



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Advocate Community Providers, Inc.
 Joined PPS: AW Medical

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: N/A N/A
 Agency Code:
 Billing Entity ID:
 Address 5030 Broadway, Ste 821 City New York State NY Zip 10034
 *REQUIRED

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

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

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

Character Count: 3378

III. Appeal Point of Contact

Contact Person Hal Sadowy, PhD
 Title Co-Chief Executive Officer
 Contact Phone 317 294 7111 Extension
 Contact Email halsadowy@yahoo.com

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	77%	3%	s of health plans	2013

A. A SPECIFIC DEFINITION OF THE COMMUNITY(IES) THAT WOULD OTHERWISE NOT BE SERVED BY THE SELECTED PPS.
 Advocate Community Providers, Inc. (ACP) requests from NYSDOH and CMS to be considered for approval as an exception to the safety net definition as a Vital Access Provider (VAP) under the qualification i to provide healthcare services to a community that would not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

The physicians and health care providers of ACP provide care to Medicaid patients in the 4 boroughs of New York City (Bronx, Brooklyn, New York, and Queens Counties) and Nassau County. Brooklyn is the largest in population with an estimated 2.6 million people in 2013, followed by 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 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).

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 of ACP provide a solution to these barriers to care by providing services in a culturally competent and sensitive manner by providers reflecting the diversity of the communities and the languages spoken, i.e., Spanish, Chinese, Korean, Vietnamese, Indian and others to Medicaid patients that would otherwise be lost in a system unfamiliar with the cultural and language needs of a large population to engage and properly manage the healthcare.

B. A DESCRIPTION OF THE APPLICANT'S ORGANIZATION, THE SERVICES PROVIDED, AND HOW THE SERVICES WILL ENHANCE THE NETWORK OF SERVICES.

Advocate Community Providers, Inc. (ACP) represents a large network of over 2,000 physicians and 900 healthcare provider organizations throughout Manhattan, Bronx, Brooklyn and Queens that provide needed care for large Medicaid population of the PPS service area.

ACP is composed of representation from each of the major provider segments that are critical to successful DSRIP implementation, including but not limited to hospitals; OASAS, OMH and OPWDD affiliated organizations; certified health homes, urgent care centers, FQHCs, LTCs, nursing 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 healthcare among different disciplines as patients transition from the community to the hospital and require acute and long term care as well as meet social and housing needs. The ACP providers can uniquely assist patients in navigating the current healthcare system and target underserved communities by providing care to Medicaid patients in a language and culture understood by the patient, who would otherwise not seek or delay seeking care, resulting in a poor health outcome and increased cost of care.

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

Name Ramon Tallaj, MD Yes No
 Title President/CEO
 Only appeals from the CEO, CFO or comparable will be accepted



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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Albany County Department of Health
 Joined PPS: Ellis Hospital

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Provider Type: Other
 Provider Type - Other: Local Health Department
 Operating Certificate/License #: [blank] MMIS*: 473616 NPI*: 1851401186
 Unique Identifiers: 0101202R
 Agency Code: [blank]
 Billing Entity ID: E0252155
 Address: 175 Green Street City: Albany State: N.Y. Zip: 12202

III. Appeal Point of Contact

Contact Person: James B. Crucetti MD MPH
 Title: Commissioner of Health
 Contact Phone: 518-447-4695 Extension: [blank]
 Contact Email: james.crucetti@albanycounty.com

IV. Please choose the following VAP Exception:

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	81%	7%	A/R Report	2013

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

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- 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: 3243

Albany County Department of Health (ACDOH) is the local governmental agency charged with protecting and promoting the health of all individuals, families, communities and the environment. While our target population is the entire county community, efforts are made to address the highest risk populations as appropriate. ACDOH is the only local health department in Albany County solely responsible for this 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 children and the wellness of our citizens and our communities; and prepare and educate the Albany Community to address disaster and emergencies.

ACDOH is involved in initiatives that support healthier choices in areas such as diet, exercise, and tobacco. We are involved in efforts to prevent 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 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.

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 management, public health nursing and community health worker home visits, health education, nutritional counseling and education, navigation 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 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 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 CHW staff have extensive experience in working with pregnant and parenting families, and with children diagnosed with chronic health issues such as asthma and diabetes.

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

Name: James B. Crucetti MD, MPH
 Title: Commissioner of Health
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii

II. Appeal Applicant Information

Organization Name: Alcohol & Substance Abuse Council of Jefferson County, Inc.
 Joined PPS: Samaritan Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII. Additional PPS" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:
 Provider Type - Other: Drug-Free Prevention Services
 Operating Certificate/License #: NYS OASAS #100900736
 Unique Identifiers: Agency Code: 36130
 Billing Entity ID:
 Address: 167 Polk St. Suite 320
 City: Watertown
 State: NY
 Zip: 13601

III. Appeal Point of Contact

Contact Person: Bill Bowman
 Title: Executive Director
 Contact Phone: 315-788-4660
 Contact Email: bbowman@jasac.com

IV. Please choose the following VAP Exception:

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	35%	30%	ADMIN	2013

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

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

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

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Character Count: 3251

The Alcohol & Substance Abuse Council of Jefferson County, Inc. (ASAC) serves Jefferson County in the Tughill/Seaway region. With a population of 125,000, ASAC is the only OASAS licensed substance abuse prevention provider in our county, charged with the prevention of underage 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 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 school based services that promote positive health choices, and help prevent substance use. In schools, these involve the provision of prevention counseling services that seek to intervene with high risk youth to develop strategies and build skills that will prevent substance abuse and promote healthy behaviors as well as the provision of evidenced based curricula and programs that are researched proven to prevent 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 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.



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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii

II. Appeal Applicant Information

Organization Name: Alexander Infusion LLC d/b/a Avanti Health Care Services
 Joined PPS: The New York Hospital Medical Center of Queens

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Provider Type: Other
 Provider Type - Other: Home infusion therapy, pharmacy, nursing, home care, MTM
 Operating Certificate/License #: 23601 MMIS*: 03009794 NPI*: 1639165459
 Unique Identifiers: 23601 03009794 1639165459
 Agency Code: second MMIS # 01815512 NPI # 1114130291
 Billing Entity ID:
 Address: 75 Nassau Terminal Road City: New Hyde Park State: NY Zip: 11040

III. Appeal Point of Contact

Contact Person: Pietro Piacquadio R.Ph
 Title: CEO
 Contact Phone: 516-280-1000 Extension: 1001
 Contact Email: ppjacquadio@avantihealth.com

IV. Please choose the following VAP Exception:

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	10%	1%	Company financials	2013-2014

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

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- 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: 3452

Avanti Health Care Services is a Joint Commission Accredited Full Service Pharmacy specializing in oral medication therapy management, home infusion therapy, specialty compounding, and hospice symptom management since 1997. Over the years we have committed ourselves to 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 compliance. Our service area includes all five boroughs of NYC, Westchester, Nassau, and Suffolk counties. Avanti Health Care Services is subcontracted by several major Certified Home Health Agencies and Hospices, such as; NYC Health and Home Care, Visiting Nurse Service of New York, Metropolitan Jewish Home Care, Revival, Self Help, Calvary Home Care and Hospice, Compassionate Care, Hospice of New York, and others. 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 great benefit in serving these communities due to our unique composition. There is no other pharmacy provider that can deliver oral medications and also provide sterile injectable infusion medications. Our facility maintains USP (797) compliant clean rooms where specially trained pharmacists and technicians currently compound injectable medications for patients, including Medicaid recipients. In addition, we maintain a negative pressure clean room where chemotherapeutic agents are prepared. Avanti Health Care currently services Bellevue Hospital's outpatient oncology clinic with the compounding of the clinic's chemotherapy orders. We have also developed a special program to reduce the need for nursing visits to pre-pour Medicaid patients' chronic medications. Avanti partners with Guildnet, Amerigroup, ICS, and MJHS, to transition patients off of CHHA 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 hospitalizations, relief of caregiver burden, reduced medication errors and omissions, and increased communication amongst all providers. The program is utilized as a safe and effective option for hospital and home care discharge planning. Avanti has recently paired with Mount Sinai Visiting Doctor's Program (MACT Program) to reduce hospitalizations by providing pharmaceuticals to patients sent home from the Emergency Department that would otherwise have been hospitalized. NYHQ has also requested that we participate in their Performing Provider Steering Committee. There is no pharmacy in your approved list that is licensed to provide nursing, oral medications, and infusion services. Therefore, we believe that we are sufficiently prepared and uniquely qualified to partner with other network providers to provide collaborative care and reduce unnecessary rehospitalizations. Avanti shares the DSRIP's goal to reduce avoidable hospitalizations by 25% through our investment in community based care, expanded care coordination, and facilitated access to cost effective care. We appreciate your consideration and look forward to the continued and collaborative provision of enhanced quality care for all our communities.

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

Name: Pietro Piacquadio
 Title: CEO
 Answer: Yes No
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I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Bronx Lebanon PPS
 Joined PPS: Bronx-Lebanon Hospital Center

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Provider Type: Other
 Provider Type - Other: Performing Provider System
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: N/A TBD TBD
 Agency Code: N/A
 Billing Entity ID: TBD
 Address: 1650 Grand Concourse City: New York State: NY Zip: 10457
 *REQUIRED

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Character Count: 2971

III. Appeal Point of Contact

Contact Person: Samuel Shutman
 Title: Vice-President
 Contact Phone: 718-590-1800 Extension:
 Contact Email: sshutman@bronxleb.org

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 Center Performing Provider System (BLHC PPS) is going to embody further transparency and partner empowerment by creating NewCo to execute our new DSRIP program.

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; 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. All of this means that the community have will more outstanding care for all of the persons served by our PPS.

IV. Please choose the following VAP Exception:

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While we are still only in the preliminary stages of planning NewCo, we believe the new organization will:

- Be an LLC, as this will give us more flexibility in operations.
- Have a president appointed by the board.
- Have a board will be composed of our current Steering Committee members (approximately 15 people) which will function on the principle of one person, one vote.
- Move the existing PPS committee structure to within NewCo to maintain continuity of governance.

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Over the next several month, we will work with our Steering Committee to address key governance questions, and we are planning a day long retreat in November on governance to help kick-start our planning process. Many key questions remain, including:

- Supporting Different Perspectives: While health care thought leaders in our community have a long and successful history working together, 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 population are also met?
- Scope of Control: What control, if any, will the board have over provider internal operations that are hurting DSRIP goals?

** 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.

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 positive impact on the persons in the BLHC PPS, which covers the South and Central Bronx. For example, the draft Community Needs Assessment (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 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 highly diverse population.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	64%	1%	DASNY	2103

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

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



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: CareFirst NY, Inc. (formerly Southern Tier Hospice and Palliative Care)
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Hospice
 Operating Certificate/License #: 0721501F
 MMIS*: 00973982
 NPI*: 1285638775
 Unique Identifiers: 0721501F
 Agency Code:
 Billing Entity ID:
 Address: 11751 East Corning Road
 City: Corning
 State: NY
 Zip: 14830

III. Appeal Point of Contact

Contact Person: Robin Stawasz
 Title: Access Director
 Contact Phone: 607-962-4100
 Extension: 152
 Contact Email: StawaszR@CareFirstNY.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	17%	2%	EMR	2013

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

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

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

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

Character Count: 3268

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 sole eligible provider to provide many of the vital aspects of the projects of this PPS within the Southeastern NOCN. The Care Transitions project (2.b.iv) that Finger Lakes PPS wishes to pursue will be utilizing many of the programming basics that CareFirst already provides through their Thrive program - assessment of patient and caregiver needs and goals, review of advance directives, referral to appropriate providers with follow up for compliance, patient and caregiver education on care needs and symptom management, assessment of patient safety and medication 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 both our programmatic experience as well as our clinical expertise. A) CareFirst is the sole hospice provider in Chemung, Schuyler and Steuben 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 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 unnecessary 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 home. 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 partnering 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 specialties 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.

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

Name: Mary Ann Starbuck
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Catharine Street Community Center, Inc.
 Joined PPS:

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:
 Provider Type - Other: Catharine Street Community Center, Inc.
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers:
 Agency Code:
 Billing Entity ID: 14 6037154
 Address 69 Catharine Street City Poughkeepsie State NY Zip 12601
 *REQUIRED

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

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

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

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

Character Count: 1033

III. Appeal Point of Contact

Contact Person: Shirley A. Adams
 Title: Executive Director
 Contact Phone: (845) 473-2272 Extension:
 Contact Email: sadams@catharinecenter.orgX

Catharine Street Community Center was established in 1922, with a mission to provide health, education and support services to needy individuals and families in Poughkeepsie, New York and Dutchess County. We have been a provider of quality case management, transportation and supportive HIV/AIDS services for more than 15 years. We are community based serving a population comprised of 85% African-Americans and 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 facilitate their access to resources. Without our inclusion and participation as a PPS, a large segment of the most eligible individuals in our community will not be served. Additionally, We are a Provider that is in a pending CMS-approved status category of bulk exceptions as a Medicaid provider of Home Health Service.

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	70%	20%	agency	2014

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

Name Shirley A. Adams Yes No
 Title Executive DirectorX
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Catholic Charities of the Diocese of Albany, DBA Catholic Charities of Fulton and Montgomery Counties
 Joined PPS: Ellis Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Mental Health Community Residence
 Operating Certificate/License #: 7703431, 7703430
 MMIS*: 01304636
 NPI*: 1144476185
 Unique Identifiers: 7703431, 7703430
 Agency Code: 12340
 Billing Entity ID:
 Address: 55 East Main St. City: Johnstown State: NY Zip: 12095

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

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

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

- A 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.
- 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).
- Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

III. Appeal Point of Contact

Contact Person: John A. Nasso
 Title: Executive Director
 Contact Phone: 518-762-8313 Extension: 226
 Contact Email: john.nasso@cc-fmc.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

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

Character Count: 2802
 We have successfully provided residential and case management services to the mental health population since 1986. We operate two NYS Office of Mental Health (OMH) licensed, 24-hour supervised, Community Residences. Both residence programs earned a 3-year OMH Recertification (the maximum awarded by OMH) for their last site visit in 2014.

