
				* REQUIRED	created as yet.
III. Appeal Poin					The STRIPPS is comprised of over 135 providers who serve a 10 county area that includes: Cortland, Cayuga, Tompkins, Schulyer, Steuben,
	rson Robin Kinslow-Evans Title Vice President				Chemung, Tioga, Broome, Delaware and Chenango Counties. The population of this predominately rural area is older and subject to challenges with transportation and social isolation.
	none 607-762-2801	Extensio	n Ne	ot Applicable	NEWCO is needed to create the legal entity that will allow for more effective population health management and care coordination for Medicaid
Contact E	mail robin_kinslow-evans@uhs.org	•			beneficiaries in the service area.
IV. Please choo	se the following VAP Exception:				We are filing this VAP application on the advice of DSRIP Support Team. We are the lead agency of The Southern Tier Rural Integrated PPS(STRIPPS) which will ultimately be organized under a delegated governance model and establishing a "NEWCO". NEWCO has not been legally
of serving Any ho community indicate what PP Information – Serving Anagement CMS approval. If approval and do	ng the community.  spital is uniquely qualified to serve bass nity, and/or clear track record of succeste-designated health home or group of AP Exception i & ii – Please indicate which is you intend to join, then you will be detion II". If you are part of multiple PPS: AP Exception iii — The Department has tagencies (CMAs) that have already be your Health Home appears on this list a not need to submit this form. If the org	f health homes. ** hat Performing Provider System (PPS) y enied. Please indicate the name of the F	ou plan on joi PS in the "Apı d Health Hom well as those a VAP Except CMA already a	ps within the  ning. If you do not peal Applicant  nes and Network that are pending ion pending CMS appears on another	created as yet. The STRIPPS is comprised of over 135 providers who serve a 10 county area that includes: Cortland, Cayuga, Tompkins, Schulyer, Steuben, Chemung, Tioga, Broome, Delaware and Chenango Counties. The population of this predominately rural area is older and subject to challenges with transportation and social isolation. NEWCO is needed to create the legal entity that will allow for more effective population health management and care coordination for Medicai beneficiaries in the service area.
complete this for	m. List is available on the DSRIP website	one PPS, use second tab (Section VII) t			
	Medicaid (FFS & MC)	Uninsured	Data So	ource Year	
Percentage	Not Applicable	Not Applicable	N/A	A N/A	
		alanger		on in support of this	

11/10/2014 NewCo to replace Ellis Hospital 10-24-14.xlsx

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

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Vital Access Flovide	Exception: The state will co	insider exceptions to the safety her	uemmilion	on a case-by-case i	basis in it is deemed in the best interest of Medicald members. Any exceptions that are considered must be approved by Civis and must				
be posted for public con	nment 30 days prior to applica	tion approval. Three allowed reaso	ns for gran	ting an exception a	re shown in Section IV.				
I. Are you a Medicaid Pi	ovider								
Answei	No			~	You have chosen the following VAP Exception: i				
II. Appeal Applicant Info	ormation				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organization Name	: New Corporation (NewCo)				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
Joined PPS	Ellis Hospital			•	You chose the qualification i, in the space below please include:				
^^ The VAP Exception is ev	aluated in the context of the PPS	you are joining. If you are joining mor	e than one F	PPS, you have the					
		(if applicable). Please see the "VII_Ac	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</u>	II and VII of the instructions for f	urther 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.  b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
Provider Type - Othe	r: Newly created LLC formed for t	he purpose of serving as a DSRIP PPS			b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
	Operating Certificate/Lice	ense # MMIS*		NPI*	of services for the PPS in this community (ies).				
Unique Identifiers	s: none	none		none	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
Agency Code	e: none	•	•						
Billing Entity IE	): none				Character Count: 1889				
	Address	City	State	Zip	a) NewCo is a proposed newly created LLC which would be formed for the purpose of operating a DSRIP PPS in the Counties of Rensselaer,				
Address	1101 Nott St (MC1950)	Schenectady	NY	12308	Albany, Schenectady, Saratoga, Montgomery, and Fulton. The DSRIP application for these counties will be submitted by Ellis Hospital, a safety ne				
III. Appeal Point of Cont	ract			* REQUIRED	hospital, with the application providing a description of the proposed NewCo LLC and its governance. The NewCo is expected to be formed				
Contact Person Day					before April 1, 2015, and to contract with the State Department of Health as the DSRIP PPS. As discussed in (b) below, the NewCo is expected to be developed with a governance structure including providers of Medicaid services throughout the geographic region. If the VAP exception is no				
	agent for NewCo				granted, so that the NewCo cannot be created, the Medicaid population in the region would not be served by a DSRIP PPS comprised of multiple				
Contact Phone 518	_	Extension			providers. This is particularly true of Montgomery County, where this would be the only PPS serving the County. b) The NewCo has not been				
Contact Email sm	nglerd@ellismedicine.org				formed. It is expected that it would consist of an LLC whose Members represent the five lead organizations in the Ellis Hospital DSRIP application				
IV. Please choose the fo	llowing VAP Exception:			_	Ellis Hospital, St. Peter's Health Partners, St. Mary's Healthcare (Amsterdam), Whitney M. Young Jr. Health Center, and Hometown Health Centers. The first three are safety net hospitals or hospital systems including safety net hospitals; the last two are FQHCs which qualifty as safety net				
of serving the community, and Any hospital is u community, and Any state-design When choosing VAP Excepindicate what PPS you intelliformation – Section II". I When choosing VAP Excepindicate what PPS you intelliformation – Section II". I When choosing VAP Excepindicate what PPS you intelliformation in Section II". I When choosing VAP Excepindicate what PPS you intelliformation in Section II". I When choosing IVAP in the community of the communi	mmunity.  niquely qualified to serve based control of success in ated health home or group of health in a serve that on i & ii — Please indicate what and to join, then you will be denied you are part of multiple PPSs, servition iii— The Department has subsets (CMAs) that have already been the Home appears on this list as put to submit this form. If the organization iiii— If the organization submit this form. If the organization iiii.	Performing Provider System (PPS) you d. Please indicate the name of the PP	relationship plan on join in the "App Health Hom ell as those to VAP Except MA already a	ps within the  ning. If you do not beal Applicant  es and Network that are pending cMS appears on another	clinics. The Medicaid/Duals/Uninsured outpatient visits of these providers range from 86.07% to 37.46%, and the inpatient discharges range from 52.17% to 30.43%. The network of services to be provided by the NewCo would be the same as the network submitted in the Ellis Hospital application which, at present, consists of 1,044 providers and CBOs across the six counties; specifically including the three exisiting Health Homes which serve the communities.				
		tion believes that it should qualify as							
	available on the DSRIP website.	,		,,,					
~ For Section IV	, if you are joining more than on	e PPS, use second tab (Section VII) to	add addition	nal PPSs.					
V. Percentage of Medicaio	& Uninsured members that you	r facility serves							
N	ledicaid (FFS & MC)	Uninsured	Data So	ource Year					
Percentage betw	een 86.07% and 37.46%		DSRIP we	ebsite 2014					
	•	ed on this form is accurate and correct udit and I may be asked to provide do		n in support of this					

10/30/2014 Northern Regional Center for Independent Living

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



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

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

be posted for	public comr	nent 30 days prior to appl	lication approval. Thr	ee allowed	l reasons	s for gran	ting an ex	ception a	re shown in Section IV.			
I. Are you a M		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	ation Name:	Northern Regional Center fo	or Independent Living,	nc.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS:	Samaritan Medical Center						-	You chose the qualification i, in the space below please include:			
^^ The VAP Exc	eption is eva	uated in the context of the f	<u>PPS</u> you are joining. If y	ou are joinii	ng more	than one F	PPS, you ha	ive the				
		AP Exception in that PPS as v			'VII_Addi	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			
multiple PPS's.	See <u>Section I</u>	and VII of the instructions f	or further clarification						include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Pr	ovider Type:	Other						•	without your organization's involvement given the PPS current configuration of network providers.			
Provider T	ype - Other:	Center for Independent Livi	ng						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:					1	187024955	5	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	gency Code:		•									
Billi	ng Entity ID:								Character Count: 2835			
		Address		City		State	Zip	р	Northern Regional Center for Independent Living, Inc.(NRCIL) is a disability rights and resource center that assists individuals with any disabilities			
	Address	210 Court Street Suite 107	Water	town		NY	13601-		participate fully in their community by helping to people attain and retain good health to avoid institutionalization and live as independently as			
III. Annaal Dai							* RI	EQUIRED	possible in the their home community.			
III. Appeal Poi	Person Ailee								NRCIL is the only provider in the region who works with any person with any disability to help them access services, employment, benefits,			
Contact i		utive Director							housing, education and health care with the goal of staying healthy and active in the community and avoiding unnecessary institutionalization.			
Contact		785-8703		Exte	ension		227		NRCIL has long recognized that all these components are contributing determinants of health as people with disabilities on average have a shorter			
Contact	: Email ailee	nm@nrcil.net		•					lifespan than people without disabilities.			
IV. Please cho	ose the foll	owing VAP Exception:										
of ser	ving the com	•	- '		_		_		"persons with serious mental illness tend to die, on average, 25 years earlier than the general public, with three out of five mentally ill dying from mainly preventable physical diseases such as Heart/Cardiovascular disease, Diabetes, Dyslipidaemia, Respiratory ailments, Pneumonia, and Influenza See more at: http://www.disabled-world.com/calculators-charts/life-expectancy-statistics.php#sthash.orGuMvgT.dpuf" http://www.disabled-world.com/calculators-charts/life-expectancy-statistics.php			
comm		quely qualified to serve base or clear track record of succe				elationship	ps within th	he	"the life expectancy for persons with SCI is presently 85 percent of the general population."			
	_	ted health home or group of							http://cirrie.buffalo.edu/encyclopedia/en/article/288/			
indicate what P Information – S When choosing Care Manageme	PS you intendent ection II". If your or	on i & ii – Please indicate what to join, then you will be de you are part of multiple PPSs on iii– The Department has come (CMAs) that have already be the Home appears on this list a some this list a some in Home appears on this list a some individual s	enied. Please indicate t s, see section VII tab. submitted a draft list o een approved as safety	he name of f State Desig net provide	the PPS i	n the "App ealth Hom I as those	es and Net	ant twork ending	NRCIL's Independent Living team works with adults with disabilities and staff members are certified to teach the following courses: Living with a Chronic Condition, Living well with a Disability and Working Well with a Disability. Additionally, staff have completed the Peer Academy & ANSI process and one staff member is a Credentialed Alcohol and Substance Abuse Counselor. Working with individuals with disabilities in community settings and teaching them how to stay well in the community helps to alleviate symptoms related to their disabilities and avoid unnecessary hospitalizations.  NRCIL's Family Support Services (FSS) team works with families of children with disabilities in Jefferson, Lewis and St. Lawrence Counties. Seven of NRCIL's Family Advocates on the FSS team are Credentialed Family Peer Advocates, two have Family Development credentials from Cornell.  NRCIL's FSS team is the "go to" resource in Jefferson and Lewis counties for educational advocacy. In addition to being credentialed, the entire team has taken the Lay Parent Advocacy Series through Parent Teacher and Information Center and are fluent in IDEA/504. The ability to work with parents and schools to ensure proper supports are in place for children helps to alleviate unnecessary escalations of symptoms for children with disabilities which could otherwise result in hospitalizations.			
approval and do safety net list, y another approv complete this fo	o not need to you do not ne red safety ne orm. List is a	submit this form. If the org- eed to submit this form. If yo provider list, but your organ vailable on the DSRIP website if you are joining more than	anization operating you our organization does n nization believes that it e.	ur Health Ho ot appear o should qua	ome/CM/ n the dra alify as a I	A already a Ift Health H Health Hor	ippears on Home list o me, please	another				
V. Percentage	of Medicaid	& Uninsured members that y	your facility serves		_							
	Me	dicaid (FFS & MC)	Uninsure	l		Data So	ource	Year				
Percentage		53%	7%			CFA	L	2013				
-	nd that this in	he information and data pro iformation may be subject t Aileen Ma Executive Dii eals from the CEO, CFO or	o audit and I may be a artin rector	sked to prov		umentatio ver	-	_				