We opened the first residence, a ten-bed facility, in 1986. The second Community Residence is a specialized, eight-bed facility that serves Mentally Ill Chemical Abusers (MICA). When opened in 1991 this program was one of the first MICA residences in New York State. People who live in our MICA residence participate in a structured, supportive program designed to provide an array of services to assist them in acquiring the skills needed to avoid unnecessary hospital use and to live independently. The needs of the MICA population are not adequately met in our community due to the lack of specific MICA support services.

All of the people we serve have a primary psychiatric diagnosis, most have a documented history of chemical abuse and about one quarter are ex-offenders. 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.

We provide this population with the following: assistance with daily living skills; socialization activities; chemical abuse relapse prevention; long 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.

We serve residents of Fulton and Montgomery counties; however we have accepted and served appropriate referrals from throughout New York 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 Ill Chemical Abusers; Emergency Assistance that provides people with basic living needs such as food, shelter, and medicine; and a Food Pantry.

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.

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

Name: John A. Nasso
 Title: Executive Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Catholic Medical Partners and Participating Providers
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: ACO and Participaing Providers (Hospitals, CHAA, Physicians, ASCs, etc - See attached)
 Operating Certificate/License #: _____ MMIS* _____ NPI* _____
 Unique Identifiers: CMP EIN #455400124 ACO Participants Attached _____ ACO Participants Attached _____
 Agency Code: _____
 Billing Entity ID: _____
 Address: 1083 Deleware City: Buffalo State: NY Zip: 14209
 *REQUIRED

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

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

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

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

Character Count: 3496

III. Appeal Point of Contact

Contact Person: Dennis R. Horrigan
 Title: CEO of Catholic Medical Partners
 Contact Phone: (716) 862 -2162 Extension: _____
 Contact Email: dhorriga@chsbuffalo.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	22%		Managed Lives	2014

Catholic Medical Partner's Accountable Care organization (CMP-AC) was incorporated to implement and govern the CMS Shared Saving ACO contract. CMP-AC is a related entity to CIPA WNY IPA dba Catholic Medical Partners (CMP) and shares common governance and clinical improvement structure with Catholic Health System. CMP-AC goals are to achieve the vision of the Triple Aim, namely better care at a lower cost with improved population health. CMP-AC performance has shown on-going success in all key quality and cost indicators including: reductions in hospital admissions and readmissions per 1000, reductions in ER visits per 1000 and CT scans per 1000, as well as a 13% reduction in ambulatory 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 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 coordination and care transitions. CMP-AC network includes over 1,000 physicians, Catholic Health Systems, Mt St. Mary's Hospital, a behavioral health and ancillary provider groups including ambulatory surgery centers, free standing radiology, dental & other service providers. CMP-AC envisions a future state in which provider networks are accountable for cost, quality and the patient experience and have a well-developed 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 coordinators in the clinical office who are working with the populations which have the highest burden of illness. CMP has consistently demonstrated its ability 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 base 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. From a public policy and equity principle, barring CMP's non-safety net providers who serve Medicaid populations from full participation in DSRIP is inequitable and would exacerbate the existing disparate levels of care we seek to eliminate.

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

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



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

II. Appeal Applicant Information

Organization Name: Catskill Area Hospice & Palliative Care, Inc.
 Joined PPS: Mary Imogene Bassett Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Hospice
 Operating Certificate/License #: 3801501F
 MMIS*: 1067674
 NPI*: 1558353680
 Unique Identifiers: 3801501F
 Agency Code:
 Billing Entity ID:
 Address: 1 Birchwood Drive, Oneonta, NY 13820

III. Appeal Point of Contact

Contact Person: Lola Rathbone
 Title: CEO/President
 Contact Phone: 607-432-6773
 Contact Email: lola.rathbone@cahpc.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	3%	0%	CAHPC's EMR	2013

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

Name: Pamela Finch
 Title: VP of Finance
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No

You have chosen the following VAP Exception: i

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

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

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

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

Character Count: 758

Catskill Area Hospice & Palliative Care is the only community based hospice and palliative care provider in Otsego, Delaware and Schoharie Counties. Our DSRIP has identified community based Palliative Care as essential to decrease hospital and emergency room utilization. Catskill Area Hospice & Palliative Care has a proven track record in this area. We also serve 20% dually eligible Medicaid patients in Nursing Homes in our three county area. Providing hospice and palliative care in the Nursing Homes has also been identified as a key to hospital avoidance in this population. Therefore 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.



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Cornell Cooperative Extension of Wayne County
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: informal educational organization
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers:
 Agency Code:
 Billing Entity ID:
 Address 1581 Route 88 North Newark NY 14513
 *REQUIRED

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

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

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

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

Character Count: 292

III. Appeal Point of Contact

Contact Person: Elizabeth A. Claypoole
 Title: Executive Director
 Contact Phone: 315-331-8415 Extension:
 Contact Email: eac9@cornell.edu

Cornell Cooperative Extension of Wayne County (CCE) provides nutrition education programs to families of low-incomes that are not provided by other organizations. These programs address obesity and diabetes prevention as well as other chronic diseases impacted by diet and exercise.
 CCE

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	48%		WebNEERS	2014

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

Name: Elizabeth A. Claypoole
 Title: Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted

Answer: Yes No



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

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

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

I. Are you a Medicaid Provider

Answer	No	No	You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Chemung County Department of Aging and Long Term Care
Joined PPS:	Fing Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Oth Other		
Provider Type - Other:	Area Agency on Aging & NY Connects		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:			
Agency Code:			
Billing Entity ID:			
Address	PO Box 588 425 Pennsylvania Ave	Elmira	NY 14902

III. Appeal Point of Contact

Contact Person	Pamela M. Brown		
Title	Director		
Contact Phone	607-737-5520	Extension	
Contact Email	pbrown@co.chemung.ny.us		

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.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	20%	5%	Agency Reports	2013

VIII. 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 Yes No

Title Director

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

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

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

You chose 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: 1417

The Chemung County Department of Aging and Long Term Care is the trusted and established provider of a broad range of information, assistance and services to support and empower older adults, people of all ages in need of long term services and supports, and their caregivers and families. We serve Chemung County residents as the single point of entry for long term services and supports; and for Medicare information, assistance, options counseling, enrollment, education about preventive services, and problem solving regarding access to needed coverage. We identify 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 preventive services and medical and behavioral health care, and link them to necessary services. We provide information and assistance obtaining a broad range of psychosocial supports necessary to ensure this population's ability to successfully utilize preventive, primary and behavioral health care. The services we provide to Chemung County residents over age 60 and those of all ages in need of long term care are unique to our agency, and are imperative to the goals of the Finger Lakes Performing Provider System to ensure necessary supports are in place to substantially reduce avoidable hospitalizations and transform the healthcare delivery system to more effectively and efficiently fulfill community needs.



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

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

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

I. Are you a Medicaid Provider

Answer	No
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	CNY DSRIP Performing Provider System, Inc.
Joined PPS:	Upstate University Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other		
Provider Type - Other:	Performing Provider System (to be formed)		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	NA		
Agency Code:	NA		
Billing Entity ID:	NA		
	Address	City	State Zip
Address	c/o University Hospital Administration, 750	Syracuse	NY 13210

* REQUIRED

III. Appeal Point of Contact

Contact Person	Shawna Craigmile		
Title	DSRIP Project Operations Manager		
Contact Phone	315-464-9761	Extension	
Contact Email	craigmis@upstate.edu		

IV. Please choose the following VAP Exception:

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

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

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

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

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

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

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

Name	Tom Quinn	Answer <input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Special Assistant to the Senior VP for Hospital Affairs	

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

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

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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: 3481

In response to stakeholder engagement, encouragement by the Department of Health, and the overwhelming preference of the PACs of the four emerging PPSs in Central New York, the four PPS leads have agreed to combine into a single PPS, called CNY DSRIP Performing Provider System, Inc., hereafter abbreviated CNYDPPSI (see attachments to email for letter signed by the 4 CEOs). CNYDPPSI will be formed as a new legal entity, i.e., a non-profit membership corporation, and therefore does not yet have license, MMIS, or NPI numbers. The following former PPS leads will serve as the founding members: Auburn Community Hospital, Faxton-St. Luke’s Healthcare, St. Joseph Hospital Health Center, and SUNY Upstate University Hospital. CNYDPPSI’s service area encompasses 9 counties, in most of which it is the sole PPS: Cayuga, Cortland, Herkimer, Lewis, Madison, Oneida, Onondaga, Oswego, and St. Lawrence. The Medicaid population residing within this geographic area numbered 335,912 enrollees for the March 2013 – February 2014 period. Of that number, 16% were dually eligible for Medicare, 55% were female, 35% were under the age of 18, and 28% identified with a race other than white.

As a unified sole PPS, CNYDPPSI represents a true collaboration of the former PPS leads and their respective PACs that will maximize the effective use of current resources, provide adequate networks for the project selected, and effectively engage its network in projects that are structured with the highest potential to succeed. Anchored by the region’s public hospital and its internal resources, dedicated full-time staff, and \$2.3 million DSRIP planning grant, the 4 former PPSs combine to bring a wealth of experience with successful collaborations with partner organizations around care coordination, patient engagement, and primary care/behavioral health integration. CNYDPPSI’s over 1450 individual providers from more than 200 agencies comprise the majority of providers in the 9-county region (see attachments to email for listing). The capacity of providers belonging to the other PPSs operating in 3 of the 9 counties or remaining outside any PPS would be insufficient to meet the community’s needs absent the services provided by CNYDPPSI’s network.

The four PPSs forming CNYDPPSI have drafted bylaws which establish a board of directors that will be representative of partners (including licensed providers and community based organizations), include representatives from the PAC, and be geographically representative. The founding members will have reserved powers and make decisions by majority votes. These bodies will govern and oversee the performance of the PPS, including finance, clinical, and HIT/HIE domains. CNYDPPSI will manage the implementation of projects, oversee the distribution of funds, employ the PPS’s project management staff, and serve as the project reporting entity to the State Department of Health. It will also coordinate training and technical assistance for member organizations and assure accountability of PPS providers to DSRIP milestones and outcome metrics. CNYDPPSI will best serve the region, as defined, by establishing a common vision consistent with DSRIP requirements, by organizing and financing care coordination, by expanding primary care and behavioral health integration, by organizing itself for long-term sustainability, and by entering in to contracts with Medicaid managed care organizations beyond the term of the DSRIP program.



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

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

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

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Columbia County Department of Health
Joined PPS:	Albany Medical Center Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	DTC			
Provider Type - Other:				
Operating Certificate/License #	MMIS*	NPI*		
Unique Identifiers:	1001200R	1578752192		
Agency Code:				
Billing Entity ID:				
Address	City	State	Zip	
Address	325 Columbia Street	Hudson	NY	12534

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

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

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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: 937

III. Appeal Point of Contact

Contact Person	Angella Timothy		
Title	Public Health Director		
Contact Phone	518-828-3358	Extension	1240
Contact Email	angella.timothy@columbiacountyny.com		

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	7%	2%	NYS Claims	2013

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

Name	Angella Timothy	Answer
Title	Public Health Director	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

Columbia County Department of Health (CCDOH) is a vital safety net health care provider for county residents. The County operates STD and immunization clinics weekly, provides maternal child health home visits to ensure the health of post partum mothers and newborns, and CCDOH 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 not accurately reflect the true value of a safety net provider. CCDOH works collaboratively with numerous community-based health partners including Columbia Memorial hospital, the only hospital in the County. Our staff are highly skilled in chronic disease prevention and management and will be instrumental in decreasing the rates of avoidable emergency use in the county.



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

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

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I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Comprehensive Interdisciplinary Developmental Services, Inc. CIDS
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Developmental screening, Home visitation services including Nurse Home Visitation
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers:
 Agency Code:
 Billing Entity ID:
 Address 161 Sullivan Street City Elmira State NY Zip 14901

III. Appeal Point of Contact

Contact Person: David Andreine
 Title: Executive Director
 Contact Phone: 607 733-6533 Extension
 Contact Email: DavidA@cidsfamilies.com

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	50%	10%	internal records	2013

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

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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: 1462

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 Chemung County. Within the last three years, there have been significant funding cuts that have seriously impacted our ability to meet the goal of Universal Home Visitation. Specifically the implementation of Mandatory Managed Care has resulted in the elimination of funding for our Prenatal Early Infancy Program (PEIP), the original NFP program site. One demographic that has experienced the greatest reduction in services due to funding cuts is the Maternal / Child population of pregnant and parenting teens. almost three years ago the CIDS PEIP program which was the pilot program of what became the Nurse Family Partnership (NFP). In addition to losing the well documented outcomes of the nurse home visitation program , PEIP From a systemic perspective these 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. By identifying CIDS as a provider, we would be able to implement the NFP program an identified DSRIP initiative 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

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

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



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

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

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I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Council for Prevention
 Joined PPS: Adirondack Health Institute

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Prevention...OASAS
 Operating Certificate/License #: OASAS
 MMIS*: 0
 NPI*: 0
 Unique Identifiers: OASAS
 Agency Code: 35040
 Billing Entity ID:
 Address: 10 LaCrosse St
 City: Hudson Falls
 State: NY
 Zip: 12839

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

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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: 1298

III. Appeal Point of Contact

Contact Person: David Saffer
 Title: Executive Director
 Contact Phone: 518-746-1527
 Contact Email: David.Saffer@councilforprevention.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage				

The Council for Prevention serves the communities of Warren and Washington Counties, population approximately 130,000. The Council is the primary source of Prevention Services and Programs. The services provided include, but not limited to: Community Mobilization, training, education, collaboration and consultation for our schools, communities, families and agencies. The Council provides training for BH/SA professionals bringing people from diverse agencies together. As the prime facilitator of Community Mobilization, the Council is able to bring a 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 data is used to guide development of programs and activities in our communities and schools. The Council also coordinated the Natural Helpers and SADD programs in the area schools. The services of the Council are closely aligned with the needs assessment of the Adirondack Rural Health network. The Council for Prevention is unique qualified in helping the PPS meeting its goals as we work closely with other agencies, especially the BH and Health organizations.