10/30/2014 Orange County Department of Health

## 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**

be posted for	public comr	ment 30 days prior to appl		al. Three allowed reas		•	, , , , , , , , , , , , , , , , , , , ,			
I. Are you a M										
	Answer	Yes				~	You have chosen the following VAP Exception:			
II. Appeal App	olicant Infor	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
Organiza	ation Name:	Orange County Department	of Health				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS:	Westchester Medical Center				~	You chose the qualification i, in the space below please include:			
		luated <u>in the context of the F</u>								
	-	AP Exception in that PPS as v		-	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			
		and VII of the instructions f	or further clarifi	cation!			include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Pro	ovider Type:	Other				•	without your organization's involvement given the PPS current configuration of network providers.			
Provider T	Type - Other:	Local Health Department					b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).			
		Operating Certificate/	/License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
Unique	e Identifiers:			2996445	1:	598973596	c. Any supporting documentation to substantiate your narrative (attach as FDF in the email when submitting)			
A	gency Code:									
Billi	ing Entity ID:						Character Count: 2525			
		Address		City	State	Zip	The Orange County Department of Health is the leader in Public Health services to the citizens of Orange County. The Department has been			
	Address	124 Main Street		Goshen	NY	10924 * REQUIRED	exercising and implementing preventative healthcare practices as part of its mission since 1969, when the Department was created. The mission of the Department of Health is to monitor and protect the health of residents of Orange County, to prevent disease and disability, provide			
III. Appeal Poi	int of Conta	ct				REQUIRED	education regarding healthful living, and assure healthy environmental conditions. The Department serves all of Orange County which is 816			
		topher Ericson					square miles in size and includes over 370,000 residents. Unlike other providers in the county, the Department of Health has no boundaries in			
	Title Depu	ty Commissioner					the county for who we serve. The Department provides public health services countywide. Westchester Medical Center has no history of			
Contact	Phone 845-3	360-6602		Extension	1		proactively addressing public health issues in Orange County and do not have the working knowledge of the populations that the Orange County			
Contact	t Email ceric	son@orangecountygov.com					Department of Health serves. These services include; Communicable and chronic disease and prevention, Tuberculosis and STD clinics providing			
IV. Please cho	ose the foll	owing VAP Exception:					screening and treatment, HIV clinics which offer testing, counseling and referral for treatments, Immunizations, Screening and monitoring			
i A cor	mmunity will	not be served without grant	ting the exception	n because no other elig	ible provider i	s willing or capable	services for at-risk infants and toddlers, Community health outreach, education and referral services (including preventative and primary care, adolescent health, family planning, prenatal, dental, lead poisoning, injury prevention), Nutrition services and WIC and support for medical care			
	rving the com					0	of physically handicapped children and adult polio services. The Department is compiled of seven major divisions - the divisions of Public Healt			
O ii Any h						L	Nursing, Environmental Health, Intervention Services, Community Health Outreach, Administration, Public Health Emergency Response and the			
		quely qualified to serve base			ty, relationship	s within the	Medical Examiner's Office. As the United States goes through a changing and evolving healthcare system, the impacts on the local health			
	nunity, and/o	or clear track record of succe	ess in reducing a	voidable hospital use.			department are still not completely understood. As a department, we are positioning ourselves to be flexible and innovative as the role of the			
O iii Any s	tate-designat	ted health home or group of	health homes. *	**			department makes new strides in protecting public health. It is important that the partnerships that have been developed over the many years with Federally Qualified Healthcare Centers, hospitals and medical centers continue to grow. The Department of Health has based its existence			
When choosing	y VAP Excepti	on i & ii – Please indicate wh	hat Performing	Provider System (PPS) y	ou plan on joir	ning. If you do not	on preventive care and is proactive in helping those in our communities before they need medical attention or long-term care.			
		d to join, then you will be de			PS in the "App	eal Applicant				
		you are part of multiple PPSs								
_		on iii— The Department has s (CMAs) that have already be		_						
-	-	Home appears on this list a								
	-	submit this form. If the orga								
		ed to submit this form. If yo								
another approv	ed safety net	provider list, but your organ	nization believes	that it should qualify a	s a Health Hon	ne, please				
•		vailable on the DSRIP website								
~ For	r Section IV, i	if you are joining more than	one PPS, use se	cond tab (Section VII) t	o add addition	ial PPSs.				
V. Percentage	of Medicaid 8	& Uninsured members that y	your facility serv	ves .						
	Me	dicaid (FFS & MC)	Un	insured	Data So	urce Year				
Percentage		34%		12%		2013				
Yes   Hereby (	Certify that t	he information and data pro	ovided on this fo	rm is accurate and corr	ect to the hest	of my knowledge.	<u>- </u>			
	•	nformation may be subject to								
					Answer	•				
Nam		Christopher E			Yes O No					
Titl	le	Deputy Commission	ner of Health			1				

10/30/2014 Orleans Community Health

# 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

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

be posted for publi	c comment 30 days prior to application	on approval. Three allowed reaso	ons for grant	ing an exception a	re shown in Section IV.
I. Are you a Medica	aid Provider				
A	nswer Yes			•	You have chosen the following VAP Exception: i
II. Appeal Applican	t Information				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization I	Name: Orleans Community Health				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joine	ed PPS: Catholic Medical Partners-Accountable Ca	are IPA INC		▼	You chose the qualification i, in the space below please include:
option of applying fo multiple PPS's. See <u>Se</u>	r the VAP Exception in that PPS as well (in the instructions for fur	f applicable). Please see the "VII_A			a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient
	r Type: Other			▼	without your organization's involvement given the PPS current configuration of network providers.  b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider Type -	Other: Private 501 (3) c				of services for the PPS in this community (ies).
	Operating Certificate/Licen			NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique Iden		30000846	16	509873520	
Agency					Chavastav Causti 2741
Billing En	Address	City	State	Zip	Character Count: 2741  Orleans Community Health (OCH) is the only acute care health system in Orleans County. Services include Medina Memorial Hospital acute care,
hA	Idress 200 Ohio Street	Medina	NY	14103	with the only Emergency Room in the county, a 30 bed Skilled Nursing Facility, Renal Dialysis units in Medina and Batavia, Long Term Home
710	200 Onio Street	Wiedina	141	* REQUIRED	Health Care, and Primary and Urgent Care services in Albion. Orleans County is a designted Health Provider Shortage Area for Medical Care and
III. Appeal Point of	Contact				Mental Health. Approximately 43,000 residernts in Orleans, Eastern Niagara and Northern Genessee counties depend on us for medical care 24
	n David Britton				hours day/7 days a week. Our collabortion with Catholic Medical Partners as well as Finger Lakes PPS and Niagra Falls Memorial Medical Center
	e CFO				PPS has enhanced OCH's position and strengthened our long term ability to provide for those who rely on our system as the only hospital in
	e 585-798-8166	Extension			Orleans County. With the Catholic Medical Partners PPS, we are very active in developing our formal collaboration with the Catholic Health
	il dbritton@medinamemorial.org the following VAP Exception:				System in Buffao. Our relationship with CMP and its PPS are a natural fit as we strive to develop an integrated delivery network. CMP and its ACC model of nearly 1000 physicians offers support and deoth as we jointly move forward with our DSRIP development. We have a leadership role in
of serving to Any hospital community Any state-of When choosing VAP indicate what PPS you Information — Section When choosing VAP Care Management Age CMS approval. If you approval and do not safety net list, you do another approved sar complete this form. It is form. It	nity will not be served without granting the community.  al is uniquely qualified to serve based on y, and/or clear track record of success in designated health home or group of healt  Exception i & ii — Please indicate what P u intend to join, then you will be denied. In II". If you are part of multiple PPSs, see  Exception iii— The Department has submigencies (CMAs) that have already been ap I Health Home appears on this list as penneed to submit this form. If the organization not need to submit this form. If your organization is available on the DSRIP website. Iist is available on the DSRIP website.  I dicaid & Uninsured members that your fedicaid & Uninsured members th	services provided, financial viability reducing avoidable hospital use. The homes. **  erforming Provider System (PPS) you Please indicate the name of the PF section VII tab. The itted a draft list of State Designated approved as safety net providers as widing approval, you will be granted attion operating your Health Home/C ganization does not appear on the control believes that it should qualify as PPS, use second tab (Section VII) to	u plan on join S in the "Appo Health Home vell as those to VAP Exception MA already ago draft Health Home	ing. If you do not eal Applicant es and Network hat are pending on pending CMS opears on another ome list or on ie, please	four Domain projects and their strategic value to Orleans County. We are working towards the development of evidence based population health management protocols that will enable the CMP PPS to collaborate with Orleans County providers to ensure high quality, efficient delivery of services to those that present with numerous comorbidities and exhibit mental health issues. We are also actively working with the University as Buffalo Research Institute and KPMG to develop a survey tool that will allow empirical data analysis to accurately measure community needs to support the development of protocols and strategies for the completion of all domain initiatives. OCH incurred an operating loss of \$2,262,899 to 2013. Year-to-date operating losses through August 31 are \$1,987,338. The average days outstanding for accounts payable is 96.7 days. We currently have only 7.4 days cash on hand, which includes all cash and net proceeds derived from investments. Losses have continued to mount on a monthly basis. This continuing trend of alarming operating losses puts OCH in serious jeopardy of surviving within months. Safety net designation and Interim Access Assurance Funding are needed to help ensure that the essential services we provide now and into the future continue. As the only acute care health service provider in Orleans County, we serve essential health needs in the community, and as such, are essential to the Catholic Medical Partners PPS as it develops.
	Medicaid (FFS & MC)	Uninsured	Data So	urce Year	
Percentage	29%	5%	NYS ICI Exhibit	₹ - 2013	
•	y that the information and data provided it this information may be subject to aud  Dolores Horvath	lit and I may be asked to provide d			

10/30/2014 Orleans Count Health Department

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

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		Exception: The state will ment 30 days prior to applic		•		•	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus are shown in Section IV.
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	ition Name:	Orleans Count Health Depart	ment				~ 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 Exce	eption is eva	luated in the context of the Pl	<u>PS</u> you are joining. I	If you are joining mor	e than one P	PS, you have the	
		'AP Exception in that PPS as w			ditional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		I and VII of the instructions fo	or further clarification	on!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	DTC				▼	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	ype - Other:						of services for the PPS in this community (ies).
		Operating Certificate/L	icense #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:	362020OR		3760189	1	922446137	, , , , , , , , , , , , , , , , , , , ,
	gency Code:	714					
Billi	ng Entity ID:	Address		Cit.	Ct-t-	7:	Character Count: 904  The Orleans County Health Department is the only local health department in the county. We are a full service health department, providing
	Address	Address 14012 Route 31 West	Alb	City	State NY	Zip 14411	many services including nursing, environmental health, education and preparedness. Orleans County is a small rural county in Western New York
	,	1.012 NOUTE OF WEST	JAID			* REQUIRED	with a population of 42,000 residents. The county does not have any cities but is made of small villages with an approximate square mileage
III. Appeal Poi	nt of Conta	ct					400sq/miles. The county lies in between two large urban counties (Rochester and Buffalo). Being rural, we are disignated as a medical shortage
Contact F	Person Paul						area with limited access to health care further hindered by transportation issues. We have a high medicaid population who don't have adequate
Countrate		ic Health Director		Extension			access to services. The health department is essential to the service delivery in the county due to the lack of providers. Our clinics are a safety
	Phone 585-!	pettit@orleansny.com		Extension			net to all residents who are underserved.
		•					
of ser Any h comm Any si When choosing indicate what P information – S When choosing care Manageme CMS approval. I approval and do safety net list, y another approv complete this for	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.						
Percentage		0%	27%	<u>,                                      </u>	ACHF Cost	Repor 2012	
rescentage		0/0	2170		CHIF COSE		
	d that this in	he information and data prov nformation may be subject to Paul A. Pet	audit and I may be	e asked to provide do			
Titl	е	Public Health D	irector				

10/30/2014 Pathway Houses of Rochester

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



Vital Access Provide	er 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 co	mment 30 days prior to appli	ication approval. Three	allowed reason	s for grantin	g an exception a	are shown in Section IV.
I. Are you a Medicaid I	Provider					
Answ	er No				~	You have chosen the following VAP Exception: iii
II. Appeal Applicant In	ormation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organization Nam	e: Pathway Houses of Rocheste	er				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined Pl					•	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
	evaluated in the context of the F					the space below, please include:
	VAP Exception in that PPS as v		see the "VII_Add	litional PPSs"	tab to select	
	n II and VII of the instructions for	or further clarifications			_	a. A description of your entity in specific relation to being a Health Home.
Provider Typ					▼	Please do not submit this form if you are already on the draft Health Home List.
Provider Type - Oth	er: Supportive Living Residentia					rease do not submit and form if you are directly on the didn't realismont and
	Operating Certificate/	/License #	MMIS*		NPI*	
Unique Identifie				1851	1700264	
Agency Coo						Character Count: 756
Billing Entity	Address	1	City	State	Zip	Pathway Houses of Rochester is recognized in the community as a leader in providing quality services for people recovering from alcoholism and
Addres		Rochester		NY	14620	other substance abuse, with sustained focus on employment and self sufficiency. Pathway Houses of Rochester is a state certified, private non-
	- 1000 50ddii 710ci 5dite 125	nochester			* REQUIRED	profit, residential supportive living program, serving recovering alcohol and substance abusers primarily in the Monroe County area. We teach
III. Appeal Point of Cor						living skills which empower individuals to take responsibility for their lives, while facilitating recovery through required participation in full-time
Contact Person G						education or employment, and on-going substance abuse counseling, thereby creating a framework for a life of substance free existence as
	ecutive Director		F			productive members of the community.
Contact Phone 58	vhouses@aol.com		Extension			
-	ollowing VAP Exception:					
of serving the community, and Any hospital is community, and Any state-design when choosing VAP Excest indicate what PPS you into Information – Section II". When choosing VAP Excest Care Management Agence CMS approval. If your Heapproval and do not need safety net list, you do not another approved safety complete this form. List in For Section II.	will not be served without grant ommunity.  uniquely qualified to serve base d/or clear track record of succenated health home or group of ption i & ii — Please indicate whend to join, then you will be deif you are part of multiple PPSs ption iii— The Department has sies (CMAs) that have already be alth Home appears on this list a to submit this form. If the organce of the organ reed to submit this form. If you net provider list, but your organs available on the DSRIP website V, if you are joining more than id & Uninsured members that y	ed on services provided, fir sess in reducing avoidable he health homes. ** hat Performing Provider Sy nied. Please indicate the r s, see section VII tab. submitted a draft list of States sen approved as safety net es pending approval, you we anization operating your Hour organization does not a nization believes that it sho e. one PPS, use second tab (	nancial viability, spital use.  In the providers as we will be granted a vealth Home/CM ppear on the drauld qualify as a	plan on joining in the "Appea dealth Homes all as those tha VAP Exception A already appeaft Health Home,	g. If you do not I Applicant and Network it are pending pending CMS ears on another ne list or on please	
	Medicaid (FFS & MC)	Uninsured		Data Source	ce Year	
Percentage	97%			internal	2013	
understand that thi appeal. Name Title	t the information and data pro s information may be subject to Glen Smir Executive Dir ppeals from the CEO, CFO or	o audit and I may be asked th rector	Ans Yes	umentation in		

10/30/2014 Pesach Tikvah Hope Development

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



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

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

be posted to	or public comi	nent 30 days prior to appli	cation approve	al. Three allowed reas	sons for	granti	ng an exceptioi	are shown in Section IV.			
I. Are you a	Medicaid Pro	vider						<u> </u>			
	Answer	Yes					•	You have chosen the following VAP Exception: i			
II. Appeal A	pplicant Infor	mation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
Organ	ization Name:	Pesach Tikvah Hope Develop	ment					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS:	Maimonides Medical Center						You chose the qualification i, in the space below please include:			
^^ The VAP E	xception is eva	luated in the context of the P	<u>PS</u> you are joini	ng. If you are joining mo	ore than	one PF	S, you have the				
		AP Exception in that PPS as w		· -	Addition	al PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
multiple PPS'	s. See <u>Section I</u>	I and VII of the instructions for	or further clarifi	cation!				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.			
Provide	r Type - Other:	Drop-In Center/Clubhouse p	rogramming for	individuals with SPMI				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).			
Unio	que Identifiers:			00986310		13	76598466	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	Agency Code:										
В	illing Entity ID:							Character Count: 3479			
		Address		City		tate	Zip	Pesach Tikvah (PT) was formed in 1983 in response to the lack of culturally competent resources for people in Williamsburg with emotional,			
	Address	18 Middleton Street		Brooklyn		NY	11206 * REQUIRE	developmental or psychiatric disabilities. Today, PT is a trusted resource and support to thousands of residents in Williamsburg and the			
III. Appeal P	oint of Conta	ct					REQUIRE	surrounding areas in need of advocacy and concrete services. PT has been providing services to residents of Williamsburg/Greenpoint, Bedford-Stuyvesant, Bushwick, and Borough Park, with a primary focus on the underserved Williamsburg/Greenpoint area. It's flagship program, the			
	t Person Hind							Family Service Center, an Article 31 clinic, has been providing mental health services to the Williamsburg community and surrounding			
	Title Gran	ts Coordinator						communities for nearly 25 years. With bilingual, culturally competent clinicians, it is uniquely qualified to serve the Chasidic Jewish and Latino			
	ct Phone 732-			Extension	ı			populations. Clinic services are increasingly sought after by the members of both of these communities, as well as other communities, leading to			
Conta	act Email hind	ylanger@gmail.com						rapid program expansion.  To our knowledge, there are few other clinics in the Williamsburg area with bilingual Yiddish/English clinicians who can provide mental health clinical and support services to the large, low-income Chasidic population in the Williamsburg area.			
IV. Please cl	hoose the foll	owing VAP Exception:					_				
<b>●</b> i Ad	community will	not be served without granti	ng the exception	n because no other eligi	ible pro	vider is	willing or capabl				
	serving the con	-	0		,		0	with a full-service satellite in Boro Park. Each year, hundreds of men, women and children receive culturally competent services ranging from in			
O ii   An								depth assessments and therapy, to advocacy and support through periods of crisis and stress. Available services include individual, marital, and			
		iquely qualified to serve base			ty, relati	ionships	within the	play therapy, family counseling, pharmacotherapy, and psychological and psychiatric evaluations.			
cor	mmunity, and/o	or clear track record of succes	ss in reducing a	oidable hospital use.				The Community Residence provides a warm, caring and culturally appropriate environment to 24 adult males who face chronic and persistent			
O iii Anv	v state-designa	ted health home or group of	health homes. *	*				mental illness. Staffed 24 hours a day, the residence encourages an independent atmosphere, preparing individuals to eventually live in a less			
	-							restrictive setting.			
		i <b>on i &amp; ii</b> – Please indicate wh d to join, then you will be der	_			-		PT's Supported Housing program is home to 17 clients who have acquired sufficient skills to manage life independently with minimal supports. Staff works with residents to ensure that they can move toward full community integration and independence.			
	•	you are part of multiple PPSs,			F3 III (III	e Appe	ai Applicant	Drop-In Center - When PT closed its Continuing Day Treatment Program, they instead opened a Drop-In Center targeting adults struggling with			
		ion iii– The Department has s			d Health	n Home:	s and Network	serious and persistent mental illness. This program provides critical community-based supports that help support recovery and community			
		(CMAs) that have already be						integration.			
CMS approva	ıl. If your Healtl	n Home appears on this list as	pending appro	val, you will be granted	a VAP E	xceptio	n pending CMS	PT has recently developed an off-site program targeting home-bound seniors with mental health issues. This program was initiated with start-up			
• •		submit this form. If the orga	•				•	funding from the Harry and Jeanette Weinberg Foundation and the Samuels Foundation.  PT recently opened 6 satellite School-Based Clinics, targeting a population that has been historically underserved in the area of mental health -			
		eed to submit this form. If you	-					low-income Chassidic Jewish children.			
		t provider list, but your organ vailable on the DSRIP website		that it should quality as	s a Hear	tn Hom	e, piease	We believe that PT's services are a core piece of the network of services for the PPS in this community - specifically the Maimonides Community			
•		if you are joining more than		cond tab (Section VII) to	o add ad	dditiona	al PPSs.	Care of Brooklyn Program. We are seeking to ensure that the full continuum of PT services, including its 1915i-like services (i.e. Drop-In Center),			
	,	, , ,	,	(				are eligible for safety net designation, based both on community need for services and on the high percentage of Medicaid-eligible clients			
V. Percentag	e of Medicaid	& Uninsured members that y	our facility serv	res				(greater than 90%).			
	Me	dicaid (FFS & MC)	Uni	insured	D	ata Sou	rce Year	]			
								<del>1</del>			
Percentage	1	90%		1%	Р	T A/R N	/IIS 2013-14				
underst appeal.	tand that this i	he information and data pro nformation may be subject to Irwin Shindler,	o audit and I ma	y be asked to provide d	docume Answer	ntation	-				
	Title	Executive Dir									
,		eals from the CEO, CFO or		rill be accepted							

10/30/2014 rescue mission of utica

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

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

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					basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mu
I. Are you a Medicaid P	nment 30 days prior to application a	pprovai. Three allowed reasons	o ior grai	iting an exception a	ite snown in Section IV.
Answe				•	You have chosen the following VAP Exception: ii
II. Appeal Applicant Info					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	rescue mission of utica			1	The VAP Exception relies heavily on the statement you provide, so please be concise and thorough?
Joined PP:	N - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			-	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:
	valuated in the context of the PPS you ar	re joining. If you are joining more	than one	(COA)	Tou chose qualification if, in the space below please include all of the following that apply to your mospital.
•	VAP Exception in that PPS as well (if app				a. A description of the applicant's niche services that would enhance the network of services for the PPS.
	II and VII of the instructions for further	<del>-</del>			b. A financial viability analysis (attach as PDF in the email when submitting)
Provider Type	e: Other			•	c. An identification of and description of how the applicant's relationships within the community that would enhance
Provider Type - Othe					PPS' success. d. Demonstration of past success in reducing avoidable hospital use
Trovider Type Office		* MMIS*	1	NPI*	
Unique Identifier	Operating Certificate/License #	IVIIVIIS		INFI	e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency Code					
Billing Entity II					Character Count: 1395
	Address	City	State	Zip	We are the addiction crisis center of utica rescue mission. OASAS 16 bed medically monitored facility. We can link to Faxton St Lukes PPS to kee
Address	212 rutger st	utica	ny	13501	clients out of the hospital. We send about 150 clients a year to the ER for medical stabilization or the client would request ER visit because the
				* REQUIRED	withdrawl process is too much. We have LPNs and one RN supervisor here but no physician on campus. We currently send clients to the ER fo
III. Appeal Point of Con					stabilization but if we can contract with Faxton St Lukes and have a doctor come to our facility to assist with ambulatory detox and keep peop
	nk Visalli				from going to the ER /hospital admission for major withdrawal that would help with retention and follow up for treatment. Our challenge is that
	ector of programs 5 7351645	Extension		120	we do not have medicaid billing so we would need some type of contract for billing with a PPS. We currently see about 60-70 clients a month a our last utilization rate was 94%. Currently we have communicated with ERs to give our clients medication to take away the uncomfortable
	nk.visalli@uticamission.org	Extension	I	120	withdrawal feeling and return them to us and that seems to work well. We have more clients returning from the ER and getting more people int
IV. Please choose the fo					treatment because they return to us medicated. Medically monitored services will no longer a part of the OASAS venue as of July 2015 and
					without our proposed service the ERs will grow busy.We look forward to continuing to serve our commiunity.
	vill not be served without granting the ex	ception because no other eligible	provider	is willing or capable	
of serving the co	ommunity.				
ii Any hospital is u	iniquely qualified to serve based on serv	vices provided, financial viability, r	elationshi	ps within the	1
	/or clear track record of success in redu				
O iii Any state-design					
Any state-design	nated health home or group of health ho	ımes. **			
When choosing VAP Excep	ption i & ii – Please indicate what Perfor	rming Provider System (PPS) you p	lan on jo	ning. If you do not	
•	end to join, then you will be denied. Plea		n the "Ap	peal Applicant	
·	If you are part of multiple PPSs, see secti				
	ption iii— The Department has submitted es (CMAs) that have already been appro				
	lth Home appears on this list as pending				
	to submit this form. If the organization				
	need to submit this form. If your organiz				
	net provider list, but your organization be	elieves that it should qualify as a H	Health Ho	me, please	
·	available on the DSRIP website.				
~ For Section IV	/, if you are joining more than one PPS,	use second tab (Section VII) to ac	ld additio	nal PPSs.	
V. Percentage of Medicaio	d & Uninsured members that your facili	ty serves			
N	Nedicaid (FFS & MC)	Uninsured	Data S	ource Year	
Percentage					
					-
	the information and data provided on				1
	s information may be subject to audit ar	id I may be asked to provide doci	ımentatio	on in support of this	
appeal.		Ansv	ver		
Name	Hank Visalli		O No	Τ	
Title	Director of Programs			1	

10/30/2014 Restoration Society, Inc.

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



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

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

		ment 30 days prior to appli	ication approval. Three	allowed reasor	ns for gra	nting an	exception a	are shown in Section IV.
I. Are you a M	Answer						•	You have chosen the following VAP Exception:
II. Anneal Ann							¥	·
II. Appeal App								VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
		Restoration Society, Inc.	2					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Erie County Medical Center Corpora				DDC	barra Aba	You chose the qualification i, in the space below please include:
		luated in the context of the P 'AP Exception in that PPS as v						a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		I and VII of the instructions for		see the VII_Au	uitional Fi	- <b>33</b> (ab (	o select	include descriptions of the geographic area, the population, and how the services in this community are insufficient
	vider Type:	Other					₩.	without your organization's involvement given the PPS current configuration of network providers.
Provider T		OMH Funded Recovery Cent	or					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
riovideri	ype - Other.			NANAIC*	1	NDI		of services for the PPS in this community (ies).
		Operating Certificate/		MMIS*	NPI*		224	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	que Identifiers: non licensed NA 1114116324  Agency Code: 10150						324	
	ng Entity ID:							Character Count: 3496
	.8,	Address	-	City	State		Zip	Restoration Society, Inc. (RSI) a peer-operated agency providing recovery and rehabilitation services throughout Erie County since 1973, has
	Address	66 Englewood Avenue	Buffalo		NY		4214	partnered with Erie County Medical Center Corporation PPS to serve all of Erie County. Our comprehensive service menu includes: recovery
			•			*	* REQUIRED	center services; a range of vocational services, including prevocational and work-readiness assessments, intensive supported employment, rapid
III. Appeal Poi								employment, and Ticket to Work Employment Network; educational services, a range of housing placement and flexible support services. Unique
Contact P		R Guastaferro, Jr						within our service menu is the provision of same day access/same day service and a focus on community based services. Under the recovery and
Contact I	Title CEO	832-2141		Extension		229		support services paradigm, 67% of our staff identify as peers and uniquely attend to assisting customers to become integrated, active members o their community. Annually we serve 600-700 individuals diagnosed with primary mental health conditions. No other peer-operated provider
		26@aol.com		EXTENSION	1	LLJ		offers the array and extent of services as offered by RSI.
		owing VAP Exception:					-	
of ser Any h comm  iii Any st  When choosing indicate what Pl Information – St When choosing care Manageme CMS approval. I approval and do safety net list, y another approv complete this for	wing the con- conspirate is un- conspirated in unity, and/o cate-designa  VAP Except PS you inten- ection II". If VAP Except in our Agencies of your Health in our need to ou do not no ed safety ne orm. List is ar Section IV,	not be served without grant nounity.  iquely qualified to serve base or clear track record of succested health home or group of the succession of	ed on services provided, fi ss in reducing avoidable h health homes. ** nat Performing Provider S nied. Please indicate the , see section VII tab. submitted a draft list of St en approved as safety net s pending approval, you w anization operating your h ur organization does not a nization believes that it sh c. one PPS, use second tab	panacial viability, ospital use.  ystem (PPS) you name of the PPS ate Designated I providers as we ill be granted a ealth Home/CM ppear on the drould qualify as a	relationsh plan on jc i in the "Ap Health Hor ell as those VAP Excep MA already raft Health Ho	pining. If y ppeal App mes and N e that are otion pend appears c appears c i Home list	n the vou do not olicant Network pending ding CMS on another it or on se	and the second largest city in NYS. Erie County served over 48,000 individuals in 2013 with mental health diagnoses. The most severely and chronically ill in this population reside in downtown Buffalo where transportation and support services are most available and accessible. Buffalo is ranked the 4th poorest city in the US; many individuals with mental health conditions are transient or reside in substandard housing.  Although the PPS will geographically serve the same community, we serve unique populations/ subgroups within the mental health system which otherwise would be insufficiently served without our involvement. This population can be defined as follows: those who are transient, difficult to engage, have poor or limited follow-through, chronically homeless, have significant chronic physical health conditions, limited or no meaningful linkages, high users of crisis interventions and high-end services (multiple ER visits, hospitalizations), have difficulty navigating systems, and do not readily engage in traditional services. Best practices indicate these subgroups are better served through peer organizations with flexible, community-based, outreach capacities, which are foundational to RSI.  Our service menu will enhance the network of services in the identified PPS in that our comprehensive, peer delivered services are extremely mobile and flexible, duration and extent of services are customized to the individual and their recovery plan and needs. We have the ability to meet the person in their geographic community which allows us to serve even those living in rural and suburban areas of Erie County, often insufficiently served and having limited service options. We provide the services that truly bridge the gap from the streets and high-cost crisis services, to full recovery and functionality through the use of best practices, skilled outreach and engagement, and effective psychiatric rehabilitation practices. Inherent in the peer offered, recovery services, we are "with the person" and take a "whole
ſ	Me	edicaid (FFS & MC)	Uninsured		Data S	Source	Year	
Percentage		62%	5%		RSI Data	a System 2	2013-14	
-	d that this i	he information and data pro information may be subject to  John R Guastaf  CEO/CFC  Leaks from the CFO CFO or	o audit and I may be aske Terro, Jr D	Ans	cumentati swer	-	_	

10/30/2014 Samaritan Women, Inc.