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

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

Answer: Yes No



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

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

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

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Empire Home Infusion Services, Inc., d/b/a Northeast Home Medical Equipment
 Joined PPS: Ellis Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Durable Medical Equipment/Home Respiratory Therapy
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 2164510 1770551228
 Agency Code:
 Billing Entity ID:
 Address 60 Cohoes Avenue City Green Island State NY Zip 12183
 *REQUIRED

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

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

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

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

Character Count: 3435

III. Appeal Point of Contact

Contact Person Irene Magee
 Title Director
 Contact Phone 518-271-9600 Extension
 Contact Email Irene.Magee@sphp.com

IV. Please choose the following VAP Exception:

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	8%	8%	Census	2013

Northeast Home Medical Equipment (NEHME) is a durable medical equipment and home respiratory therapy (DME/RT) provider integral to St. Peter's Health Partners (SPHP) serving the 6-county area of the Ellis PPS: Albany, Rensselaer, Saratoga, Schenectady, Fulton and Montgomery. NEHME receives 80 orders per day, serves 9,000 unduplicated patients annually, makes over 28,000 deliveries. 30% of patients are hospice patients. Of the remainder, 8% are covered by Medicaid and 8% receive charity care/financial assistance with copays. Our equipment and services are critical in the care transitions, asthma, palliative care, behavioral health, and integrated delivery system Ellis PPS projects. The Ellis PPS would be unable to serve patients in need of DME/RT services in the targeted service area without the approval of NEHME as a vital access provider. NEHME was established in 2001 and is critical to the Ellis PPS because:

- We have been the exclusive provider for the only Hospice in this region for the past 15 years. The nature of serving hospice patients requires us to be in every neighborhood every day whereas the typical DME provider is setup to deliver to certain areas on a certain day of the week. Because of the nature of serving hospice patients, we are also unique in being responsive evenings, weekends and holidays to ensure access off hours. Our staff also has experience caring for patients at end of.
- NEHME is an integral provider within St. Peter's Health Partners, and a key partner in the Ellis PPS. NEHME is the only DME/RT provider with equipment loan closets embedded in urgent care centers, physician offices and each hospice branch office to help avert ER visits/hospitalizations and enable a patient to be safely maintained in the community. We have nebulizer loan closets in our physician practices and urgent care centers providing immediate access to equipment and allowing the patient/caregiver to be taught to use the equipment. As part of the Ellis PPS, NEHME will expand on-site closets at patient-centered medical homes through the Ellis PPS.
- We have a 2 hour stat response time for orders. NEHME also has delivery vehicles loaded with appropriate inventory which allow the delivery technician to respond to new orders received while en-route eliminating the need to return to the warehouse for new orders. NEHME is the only DME/RT service with equipment loan closets at all four SPHP hospitals, Sunnyview Rehab Center, SPHP sub acute rehab facilities to facilitate timely discharges.
- NEHME has the most advanced equipment and home respiratory technology including those items which will be important in serving the patient populations targeted by the Ellis PPS, including: nebulizers, breast pumps, portable ramps, wheelchairs, walkers, commodes, beds, bariatric equipment and a full range of home respiratory products and services: invasive and non-invasive home ventilators, Bipap, CPAP and high liter flow oxygen. We are proud to report a readmission rate of only 3% for home-based ventilator-dependent patients with an average daily census of 30 patients.
- We offer the widest array of inventory, increasing access for patients with special needs who also require immediate delivery. Averting an ER visit or hospitalization or facilitating a safe discharge only occurs, in our experience, if the equipment needed at home can be obtained in hours, not days.

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

Name Michelle Mazzacco
 Title VP/Director
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii

II. Appeal Applicant Information

Organization Name: Empire Home Infusion Services, Inc.
 Joined PPS: Ellis Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Home Infusion Pharmacy
 Operating Certificate/License #: 23023
 MMIS*: 1697465
 NPI*: 1598705386
 Agency Code:
 Billing Entity ID:
 Address: 10 Blacksmith Drive, Suite 2
 City: Malta
 State: NY
 Zip: 12020

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

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

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

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

Character Count: 3485

III. Appeal Point of Contact

Contact Person: Diana Boschi, RPh
 Title: Director
 Contact Phone: 518-899-8103
 Extension:
 Contact Email: Diana.Boschi@sphp.com

IV. Please choose the following VAP Exception:

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	12%	1%	Census	2013

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

Name: Michelle Mazzacco
 Title: VP/Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

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 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 key provider in the following Ellis PPS projects: care transitions, palliative care, and integrated delivery system.

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 EHIS as a vital access provider. Home infusion therapy will be used more extensively to avoid hospitalizations by patients living in the community as well as by those residing in nursing homes. EHIS is unique in several ways:

- EHIS has been the exclusive provider for the only Hospice in the region for more than 15 years. Our pharmacists have extensive experience 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 outcomes in the Ellis PPS palliative care program.
- 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 RNs for pre-discharge teaching of patients/caregivers. EHIS provides a 4-hour stat response time to new orders.
- Averting a hospitalization through the use of IV therapy in the home requires a degree of integration and responsiveness that is only provided in this region by EHIS. The SPHP Home Visiting Physician Program utilizes EHIS routinely to avert ER visits and hospitalizations for their homebound patients. The MDs/NPs in this model share examples with their physician colleagues showing how EHIS started IV therapy in the home faster than 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 Eddy 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.
- EHIS patient outcomes and process measures are nationally benchmarked through Strategic Healthcare Programs and are consistently above national averages. In 2013, 77% of patients completed therapy, 2% above the national average. Remarkably, with a large percentage of patients served being on a home-based palliative care program, hospice program or chemotherapy, EHIS has achieved an hospital avoidance rate of 99.5%, or 0.29 unscheduled hospitalization events per 1000 service days, versus 0.32 nationally.
- Most home infusion pharmacies operate a licensed home care agency to provide IV nursing services in a patient's home. However, Medicaid 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 York and Community Health Center) covering the Ellis PPS service area.



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**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Equinox Inc.
 Joined PPS: Albany Medical Center Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: OMH Congregate Care Level 2
 Operating Certificate/License #: 7524430
 MMIS*: 2995811
 NPI*: 1477695021
 Agency Code:
 Billing Entity ID: E0144346
 Address: 500 Central Avenue
 City: Albany
 State: NY
 Zip: 12206

III. Appeal Point of Contact

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

IV. Please choose the following VAP Exception:

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

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

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

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

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

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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: 3269

Geographic Area of services provided by Equinox, Inc. – Albany County
 Population Served – Adults 18 and older with a diagnosis of serious mental illness
 Services would be insufficient without Equinox, Inc. Residential Program – If Equinox did not provide adult residential services, there would be 87 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 discharges to community based residential services, there would be a greater number of clients that would continue to remain in the hospital or be discharged to the community without proper case management services (medication supervision, proper nutrition, medical care, outpatient psychiatric services).

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 approach. 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 services provided to support the needs of the community.

Adult Residential Program Description:

• Cohoes Community Residence – Serves adults 18 years or older living with a psychiatric diagnosis. accommodates 14 residents and also includes handicap accessibility – located in a quiet residential neighborhood in Cohoes, NY

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

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



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

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Equinox Inc.
 Joined PPS: Albany Medical Center Hospital

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Provider Type: Other
 Provider Type - Other: OMH Congregate Care Level 2
 Operating Certificate/License #: 7524433
 MMIS*: 2995811
 NPI*: 1477695021
 Agency Code:
 Billing Entity ID: E0144346
 Address: 500 Central Avenue, Albany, NY 12206

III. Appeal Point of Contact

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

IV. Please choose the following VAP Exception:

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

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

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

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

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

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- 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: 3484

A. Geographic Area of services provided by Equinox, Inc. – Albany County
 Population Served – Adults 18 and older with a diagnosis of serious mental illness
 Services would be insufficient without Equinox, Inc. Residential Program – If Equinox did not provide adult residential services, there would be 87 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 discharges to community based residential services, there would be a greater number of clients that would continue to remain in the hospital or be discharged to the community without proper case management services (medication supervision, proper nutrition, medical care, outpatient psychiatric services).

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 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 approach. 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 services provided to support the needs of the community.
 Adult Residential Services:
 Adult Residential Program Description:
 • Holt House Community Residence – Serves 11 adults, ages 18 years or older, living with a psychiatric diagnosis and a developmental disability – residents must be ambulatory – staff provide training and support necessary for residents to live more independently in the community – program located near Washington Park in downtown Albany

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

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



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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Equinox Inc.
 Joined PPS: Albany Medical Center Hospital

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Provider Type: Other
 Provider Type - Other: OMH Congregate Care Level 2
 Operating Certificate/License #: 7524434
 MMIS*: 2995811
 NPI*: 1477695021
 Agency Code:
 Billing Entity ID: E0144346
 Address: 500 Central Avenue
 City: Albany
 State: NY
 Zip: 12206

III. Appeal Point of Contact

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

IV. Please choose the following VAP Exception:

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

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

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

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

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

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

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

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

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

- A 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.
- 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).
- Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3311

Geographic Area of services provided by Equinox, Inc. – Albany County
 Population Served – Adults 18 and older with a diagnosis of serious mental illness
 Services would be insufficient without Equinox, Inc. Residential Program – If Equinox did not provide adult residential services, there would be 87 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 discharges to community based residential services, there would be a greater number of clients that would continue to remain in the hospital or be discharged to the community without proper case management services (medication supervision, proper nutrition, medical care, outpatient psychiatric services).
 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 approach. 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 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.

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

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



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Equinox Inc.
 Joined PPS: Albany Medical Center Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: OMH Congregate Care Level 2
 Operating Certificate/License #: 7524432
 MMIS*: 2995811
 NPI*: 1477695021
 Agency Code:
 Billing Entity ID: E0144346
 Address: 500 Central Avenue
 City: Albany
 State: NY
 Zip: 12206

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

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 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: 3482

III. Appeal Point of Contact

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

IV. Please choose the following VAP Exception:

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

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

Geographic Area of services provided by Equinox, Inc. – Albany County
 Population Served – Adults 18 and older with a diagnosis of serious mental illness
 Services would be insufficient without Equinox, Inc. Residential Program – If Equinox did not provide adult residential services, there would be 87 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 discharges to community based residential services, there would be a greater number of clients that would continue to remain in the hospital or be discharged to the community without proper case management services (medication supervision, proper nutrition, medical care, outpatient psychiatric services).
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 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 services provided to support the needs of the community.
 Adult Residential Program Description:
 Warren Street Apartment Program – Serves adults 18 years of age or older, living with a psychiatric diagnosis – accommodates 36 adults that live in one or two bedroom apartments both in an on -site building as well as community rentals in the City of Albany. Handicap apartments are available at the 543 Warren Street on-site location. Program goal is to help residents attain living skills needed for independent living in the community.

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

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



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii

II. Appeal Applicant Information

Organization Name: Equinox Inc.
 Joined PPS: Albany Medical Center Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: OMH Congregate Care Level 2
 Operating Certificate/License #: 752007A
 MMIS*: 2995811
 NPI*: 1477695021
 Agency Code:
 Billing Entity ID: E0144346
 Address: 500 Central Avenue, Albany, NY 12206

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

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 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 2890

III. Appeal Point of Contact

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

IV. Please choose the following VAP Exception:

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

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

The Equinox PROS program serves up to 120 individuals in Albany County with serious mental illness and at least one significant functional deficit which impairs their ability to adequately function in the community. Additionally 75% of these individuals have a co-occurring alcohol or substance abuse disorder.

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 assisting program participants in stabilizing their psychiatric symptoms and meeting their rehabilitative needs which allows them to better 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.

The Equinox PROS program is a comprehensive recovery oriented program for adults with serious mental illness. Its purpose is to assist program 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 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.
 Community Rehabilitation and Support (CRS) – Services which assist individuals in managing their illness and restoring those skills necessary to live in the community.

Intensive Rehabilitation (IR)-Time limited and goal focused services accessed according to assessed need. IR services include: intensive rehabilitation goal acquisition, intensive relapse prevention, family psycho-education, and integrated treatment for co-occurring disorders.
 Ongoing Rehabilitation and Support (ORS)-Continued assistance to an individual who has secured a job in an integrated complete setting for a minimum of 10 hours per week.

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 monitoring.

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 functional disability due to the severity and duration of the illness

Funding Sources- Medicaid, Medicare, other insurance re-imbursment, sliding scale for services provided.

Licensing- The PROS Program is licensed by the New York State Office of Mental Health.

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

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



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

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

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I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Exercise Express
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: Agency Code: Billing Entity ID:
 Address: 126 Penhurst Street City: Rochester State: NY Zip: *REQUIRED

III. Appeal Point of Contact

Contact Person: Karen Rogers
 Title: Owner
 Contact Phone: (585)967-4356 Extension:
 Contact Email: karenkayjona@gmail.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage				

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

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

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

You chose 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: 1364

Exercise Express LLC participated in the New York State Office of Alcoholism and Substance Abuse Services (OASAS) program. ATR/ NY SOARS is a Federal initiative which provides electronic vouchers to adults with substance use disorders to help pay for a range of 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 mission is to make physical activity and exercise a standard part of a global disease prevention and treatment medical paradigm. Research proves that exercise has a role in the treatment and prevention of more than 40 chronic diseases including diabetes, heart disease, obesity and hypertension, 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 disparity population with high rates of essentially treatable and preventable diseases which are undiagnosed and untreated. Exercise will allow individuals 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.



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Delivery System Reform Incentive Payment (DSRIP) Program
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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Family and Child Service of Schenectady, Inc.
 Joined PPS: Ellis Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: LTHHCP
 Provider Type - Other:
 Operating Certificate/License #
 Unique Identifiers: n/a
 Agency Code:
 Billing Entity ID:
 Address: 246 Union St. City: Schenectady State: NY Zip: 12305

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

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 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 26

III. Appeal Point of Contact

Contact Person: Bob VanZetta
 Title: Executive Director
 Contact Phone: 518-393-1369 Extension: 23
 Contact Email: bvanzetta@familyandchildservice.com

IV. Please choose the following VAP Exception:

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	88%	12%	Records	2013

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

Name: Robert J. VanZetta, LCSW
 Title: Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No

See Attached Documentation



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

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I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Family Counseling Service of the Finger Lakes, Inc.
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Trauma Therapy including Child & Adolescent Sexual Abuse, General Counseling, Domestic Violence
 Operating Certificate/License #: N/A MMSI*: N/A NPI*: 14170353387
 Unique Identifiers: N/A
 Agency Code:
 Billing Entity ID:
 Address: 671 South Exchange St. City: Geneva State: NY Zip: 14456

III. Appeal Point of Contact

Contact Person: Barbara Pierce-Morrow
 Title: Executive Director
 Contact Phone: 315-789-2613 Extension: 2124
 Contact Email: bpierce-morrow@fcsfl.org

IV. Please choose the following VAP Exception:

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	44%	unknown	Agency Data	2013

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

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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: 3489

a. Family Counseling Service provides professional counseling and specialized services to residents in Ontario, Wayne, Seneca and Yates Counties 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 providing services to the whole family as the entire family is often effected or may be a contributing factor to the presenting problem. We complete assessments for Adverse Childhood Experiences (ACES) for both children and adults who present for services. ACES have been directly 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 intervene 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 provide services within many school districts which allows us to identify children that may already have multiple adverse childhood experience and implement services, interventions and identify supports to children that we know are already at higher risk and hopefully limit further 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 trained 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.