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

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



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

ust

Vital Access	s Provider Exception: The state will	I consider exceptions to th	e safety net definition	n on a case-by-case b	pasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mu			
be posted for	public comment 30 days prior to appl	lication approval. Three all	owed reasons for gra	inting an exception a	re shown in Section IV.			
I. Are you a N	Aedicaid Provider							
	Answer No			~	You have chosen the following VAP Exception: i  VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
II. Appeal Ap	plicant Information							
Organiz	ation Name: Samaritan Women, Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
- 0	Joined PPS: Finger Lakes PPS			-	You chose the qualification i, in the space below please include:			
^^ The VAP Exc	ception is evaluated in the context of the I	PPS you are joining. If you are	e joining more than one	PPS, you have the	,			
	ying for the VAP Exception in that PPS as a				a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
multiple PPS's.	See $\underline{\text{Section II and VII}}$ of the instructions $f$	or further clarification!		r	include descriptions of the geographic area, the population, and how the services in this community are insufficient			
P	rovider Type: Other			▼	without your organization's involvement given the PPS current configuration of network providers.			
Provider	Type - Other: Non-Profit Organization				b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
11011461		/License # M	MIS*	NPI*	of services for the PPS in this community (ies).			
I I mi m	Operating Certificate	/License #	IVIIS	INFI	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	ue Identifiers: Agency Code:							
	ling Entity ID:				Character Count: 2760			
5	Address		City State	Zip	I STATE OF THE STA			
	Address 360 Wellington Ave	Rochester	NY	14619	Samaritan Women, Inc. recognizes that the skills for adequate self-management of chronic disease, with the support of family and/or caregive			
				* REQUIRED	have many benefits including limiting the need for hospitalizations, reducing healthcare costs, as well as improving functional status and overal			
III. Appeal Po	int of Contact				quality of life. Psychosocial factors play an important role in a patient's ability to carry out self-management skills. For example, health literacy,			
Contact					presence of depression or anxiety, and social isolation have been shown to be associated with decreased treatment compliance, mortality, and			
	Title Executive Director	1			increased hospital admission rates in heart failure patients. It is also known that illness affects the entire family, creating anxiety and sometimes			
	Phone 585-355-0440		Extension		significant dysfunction in the system. Caregiver stress is complicated by changing roles in the family, financial uncertainty, feelings of			
Contac	t Email samaritanwomen_org@yahoo.co	om			helplessness, and the adjustment of the entire family to living with a chronic illness The resilience training portion of this program is designed f the patient and entire family/ support system. Therefore, the program will teach the supporters as well as the patient's skills that will help then			
of see  Any  When choosin indicate what I Information —  When choosin care Managem  CMS approval approval and d safety net list, another appro  complete this  Fo	mmunity will not be served without grant rrying the community.  hospital is uniquely qualified to serve base munity, and/or clear track record of successtate-designated health home or group of g VAP Exception i & ii – Please indicate with PPS you intend to join, then you will be descetion II". If you are part of multiple PPS g VAP Exception iii—The Department has nent Agencies (CMAs) that have already be If your Health Home appears on this list a lo not need to submit this form. If you do not need to submit this form. If the org you do not need to submit this form. If you ved safety net provider list, but your orgal form. List is available on the DSRIP websit or Section IV, if you are joining more than of Medicaid & Uninsured members that Medicaid (FFS & MC)	ed on services provided, finar ess in reducing avoidable host health homes. ** hat Performing Provider Syst enied. Please indicate the nar 5, see section VII tab. submitted a draft list of State een approved as safety net pr is pending approval, you will anization operating your Hea our organization does not apprization believes that it shoule. one PPS, use second tab (Se	tem (PPS) you plan on jome of the PPS in the "Ape Designated Health Hor roviders as well as those be granted a VAP Excepith Home/CMA already bear on the draft Health Id qualify as a Health Hoection VII) to add addition	hips within the  oining. If you do not ppeal Applicant  mes and Network e that are pending ption pending CMS appears on another h Home list or on ome, please	bend without breaking and handle whatever comes their way. Samaritan Women, Inc. is a community based orrganization located in the inticity of Rochester, NY. The target population focus is individuals that have had contact with the criminal justice system and their families. The services provided will enhance the network of services because Samaritan Women, Inc. offers a holistic apporach to working with the entire family. As evidenced, families can play a critical role in improving the lives of returning prisoners. Family interventions are based on the notion that strengthening the family support network for a returning prisoner will improve his or her chances of success. These interventions can thus meet the needs of the family, the released inmate, and the larger society. The few studies of these interventions are very encouraging. For example, an evaluation of La Bodega de la Familia, the direct service arm of Family Justice, Inc., which provides support to the families of drug users in the criminal justice system, found that the rate of illicit drug use among program participants declined from 80 percent to 42 percent, significantly greater decrease than among those who did not participate in the program. In addition, researchers found that family members participating in the program obtained medical and social services at substantially higher rates and had fewer needs than those in the comparisor group. Researchers concluded that strengthening the family network improved outcomes for both the returning prisoner and the individual family members.			
	· · · · · · · · · · · · · · · · · · ·							
Percentage	70%	30%	mmunity	y Health 2012				
-	Certify that the information and data prond that this information may be subject t							
Nar	ne Tammy Bu	ıtler	Yes O No	<u></u>				
	tle Executive Di			$\perp$				

10/30/2014 SB Clinical Network IPA, LLC

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



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

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

be poste	ed for publi	c comment 30 days prior to appl	ication approval.	Three allowed rea	asons	for granti	ing an excep	tion a	are shown in Section IV.				
I. Are yo		aid Provider						7					
	Aı	nswer No						$\blacksquare$	You have chosen the following VAP Exception: i				
II. Appea	al Applican	t Information							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
O	rganization I	Name: SB Clinical Network IPA, LLC							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joine	ed PPS: Stony Brook University Hospital						-	You chose the qualification i, in the space below please include:				
		n is evaluated <u>in the context of the F</u>											
		r the VAP Exception in that PPS as v		_	_Addi	tional PPSs	s" tab to seled	ct	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
multiple		ection II and VII of the instructions f	or further clarificat	tion!					include descriptions of the geographic area, the population, and how the services in this community are insufficient				
	Provide							•	without your organization's involvement given the PPS current configuration of network providers.				
Pro	vider Type -	Other: Independent Practice Associ	iation						<ul> <li>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).</li> </ul>				
		Operating Certificate/	License #	MMIS*			NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	Unique Iden		e	Not applicable		Not	t applicable		]				
		/ Code: Not applicable											
	Billing En	tity ID: Not applicable		6:1	-	C			Character Count: 3470				
	۸۸	Address Idress 45 Research Way, Suite 105	Ea	City ast Setauket		State NY	Zip 11733		SB Clinical Network IPA, LLC (the "Applicant") is a subsidiary of Stony Brook University Hospital ("SBUH"), the lead provider for the sole PPS in Suffolk County. (More particularly, the Applicant is a wholly-owned subsidiary of Stony Brook Business Ventures, LLC, which, in turn, is a whol				
	Au	45 Research Way, Suite 105	Ed	ist Setauket		INT	* REQL	JIRFD					
III. Appe	eal Point of	Contact							practice association on behalf of SBUH. To date, it has been dormant. As discussed below, SBUH now desires to utilize the Applicant as the er				
Co		n Gary E. Bie							that would administer the coalition of partner organizations participating in DSRIP through SBUH.				
	Title								411				
		e 631-444-9144		Extensio	on				Under the structure contemplated by SBUH, SBUH will serve as the lead provider for its PPS and will retain responsibility under DSRIP for ensuring that its PPS meets all DSRIP requirements, including reporting to the State and CMS. However, SBUH will delegate to the Applicant certain functions relating to the administration of the PPS, and the Applicant will serve a key role in establishing a clear business relationship between				
		gary.bie@stonybrookmedicine.ed	au .										
IV. Pleas	se choose t	he following VAP Exception:							SBUH, as the lead provider, and the PPS's participating partner organizations, as follows:				
i	A commun	nity will not be served without grant	ing the exception I	because no other eli	igible	provider is	willing or ca	pable	, , , , , , , , , , , , , , , , , , , ,				
	of serving t	the community.							1. SBUH does not intend to enter into any agreements directly with the other partner organizations participating in its PPS. Instead, SBUH wil				
O ii								L	ause the Applicant to enter into a Participation Agreement with each partner organization participating in the PPS. The Participation Agreem				
_		al is uniquely qualified to serve base			lity, re	elationships	s within the		will set forth the terms and conditions governing the partner organization's participation in the PPS.				
_		, and/or clear track record or succe	ss in reducing avor	uable nospital use.					2. SBUH will cause the Applicant to carry out all administrative functions necessary for operating the coalition of participating partner				
O iii	Any state-o	designated health home or group of	health homes. **						2. So of win cause the Applicant to Carly out an administrative functions necessary for operating the Continuous partner organizations. Such administrative functions will include the distribution of the funds received by SBUH from the Department of Health under DSRIP to the participating partner organizations. With respect to such funds distribution, SBUH intends to turn over to the Applicant all funds				
When ch	onsing VAP	Exception i & ii – Please indicate wh	nat Performing Pro	ovider System (PPS) v	vou n	lan on ioini	ing If you do	not					
		u intend to join, then you will be de							received by SBUH from DSRIP that are to be distributed to the other participating partner organizations, and the Applicant will be charged with				
		n II". <u>If you are part of multiple PPSs</u>				• • •	••		administering the distribution of such funds in accordance with the funds flow formula established for SBUH's PPS.				
When ch	oosing VAP	Exception iii – The Department has	submitted a draft li	ist of State Designate	ed He	alth Home	s and Netwo	rk					
	-	gencies (CMAs) that have already be						-	3. The Applicant will serve as the principal mechanism for implementing a shared governance structure for SBUH's PPS. The Applicant's				
		r Health Home appears on this list a							governing body, which has been established as the Board of Directors of the Applicant, will serve as the Governance Committee for SBUH's PP and will be granted ultimate decision making authority with respect to matters relating to the PPS. The Applicant's Board of Directors has bee				
		need to submit this form. If the organic not need to submit this form. If yo					•		structured to include representatives from the various and diverse stakeholder groups that represent and are made up of the PPS's partner				
		fety net provider list, but your organ							organizations. Moreover, SBUH intends to cause the PPS's Project Advisory Committee to be formally designated as a committee of the				
		List is available on the DSRIP website		iat it silouia quality t	us u		e, picase		Applicant's Board of Directors.				
•	~ For Secti	ion IV, if you are joining more than	one PPS, use seco	nd tab (Section VII)	to ad	d addition	al PPSs.						
V Borco	ntage of Me	dicaid & Uninsured members that y	your facility comes						As the Applicant would be charged with carrying out the above administrative and governance functions with respect to the PPS, the Applican would serve the same community as the PPS. For the reasons described above, we believe that such community would not be served without				
v. reitei	intage of ivie	uicaid & Offinsured members that y	your facility serves	·					granting the exception because no other eligible provider is capable or willing to perform the above functions with respect to the community				
		Medicaid (FFS & MC)	Unins	ured		Data Sou	ırce Yea	ar	be served by SBUH's PPS.				
Percent	tage	Not applicable	Not app	olicable		NA	NA		]				
Voc. III	araby Cartif	y that the information and data pro	wided on this farm	ic accurate and	rroct t	o the best	of my length	odas '	<u>,                                    </u>				
		y that the information and data pro It this information may be subject t					•	•					
	peal.	mormunon may be subject t	o addit und i may i	ac ashea to provide	. aocu		3424011.0						
1-1-1	-				Answ	er							
	Name	Gary E. Bie,		<b>③</b>	Yes	O No							
	Title	Treasurer and I											
Only appeals from the CEO, CFO or comparable will be accepted													