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

Name: Barbara Pierce-Morrow
 Title: Executive Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Family Residences & Essential Enterprises, Inc.
 Joined PPS: Nassau University Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: PROS
 Operating Certificate/License #: MMIS* NPI*
 Unique Identifiers: 6353007A 1542369 1497943757
 Agency Code: 40320
 Billing Entity ID: E112420547
 Address: 191 Sweet Hollow Road City: Old Bethpage State: NY Zip: 11804

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

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

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

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

Character Count: 2706

III. Appeal Point of Contact

Contact Person: Anu Arnold
 Title: Vice President Behavioral Health Services
 Contact Phone: 1-516-870-1623 Extension:
 Contact Email: Aarnold@familyres.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	83%		Data DSRIP Calcul	2014

FREE is already designated as a safety Net provider and will also be applying to provide 1915i services. FREE has the expertise in providing supports and services to individuals with complex needs. We offer services to individuals diagnosed with mental illness and intellectual disabilities that most other organizations within PPS do not have. FREE offers services to all residents of Nassau and Suffolk Counties in residential settings as in our PROS program. Terry's Place PROS is a person centered recovery focused day program opportunity operated under the auspices of the Family Residences and Essential Enterprises, Inc. (FREE) and is licensed by the Office of Mental Health (OMH), currently serving the needs of 136 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; 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 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-site support for individuals employed in the community.

Individuals engaged in PROS participate in the following services:

- CRS: Community Rehabilitation and Support – The basic services provided at PROS that help individuals address mental health barriers that 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. symptom stability after a hospitalization, employment, movement to a more independent setting)
- ORS: Ongoing Rehabilitation and Support – Services designed to support an individual currently employed in the competitive workforce. Services are provided offsite in the community.
- CT: Clinical Treatment - A full Mental Health Clinic component comprised of Psychiatrist, Nurse Practitioner and Registered Nurse. The clinic component offers a holistic approach to mental health which incorporates all aspects of person's life into their treatment. A particular emphasis on a person's medical needs and its effect on their overall mental health are addressed.

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

Name: Anu Arnold
 Title: Vice President of Behavioral Health Services
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Family Services of Westchester
 Joined PPS: Montefiore Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Foster Care (Therapeutic)

Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:		
Agency Code:		
Billing Entity ID:		
Address	City	State Zip
1 Gateway Plaza	Port Chester	NY 10549

* REQUIRED

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

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

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

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

Character Count: 1283

III. Appeal Point of Contact

Contact Person: Eric Toth
 Title: Vice President of Program Operations
 Contact Phone: 914-872-5259 Extension:
 Contact Email: etoth@fsw.org

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 Foster Care Group Residences. While other organizations offer group residential services as well as Therapeutic Foster Care, FSW has a niche in the service landscape that is unique in Westchester. Our Therapeutic Foster Care program is implementing Trauma Systems Therapy as part of the program, a first in Westchester County, and an important aspect of working with traumatized youth. Our Group Residences utilize a House Parent model, which has been almost entirely abandoned in favor of a shift model in other organizations. This model allows for a family type feel, 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. Having these two options in Westchester provides an important piece to the services available to foster youth, and therefore to the community. FSW has been a provider of Foster Care for decades, and should therefore be considered a Safety Net provider, though not currently on the list of such at this time.

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%	0%	FSW records	2013

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

Name: Susan Wayne
 Title: President/CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Finger Lakes Parent Network Inc.
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 2622195 1790186872
 Agency Code: 26470
 Billing Entity ID:
 Address: 25 West Steuben St. City: Bath State: NY Zip: 14810

III. Appeal Point of Contact

Contact Person: Patti DiNardo
 Title: Executive Director
 Contact Phone: 585-289-4874 Extension:
 Contact Email: pdinardo@flpn.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	52%			2014

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

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

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

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

Character Count: 2846

The Finger Lakes Parent Network Inc. (FLPN Inc.) is an independent parent run, youth driven not for profit organization. The Administration and Family Peer Advocates is parent of children with disabilities. The Board of Directors is 51% parents of children with disabilities. FLPN Inc. began as a pilot program in 1990. Since incorporating in 1995, this not for profit organization has contracted with OMH, OPWDD, OCFS and Elmira Psychiatric Center, as well as several other agencies in the Finger Lakes region. In addition, we are a Medicaid Waiver Service Provider (WSP) to 12 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 residences. Families that are referred to FLPN Inc. are often described as difficult to engage or uninterested in receiving services. Once connected to our agency, our Family Peer Advocates and Skill Building staff connects with the Parents/Caregivers and a trusting relationship is forged. Our 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 an agency and a Parent, reducing stress and increasing satisfaction of services. These peer to peer services while cost effective prove highly 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 Finger 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 disabilities 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.

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

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



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Finger Lakes PPS
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Performing Provider System
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: N/A TBD TBD
 Agency Code: N/A
 Billing Entity ID: TBD
 Address: 2100 Brighton Henrietta TL Road, Unit #100 Rochester NY 14623

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

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

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

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

Character Count: 1651

III. Appeal Point of Contact

Contact Person: Allen Miller
 Title: Consultant
 Contact Phone: 310-386-5812 Extension
 Contact Email: amiller@copehealthsolutions.org

Finger Lakes Performing Provider System is somewhat unique within the New York State Medicaid Waiver DSRIP program as it has two separate co-lead non-profit safety net hospitals collaborating to lead the PPS. The fact that there are two co-leads requires the development of a new corporation, currently envisioned as a not-for-profit corporation with two members - Rochester General Hospital (part of the Rochester Regional Health System) and Strong Memorial Hospital (part of the University of Rochester) - if possible qualified for a tax exempt status under section 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 forming entities, Rochester General Hospital and Strong Memorial Hospital, are both currently safety net providers. The NPI and MMIS numbers for the safety net hospital co-leads are: Strong Memorial NPI 1346285657 MMIS 00279034 Rochester General Hospital NPI 1255360517 MMIS 03000557. We envision the following timeline to put our new corporation into place: November 24, 2014 - Identify an existing non-for-profit 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 Application for FLPPS. January to March, 2015 - Constitute the interim board and launch the corporation in order to ensure readiness for DSRIP implementation on April 1, 2015.

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	N/A	N/A	N/A	N/A

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

Name: Steve Goldstein and Mark Clement
 Title: CEOs of Strong Memorial and Rochester General Hospitals
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii

II. Appeal Applicant Information

Organization Name: FLH Medical, P.C.
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Professional Corporation
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 3093703 1215174644
 Agency Code:
 Billing Entity ID: PRL for non-ortho and FLH Medical, PC for Ortho
 Address PO Box 1077 Geneva NY 14456
 *REQUIRED

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

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

You chose qualification ii, in the space below please include all of the following that apply to your Hospital:

- A description of the applicant's niche services that would enhance the network of services for the PPS.
- A financial viability analysis (attach as PDF in the email when submitting)
- An identification of and description of how the applicant's relationships within the community that would enhance PPS' success.
- Demonstration of past success in reducing avoidable hospital use
- Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

III. Appeal Point of Contact

Contact Person: Frank Korich
 Title: VP & Site Administrator
 Contact Phone: 315-531-2021 Extension
 Contact Email: frank.korich@flhealth.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	14%	2%	Medent EMR	2014

Character Count: 2481

In 2008 Geneva General Hospital established a captive professional corporation (P.C.) for the purpose of establishing Primary Care and Specialty practices in various communities with provider access needs in Ontario, Seneca and Yates Counties. FLH Medical P.C. is a 501(c)(3) corporation with a corporate office at 196 North St. Geneva, NY 14456.

The P.C. includes the following services: Family Medicine Practices, Internal Medicine Practices, Orthopedics, Physiatry, Psychiatry, Urgent Care

Currently FLH 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 more than 105,000 visits for 2014. Medicaid visits accounts for approximately 14% of volume. Self-pay visits are approximately 1.5% of visits. Medicare visits accounts for approximately 30% of volume.

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.

- The primary care practices and 3 Urgent Care operations assist in decompression of local Emergency Departments and provide a continuum 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.
 - Additionally, the primary care practices are a key linkage in chronic disease management.
 - Access to key specialties has also been improved. Orthopedic access has improved across the region. Previously there was no orthopedic access in 2 of the counties served. Psychiatry is an underserved population across the care region.
- 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 in eastern Ontario County, Seneca County and Yates County. In addition to the 42 providers in FLH medical, P.C., the delivery network includes 2 acute care safety net hospitals (Geneva General Hospital and Soldiers and Sailors Memorial Hospital, a Critical Access Hospital in Yates County), a 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 and Sailors Memorial Hospital have been known for.

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

Name: Pamela E. Johnson
 Title: Treasurer & CFO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Four Points Christian Counseling Services
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Christian Counseling Services
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: na na na na
 Agency Code: na
 Billing Entity ID: na
 Address 815 Park avenue City Rochester State NY Zip 14608
 *REQUIRED

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

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

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

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

Character Count: 2263

III. Appeal Point of Contact

Contact Person Denise Lynn Bell
 Title Minister
 Contact Phone 585-456-6645 Extension
 Contact Email deniselynnbell@gmail.com

A) Finger Lakes currently consist of secular counseling which in and of itself is not as comprehensive as a dynamic combination of Christian and secular treatment. Populations such as the elderly, young adults, adults, single parents with young children, or younger adults with small children, veterans, and those re entering society. People with domestic violence and trauma victims, and lastly the LGBT community.
 B) Four Points Christian Counseling Services provides wholistic counseling that is founded on both spiritual, mental, and emotional perspectives. 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 individual who is needing the service for example; a Veteran who is frequenting the emergency room because s/he is feeling a loss of connection from their community of faith. This person will be given the opportunity to discuss their need for becoming involved with faith based communities as well as attending spiritual guidance counseling sessions from Four Points CCS.
 C) Improving the overall health of an individual cannot be done without treating the whole person. People who have a faith base connection at their disposal will more than likely seek out that qualified advice for issues that are not treated in the emergency room. For example a young teen mother may feel overwhelmed at being a young parent so when the child has a slight cough she may bring the child in for treatment, but just prior to that s/he may consult a distant family member or his/her spiritual counselor at Four Points CCS that will give her some quick advice based on the knowledgeable staff member. Talk her through to call the on call staff at her peds office and set up an appointment for the morning and some techniques to help his/her child sleep comfortable through the night.

IV. Please choose the following VAP Exception:

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

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

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

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

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

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

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

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



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Genesee County Office for the Aging
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII. Additional PPS" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Area Agency on Aging
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: NA NA NA NA
 Agency Code: NA
 Billing Entity ID: Federal ID 16-600-2560
 Address: 2 Bank Street City: Batavia State: NY Zip: 14020

III. Appeal Point of Contact

Contact Person: Ruth Spink
 Title: Services Administrator
 Contact Phone: 585-344-2580 Extension: 5913
 Contact Email: rspink@co.genesee.ny.us

IV. Please choose the following VAP Exception:

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

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~ 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	19%	12%	ystateofhealth.r	2013

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

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- 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: 3363

a. NY Connects Genesee Care Options is a federally recognized Aging and Disability Resource Center providing vital long term care no wrong door screening, information, assistance, and referral/conflict free management services to Genesee County residents age 60+, disabled individuals, and their caregivers. We are well known and respected throughout the community, region, and state as an accessible agency providing exceptional, unbiased resource information and strong collaborative professional relationships. Aging services (Genesee County residents age 60+) offer home and community based services, long term care planning assistance, legal assistance, medical transportation, health insurance information and counseling assistance. Underserved, uninsured individuals feel safe coming to Genesee County NY Connects/Office for the Aging when seeking information and services.

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 Force (Attached) forming strong collaborative relationships, implementing successful initiatives. Members have established MOU's and Confidentiality Agreements with the NY Connects Program. (Attached) It was Genesee NY Connects that initiated and helped steer what is now the recently established Genesee, Orleans, Wyoming DSRIP Naturally Occurring Care Network with Finger Lakes Performing Provider System. We are a sole source provider in our county for home delivered and congregate nutrition services.

CURRENT MEDICAID PROVIDER POSITION:
 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 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 services. We do not have MMIS or NPI numbers, only our Federal ID#. We believe that this Medicaid-funded contractual arrangement elevates our status from "Community Based Organization" (which collectively shares 5% performance-based DSRIP funds) to a "Vital Access Medicaid Provider" status via contracts to provide Medicaid-funded services for Medicaid licensed Home Care Agency and Medicaid Managed Care Organizations.

- Current contract:
- HCR Homecare of Rochester-Certified Home Health Care Agency
- Pending contracts:
- Fidelis Care-Medicaid Managed Care Provider Org.
 - iCircle Services/CDS Monarch-Medicaid Managed Care Provider Org.
 - Niagara Advantage-Medicaid Managed Care Provider Org.

ADDITIONALLY:
 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 as well as the afore-mentioned nutrition services.

SUMMARY:
 Logic would dictate by virtue of contractual agreements with Medicaid Providers, our status would not be "Community Based Organization" but "Vital Access Medicaid Provider"

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

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



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: God's Love We Deliver, Inc.
 Joined PPS: Health & Hospital Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII. Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Medically-Tailored Home Delivered Meal Provider
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1467646281
 Agency Code:
 Billing Entity ID:
 Address: 630 Flushing Avenue, 7th Floor Brooklyn NY 11206
 *REQUIRED

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

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

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

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 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: 3448

III. Appeal Point of Contact

Contact Person: Alissa Wassung
 Title: Director of Policy & Planning
 Contact Phone: 212-294-8171 Extension
 Contact Email: awassung@glwd.org

God's Love We Deliver is the only nonprofit provider of individually tailored, home-delivered meals and nutritional counseling for people living with multiple, chronic and life-threatening illnesses in New York City. The population that we serve citywide has no other comparable service available to them, because their intense nutritional needs require not just food, but food prescribed by a licensed Registered Dietitian, of which we have 6 on staff. Our nutrition counseling and medically-tailored meals give Medicaid beneficiaries the tools they need to remain in the community, despite needing a nursing home level of care, which enhances the impact of traditional Medicaid services. Thus our services decrease the number of preventable admissions and readmissions, bring down the overall cost of care and reduce over-utilization of intensive services.