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

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



Vital Access	Provider I	Exception: The state will	consider exceptions to	the safety net	definition o	n a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must				
be posted for	public comr	ment 30 days prior to appli	cation approval. Three	allowed reasor	ns for granti	ing an exception	are shown in Section IV.				
I. Are you a N	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:	Seaway Valley Council for Ald	ocohol&Substance Abu	se Prevention, Inc	<u>.</u>		<sup>∼</sup> The VAP Exception relies heavily on the statement you provide, so please be concise and thorough <sup>∼</sup>				
	Joined PPS:	Samaritan Medical Center				-	You chose the qualification i, in the space below please include:				
^^ The VAP Exc	ception is eval	uated in the context of the P	PS you are joining. If you	are joining more	than one PF	PS, you have the					
option of apply	ing for the V	AP Exception in that PPS as w	ell (if applicable). Please	see the "VII_Add	ditional 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</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				
Pr	rovider Type:	Other				•	without your organization's involvement given the PPS current configuration of network providers.				
Provider T	Type - Other:	Drug Free Prevention Service	s				b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
		Operating Certificate/I	icense #	MMIS*		NPI*	of services for the PPS in this community (ies).				
Uniqu	e Identifiers:	NYS OASAS #11080					c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	Agency Code:										
	ing Entity ID:						Character Count: 1928				
		Address		City	State	Zip	The Seaway Valley Council for Alcohol/Substance Abuse Prevention, Inc. serves St. Lawrence County, New York. The Seaway Valley Prevention				
	Address	206 Ford Street, Suite 301	Ogdensk	urg	NY	13669	Council is the only OASAS licensed substance abuse prevention provider in St. Lawrence County with a county population of 114,000.				
						* REQUIRED	The Council has experience in providing behavioral services, such as alcohol and substance abuse prevention, adult education and community				
III. Appeal Po							mobilization. The Council employs 11 full time staff, of which two are New York State Credentialed to provide prevention services. At this point				
Contact	Title Coun	Calkins					in time we do not bill for our services and are not a licensed behavioral health services provider.				
Contact		713-4861		Extension			As the sole prevention provider within St. Lawrence County we play an integral part in the behavioral healthcare network. Services such as community education, one-to-one prevention counseling services and employee assistance services are just a few of the many roles the Council				
	t Email   Icalki						assumes. These services would not be available if the Council did not exist to develop, coordinate and implement them. We provide a wide-array				
		owing VAP Exception:					of community and school based services that promote positive health choices and help prevent substance use.				
O ii Any h	A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.						Similar to our partner organization in Jefferson County, Alcohol and Substance Abuse Council of Jefferson County, the Council provides a critical component of prevention, especially at the population level, that can impact rates of chronic disease and other conditions that impact health care utilization and cost.  Working together with the other partners in our PPS, we provide critical community resources that help improve health outcomes and work toward the over-arching goals of DSRIP and PHIP that, amongst other outcomes, seek to reduce unnecessary outcomes by 25%. Without our services, a large component of population health services would be missing, as well as a large percentage of preventive services in our schools.				
When choosing indicate what P Information – S When choosing Care Managem CMS approval. CMS approval and dsafety net list, y another approvocomplete this from Fo V. Percentage Percentage	g VAP Excepti PPS you intend Section II". If y g VAP Excepti lent Agencies Iff your Health o not need to you do not ne ved safety net form. List is av or Section IV, i  Me  Certify that ti	ted health home or group of I on i & ii – Please indicate wh d to join, then you will be der you are part of multiple PPSs, on iii – The Department has s on the submit this form. If the orga ed to submit this form. If the orga ed to submit this form. If you or organ valiable on the DSRIP website if you are joining more than of the Uninsured members that y dicaid (FFS & MC)  15%  The information and data provisormation may be subject to	at Performing Provider: ied. Please indicate the see section VII tab. ubmitted a draft list of S en approved as safety ne pending approval, you nization operating your or organization does not ization believes that it sl one PPS, use second tab our facility serves  Uninsured  10%	name of the PPS tate Designated IF the providers as we will be granted a value Health Home/CM appear on the dr nould qualify as a (Section VII) to a	in the "Appet Health Home till as those the VAP Exception A already apaft Health Home ddd addition:  Data Sou Prograt to the best	eal Applicant as and Network that are pending on pending CMS opears on another ome list or on the, please al PPSs.  Tree Year The 2013  of my knowledge.					
<b>appeal.</b> Nam		Larry Calki	ns .	Ans							

10/30/2014 SES OPERATING CORP DBA HARLEM EAST LIFE PLAN

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



You have chosen the following VAP Exception:  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~
VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u> ~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u> ~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
You chose the qualification i, in the space below please include:
a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
include descriptions of the geographic area, the population, and how the services in this community are insufficient
without your organization's involvement given the PPS current configuration of network providers.
b. A description of the applicant's organization, the services provided, and how the services will enhance the network
of services for the PPS in this community (ies).
c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Character Count: 1947
The community that would otherwise not be served is the recipients living in the East Harlem and the South Bronx in Manhattan Community
Districts 10 & 11 and the Bronx Community Districts 1& 2. These individuals have chronic medical illnesses and mental health disorders. HELP
services these recipients within our primary care, outpatient chemical dependence programs, and outpatient mental health program. This
population has been underserved as they have difficulty receiving integrated primary care, mental health, and substances abuse treatment. The
professional staff at Harlem East Life Plan has witnessed multiple treatment failures for these individuals as they are repeatedly admitted to
inpatient services for treatment of chronic medical illness, mental illness, and to inpatient chemical dependence programs for detoxification.
Many of these individuals are not receiving services and are high utilizers of the emergency room in opposed to outpatient integrated treatment
care.
HELP does not turn these individuals away but have treated them within our Chemical Dependence Program as well as within our Health clinic, providing Medication Therapy as well as Individual and Group Therapy as well as outpatient mental health services. HELP has implemented the
principals contained in the Collaborative Agreement between DOH, OMH, and OASAS by addressing the individual needs of this underserved population.  Currently Harlem East Life plan provides the following NYS DOH licensed primary Healthcare services: Adam Clayton Powell IV Health Clinic (Article 28 Diagnostic and Treatment Center). Currently Harlem East Life Plan provides the following NYS OMH services: Harlem East Life Plan Counseling Center (Article 31). Currently Harlem East Life Plan provides the following NYS OASAS licensed Chemical Dependence Treatment
Services: Opioid Treatment (Part 822) and Outpatient Chemical Dependence Clinic Treatment (Part 822).

10/30/2014 Steuben County Department of Social Services

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

Commissioner 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 Excention: The state will consider excentions 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	•	ment 30 days prior to applica	ation approval.	Three allowed reas	ons for gran	ting an exception a	are shown in Section IV.			
i. Ale you a iv	Answer					~	You have chosen the following VAP Exception:			
II. Appeal App							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
	•	Steuben County Department of	of Social Services				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
O game	Joined PPS:	1000 1000 0000				-	You chose the qualification i, in the space below please include:			
^^ The VAP Exc	ception is eva	luated in the context of the PP	S you are joining.	If you are joining mo	re than one F	PPS, you have the				
		'AP Exception in that PPS as we		_	dditional PPS	is" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
		I and VII of the instructions for	further clarificati	ion!			include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Pr	rovider Type:	Other				▼	without your organization's involvement given the PPS current configuration of network providers.			
Provider <sup>-</sup>	Type - Other:	Local Government Social Servi	ces Agency				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	cense #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	ue Identifiers:	N/A		N/A	1	982709846	, , , , , , , , , , , , , , , , , , , ,			
		Federal ID# 166002567					Sharata Santa 200			
ВШ	ling Entity ID:	Address		City	State	Zip	Character Count: 3463 Services proposed are for Steuben County, 1,400 square miles, population of 98,990 with 20,973 enrolled in Medicaid as of late 2013 (21.2%).			
	Address	3 East Pulteney Square	Ba		NY	14810	County services are centralized in Bath. Steuben shows diversity economically: despite pockets of wealth, large numbers of rural poor reduce			
		<u> </u>	1	***		* REQUIRED	median household income (\$46,519) to 19% below the state, and the poverty rate (15.1%) is over the state's (14.9%). The county is aging, with			
III. Appeal Po						,	the median age at 40.8. Chronic disease is a significant community concern, as is the need to provide information and access to services.			
Contact		ryn A. Muller, LCSW-R missioner					The Steuben County Department of Social Services (LDSS) is an integral partner in addressing social determinants of health as well as integrating			
Contact		664-2444		Extension		N/A	behavioral health services. LDSS operates multiple programs including prevention, protective, crisis intervention, assessment, triage, case management and employment services for adults, child/family, and geriatric populations who would not otherwise be served. LDSS primarily serves Medicaid and/or Medicaid eligible individuals, and offers expertise and experience operating a multi-disciplinary team known as Building			
		ryn.muller@co.steuben.ny.us				,				
IV. Please cho	oose the foll	owing VAP Exception:					Independence for the Long Term (BILT). BILT serves individuals utilizing a specialized case management team including: Licensed Staff			
of se  Any I  O iii Any s  When choosing indicate what F Information - When choosing Care Managem CMS approval. approval and d safety net list, another approcomplete this f	of serving the community.  Ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.					os within the  ning. If you do not neal Applicant es and Network that are pending ion pending CMS ppears on another fome list or on ne, please	Psychologist, Certified Social Worker, Certified Alcoholism Counselor (CASAC), CASAC Assistant, Case Managers, Domestic Violence Liaison, Disability Case Manager and Program Director. LDSS does not bill for services rendered. This team has worked to reduce medical admissions, prevent reoccurrence, and helping integrate behavioral health, physical health, and community supports. Examples of programs LDSS administered in addition to BILT include: Managed Addiction Treatment Program (partnering with OASAS to reduce recidivism for high end Medicaid users); the Appalachian Regional Commission Coordinated Care for Recovery Grant (in partnership with the Steuben County Department of Community Services, DePaul Addiction Services, providing specialized case management for those individuals released from jail without adequate service plans for their chemical addiction; SNAP Grant, in partnership with the OTDA providing case management and wrap around services for single adults with goals of housing retentions, gaining employment and reducing the utilization of hospital inpatient; the Solutions to Homelessness Program, in partnership with OTDA and private sector organizations to provide vital housing/homeless and housing retention services; Ongoing programs, services in collaboration with State, Federal, Local and Private Providers, Hospitals, Emergency Rooms, Physicians, Veterans Administration, Social Security, Law Enforcement, Jails/Prisons to address Housing and Homelessness, Housing retention, Crisis intervention, Alcohol and Substance Abuse Services with a microscopic focus on opiate addiction assessment and treatment, Mental Healtl Domestic Violence and Case Management or otherwise known as Care Coordination and Education. Additionally, the LDSS administers and provides Financial Assistance, Supplemental Nutrition Assistance Program (SNAP/Food Stamps), Health Insurance, Employment Services, Outreach and Education. Collaboration both within the agency and outside the agency is ongoing and vital.  Steuben LDSS's mode			
	Me	edicaid (FFS & MC)	Uninsu	ured	Data So	urce Year				
Percentage		99%	1%	5	Interr	nal 2014				
	nd that this i	he information and data provi nformation may be subject to Kathryn A. Muller,	audit and I may b	e asked to provide o		n in support of this	1			