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	56%	5%	Internal Records	2014

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 significant predictor of hospitalization, rehospitalization and increased length of stay in hospitals. In a Clinical Nutrition study, for malnourished 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 readmitted to the hospital within 15 days. Our services are key for individuals transitioning from acute care settings back into the community.

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 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 and in their homes. Our services are also billable to mainstream Medicaid managed care plans through a memo released by the NYS Department of Health on August 28, 2013. Furthermore, the State recognized the unique nature of the service we provide by awarding us a Balancing Incentives Project grant to expand our services to Nassau and Westchester Counties, where there are no comparable services for Medicaid beneficiaries.

Despite growth, we know there are many more vulnerable individuals in the downstate area that need our services. The home-delivered meals 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 currently on contract for home-delivered meals with God's Love. Furthermore, need for medically-tailored food is one of only three reasons that a beneficiary can be transitioned to an MLTC plan.

Meals are integral to managing chronic disease for our clients. Our services target a very specific Medicaid population, which may include individuals who are: medically at-risk, in danger of being institutionalized, significantly limited in their ADL that affect shopping and cooking; dealing with serious behavioral health issues that impede their ability to take care of their nutritional needs; in the progressive stages of dementia that require pureed or minced diets; those who need temporary support to recover from a relapse of diabetes-related complications; or being discharged from the hospital after an acute episode with no supports in the home.

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

Name: Karen Pearl
 Title: President & CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
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I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Hamilton County Community Services
 Joined PPS: Adirondack Health Institute

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Mental health outpatient services (psychiatric, psychological, counseling, care coordination, prevention)
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 251S00000X
 Agency Code: NYS OMH provider # 70090
 Billing Entity ID:
 Address 143 White Birch Lane City Indian Lake State NY Zip 12842
 *REQUIRED

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

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

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

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

Character Count: 1060

III. Appeal Point of Contact

Contact Person: Robert Kleppang
 Title: Director of Community Services
 Contact Phone: 518-648-5355 Extension
 Contact Email: rkleppang.hccs@frontiernet.net

Hamilton County Community Services (HCCS) is the sole provider of mental services located in Hamilton County. County residents would need to 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. 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 New York State Office of Mental Health, operated by the County of Hamilton, and provides psychiatric/ psychological services, counseling/ 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 essential to the safety and well-being of all county residents.

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	49%	8%	on-site statistics	2014

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

Name: Robert Kleppang
 Title: Director of Community Services
 Only appeals from the CEO, CFO or comparable will be accepted
 Answer: Yes No



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

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

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Hands Across Long Island, Incorporated
 Joined PPS: Stony Brook University Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: PROS
 Operating Certificate/License #: 8684006A
 MMIS*: 02995619
 NPI*: 1427269141
 Unique Identifiers: 13070
 Agency Code: E0003098
 Billing Entity ID: 159 Brightside Avenue
 Address: 159 Brightside Avenue
 City: Central Islip
 State: NY
 Zip: 11722

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

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 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: 2210

III. Appeal Point of Contact

Contact Person: Ellen M. Healion
 Title: Executive Director
 Contact Phone: 631-234-1925
 Contact Email: ellen@hali88.org

Individuals who have been diagnosed with a severe and persistent mental health diagnosis is a community that is currently served by PEERS within the geographic area that would be covered by the PPS of StonyBrook University Hospital. In Mental Health Systems, Peer Services have 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 in New York State and the Country. HALI provides Rehabilitative and Clinical services to the Suffolk County community. HALI serves approximately 300 individuals with severe and persistent mental illness. There have been significant success made by the participants at HALI. People have gone to school or work, reduced hospitalizations, maintained community housing and decreased public benefits. Participants of HALI 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 also provides other services, such as forensic, housing with case management and advocacy. Without HALI providing services in this geographic area of Suffolk County, the community of individuals with severe and persistent mental illness would not have the option to receive services from a PEER within a PEER RUN organization. Not having PEER SERVICES provided within the Performing Provider Service Network ignores the 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 hospitalizations. HALI has been an active member of the StonyBrook PAC and Behavioral Health Committees of the DSRIP. HALI is supportive of the project priorities that will be submitted in the DSRIP Proposal in December.

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	99%	1%	EMEDNY	2014

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

Name: Ellen M. Healion
 Title: Executive Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: HealthReach Plus
 Joined PPS: Select PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Select One
 Provider Type - Other: _____
 Operating Certificate/License # _____ MMIS* _____ NPI* _____
 Unique Identifiers: _____ 1104045848
 Agency Code: _____
 Billing Entity ID: Medicaid pending
 Address 396 Chestnut Ridg Road City Rochester State NY Zip 14624
 * REQUIRED

III. Appeal Point of Contact

Contact Person Jennifer E. Reid
 Title Owner
 Contact Phone (585) 261-5904 Extension _____
 Contact Email jennifer.reid396@gmail.com

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage				

VIII. Yes I 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 Jennifer E. Reid Yes No
 Title CEO
 Only appeals from the CEO, CFO or comparable will be accepted

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

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

You chose 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: 54

Please see attachment for Health Reach Plus. Thank you



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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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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Home Aide Service of Eastern New York, Inc., d/b/a Eddy Health Alert
 Joined PPS: Ellis Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Personal Emergency Reponse Service
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1446193 1114967924
 Agency Code:
 Billing Entity ID:
 Address 433 River Street, Suite 3000 Troy NY 12180
 *REQUIRED

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

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

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

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 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: 3451

III. Appeal Point of Contact

Contact Person Lynette Turo
 Title Director of Finance & Operations
 Contact Phone 518-833-1040 Extension
 Contact Email Lynette.Turo@sphp.com

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	30%	1%	Census	2013

Eddy Health Alert is a local provider of personal emergency response services and monitored medication dispensers since 1986 which operates as 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 within the Ellis PPS-- Albany, Rensselaer, Schenectady, Saratoga, Fulton, and Montgomery counties. We offer products and services critical in the following Ellis PPS projects: care transitions, palliative care, behavioral health and integrated delivery system.

The Ellis PPS would be unable to serve patients in need of personal emergency response services and monitored medication dispensers in the targeted six-county service area without the approval of Eddy Health Alert as a vital access provider because:

- We are the only provider in the region of monitored medication dispensers. We completed a study of the effectiveness of this technology with 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: dementia, behavioral health, neurological disorders (patients who cannot physically open traditional prescription bottles), and people with multiple chronic diagnoses struggling to comply with complex medication regimes.
- We are the only personal emergency response program in the region offering a full range of PERS technology—landline, cellular and GPS-enabled, along with auto-alert capability to summon help even when the client cannot press a button following a fall, and multiple types of devices for individuals with a variety of disabilities. To save costs, many clients have transitioned from landline phones to cell phones making it 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 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. National PERS vendors ship the technology to client homes, expecting them to be able to install it and teach themselves how to use it. Recognizing issues with literacy, the unfamiliarity with this technology, and the need at times to use splitters to adapt old phone/wiring systems, we have kept a client-centered approach to delivery and instruction, using teach back to ensure the client/family can use the equipment successfully before we leave the home. In addition, battery changes, repairs and replacement are also handled in person. This approach dramatically increases the use of the equipment.

37% percent of individuals served in 2013 were targeted patients:

- 24% were covered by Medicaid
- 6% Managed Medicaid/MLTC/PACE
- 6% County Offices of Aging & EISEP
- 1% Uninsured

Medication adherence using monitored medication dispensers, and PERS technology which allows clients to live independently because they can obtain help when needed, are both critical to the Ellis PPS.

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

Name Michelle Mazzacco
 Title VP/Director
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii iii

II. Appeal Applicant Information

Organization Name: Hospicare & Palliative Care Services
 Joined PPS: United Health Services Hospitals, Inc

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Select One
 Provider Type - Other: Licensed Hospice
 Operating Certificate/License #: 5401501F
 MMIS*:
 NPI*: 1730185737
 Agency Code:
 Billing Entity ID: 22-2473715
 Address: 172 East King Road
 City: Ithaca
 State: NY
 Zip: 14850
 *REQUIRED

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

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

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

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

Character Count: 1815

III. Appeal Point of Contact

Contact Person: Dale Johnson
 Title: Executive Director
 Contact Phone: 607-272-0212
 Extension: 118
 Contact Email: djohnson@hospicare.org

IV. Please choose the following VAP Exception:

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	16%	>1%	Suncoast	2013

Hospicare is applying for a Vital Access Provider Exception as we are the sole provider of community based hospice and home-based palliative care services in the counties of Tompkins and Cortland – two of the ten counties covered by the Southern Tier Rural Intergrated PPS (STRIPPS). As we are the only holder of the Certificate of Need to provide hospice in these counties, Medicaid recipients here are dependent upon Hospicare 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 and most of the population is more than an hour from urban hospitals and health care systems.

Hospicare, like hospices across NYS, is uniquely qualified to meet the metrics set forth by the DSRIP process, especially through the specific 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 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 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 efficiency and financial savings would be multiplied many times over through the power of DSRIP and the community partnership DSRIP 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 over the hospice services of Cortland until September 15, 2014. The Medicaid rate is higher in that county. Thank you for your consideration.

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

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

Answer Yes No



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

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

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Hospice At Lourdes
 Joined PPS: United Health Services Hospitals, Inc

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Hospice
 Operating Certificate/License #: 0301501F
 MMIS*: 00955775
 NPI*: 1336197714
 Unique Identifiers: 0301501F
 Agency Code:
 Billing Entity ID:
 Address: 4102 Old Vestal Road
 City: Vestal
 State: NY
 Zip: 13850

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

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

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

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

Character Count: 2670

III. Appeal Point of Contact

Contact Person: Rochelle Eggleton
 Title: Service Line Administrator
 Contact Phone: 607-772-1598
 Contact Email: reggleton@lourdes.com

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	9%	2%	Lourdes Finance	FY 14

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 Counties and serves Chenango and Delaware with other Hospice providers. With the exception of Broome County most of the geographic area of 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 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 communication across county boundaries as well. Current issues with insufficient care stem from fragmentation between providers, knowledge of services and access. The network of proposed providers is eager to collaborate at every level to ensure each Medicaid recipient receives the appropriate care at the appropriate level of care.

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 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, pain 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 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 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.

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.

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

Name: Rochelle Eggleton
 Title: Service Line Administrator
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



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

**State of New York Department of Health
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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Hospice of Chenango County Inc.
 Joined PPS: United Health Services Hospitals, Inc.

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Hospice of Chenango County Inc.
 Operating Certificate/License #: 0824500F
 MMIS*: 01268400
 NPI*: 1821095902
 Unique Identifiers: 0824500F
 Agency Code:
 Billing Entity ID:
 Address: 21 Hayes Street
 City: Norwich
 State: NY
 Zip: 13815

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

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

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

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

Character Count: 2998

III. Appeal Point of Contact

Contact Person: Patricia Outhouse
 Title: Executive Director
 Contact Phone: 607-334-3556
 Extension:
 Contact Email: pouthouse@hospicechenango.org

IV. Please choose the following VAP Exception:

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	2%	1%	Cost Report	2013

Hospice of Chenango County is the primary provider of Hospice services in Chenango County, serving approximately 90% of those residents who opt for hospice care. Chenango county is a rural county located in central New York state with a population of 50,477. It is comprised of 893.55 square miles of land area and 5.08 square miles of water area. Within its borders there are 21 towns, 8 villages and 1 city. Hospice of Chenango County serves the entire county. There is one hospital within the county, Chenango Memorial Hospital, an affiliate of United Health Services Hospitals. Hospice of Chenango County has a contractual relationship with this hospital for General Inpatient, Respite and Skilled Nursing Facility Hospice Care. In addition Hospice is working closely with the newly established Chenango Memorial Hospital Geriatric clinic located in Norwich, NY to build a palliative care presence aimed at staff and patient education. This is in hopes of developing a model that could be replicated in other primary care clinics throughout the county. Hospice of Chenango County is a Medicare and Medicaid certified Hospice providing end of life care to an average of 151 Chenango County residents each year. Services include in-home hospice care as well as care within area hospitals, nursing homes and adult homes. Ninety-nine (99%)% of services are provided within the home setting, with only one (1)% of patients being hospitalized either for general in patient care or respite services. Hospice of Chenango County utilizes an advanced illness management model of care providing in home holistic support and clinical symptom management to serve patients where they choose to remain in their homes. Services include nursing (staff with certifications in hospice and palliative care), social work, spiritual care, volunteer and bereavement support. In addition, a 24 hour on-call system provides round the clock clinical support services that enables patients to receive the needed care/support to remain in their homes. The UHS PPS has selected Project 3.g.i. (Integration of Palliative Care into the PCMH model) 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 serve as a valuable team member to meet project objectives in this area. End of Life care competencies as well as experience working with a primary clinic to establish this palliative care presence will certainly be an asset to the UHS PPS Palliative Care workgroup's efforts. As the primary provider 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.

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

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



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**State of New York Department of Health
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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Hospice of Fulton County (DBA Mountain Valley Hospice)
 Joined PPS: Adirondack Health Institute

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Hospice of Fulton County (DBA Mountain Valley Hospice)
 Operating Certificate/License #: 1701500F
 MMIS*: 1062371
 NPI*: 1396759213
 Unique Identifiers: 1701500F
 Agency Code:
 Billing Entity ID:
 Address: 108 Steele Avenue
 City: Gloversville
 State: NY
 Zip: 12078

III. Appeal Point of Contact

Contact Person: Susan Frasier
 Title: CEO
 Contact Phone: (518)725-4545
 Contact Email: susan.frasier@mvhcares.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	3%	0%	Financial Report	2013

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

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

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

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

You chose 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: 1864

a. Saratoga County townships of Edinburg, Day and Hadley (population 4,275); Hamilton County townships Morehouse, Arietta, Lake Pleasant, Wells, Hope, Benson (population 2,430); Entire Fulton County (population 54,586). These towns/counties would not be provided comprehensive end-of-life care as Mountain Valley Hospice is the only provider of Hospice services which supports patient end-of-life decision to forego aggressive 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 homes, adult homes or wherever their home may be. The Hospice team provides holistic care including physical, psychosocial, spiritual care while collaborating with other healthcare providers to provide and support individuals. Hospice provides availability of Registered Nurse 24/7 for crisis and supportive homecare visits to avoid patient ER visits and unwanted hospitalizations. Mountain Valley Hospice Registered Nurses, 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 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.



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Hospice of Jefferson County, Inc.
 Joined PPS: Samaritan Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII. Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Hospice of Jefferson County, Inc.
 Operating Certificate/License #: 2201501F
 MMIS*: 987279
 NPI*: 1164426433
 Unique Identifiers: 3648
 Agency Code: 3648
 Billing Entity ID:
 Address: 1398 Gotham St. City: Watertown State: NY Zip: 13685

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

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

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 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: 2714

III. Appeal Point of Contact

Contact Person: Diana K. Woodhouse
 Title: CEO
 Contact Phone: 315-788-7323 Extension:
 Contact Email: dwoodhouse@jeffersonhospice.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	4%	0%	Billing	2013

Hospice of Jefferson County, Inc. (HJC) is the only certified hospice in Jefferson County. Our service area also covers Southern St. Lawrence County due to the geographic boundaries of St. Lawrence County. While there is a certified Hospice in the northern part of the county, Hospice of Jefferson County is closer to the communities in the southern part of St. Lawrence county. The travel time and mileage cost are the determinants of this split in service areas St. Lawrence County. The population of Jefferson County is 116,229 and of southern St. Lawrence County is 111,913. Hospice of Jefferson County provides the full range of hospice services: routine home care, respite care, continuous care, nursing home hospice care, social work services, spiritual and bereavement services, volunteer services, and is the only hospice in the north 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 home 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 Samaritan Medical Center, River Hospital, Carthage Area Hospital, Jefferson County Health Department and local nursing homes, (The summit, Samaritan Keep Home and Country Manor). Residents of Jefferson County who are insured by Medicaid will not have access to hospice care if 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 case management 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 symptoms and improves quality of life will make a significant contribution to the DSRIP goal.

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

Name: Diana K. Woodhouse
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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**State of New York Department of Health
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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Hospice of Orange & Sullivan Counties, Inc.
 Joined PPS: Montefiore Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Hospice Article 40
 Operating Certificate/License #: 3502500F
 MMIS*: 1078468
 NPI*: 1316945660
 Unique Identifiers: 3502500F
 Agency Code:
 Billing Entity ID:
 Address: 800 Stony Brook Ct. City: Newburgh State: NY Zip: 12550
 *REQUIRED

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

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

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

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

Character Count: 1832

III. Appeal Point of Contact

Contact Person: Daniel Grady
 Title: President & CEO
 Contact Phone: 845-561-6111 Extension:
 Contact Email: dan@hospiceoforange.com

A) Hospice of Orange & Sullivan Counties, Inc. serves the following geographic areas all of Orange County and all of Sullivan County and the southern part of Ulster County. In both Orange and Sullivan Counties we are virtually the sole provider for hospice care. In Orange County we estimate that 98% of all hospice care delivered is provided by our hospice. In Sullivan County we are the only provider of hospice care.

We are the contract provider for general inpatient hospice care for all hospitals in Orange and Sullivan Counties. In addition we own and provide all care at the Kaplan Family Hospice Residence which is licensed for three inpatient hospice beds, eight hospice residential beds and two swing beds.

Therefore would request the vital access provider exception for Orange and Sullivan Counties.

IV. Please choose the following VAP Exception:

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	4%		Hospice Cost repo	2013

B) Hospice provides inter-disciplinary care services to the terminally ill patients who are defined as having a prognosis of six months or less. 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.

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

Name: Daniel Grady
 Title: President & CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Hospice of St. Lawrence Valley
 Joined PPS: Samaritan Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Select One
 Provider Type - Other: Hospice and Palliative Care
 Operating Certificate/License #: 4429501F
 MMIS*: 00977028
 NPI*: 1497758080
 Unique Identifiers: 4429501F
 Agency Code:
 Billing Entity ID:
 Address: 6805 US Highway 11
 City: Potsdam
 State: NY
 Zip: 13676

III. Appeal Point of Contact

Contact Person: Brian Gardam
 Title: Executive Director
 Contact Phone: 315 265-3105
 Contact Email: bgardam@hospiceslv.org

IV. Please choose the following VAP Exception:

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	22%	0%	EMR System	2013

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

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- 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: 2747

Our organization, doing business as Hospice and Palliative Care of St. Lawrence Valley, provides almost all the hospice care delivered in St. Lawrence County. In 2012 we served 40.5% of all Medicare beneficiaries who died during the year in St. Lawrence County, compared to an 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 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, and Highland Nursing Home. Through our Palliative Care Program, we serve people outside the hospice benefit. Since 2010 we have offered care transition services for the patients of Massena Memorial and Claxton Hepburn, providing home follow-up for people discharged from the hospital with chronic progressive illness. This program has been successful in reducing early readmissions to the hospitals. In 2014 we added clinical services by a nurse practitioner, providing interdisciplinary palliative care for persons with chronic, progressive illness, the only organization in our area to do so. We have agreements with Claxton-Hepburn and Massena Memorial to provide palliative care services to recently discharged 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 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 have experienced the death of a student or teacher. We have been instrumental in promoting an interagency response to the high rate of suicide in St. Lawrence County. Along with PPS partners Claxton-Hepburn and United Helpers, we are partners in creating and maintaining Northern Lights, the only non-profit certified home health agency in St. Lawrence County. In summary, our organization is a vital provider of hospice care, 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.

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

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



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

**State of New York Department of Health
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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Hospice, Inc. doing business as Hudson Valley Hospice
 Joined PPS: Montefiore Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Hospice
 Operating Certificate/License #: 1302500F
 MMIS*: 1049669
 NPI*: 1508866286
 Unique Identifiers: 160
 Agency Code: E0194901
 Billing Entity ID: 374 Violet Ave.
 Address: Poughkeepsie
 City: NY
 State: 12601
 Zip: *REQUIRED

III. Appeal Point of Contact

Contact Person: Richard J. Trocino
 Title: President and Chief Executive Officer
 Contact Phone: 845-473-2273
 Extension: 1150
 Contact Email: trocinor@hvhsospice.org

IV. Please choose the following VAP Exception:

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	4%	4%	EMR	2013

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

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

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

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

You chose 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: 3389

Hospice, Inc. incorporated as a 501c3 organization on Dec. 24, 1981 and was Medicare Certified in 1987 to be one of the first 155 hospices in the 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 comfortable in their choice of residents by avoiding unnecessary hospital visits. To that end, and a now priority goal of the DSRIP initiative, we implemented 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 Administration 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 empirically 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 maintained. 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 across 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.



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

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Vital Access Provider Exception Form**

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Hospitality House
 Joined PPS: Ellis Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: NYS licensed 819 residential provider
 Operating Certificate/License #: 141210043
 MMIS*: 1578615423
 NPI*: 1578615423
 Unique Identifiers: 141210043
 Agency Code: Provider # 170
 Billing Entity ID: N/A
 Address: 271 Central Avenue, Albany, NY 12206

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

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

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

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

Character Count: 14

III. Appeal Point of Contact

Contact Person: Linn Becker
 Title: Executive Director
 Contact Phone: 518-378-1001
 Contact Email: lbecker@hospitalityhouse.info

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage			self data base	2013

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

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

Answer Yes No

See attachments



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

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

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

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Independent Living Center of the Hudson Valley, Inc.
 Joined PPS: Ellis Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: independent living center -consumer directed personal care assistance
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: N/A 1631016 1447504550
 Agency Code: N/A
 Billing Entity ID: N/A
 Address 15-17 Third Street Troy NY 12180

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

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

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

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

Character Count: 2504

III. Appeal Point of Contact

Contact Person Denise A. Figueroa
 Title Executive Director
 Contact Phone 518-274-0701 Extension
 Contact Email dfigueroa@ilchv.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	60%	5%	client records	2013

ILCHV is a consumer driven organization, established in 1987 to assist people with disabilities in gaining independence. We are the only 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, and their families, to seniors. As part of the PPS we will serve consumers in Albany, Rensselaer, Schenectady and Saratoga counties. Most 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 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 maintaining or gaining more independence in their community. We are the only MFP (Money Follows the Person) provider in the PPS. Under MFP, we outreach to people living in nursing homes, and if interested, we assist them in transitioning to the community. We were recently awarded a new contract for MFP which will enhance our capability to assist with transition and will expand sites to include developmental centers and intermediate care facilities. Our full complement of services also include peer counseling, assistance securing benefits such as SSDI, Medicaid and SSI, consumer directed personal care assistance, assistance finding medical providers, housing, transportation and employment, and architectural barriers consultation. All of these services complement without duplicating other providers in the network. With appropriate support services in place, consumers can 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 to enhance the health of vulnerable populations.

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

Name Denise A. Figueroa Yes No
 Title Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Institute for Human Services, Inc. (IHS)
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Non-emergency medical transport; chronic disease prev.
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers:
 Agency Code: (currently pending)
 Billing Entity ID: (currently pending)
 Address 6666 CR11 City Bath State NY Zip 14810

III. Appeal Point of Contact

Contact Person Patrick J. Rogers
 Title Executive Director
 Contact Phone (607) 776-9467 Extension 211
 Contact Email rogersp@ihsnet.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	71%	unknown	ept. Monthly rpt	Jul-05

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

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

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

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

Character Count: 3464

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 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 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 are away from any public route.

Steuben shows diversity economically: despite pockets of wealth, large numbers of rural poor reduce 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 the median age at 40.8. Chronic disease is a significant community concern, as is the need to provide information and access to services.

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, which has licensed trainers and Master Trainers to operate, and to train and certify other peer leaders, for Stanford University's Chronic Disease Self-Management Program and the ancillary Diabetes Self-Management Program. These programs provide research-based chronic disease prevention and admission reductions for the chronically ill. We expect this would especially help FLPPS with project 4.b.ii.

c. As requested.

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

Name Patrick J. Rogers
 Title Executive Director
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Jefferson Rehabilitation Center
 Joined PPS: Samaritan Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: OPWDD Services, OPWDD and Early Intervention Casemanagement
 Operating Certificate/License # MMSIS* NPI*
 Unique Identifiers: 03262484 & 02001729 1003060039
 Agency Code:
 Billing Entity ID:
 Address 380 Gaffney Drive City Watertown State NY Zip 13601
 *REQUIRED

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

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

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

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

Character Count: 494

III. Appeal Point of Contact

Contact Person Jill Allen
 Title Director of Finance
 Contact Phone 315-836-1251 Extension
 Contact Email jjaallen@jeffrehabcenter.org

The Jefferson Rehabilitation provides OPWDD services for residential, vocational, adult day programming, and casemanagement. We also provide early intervention casemanagement services and operate a day care, early intervention and preschool program. In our OPWDD services we do provide some behavior management training and typical clinical services such as OT, PT and Speech. We are the main provider of OPWDD services in the community and one of two that provide early intervention services.

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	74%	?	DOH	2014

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

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



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Leatherstocking Education on Alcoholism/Addiction Foundation, Inc.
 Joined PPS: Mary Imogene Bassett Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: OASAS Funded Prevention Provider
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers:
 Agency Code: 35280
 Billing Entity ID:
 Address 80 Water Street City Oneonta State NY Zip 13820

III. Appeal Point of Contact

Contact Person: Julia M. Dostal
 Title: Executive Director
 Contact Phone: 607-432-0090 Extension 101
 Contact Email: julie@leafinc.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	18%	18%	ounty Public Hea	2013

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

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

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

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

Character Count: 2109

The Leatherstocking Education on Alcoholism/Addiction Foundation, Inc. (AKA: The LEAF Council) serves Otsego County, New York. LEAF is the only OASAS licensed substance abuse prevention provider in Otsego County with a population of approximately 62,000. The LEAF Council has experience in providing behavioral services, such as alcohol and substance abuse prevention, adult education and community mobilization. The Council employs 7 full time staff and 2 part time staff, of which three are New York State Credentialed to provide 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 provider. As the sole prevention provider within Otsego County we play an integral part in the behavioral healthcare network. Services such as community 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 provide a wide-array of community and school based services that promote positive health choices and help prevent substance use. 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.

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

Name Julia M. Dostal Yes No
 Title Executive Director & CEO
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i iii

II. Appeal Applicant Information

Organization Name: Lifespan
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Not for Profit -Aging Service Provider
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 3065616 1174951297
 Agency Code:
 Billing Entity ID:
 Address 1900 S. Clinton Ave City Rochester State NY Zip 14618
 *REQUIRED

III. Appeal Point of Contact

Contact Person: Ann Marie Cook
 Title: President/CEO
 Contact Phone: 585-244-8400 Extension: 2
 Contact Email: amcook@lifespan-roch.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	20%	5%		

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

Name: Jody Rowe
 Title: Chief Operating Officer
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

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

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

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

Character Count: 749

Lifespan of Greater Rochester serves Health Home clients in our region by assigning social work care managers that are trained to utilize both Health Home and specific program assessment tools to evaluate care needs. Our team specializes in working with older adults to help prevent premature and unnecessary hospitalizations as well as inappropriate utilization of healthcare dollars. Our care managers provide home visits and intensive support on a monthly basis to manage wellness in five areas: social, physical, financial, mental health and activities of daily living. Assisting older adults in maintaining successfully at home or in the least restrictive level of care aids the larger community focus of reducing cost and increasing wellness.