10/30/2014 Steuben County Office for the Aging

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



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

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

be posted for	public com	ment 30 days prior to appl	ication approval.	Three allow	ed reason	s for grant	ting an excep	tion a	re shown in Section IV.				
I. Are you a N	ledicaid Pro	ovider											
	Answer	No						•	You have chosen the following VAP Exception: i				
II. Appeal App	olicant Info	rmation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organiza	ation Name:	Steuben County Office for th	he Aging						~ 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:				
		luated <u>in the context of the F</u>			_								
	•	/AP Exception in that PPS as v			e <b>"VII_Add</b>	litional PPS	s" tab to sele	t	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 f	or further clarificati	on!					include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Pr	ovider Type:	Other						•	without your organization's involvement given the PPS current configuration of network providers.				
Provider 1	Type - Other:	Aging services for the comm	nunity						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	<b>5*</b>		NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
Uniqu	e Identifiers:	N/A		N/A			N/A		c. Any supporting documentation to substantiate your narrative (attach as 1 of 11 the email when submitting)				
	gency Code:												
Billi	ing Entity ID:		1						Character Count: 2939				
	A -l -l	Address		City		State	Zip		Steuben County covers roughly 1397 rural square miles with a population of 98,990 people. In 2013, 21.2% of our population was enrolled in				
	Address	3 E Pulteney Sq	Ba	th		NY	14810 * REQI	IIRED	Medicaid. The Steuben County Office for the Aging (SCOFA) has a 30 year history of outstanding customer service, serving primarily the over age 60 population of all income levels, but, since the advent of the NYCONNECTS Program in 2007, includes consumers of all ages and all income				
III. Appeal Poi	int of Conta	act					ILLQ	JIKLD	levels. Our main office is housed in Bath, the county seat and we operate 2 satellite offices in Corning and Hornell for easy access by consumers.				
Contact	Person Patri	icia A Baroody							9				
	Title Dire								SCOFA enjoys a trusted reputation in our community as the source for accurate, up-to-date, unbiased information on all matters related to aging, including planning, coordinating, and advocating for elders as designated under the Older Americans Act. Services are targeted to individuals with				
Contact		664-2298		Ex	ktension		4719						
Contact		yb@co.steuben.ny.us							the greatest social and economic need. We are experts on community navigation for home and community based services as evidenced by the				
IV. Please cho	ose the fol	lowing VAP Exception:							comprehensive functionality of our Aging and Disability Resource Center, in NYS known as NY Connects.				
i A co	mmunity wil	I not be served without grant	ing the exception b	ecause no ot	her eligible	e provider is	s willing or ca	pable	NY Connects is a no wrong door, conflict free point of entry for anyone in the community in need of long term care, including those with				
of sei	rving the con	nmunity.							Medicare, Medicaid, the uninsured or underinsured and those who may be eligible for Medicaid. This is the main referral source for our community's home and community based services. Not only does NY Connects provide expert information and assistance, but, through the work				
O ii Any h								L					
	•	iquely qualified to serve base		,		relationship	s within the		of the Long Term Care Council, it collaborates with community partners to address gaps in service and to streamline efficiencies to reduce costs.				
	nunity, and/	or clear track record of succe	ss in reducing avoid	iabie nospita	i use.				We provide linkages to:				
O iii Any s	tate-designa	ted health home or group of	health homes. **						Non-medical case management     Medical and Non-medical home care				
When choosing	VΔP Evcent	ion i & ii – Please indicate wh	nat Performing Pro	vider System	(PPS) you	nlan on ioin	ning If you do	not	Benefits counseling for Supplemental Nutrition Assistance Program (SNAP), Heat and Energy Assistance Program (HEAP), Medicare, health				
-		id to join, then you will be de							insurance, LTC insurance, Medicaid, etc.				
		you are part of multiple PPSs							Nutrition services: home delivered meals, congregate meals, nutrition counseling and education				
When choosing	VAP Except	ion iii– The Department has s	submitted a draft lis	st of State De	signated H	lealth Home	es and Netwo	rk	Volunteer opportunities				
		s (CMAs) that have already be						_	Access to affordable housing				
		h Home appears on this list a			-				Transportation – medical and non-medical				
		o submit this form. If the orga		•					Personal Emergency Response Systems     Referrals to Adult Day services				
		eed to submit this form. If yo et provider list, but your organ	•					1	Respite for Caregivers				
		vailable on the DSRIP website		at it siloulu q	uamy as a	i icaitii i ioii	ie, piease		Caregiver Education and Support				
•		if you are joining more than		d tab (Section	on VII) to a	dd addition	al PPSs.		Dementia Support Services				
									Evidence Based Programs such as: falls prevention (Matter of Balance), Chronic Disease Self-Management (CDSMP)				
V. Percentage	of Medicaid	& Uninsured members that y	your facility serves						• Legal Services				
	Me	edicaid (FFS & MC)	Uninsu	insured		Data So	urce Ye	ar	We promote the wellbeing and health outcomes of those we serve allowing them to age in place in lower cost settings, avoid Emergency Dept.				
									visits, hospital readmissions, and spend down to Medicaid levels. One cannot overstate the value of our work with families that allow them to				
Percentage		25%	5%			Client Re	ecord	2013	share the caregiving in a cost-effective plan, which is sustainable for the long haul, rather than surrendering to institutional care that often does not meet the consumer's needs and is unaffordable for individuals and society as a whole.				
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge.  understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.  Answer  Name  Patricia A. Baroody								_					
Tit		Director				-	I						
	Only app	peals from the CEO, CFO or	comparable will I	be accepted	i								

10/30/2014 Syracuse Orthopedic Specialists

## 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 comme	ent 30 days prior to application app	proval. Three allo	wed reaso	ns for grant	ting an exception a	re shown in Section IV.				
I. Are you a M	1edicaid Provi	der									
	Answer Ye	es				~	You have chosen the following VAP Exception: i				
II. Appeal App	olicant Inform	ation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organiza	ation Name: Sy	racuse Orthopedic Specialists					∼ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough∼				
_	Joined PPS: St	. Joseph's Hospital Health Center				•	You chose the qualification i, in the space below please include:				
^^ The VAP Exc	eption is evalua	ated in the context of the PPS you are	joining. If you are	joining more	e than one P	PS, you have the					
option of apply	ing for the VAF	Exception in that PPS as well (if appli	icable). Please 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 a</u>	nd 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				
Pr	ovider Type: o	ther				•	without your organization's involvement given the PPS current configuration of network providers.				
Provider T	Гуре - Other: М	ultispecialty Group					b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
		Operating Certificate/License #	MN	ΛIS*		NPI*	of services for the PPS in this community (ies).				
Unique	e Identifiers:	· · ·	266	8922	1	669410379	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
A	Agency Code:				_						
Billi	ing Entity ID:						Character Count: 3485				
		Address		ity	State	Zip	Syracuse Orthopedic Specialists (SOS) is committed to the improvement of health care for the Medicaid and uninsured patient population we				
	Address 57	719 Widewaters Parkway	Syracuse		NY	13214	serve through participation in the individual care for these patients, implementing measures to partner with others to better manage population				
III Anneal Poi	int of Contact					* REQUIRED	health, and to lower cost through care redesign initiatives and innovation. Through its affiliation with St. Joseph's Hospital alone, SOS serves a 16 county area with a heavy concentration of patients being within Onondaga County. Access to care is a significant issue plaguing the residents of				
	Person Michae					1	Onondaga County. To combat this, St. Joseph's Hospital has undergone a dramatic expansion of emergency services (New Emergency				
	Title CEO						Department) and continues to expand its primary care scope of services and affiliated primary care practices. To further compound the problem,				
Contact	Phone 315-25	1-3102		Extension			ccess to subspecialty care, such as orthopedic services, continues to challenge the system resources as needs continue to grow. SOS, a				
Contact	t Email michae	l.humphrey@sosbones.com					multispecialty group, provides all orthopedic subspecialty care with the exception of orthopedic oncology. Greater than 95% of the orthopedic ED call and consultative services at St. Joseph's Hospital are provided by SOS. Without the commitment by SOS to participe in the care of these patients, the remaining orthopedic care providers serving the hospital/network would be unable to accommodate the volume and subspecialty diversity of orthopedic patients both at St. Joseph's and after discharge from the inpatient or outpatient facility. SOS's participation in the citywide hand call rotation ensures patients presenting to emergency departments have access to this very small pool of regional hand surgeons. Additionally impacting the situation is the shrinking subspecialty orthopedic coverage in outlying rural areas. Patients seen in outlying hospital ED's and urgent care facilities with orthopedic issues are increasingly having to gravitate to larger city hospitals such as St. Joseph's for the continuation of their care, and/or are being directly referred to SOS providers to continue the care. The St. Joseph's Hospital 2013 Community Service plan supports this concept. St. Joseph's described one of its critical community goals to be to "improve access to primary care and other community-based servcies". The St. Joseph's Navigator program assists patients presenting to the ED with nonurgent/nonemergent issues to transition to appropriate community services; for orthopedics, SOS readily accepts the patients requiring further follow up and intervention. St. Joseph's forecasts that this strategy will result in a decrease by five percent over three years non-urgent visits to the Emergency Department. SOS itself is committed to redesigning care to enhance quality while lowering the associated cost. SOS is a model 2 participant in Medicare's Bundled Payment Care Improvement project which transitions responsibility and accountability for management of patients from the time that a surgery				
of ser	rving the comm	•			·						
comn	munity, and/or	iely qualified to serve based on servic clear track record of success in reduci d health home or group of health hom	ng avoidable hosp		relationship	os within the					
indicate what P Information – S	PPS you intend t Section II". <u>If yo</u>	n i & ii – Please indicate what Perform o join, then you will be denied. Pleas u are part of multiple PPSs, see sectio n iii – The Department has submitted a	e indicate the nam n VII tab.	ne of the PPS	in the "App	eal Applicant					
Care Managem CMS approval.	ent Agencies (C If your Health H	MAs) that have already been approve lome appears on this list as pending a ubmit this form. If the organization or	ed as safety net pro pproval, you will b	oviders as we be granted a	ell as those t VAP Excepti	hat are pending on pending CMS	is scheduled through 90 days post discharge from the hospital. Through the redesign of care processes and detailed attention to smoothing care transitions, the physicians of SOS demonstrate commitment to enhancing quality and diminishing the costs associated with health care. The Syracuse Community cannot be adequately served without grainting this exeption because the remaining orthopedic providers are unable to				
another approv	ved safety net p orm. List is avai	d to submit this form. If your organiza rovider list, but your organization beliable on the DSRIP website.	ieves that it should	d qualify as a	Health Hon	ne, please	serve the commmunity independently in this capacity.				
FO	r Section IV, If y	you are joining more than one PPS, us	se second tab (Sec	tion vii) to a	add additior	iai PPSS.					
V. Percentage	of Medicaid & I	Uninsured members that your facility	serves								
	Medi	caid (FFS & MC)	Uninsured		Data So	urce Year					
Percentage		7%	3%		practice s	ystem 2014 YTD					
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.											
Nam	ne	Michael Humphrey		Yes	s O No	T					
Tit		CEO			- 110						

10/30/2014 The Autism Council

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

	ublic comment 30 days prior to appl	•	•	e uasis ii ti sueemeu ii tule uest iiterest or medicalu members. Ariy exceptions tilat are considered must be approved by CMS and must 5 are chown in Saction IV				
	dicaid Provider	ication approval. Three allowed reas	ons for granting an exception	Tale shown in section iv.				
	Answer No			You have chosen the following VAP Exception:				
II. Appeal Appl	cant Information			VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
	on Name: The Autism Council			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	oined PPS: Finger Lakes PPS							
	otion is evaluated in the context of the F	PPS you are joining. If you are joining mo	ore than one PPS, you have the					
	g for the VAP Exception in that PPS as v			a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
multiple PPS's. Se	ee <u>Section II 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				
Pro	vider Type: Other		•					
Provider Ty	pe - Other: Sole Community Dedicated	Autism Individual & Family Services Pro	vider	b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
	Operating Certificate/	'License # MMIS*	NPI*	of services for the PPS in this community (ies).				
Unique	Identifiers:		1316223597	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	ency Code:							
Billin	g Entity ID:			Character Count: 2590				
	Address	City	State Zip	The Autism Council formed in 2007 is a 501c3 Not For Profit agency, approved as a Human Service Agency here in Monroe County by the				
	Address Pieter's Family Life Center -	1025 Commons Rochester	NY 14623	Department of Health and other CON approving entities. The Fingerlakes PPS network would benefit tremendously from our services, as Autisn				
III. Appeal Poin	t of Contact		* REQUIRE	Behavioral health services in Monroe County for individuals and families outside of what our agency provides are non-existent. Monroe county has approximately 210,358 people, and we have over 18,000+ children and young adults with Autism in the Monroe County Area. And that				
Contact Pe				number is increasing every year with the average rate of Autism Spectrum Disorder of 1:68 in the US alone. Even with Autism being recognized in				
	Title CEO			New York State as a Medical Condition, and with the tremendous ever increasing population of individuals with Autism and the ever increasing				
Contact P	none 585-413-1681 or c: 585-314-5048	B Extension	1	number of individuals and their families that are reaching out for services, the assistance our agency provides is crucial. It is critical for the				
Contact I	mail lawana@theautismcouncil.org			community, and critical for the projects that the Finger Lakes PPS will be working on. In the current configuration of the Fingerlakes PPS,				
IV. Please choo	se the following VAP Exception:		_	specifically Monroe County, there is NO OTHER Human Service Agency focused strictly Autism Spectrum Disorder 100% Behavioral Support and Services for children, young adults, and support services for the family. The Autism Council programs consist of the strategy to provide efficient				
of serv Any ho commi Any sta When choosing \( \) indicate what PP Information – Se	munity will not be served without grant ing the community.  spital is uniquely qualified to serve base unity, and/or clear track record of succeste-designated health home or group of  //AP Exception i & ii – Please indicate which is you intend to join, then you will be detection II". If you are part of multiple PPSS //AP Exception iii – The Department has so	ed on services provided, financial viabilits in reducing avoidable hospital use. health homes. ** nat Performing Provider System (PPS) you nied. Please indicate the name of the Pouses esection VII tab.	ty, relationships within the ou plan on joining. If you do not PS in the "Appeal Applicant	One examples of programs that we have created are: "Building Parent Child Partnerships To Manage Challenging Behavior", the goal is to teach parents the specialized skills needed to successfully raise a child with challenging behavior: cultivating appropriate behavior responses and interactions; building parental support of a child who lacks self- regulation skills and demonstrates self-destructive behavioral patterns; providir instruction and modeling in intervention techniques that will help the parent create awareness for the child of self-defeating patterns of irration thinking and emotional flooding and promote preferred responses from the child to internal and external stimulus. This is just one example of the type of services that the agency provides. No one else in Monroe County is providing this type of service or services specifically addressing				
CMS approval. If approval and do safety net list, yo another approve complete this for	nt Agencies (CMAs) that have already be your Health Home appears on this list a not need to submit this form. If the org, u do not need to submit this form. If yo d safety net provider list, but your orgar m. List is available on the DSRIP website Section IV, if you are joining more than	s pending approval, you will be granted anization operating your Health Home/t ur organization does not appear on the nization believes that it should qualify a:	a VAP Exception pending CMS CMA already appears on anothe draft Health Home list or on s a Health Home, please					
V. Percentage of	Medicaid & Uninsured members that y	your facility serves		_				
	Medicaid (FFS & MC)	Uninsured	Data Source Year					
Percentage								
	rtify that the information and data pro that this information may be subject t	o audit and I may be asked to provide o						

## 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**

sis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and on are shown in Section IV.

must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an excep										
. Are you a Medicaid Provider										
Answer yes   ▼										
II. Appeal Applicant Information										
Organization Name: The Caring Coalition of Central New York										
		Upstate University Hospital			ul ppc					
		luated in the context of the								
option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See <u>Section II and VII</u> of the instructions for further clarification!										
Provider Type: Other										
	Type - Other:					M				
riovidei	rype - Other.		License #	MMIS*	N	N*				
United	- 1-1	Operating Certificate/								
	e Identifiers: Agency Code:	3301501F	1 0	0955826	19120	98666				
	ing Entity ID:									
		Address		City	State	Zip				
	Address	990 Seventh North Street	Liverpool		+	3088-3148				
						* REQUIRED				
	int of Conta									
Contact		nas J. Maroney								
Contact	Title Chie	f Financial Officer		Extension	1.	41				
		oney@hospicecny.org		EXCENSION	1.	*1				
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.  O iii Any state-designated health home or group of health homes. **  When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do										
not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  "For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.										
. Percentage	of Medicaid	& Uninsured members that	your facility serves			1				
	Me	dicaid (FFS & MC)	Uninsured		Data Source	Year				
		4%								

You have chosen the following VAP Exception:	i

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

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

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

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

Character Count: 2458

e Caring Coalition of Central New York dba Hospice of Central New York is the only Medicare/Medicaid certified hospice providing palliative nd end of life care for patients and their families in Onondaga County. We are the largest hospice in Central New York, and are New York State rtified to provide hospice services to patients and their families in Oswego and Madison counties as well. Our patients' ages range from wborns (care provided through our specially trained Pediatric staff and our New York State Certified Care at Home Program) to over 100 years age. In our last fiscal year ending May 31, 2014, the Hospice of Central New York served over 1,100 Hospice patients, providing over 45,000 rys of patient care. This does not include the bereavement care provided to over 1,300 family members requesting assistance with their grief. ur care is provided by an interdisciplinary team consisting of a Medical Director, RN's, SW's, Chaplains, Home Health Aides, volunteers, and ief counselors in conjunction with the patient and family. Patients and their families can reach us twenty-four hour a day. Our patients' plans care are established with the goal of providing the best end-of-life care in the surroundings requested by the patient and family (normally not a hospital). In the fiscal year ending May 31, 2014, only 279 (.62%) days of the 45,000 total patient care days required acute pain and mptom management in a hospital. We have continued to work for years with the local hospital community to limit the number of Hospice patient readmissions, and we feel with great success. We know that many of the emergency room visits involving end of life care issues relate patients and their families who do not have primary care physicians. We believe that as a result, they may not be made aware of the hospice nd palliative care services we could provide. We are hopeful that with our inclusion in this PPS, that the hospitals would consider us as a mmunity partner to assist them in improving quality care and limiting the number the emergency room return visits. We know that earlier ferrals to our program provide a greater success of a patient's pain and symptom management, and quality of life. Finally as part of the PPS ocess, we have requested a waiver to allow hospice to have a residence in an Article 28 providing those without a place to go home to a ring place to live out their remaining days.

			Ansv	∕er	
Name	Thomas J. Maroney	•	Yes	0	No
Title	Chief Financial Officer	_			

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

10/30/2014 The Community Hospice

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

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



							basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must				
•	•	nent 30 days prior to applica	cation approval. Thre	ee allowed reasoi	ns for granti	ng an exception a	re shown in Section IV.				
I. Are you a	Medicaid Pro					_	You have chosen the following VAP Exception:				
	Answer					▼					
	pplicant Infor						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organi		The Community Hospice				Enter S	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS:	Ellis Hospital				~	You chose the qualification i, in the space below please include:				
		luated in the context of the PP									
		AP Exception in that PPS as we and VII of the instructions for		<del>-</del>	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				
			r rui tiler clarification:			<b>v</b>	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.				
	Provider Type:					•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
Provider	r Type - Other:	Hospice					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)				
Uniq	ue Identifiers:	41323001		955739	15	88631733	,,,,				
	Agency Code:										
Bi	illing Entity ID:						Character Count: 2342				
	Addross	Address	D	City	State	Zip	COMMUNITY HOSPICE VAP NARRATIVE:				
	Address	295 Valley View Blvd	Rensse	eiaer	NY	12144 * REQUIRED	The Community Hospice is the only licensed hospice serving most of the PPS geographic area. The Community Hospice serves eight counties in the Capital Region: Albany, Rensselaer, Schenectady, Saratoga, Montgomery, Washington, Columbia, and Greene. Of those, only Montgomery				
III. Appeal Po	oint of Conta	ct				REQUIRED	and Washington County are served by more than one hospice. In 2013, The Community Hospice served approximately 4,000 patients in our				
Contact	t Person Lauri	e Mante					hospice programs, and approximately 1,000 people in our palliative care programs. We bring great expertise to the PPS regarding end of life care				
	Title Execu	utive Director/Vice President					community-based care management and symptom management for people living with advanced illness. We successfully manage our hospice				
	ct Phone 518-2			Extension			patients at home, with only 3.4% of our total patient days occurring in an acute inpatient setting. This knowledge will assist the PPS in acquiring				
Conta	act Email Iman	te@communityhospice.org					the expertise and infrastructure to better manage people living in the community with complex medical conditions.				
IV. Please ch	noose the follo	owing VAP Exception:					An article published in Health Affairs magazine in March 2013 substantiated that Medicare costs for patients enrolled in hospice were significantly lower than those of hospice enrollees across all length of stay periods studied. Hospice enrollment was associated with significant				
of so Any com  Any com  Any when choosin indicate what Information — When choosin care Manager CMS approval approval approval approval approval complete this complete this a complete this complete t	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. **					ng. If you do not all Applicant s and Network lat are pending in pending CMS pears on another one list or on e, please	reductions in hospital and intensive care unit admissions, hospital days, and rates of thirty-day hospital readmission and in-hospital death. Reductions in the use of hospital services at the end of life accounted for much of these savings and potentially improve quality of care and quality of life. We are confident these findings can be replicated in the Medicaid population, and in those living with advanced illness, but not ye in the last six months of life, through the development of comprehensive palliative care programs.  Currently, 93% of our hospice patients are primary-Medicare insured patients, but we believe that the younger, chronically ill patients who are Medicaid-insured are being under-referred to hospice care and especially palliative care. It is in the area of palliative care that we think there is great potential to increase Medicaid utilization and decrease Medicaid costs by reducing hospitalizations, and in some cases, costly interventions This expertise is unique to the Community Hospice, making us a critical member of the PPS.				
	Me	dicaid (FFS & MC)	Uninsured	1	Data Sou	rce Year					
Percentage	<u> </u>	3%	1%		Allscripts-	EMR FY2014					
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.						-					
	ime	Laurie Mant		Yes	No No						
T	Title	Executive Director/Vic	ce President								

10/30/2014 Unique People Services, Inc.

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

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



			·	•			aasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
•	•	nent 30 days prior to appli	ication approval. Three all	owed reasons	for granting	g an exception a	re shown in Section IV.
I. Are you a N							
	Answer	Yes				▼	You have chosen the following VAP Exception:
II. Appeal Ap	plicant Infor	mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	zation Name:	Unique People Services, Inc.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Bronx-Lebanon Hospital Center				•	You chose the qualification i, in the space below please include:
		uated in the context of the P					
		AP Exception in that PPS as w		e the "VII_Addit	tional 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
		and VII of the instructions for	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
P	rovider Type:	Select One				~	without your organization's involvement given the PPS current configuration of network providers.
Provider	Type - Other:	Supportive Housing					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/	License # M	MIS*	N	NPI*	of services for the PPS in this community (ies).
Uniqu	ue Identifiers:				1861	.616518	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:	16630	•				
Bil	ling Entity ID:						Character Count: 3360
		Address		City	State	Zip	Unique People Services, Inc. (UPS) is a New York-based nonprofit 501(c) (3) organization founded by Lynn Wonsang in 1991. Since 1991, we have
	Address	4234 Vireo Avenue	Bronx		NY	10470	grown and now operate 24 supportive housing programs in the Bronx, Manhattan and Brooklyn, Queens, and Westchester. Each year more than
III. Appeal Po	int of Conta	~ <b>+</b>				* REQUIRED	500 persons stay within one of our residences. We offer both transitional and permanent housing for formerly homeless persons with HIV/AIDS,
		nia Isaac-Gueye					long-term and permanent housing for formerly homeless persons with a mental illness, and permanent housing for adults with developmental disabilities. UPS provides Medicaid billable services for people with developmental disabilities including Medicaid Service Coordination, Day
Contact		tor of Mental Health Services	S				Habilitation and residential oportunities.
Contact	t Phone 718-5			Extension	4	011	
Contac	ct Email cynth	niai@uniquepeopleservices.o	org				Our transitional housing program is located in the Bronx and serves 8 individuals. Through our Permanent & Supportive Housing Programs, up to
IV. Please ch	oose the follo	owing VAP Exception:				_	254 formerly homeless single persons and families are served in Scattered Site apartments located throughout the Bronx, Manhattan and Queens. Our Care Coordination Program for People Living with AIDS, the Bainbridge Care Coordination Program, is based in the Bronx. We
of se Any com  O iii Any  When choosin indicate what Information – When choosin care Managen CMS approval and casafety net list, another approcomplete this ~ Fo	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 not e what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant atom – 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 anagement Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending proval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS and and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on rapproved safety net provider list, but your organization believes that it should qualify as a Health Home, please tet 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.						partnered with Montefiore Hospital AIDS Center to assist up to 200 individuals who are newly diagnosed with HIV/AIDS or have not received care during the previous 9 months, to ensure they are connected or reconnected with consistent medical care in a timely and coordinated manner.  Care and housing for persons with serious and persistent mental illnesses in New York State has to a great extent moved away from hospitals and into the community.UPS offers this population stable housing services that this PPS cannot, but needs their consumers to maintain. The mental health population has a history of being transient. They are less likely to follow up with care and most likely to show up in emergency rooms on multiple occasions with mental health issues as well as unaddressed medical concerns. Appropriate living environment increases a person's level of stabilization, and frees them to address unmet needs in their lives. UPS is helping to fill the need within the community by operating seven mental health-housing programs in the Bronx. We operate two Community Residence Single Room Occupancy Bronx residences (Haven and Hunter Apartments) that provide services to 98 formerly homeless mentally ill men and women. We provide our residents with comprehensive case management, medical and psychiatric monitoring, and nutritional and recreational services. For those who are capable of living in a more independent setting, UPS operates six Supported Housing Programs located in the Bronx, Brooklyn, and Westchester, which provides permanent housing to over 100 formerly homeless mentally ill men and women and their families. One hundred (100%) of UPS' residents are Medicaid elligible and some carry co-occurring disorders, i.e. Psychiatric, medical and substance abuse diagnoses. UPS offers ongoing case management support and intervention that redirects and focuses individuals to receive care thus creating a goal of avoidable hospitalization. Currently, UPS provides housing services throughout the Bronx. (Zip Code 10452, 10453, 10
V. Percentage	of Medicaid &	& Uninsured members that y	our facility serves				
	Me	dicaid (FFS & MC)	Uninsured		Data Source	e Year	
Percentage					CAIRS	2013	
understa appeal.	ind that this in	ne information and data pro offormation may be subject to	o audit and I may be asked t	o provide docu Answ	mentation in	-	
Nar Ti	me tle	Yvette B Ar CEO	ndre	Yes	O No		

10/30/2014 United Hospice of Rockland, Inc.-Montefiore PPS

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

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



Vital Access	Provider Ex	<u>ception</u> : The state will co	onsider exceptions to the	safety net o	definition of	on a case-by-case l	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
be posted for	public comme	nt 30 days prior to applicat	tion approval. Three allo	wed reason	s for grant	ing an exception a	re shown in Section IV.
I. Are you a M	1edicaid Provid	ler					
	Answer Yes	5				▼	You have chosen the following VAP Exception: i
II. Appeal App	plicant Informa	ation				_	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name: Un	ited Hospice of Rockland, Inc	c.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Mo	ontefiore Medical Center				-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is evalua	ted in the context of the PPS	you are joining. If you are	joining more	than one P	PS, you have the	
		Exception in that PPS as well					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See Section II ar	nd VII of the instructions for f	further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	rovider Type: Ot	her				•	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Type - Other: Ho	spice					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Operating Certificate/Lice	ense # MN	/IC*		NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers:	4353005	1053		11	538166319	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:	4333003	105.	1101	1.	536100319	
	ing Entity ID:						Character Count: 2653
5	ing Entiry ion	Address	Ci	ty	State	Zip	Since 1988, United Hospice of Rockland, Inc. (UHR) has been the premier provider in our community of comprehensive end-of-life care to
	Address 11	Stokum Lane	New city	-1	NY	10956	patients and families facing advanced illness. UHR provides hospice services across a wide variety of settings-home, hospital (all three in
			1 ,		1	* REQUIRED	Rockland County including two acute and one sub-acute), nursing homes (8 of 9), assisted living facilities (all)-group homes (all) and the Joe Rasc
III. Appeal Poi	int of Contact						Hospice Residence (owned and operated by UHR). We are the ONLY provider that can follow and care for terminally ill individuals and their
Contact I	Person Amy Ste						families across all of these settings. The Montefiore PPS has identified the following projects with which we believe we can a vital role: (1)
		ve Director					System Transformation: 2.A.1 Integrated Delivery System Focused on Evidence Based Medicine-It is undisputed that to accomplish the triple of
	Phone 845-634			Extension			aim of better health, better care and lower costs, an integrated delivery system must include hospice care to meet the complex needs of the
Contact	t Email astern@	hospiceofrockland.org					terminally ill. The recently released report entitled Dying in America by the Institue of Medicine states that a substantial body of evidence shows that broad improvements to end-of-life care are within reach. A committee of experts found that improving the quality and availability of medic.
i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.  Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.  Any state-designated health home or group of health homes. **  When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.  V. Percentage of Medicaid & Uninsured members that your facility serves							and social services for patients and their families could not only enhance quality of life through the end of life, but may also contribute to a mor sustainable care system. The best way to do this is to improve referral and access to hospice care. Additionally, Medicaid Resdesign Team Goal #209, expand access to hospice care is a mandate to insuring the creation of a fully integrated delivery system. 2.B.III ED Care Triage for at Risk Populations: UHR has already begun to work with the ED departments of area hospitals to encourage 24 hour/7day/week referral of ED patients for hospice. The preliminary results of these efforts have led to preventable readmissions due to transfer from ER to the hospice residence and admission of patients to hospice from home as well as expedited symptom management of those patients requiring admission (2)Clinical Improvement: Evidence based disease management strategies: cardiovascular-3.B.I- UHR offers a hospice program, Heartwise, specifically designed to address the needs of cardiac patients (3) Population-wide projects: Chronic disease and preventive care and management 4.B.II-Mostornoric diseases reach a point at which the disease trajectory indicates it has reached a terminal phase. It is at that point that hospice care need to be part of any initiative that focuses on chronic disease management.
	Medic	aid (FFS & MC)	Uninsured		Data So	urce Year	
Percentage		21%	1%		Pts serv	ved 2013	
understar appeal.	nd that this info	information and data provid rmation may be subject to a		provide doc	umentatior wer	-	1
Nam Tit	le	Amy Stern  Executive Direct	tor	- es	O No		