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Long Island Council on Alcoholism and Drug Dependence (LICADD)
 Joined PPS: Nassau University Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: OASAS Certificate for Education and Training
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers:
 Agency Code: 501C3
 Billing Entity ID:
 Address 114 Old Country Road City Mineola State NY Zip 11501
 *REQUIRED

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

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

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

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

Character Count: 3308

III. Appeal Point of Contact

Contact Person: Steve Chassman, LCSW, CASAC
 Title: LICADD Clinical Director
 Contact Phone: 516-747-2606 Extension 102
 Contact Email: schassman@licadd.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	N/A			

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

Name _____ Title _____ Answer Yes No

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

LICADD offers a host of services that are considered best practice in the field of behavioral health that would greatly contribute to the reduction 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 to treatment (SBIRT), advanced relapse prevention counseling; both individual and group forums, recovery coaching, family support, psycho-educational and support services, motivational enhancement therapy (MET), Start to Stop groups utilizing the stages of changing behavior model, mental health screenings and thorough bio/psycho/social assessments, Teen Intervene; an evidence based intervention model for adolescent substance users, emotional regulation groups and individual counseling, quality health care referrals for mental health conditions and co-occurring disorders, HIV/AIDS psycho-educational and linkage services, eating disorder; groups and coaching , overdose prevention training (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/social wellness of clients and therefore, reduce hospital re-admissions for behavioral health issues/conditions by 25%.



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Maple City Physical Therapy, PLLC
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Select One
 Provider Type - Other: Physical Therapy Office
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1821411802
 Agency Code:
 Billing Entity ID:
 Address 100 Loder Street City State Zip
 Hornell NY 14843
 *REQUIRED

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

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

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

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

Character Count: 1393

III. Appeal Point of Contact

Contact Person: Megan O'Brien PT, DPT
 Title: Owner-Vice President
 Contact Phone: (607) 324-9344 Extension
 Contact Email: maplecitypt@gmail.com

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	0%	1%	Company Billing	2014

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

Name: Megan L. O'Brien
 Title: Owner-Vice President
 Only appeals from the CEO, CFO or comparable will be accepted
 Answer: Yes No

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 limited access to public transportation during the day and none available during the evening and nighttime hours. Currently, the future of health 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 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 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 acquisition 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 Hospital and the large gap this would leave in the community for patients with Medicaid. In 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 about the possibility of being a part of a new health care delivery system.



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Medical Solutions, Inc.
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Select One
 Provider Type - Other: CDPAP Fiscal Intermediary

Operating Certificate/License #	MMIS*	NPI*	
3016837	3016837	1225375470	
Unique Identifiers:	Agency Code:	Billing Entity ID:	
Address	City	State	Zip
1729 Norton St.	Rochester	New York	14609

* REQUIRED

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

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

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

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

Character Count: 3372

III. Appeal Point of Contact

Contact Person: Greg Zimmer
 Title: President and CEO
 Contact Phone: 585-261-5050 Extension:
 Contact Email: nursing@Rochester.rr.com

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	80%			

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

Name: Greg Zimmer
 Title: President and CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

Consumer Directed Personal Assistance (CDPAS) homecare will not be available or not adequately represented to the Medicaid population in the 14 County region served by the FLPPS. Authorized CDPAS Fiscal Intermediary companies are not members of the partnering group. Medical Solutions is actively serving a Medicaid census of over 125 CDPAS consumers throughout the Finger Lakes Region, a census too large to be transitioned to traditional home care services without care disruption. Furthermore, Medical Solutions is contracted with MLTCs and MCOs across the FLPPS, and Upstate New York Counties, providing flexibility to serve both metro and rural consumers as necessary while promoting efficient FLPPS project implementation. Given the FLPPS geographic nature of overlap into the PPSs of ECMC, SUNY, Cayuga/Cortland and United Healthcare, we are uniquely poised with availability of service arrangements, affordable payment, and good rate of pay versus existing providers. 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 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 homes, 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 combined experience in providing community based services. To ensure performance standards and quality assurance in our non-clinical role, our customer 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 managed 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 is crucial and handled by a marketing representative.



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Mental Health Association of Rochester/Monroe County, Inc.
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Operating Certificate/License #, MMIS*, NPI*
 Unique Identifiers: Agency Code: 17090
 Billing Entity ID:
 Address: 320 N. Goodman Street, City: Rochester, State: NY, Zip: 14607

III. Appeal Point of Contact

Contact Person: Patricia Woods
 Title: President/CEO
 Contact Phone: 585 325 3145, Extension: 112
 Contact Email: pwoods@mharochester.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	74%	6%	PCS	2013

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

Name: Patricia Woods
 Title: President/CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

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

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

You chose 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: 1079

The Mental Health Association of Rochester/Monroe County, Inc. provides a unique set of services that is not duplicated in our community. Our 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 bridge services, one to one peer coaching including assistance with basic needs. We provide peer support to individuals who have gained competitive employment as well as having a benefits specialist on staff. Services are offered to groups of individuals through a recovery center, self-help drop in center and the creative wellness service. Many of our services will be included 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 Services for families that have children with emotional or behavioral challenges. We have been approved to provide Medicaid services through the B2H Waiver. Services are provided in Monroe, Livingston and Wyoming Counties.



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**

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I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Mental Health Empowerment Project, Inc
 Joined PPS: Albany Medical Center Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Peer Support Services
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers:
 Agency Code: 27100
 Billing Entity ID:
 Address 3 Atrium Drive Suite 205 Albany NY 12205
 * REQUIRED

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

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

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

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

Character Count: 0

III. Appeal Point of Contact

Contact Person: Amy Colesante
 Title: Executive Director
 Contact Phone: 518-434-1393 Extension
 Contact Email: amymhpe@aol.com

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	over 35%			

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

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



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Moden-Giroux, INC. d/b/a Middleport Family Health Center
 Joined PPS: Niagara Falls Memorial Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Pharmacy
 Operating Certificate/License #: 17837
 MMIS*: 775966
 NPI*: 1073602017
 Unique Identifiers: 17837
 Agency Code:
 Billing Entity ID:
 Address: 81 Rochester Road, PO Box 188
 City: Middleport
 State: NY
 Zip: 14105

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

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

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

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

Character Count: 3396

III. Appeal Point of Contact

Contact Person: Stephen L. Giroux
 Title: Owner and President
 Contact Phone: (716) 735-3261
 Contact Email: girouxmf@rochester.rr.com

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	15%	5%	Internal	2013

a. Moden-Giroux, Inc. d/b/a Middleport Family Health Center is applying for the VAP Exception to join the Niagara Falls Memorial Medical Center 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, Inc. d/b/a Middleport Family Health Center provides pharmacy and clinical services in an area that adjunct to several medically underserved areas including Orleans Service area and Niagara Falls Service area which also have primary care health professional shortages. Through partnerships with local primary care providers and companies, clinical pharmacists from Middleport Family Health Center provide services to this population including medication therapy management, diabetes self-management education and training, medication adherence services, immunization services, and insulin pump training and management. Our services have met the needs of patients who would otherwise need to travel 50 miles or more to receive care or if unable to travel were denied access to these services.

b. Moden-Giroux, Inc. d/b/a Middleport Family Health Center has an American Association of Diabetes Educators (AADE) Accredited Diabetes 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 Successful Self-Management, focuses on educating patients on self-care behaviors while providing the added expertise of pharmacist involvement to effectively manage patients' medication regimens. This comprehensive program provides patients with resources and ongoing support to better manage their diabetes and achieve clinical outcomes including coordination with their providers to optimize their diabetes management and reduce risks of complications. Individual appointments are scheduled with the patients initially, usually prior to the initiation of 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 reducing risks). The patients complete one of these 1-2 hour-long classes, every 2 weeks for 2 months, if completed consistently. Patients completing our DSME/T program achieve on average a 1.79% drop in hemoglobin A1C. Patients receiving insulin pump training and management achieve on average a 1.3% drop in hemoglobin A1C.

In addition, our medication synchronization and adherence program has produced a mean proportion of days covered (PDC) well above the accepted threshold for adherence (>80%) for oral hypoglycemic agents (91%), antihypertensive agents with a renin angiotensin system antagonist (RAS) mechanism (91.7%), agents with an HMG-CoA reductase inhibitor mechanism (89.7%). These and other services will enhance the services 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.

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

Name: Stephen L. Giroux
 Title: Owner and President
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Mid-Hudson Addiction Recovery Centers, Inc.
 Joined PPS: Westchester Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Chemical Dependency Crisis Center - Stabilization and Respite
 Operating Certificate/License #: 170310114
 MMIS*: N/A
 NPI*: N/A
 Unique Identifiers: 34010
 Agency Code: 34010
 Billing Entity ID: N/A
 Address: 51 Cannon St, Poughkeepsie, NY 12601

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

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

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

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

Character Count: 1585

The Chemical Dependency Crisis Center, located in downtown Poughkeepsie, is licensed by OASAS as a Medically Monitored Withdrawal Program. Operating since 1977, it serves over 400 individuals aged 16 and over each year. The program focuses primarily on residents of Dutchess County and the surrounding Mid-Hudson Counties but serves other residents from throughout NY state. Except for a similar program in Middletown, it is 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 other settings to longer term, community-based settings. With substance abuse patients admitted for stabilization, the program succeeds in connecting over 60% with follow-up treatment services. The program is also unique because it does not require Medicaid or any other insurance coverage for admission. Without this service individuals seeking primary care would only have hospital-based detox as an alternative. Hospital-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 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.

III. Appeal Point of Contact

Contact Person: Steven Pressman
 Title: Executive Director
 Contact Phone: 845 452 8816
 Contact Email: spressman@cSDL.net

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	92%	5%	Agency records	2013

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

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

Answer Yes No



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Monroe County Office for the Aging
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Area Agency on Aging
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers:
 Agency Code:
 Billing Entity ID: FEIN: 16-6002563
 Address 435 E Henrieta Road, 3rd Floor Faith Rochester NY 14450
 *REQUIRED

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

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

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

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

Character Count: 3442

III. Appeal Point of Contact

Contact Person Julie Allen Aldrich
 Title Director
 Contact Phone 585-753-6548 Extension
 Contact Email JulieAldrich@monroecounty.gov

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	approx. 4% - see note in VI.	not tracked until now	Peerplace	2014

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 towns, 10 villages & the City of Rochester. Of the 745,000 residents, there are approximately 200K adults age 55 & over. This is the fastest growing population of our community & will result in increased need for services to keep people independent & allow them to age in place. --- The Monroe County Office for the Aging (MCOFA) is the state designated agency in Monroe County responsible for planning, coordinating, funding & advocating for programs & services which meet the needs of residents age 60 & over, persons with disabilities, & their caregivers of 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 social & economic need, placing emphasis on serving those older persons who are low-income, minority & those with physical & mental 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. --- As the designated Aging & Disability Resource Center in our County, known as NY Connects, MCOFA is tasked with meeting the Long Term Care 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 but 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 & PEARLS. ---We also provide assistance with civil legal matters for low income seniors, Health Insurance Information, Assistance & Counseling (HIICAP), and 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 those 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 side 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.

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

Name Maggie Brooks C No
 Title County Executive
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer

You have chosen the following VAP Exception:

II. Appeal Applicant Information

Organization Name: Mount Sinai PPS NewCo
 Joined PPS: Mount Sinai Hospitals Group

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: N/A
 Operating Certificate/License #: N/A
 MMIS*: N/A
 NPI*: N/A
 Unique Identifiers: N/A
 Agency Code: N/A
 Billing Entity ID: N/A
 Address: One Gustave L. Levy Place
 City: New York
 State: NY
 Zip: 10029
 *REQUIRED

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

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

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

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

Character Count: 3494

III. Appeal Point of Contact

Contact Person: Arthur Gianelli
 Title: President, Mount Sinai St. Luke's, Special Advisor to the President and CEO of the Mount Sinai Health System
 Contact Phone: (212) 523-9434
 Contact Email: arthur.gianelli@mountsinai.org

IV. Please choose the following VAP Exception:

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

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

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~ 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	N/A	N/A	N/A	N/A

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 serve the attributed Medicaid population in the PPS service area. Currently, the proposed service area includes all 5 boroughs in New York City (NYC) and Westchester Co. Information required in this form, including the provider type, unique identifiers, billing entity IDs, and the percentage of Medicaid and uninsured lives served, are filled in as N/A, as this entity does not yet exist.

This proposed governance model incorporates the current Project Advisory Committee (PAC) structure into the proposed entity, which we intend 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 7 safety net eligible hospitals in NYC, as well as other approved safety net partners in the Mount Sinai PPS. An Executive Board comprised of 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 Leadership Committee that oversees Clinical, Finance, IT, and Workforce committees. Regional Workgroups feed into these four committees.

Key goals with this proposed governance structure are to: 1) promote transparency and collaboration throughout DSRIP implementation, 2) 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 delivery system. The proposed structure will enable the PPS to manage population health, take risk – thereby realigning financial incentives, increase efficiency, and improve access to primary, outpatient, and preventive care for Medicaid patients in our service area.

There is a clear need for system integration and improvements within our service area, as well as greater access to care coordination and 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 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 services.

Our proposed governance structure will support clinical integration and population health through several mechanisms. The structure will leverage the unique contributions of each partner (e.g., clinical expertise) to ensure that best practices are standardized and disseminated across the continuum of care, which will improve care coordination and health outcomes in the community. In addition, an RBE will support the PPS in moving higher up the "risk food chain" with health plans and creating shared-savings that can be used to incentivize provider performance and reinvested in the clinically integrated infrastructure, ultimately creating a more cost-effective and responsive system of care for patients.

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

Name: Arthur Gianelli
 Title: President, Special Advisor to the President and CEO of the Mount Sinai Health System
 Only appeals from the CEO, CFO or comparable will be accepted

Answer: Yes No



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

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

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

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Nassau - Queens PPS, LLC (potentially to be formed)
 Joined PPS: Select PPS

**** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!**

Provider Type: Other
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: None To be assigned To be assigned
 Agency Code:
 Billing Entity ID:
 Address 2201 Hempstead Turnpike City East Meadow State NY Zip 11554

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

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

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

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

Character Count: 2229

III. Appeal Point of Contact

Contact Person Dr. Victor Politi, MD, FACP, FACEP
 Title President and Chief Executive Officer
 Contact Phone 516-572-6011 Extension
 Contact Email vpoliti@numc.edu

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	35.70*	27.17*	Internal Data	2013

North Shore-LIJ Health System/Long Island Medical Center (NSLIJ), Nassau University Medical Center (NUMC) and Catholic Health Services of Long Island (CHS) each have been designated as safety-net entities and as emerging PPSs by the NYS DOH under the DSRIP program. These three safety-net providers are exploring the creation of the Nassau-Eastern Queens PPS, in lieu of pursuing individual PPS applications. In connection with the combination into one PPS, these three safety-net providers are considering forming a Limited Liability Company ("LLC"), tentatively named "Nassau-Eastern Queens PPS, LLC. This VAP exception application is being submitted so that the proposed LLC, of which the three safety-net entities would be the members ("proposed members"), can be designated as a safety-net entity, to the extent necessary for it 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 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%.