10/30/2014 Venture House

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



Vital Access	Provider	Exception: The state will	consider exceptions t	the safety net	t definition o	n a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for	public com	ment 30 days prior to appli	ication approval. Thre	allowed reaso	ns for granti	ng an exception a	are shown in Section IV.
I. Are you a M	1edicaid Pro	ovider					
	Answer	No				~	You have chosen the following VAP Exception: iii
II. Appeal Applicant Information							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	Venture House					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Select PPS				~	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
^^ The VAP Exc	eption is eva	luated in the context of the F	PPS you are joining. If yo	ı are joining mor	e than one PF	S, you have the	the space below, please include:
	-	/AP Exception in that PPS as v		see the "VII_Ad	ditional PPSs	" tab to select	
		II and VII of the instructions for	or further clarification!				a. A description of your entity in specific relation to being a Health Home.
Pr	ovider Type:	Other				▼	
Provider T	Гуре - Other:	Accredited Clubhouse					Please do not submit this form if you are already on the draft Health Home List.
		Operating Certificate/	/License #	MMIS*		NPI*	
Unique	e Identifiers:						
	Agency Code:	19620					
Billi	ing Entity ID:						Character Count: 667
		Address		City	State	Zip	Venture House is a downstream provider in the COORDINATED BEHAVIORAL CARE INC network. Venture House provides services to people who
	Address	150-10 Hillside Ave.	Jamaica		NY	11432 * REQUIRED	have been diagnosed with a serious mental illness. Venture House provides a comprehensive recovery focused services based on the Clubhouse International model. Venture House operates an accredited Clubhouse and provides a range of employment services and NY SOMH funded
III. Appeal Poi	int of Conta	act				REQUIRED	supported housing. Venture House is the only Accredited Clubhouse the Jamaica area. Venture House has active membership of over 300 of
		mond Schwartz					which 2/3 are enrolled in Medicaid. Overall 98% of the active members recieve SSI or SSD based on a psychiatric disability.
	Title Exec	cutive Directore					
	Phone 646-			Extension			
Contact	t Email ray@	venturehouse.org					
IV. Please cho	ose the foll	lowing VAP Exception:					
_	mmunity will	I not be served without grant nmunity.	ing the exception because	e no other eligib	ole provider is	willing or capable	
		iquely qualified to serve base or clear track record of succe			, relationships	s within the	
iii Any s	state-designa	ited health home or group of	health homes. **				
indicate what P Information – S	PPS you inten Section II". <u>If</u>	cion i & ii – Please indicate what to join, then you will be de you are part of multiple PPSs	nied. Please indicate the s, see section VII tab.	name of the PP	S in the "Appe	eal Applicant	
_	-	ion iii – The Department has s		_			
_	_	s (CMAs) that have already be h Home appears on this list a					
		o submit this form. If the orga					
		eed to submit this form. If yo					
another approv	ed safety ne	t provider list, but your organ	nization believes that it s	hould qualify as	a Health Hom	e, please	
•		vailable on the DSRIP website					
		if you are joining more than		(Section VII) to	add additiona	al PPSs.	
v. Percentage		& Uninsured members that y	•				
	Me	edicaid (FFS & MC)	Uninsured		Data Sou	rce Year	
Percentage		64%	2%		AWARE	OS 2014	
		the information and data pro nformation may be subject to		ed to provide do	ocumentation		
Nam	ne	Raymond Sch	nwartz	(a) Ye	es O No		
Title Executive Director							
	Only app	peals from the CEO, CFO or	comparable will be ac	cepted			

10/30/2014 Wayne County Action Program, Inc.

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

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					basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
		lication approval. Three allowed reas	ons for gran	iting an exception a	re shown in Section IV.
I. Are you a Medi					<u> </u>
	Answer No			•	You have chosen the following VAP Exception:
II. Appeal Applica	int Information				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organization	n Name: Wayne County Action Progr	am, Inc.			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Join	ned PPS: Finger Lakes PPS			•	You chose the qualification i, in the space below please include:
		PPS you are joining. If you are joining m			
		well (if applicable). Please see the "VII_/	Additional 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
	Section II and VII of the instructions f	or further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provid	ler Type: Select One			▼	without your organization's involvement given the PPS current configuration of network providers.
Provider Type	- Other: Community Action Program	l .			<ul> <li>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).</li> </ul>
	Operating Certificate	/License # MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique Ide	entifiers:	n/a		n/a	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agen	cy Code:				
Billing E	ntity ID: EIN: 166069004				Character Count: 3317
	Address	City	State	Zip	
Α	Address 159 Montezuma Street	Lyons	NY	14489	Wayne County Action Program, Inc (Wayne CAP) is a community action agency serving three of the 14 counties comprising the Finger Lakes
III. Appeal Point o	of Contact			* REQUIRED	Performing Provider System. Wayne, Ontario and Seneca counties are 3 of the 5 counties in the Northeast Naturally Occurring Care Network.  Wayne CAP has administered the Retired Senior Volunteer Program (RSVP) for over 26 years, capitalizing upon our organizational capacity and
	on Donna Johnson			1	reputation for quality needed to run successful programs. RSVP is part of the Corporation for National and Community Service 'Senior Corps'.
	tle Program Administrator				Volunteers 55 and older are engaged, trained, and supported to provide impact targeted programs within their communities. RSVP is a
Contact Pho	ne 315-665-0131	Extension	1	240	sustainable and cost effective way to provide community services to address community needs. The NYS Prevention Agenda 2013 – 2017 goal to 'Make NY the Healthiest State' has compiled data from all 62 NY counties. Of those, 57, which
Contact Em	ail donna.johnson@waynecap.org				
IV. Please choose	the following VAP Exception:				linclude Wayne, Ontario and Seneca (WOS) have listed issues surrounding Chronic Disease as the top priority in their County Health Improvemen Plans (CHIPs). Data from the NYS Prevention Agenda 'dashboard' shows that WOS has higher than NYS rates of: Obesity; Smoking adults; Heart
of serving Any hosp communi  iii Any state  When choosing VAI indicate what PPS y Information – Secti When choosing VI indicate what PPS y information – Secti When choosing VI indicate what PPS y information – Secti When choosing VI indicate what PPS y information – Secti When choosing VI information – Section  The contract of the c	ital is uniquely qualified to serve base ity, and/or clear track record of succe-designated health home or group of P Exception i & ii – Please indicate whou intend to join, then you will be de on II". If you are part of multiple PPSs P Exception iii – The Department has. Agencies (CMAs) that have already be ur Health Home appears on this list a treed to submit this form. If the org do not need to submit this form. If you afety net provider list, but your organ. List is available on the DSRIP website	hat Performing Provider System (PPS) y inied. Please indicate the name of the P 5, see section VII tab. submitted a draft list of State Designate seen approved as safety net providers as is pending approval, you will be granted anization operating your Health Home/ our organization does not appear on the nization believes that it should qualify a e. one PPS, use second tab (Section VII) t	ou plan on joi PS in the "App d Health Hom well as those I a VAP Except CMA already a draft Health Hor s a Health Hor	ps within the  ning. If you do not peal Applicant  nes and Network that are pending cion pending CMS appears on another Home list or on me, please nal PPSs.	Attack hospitalizations; and Diabetes complication hospitalizations and lower than NYS rates of Colorectal screening. Additionally, NYS Office for the Aging County Data for WOS shows the current senior population, 65+, will increase by 16% by 2020, of that the disabled senior population will increase by 13%.  The Chronic Disease Self-Management Program (CDSMP), an evidence-based program, was developed at Stanford University School of Medicine The aim of the program is to improve the physical and emotional health of participants while reducing health care costs by decreasing visits to their physicians, emergency room visits, and hospitalizations. Wayne County Action Program, Inc., via RSVP of Wayne, Seneca and Ontario Counties is specifically listed in their CHIPs as the entity to deliver the CSDMP, aka Living Healthy, locally to participants with chronic disease, or their caregivers, to learn valuable self-management techniques to address the symptoms and problems associated with those diseases. RSVP Pet Leaders deliver Living Healthy workshops in accessible locations to help participants improve their symptoms and general health and to decrease health care costs through reductions in physicians and emergency room visits, hospitalizations and number of nights spent in the hospital. Wayne County Action Program, Inc. has used strength-based strategies to move individuals to self sufficiency through empowerment for over 4 years. We have the infrastructure and experience to manage 7 separate departments in 14 locations throughout Wayne, Ontario and Seneca counties for over 4 decades. Other programs include: Advantage After School; Head Start/Early Head Start; Success Center/Transitional Housing, Wayne CAP Works, Weatherization, Youth & Family Services and Senior Services, the last including both RSVP and Foster Grandparent Program. Our agency serves 3 counties with over 200 full and part-time employees and a budget of over \$5.9 million dollars in federal, state/county & private funding. With other local agencies, w
Percentage	Not Known	Not Known	n/a	a n/a	
-				on in support of this	

10/30/2014 Wayne County Dept of Aging and Youth

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

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							basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
•	•	ent 30 days prior to appl	ication approval. 1	Three allowed reaso	ns for gran	iting an exception a	are shown in Section IV.
I. Are you a M							
Answer Yes 🔻							You have chosen the following VAP Exception:
II. Appeal App							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza		Vayne County Dept of Aging	g and Youth			1000	The VAP Exception relies heavily on the statement you provide, so please be concise and thorough?
		inger Lakes PPS				•	You chose the qualification i, in the space below please include:
		ated in the context of the F P Exception in that PPS as v					A marific definition of the community (i.e.) the translation and he could be the property of
	•	and VII of the instructions for		<del>-</del>	iditional PP	ss tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient
	ovider Type: 0	<u> </u>				~	without your organization's involvement given the PPS current configuration of network providers.
<b>-</b>							b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider i	Type - Other: O					NPI*	of services for the PPS in this community (ies).
	11 (6	Operating Certificate/	License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers: Agency Code:				_		
	ing Entity ID:						Character Count: 1853
51111	3	Address		City	State	Zip	Wayne County Department of Aging and Youth is a aparticipant of the Finger Lakes PPS. The agency is selected as the lead agency for "No Wrong
	Address 15	519 Nye Road, Suite 300	Lyc		NY	14489	Door" NY Connects information and referral services for access to LTC services in the area. Our agency provides in-home services in the form of
						* REQUIRED	personal care aides, home delivered meals and personal emergency response units for people that require assistance to live independently in
III. Appeal Poi							their homes. State, Federal and County funds are utilized to pay for these services and participants are encouraged to make donations to help
Contact i	Person Penny : Title Directo						offset the cost. One exception to this rule is the provision of aide services; a sliding scale 'cost share' is required to supplement the cost of the
Contact	Phone 315-94			Extension		5631	service. The range of out of pocket 'cost share' to the person receiving these services is anywhere from zero to a 100%, based on the senior's income. The bulk of our clients pay a very small portion if any of the actual cost. These services assist in maintaining seniors in their homes and
		dey@co.wayne.ny.us					helps to support their families who may be able to provide some but not all of their care, and prevents them from spending all their life savings
IV. Please cho	ose the follow	wing VAP Exception:					and going onto Medicaid.
of ser	mmunity will no	ot be served without grant nunity.	ing the exception b	ecause no other eligit	ole provider	is willing or capable	A significant number of seniors that our office serves would qualify for a nursing home placement if these in-home services and supports were not available. Many argue that clients that receive our services are not the same as those in a nursing home. While it is true that A&Y clients are not bed bound and need total care, they are people who have multiple health issues and have lost the ability to perform essential activities of daily living that limit their independence and safety. In order to receive any in-home aging services through our office, clients must meet strict criteria demonstrating their difficulty or inability to perform essential tasks.
comn		uely qualified to serve base clear track record of succe			, relationshi	ps within the	
O iii Any s	state-designate	d health home or group of	health homes. **				
When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  "For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.							
V. Percentage of Medicaid & Uninsured members that your facility serves							
	Medi	icaid (FFS & MC)	Uninsu	ıred	Data So	ource Year	
Percentage		Thwe			Peer p	lace 2014	
	•	e information and data pro ormation may be subject t		e asked to provide do	ocumentatio		
Nam Tit		Penny Shoo		<b>(a)</b> Ye	es O No		