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

Name Victor Politi, MD, Michael Dowling, and Alan Guerci, MD
 Title CEO's NUMC, North Shore LIJ, and CHSLI
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: NewCo
 Joined PPS: United Health Services Hospitals, Inc

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: NewCo

Operating Certificate/License #	MMIS*	NPI*	
Unavailable	Unavailable	Unavailable	
Unique Identifiers	Unavailable	Unavailable	Unavailable
Agency Code:			
Billing Entity ID:			
Address	City	State	Zip
10-42 Mitchell Avenue	Binghamton	NY	13903

* REQUIRED

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

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

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

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

Character Count: 1582

III. Appeal Point of Contact

Contact Person: Robin Kinslow-Evans
 Title: Vice President
 Contact Phone: 607-762-2801 Extension: Not Applicable
 Contact Email: robin_kinslow-evans@uhs.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	Not Applicable	Not Applicable	N/A	N/A

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

Name: Matthew J. Salanger
 Title: President and Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No

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 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 Medicaid beneficiaries in the service area.

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 created as yet.

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: New Corporation (NewCo)
 Joined PPS: Ellis Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Newly created LLC formed for the purpose of serving as a DSRIP PPS

Operating Certificate/License #	MMIS*	NPI*
none	none	none

Agency Code: none
 Billing Entity ID: none

Address	City	State	Zip
1101 Nott St (MC1950)	Schenectady	NY	12308

* REQUIRED

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

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

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

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

Character Count: 1889

III. Appeal Point of Contact

Contact Person: Dave Smingler
 Title: as agent for NewCo
 Contact Phone: 518-243-4840
 Contact Email: sminglerd@ellismedicine.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	between 86.07% and 37.46%		DSRIP website	2014

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

Name: James W. Connolly
 Title: President & CEO Ellis Hospital, as agent for NewCo
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No

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, Albany, Schenectady, Saratoga, Montgomery, and Fulton. The DSRIP application for these counties will be submitted by Ellis Hospital, a safety net hospital, with the application providing a description of the proposed NewCo LLC and its governance. The NewCo is expected to be formed 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 not 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 providers. This is particularly true of Montgomery County, where this would be the only PPS serving the County. b) The NewCo has not been formed. It is expected that it would consist of an LLC whose Members represent the five lead organizations in the Ellis Hospital DSRIP application: 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 qualify as safety net 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 existing Health Homes which serve the communities.



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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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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Northern Regional Center for Independent Living, Inc.
 Joined PPS: Samaritan Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Center for Independent Living
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1187024955
 Agency Code:
 Billing Entity ID:
 Address 210 Court Street Suite 107 City Watertown State NY Zip 13601-4547
 *REQUIRED

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

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

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 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

III. Appeal Point of Contact

Contact Person Aileen Martin
 Title Executive Director
 Contact Phone 315-785-8703 Extension 227
 Contact Email aileenm@nrcil.net

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
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~ 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	53%	7%	CFAL	2013

Character Count: 2835

Northern Regional Center for Independent Living, Inc.(NRCIL) is a disability rights and resource center that assists individuals with any disabilities participate fully in their community by helping to people attain and retain good health to avoid institutionalization and live as independently as possible in the their home community.

NRCIL is the only provider in the region who works with any person with any disability to help them access services, employment, benefits, housing, education and health care with the goal of staying healthy and active in the community and avoiding unnecessary institutionalization. NRCIL has long recognized that all these components are contributing determinants of health as people with disabilities on average have a shorter lifespan than people without disabilities.

"...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](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>

"...the life expectancy for persons with SCI is presently 85 percent of the general population."
<http://cirrie.buffalo.edu/encyclopedia/en/article/288/>

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.

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

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



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**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Orange County Department of Health
 Joined PPS: Westchester Medical Center

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Provider Type: Other
 Provider Type - Other: Local Health Department
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 2996445 1598973596
 Agency Code:
 Billing Entity ID:
 Address 124 Main Street City State Zip
 Goshen NY 10924
 *REQUIRED

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

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 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 2525

III. Appeal Point of Contact

Contact Person: Christopher Ericson
 Title: Deputy Commissioner
 Contact Phone: 845-360-6602 Extension
 Contact Email: cericson@orangecountygov.com

IV. Please choose the following VAP Exception:

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	34%	12%		2013

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

Name Christopher Ericson Yes No
 Title Deputy Commissioner of Health
 Only appeals from the CEO, CFO or comparable will be accepted

The Orange County Department of Health is the leader in Public Health services to the citizens of Orange County. The Department has been 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 education regarding healthful living, and assure healthy environmental conditions. The Department serves all of Orange County which is 816 square miles in size and includes over 370,000 residents. Unlike other providers in the county, the Department of Health has no boundaries in the county for who we serve. The Department provides public health services countywide. Westchester Medical Center has no history of proactively addressing public health issues in Orange County and do not have the working knowledge of the populations that the Orange County Department of Health serves. These services include; Communicable and chronic disease and prevention, Tuberculosis and STD clinics providing screening and treatment, HIV clinics which offer testing, counseling and referral for treatments, Immunizations, Screening and monitoring 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 of physically handicapped children and adult polio services. The Department is compiled of seven major divisions - the divisions of Public Health Nursing, Environmental Health, Intervention Services, Community Health Outreach, Administration, Public Health Emergency Response and the Medical Examiner's Office. As the United States goes through a changing and evolving healthcare system, the impacts on the local health department are still not completely understood. As a department, we are positioning ourselves to be flexible and innovative as the role of the 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 on preventive care and is proactive in helping those in our communities before they need medical attention or long-term care.



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

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Delivery System Reform Incentive Payment (DSRIP) Program
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I. Are you a Medicaid Provider

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

You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Orleans Community Health
Joined PPS:	Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Private 501 (3) c			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	3622000H	30000846	1609873520	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	200 Ohio Street	Medina	NY	14103

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

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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: 2741

III. Appeal Point of Contact

Contact Person	David Britton		
Title	CFO		
Contact Phone	585-798-8166	Extension	
Contact Email	dbritton@medinamemorial.org		

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	29%	5%	NYS ICR – Exhibit 32,	2013

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

Name Dolores Horvath Yes No

Title CEO

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

Orleans Community Health (OCH) is the only acute care health system in Orleans County. Services include Medina Memorial Hospital acute care, with the only Emergency Room in the county, a 30 bed Skilled Nursing Facility, Renal Dialysis units in Medina and Batavia, Long Term Home Health Care, and Primary and Urgent Care services in Albion. Orleans County is a designated Health Provider Shortage Area for Medical Care and Mental Health. Approximately 43,000 residents in Orleans, Eastern Niagara and Northern Genessee counties depend on us for medical care 24 hours day/7 days a week. Our collaboration with Catholic Medical Partners as well as Finger Lakes PPS and Niagra Falls Memorial Medical Center 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 Orleans County. With the Catholic Medical Partners PPS, we are very active in developing our formal collaboration with the Catholic Health System in Buffalo. Our relationship with CMP and its PPS are a natural fit as we strive to develop an integrated delivery network. CMP and its ACO model of nearly 1000 physicians offers support and depth as we jointly move forward with our DSRIP development. We have a leadership role in 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 at 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 in 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.



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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Orleans Count Health Department
 Joined PPS: Finger Lakes PPS

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Provider Type: DTC
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 362020OR 3760189 1922446137
 Agency Code: 714
 Billing Entity ID:
 Address 14012 Route 31 West Albion NY 14411
 *REQUIRED

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

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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: 904

III. Appeal Point of Contact

Contact Person: Paul Pettit
 Title: Public Health Director
 Contact Phone: 585-589-3250 Extension
 Contact Email: paul.pettit@orleansny.com

The Orleans County Health Department is the only local health department in the county. We are a full service health department, providing many services including nursing, environmental health, education and preparedness. Orleans County is a small rural county in Western New York 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 400sq/miles. The county lies in between two large urban counties (Rochester and Buffalo). Being rural, we are designated as a medical shortage area with limited access to health care further hindered by transportation issues. We have a high medicaid population who don't have adequate 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 net to all residents who are underserved.

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	0%	27%	ACHF Cost Report	2012

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

Name: Paul A. Pettit
 Title: Public Health Director
 Only appeals from the CEO, CFO or comparable will be accepted
 Answer: Yes No



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: Pathway Houses of Rochester
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Supportive Living Residential
 Operating Certificate/License # MMSIS* NPI*
 Unique Identifiers: 160410159 1851700264
 Agency Code:
 Billing Entity ID:
 Address 1600 South Ave. Suite 125 Rochester NY 14620
 *REQUIRED

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

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

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

Character Count: 756

III. Appeal Point of Contact

Contact Person: Glen Smith
 Title: Executive Director
 Contact Phone: 585-232-4674 Extension
 Contact Email: pwhouses@aol.com

Pathway Houses of Rochester is recognized in the community as a leader in providing quality services for people recovering from alcoholism and other substance abuse, with sustained focus on employment and self sufficiency. Pathway Houses of Rochester is a state certified, private non-profit, residential supportive living program, serving recovering alcohol and substance abusers primarily in the Monroe County area. We teach living skills which empower individuals to take responsibility for their lives, while facilitating recovery through required participation in full-time education or employment, and on-going substance abuse counseling, thereby creating a framework for a life of substance free existence as productive members of the community.

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	97%		internal	2013

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

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



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Pesach Tikvah Hope Development
 Joined PPS: Maimonides Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Drop-In Center/Clubhouse programming for individuals with SPMI
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 00986310 1376598466
 Agency Code:
 Billing Entity ID:
 Address 18 Middleton Street City Brooklyn State NY Zip 11206
 *REQUIRED

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

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

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

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

Character Count: 3479

III. Appeal Point of Contact

Contact Person Hindy Langer
 Title Grants Coordinator
 Contact Phone 732-367-0818 Extension
 Contact Email hindylanger@gmail.com

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	90%	1%	PT A/R MIS	2013-14

Pesach Tikvah (PT) was formed in 1983 in response to the lack of culturally competent resources for people in Williamsburg with emotional, developmental or psychiatric disabilities. Today, PT is a trusted resource and support to thousands of residents in Williamsburg and the 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 Family Service Center, an Article 31 clinic, has been providing mental health services to the Williamsburg community and surrounding communities for nearly 25 years. With bilingual, culturally competent clinicians, it is uniquely qualified to serve the Chasidic Jewish and Latino populations. Clinic services are increasingly sought after by the members of both of these communities, as well as other communities, leading to 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.

PT - Behavioral Health Services Continuum - The Family Service Center is an Article 31 outpatient mental health clinic located in Williamsburg, with a full-service satellite in Boro Park. Each year, hundreds of men, women and children receive culturally competent services ranging from in-depth assessments and therapy, to advocacy and support through periods of crisis and stress. Available services include individual, marital, and play therapy, family counseling, pharmacotherapy, and psychological and psychiatric evaluations.

The Community Residence provides a warm, caring and culturally appropriate environment to 24 adult males who face chronic and persistent mental illness. Staffed 24 hours a day, the residence encourages an independent atmosphere, preparing individuals to eventually live in a less restrictive setting.

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.

Drop-In Center - When PT closed its Continuing Day Treatment Program, they instead opened a Drop-In Center targeting adults struggling with serious and persistent mental illness. This program provides critical community-based supports that help support recovery and community integration.

PT has recently developed an off-site program targeting home-bound seniors with mental health issues. This program was initiated with start-up 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 - low-income Chasidic Jewish children.

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 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 (greater than 90%).

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

Name Irwin Shindler, Psy. D. Yes No
 Title Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i ii

II. Appeal Applicant Information

Organization Name: rescue mission of utica
 Joined PPS: Faxton St. Luke's Healthcare

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Addiction crisis center
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers:
 Agency Code:
 Billing Entity ID:
 Address 212 rutger st utica ny 13501

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

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

You chose qualification ii, in the space below please include all of the following that apply to your Hospital:

- 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)
- c. An identification of and description of how the applicant's relationships within the community that would enhance PPS' success.
- d. Demonstration of past success in reducing avoidable hospital use
- e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1395

III. Appeal Point of Contact

Contact Person: Hank Visalli
 Title: director of programs
 Contact Phone: 315 7351645 Extension: 120
 Contact Email: hank.visalli@uticamission.org

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 keep 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 withdrawal process is too much. We have LPNs and one RN supervisor here but no physician on campus. We currently send clients to the ER for 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 people from going to the ER /hospital admission for major withdrawal that would help with retention and follow up for treatment. Our challenge is that 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 and our last utilization rate was 94%. Currently we have communicated with ERs to give our clients medication to take away the uncomfortable 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 into 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 community.

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage				

VIII. Yes I 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: Hank Visalli
 Title: Director of Programs
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Restoration Society, Inc.
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: OMH Funded Recovery Center
 Operating Certificate/License #: MMIS* NPI*
 Unique Identifiers: non licensed NA 1114116324
 Agency Code: 10150
 Billing Entity ID: NA
 Address: 66 Englewood Avenue City: Buffalo State: NY Zip: 14214

III. Appeal Point of Contact

Contact Person: John R Guastafarro, Jr
 Title: CEO/CFO
 Contact Phone: 716-832-2141 Extension: 229
 Contact Email: Jr6126@aol.com

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	62%	5%	RSI Data System	2013-14

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

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

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

- A 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.
- 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).
- Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3496

Restoration Society, Inc. (RSI) a peer-operated agency providing recovery and rehabilitation services throughout Erie County since 1973, has partnered with Erie County Medical Center Corporation PPS to serve all of Erie County. Our comprehensive service menu includes: recovery center services; a range of vocational services, including prevocational and work-readiness assessments, intensive supported employment, rapid employment, and Ticket to Work Employment Network; educational services, a range of housing placement and flexible support services. Unique 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 support services paradigm, 67% of our staff identify as peers and uniquely attend to assisting customers to become integrated, active members of their community. Annually we serve 600-700 individuals diagnosed with primary mental health conditions. No other peer-operated provider offers the array and extent of services as offered by RSI.

Erie County has a population of 920,000 and is 1,042sq miles, most of which are rural and suburban areas; Buffalo is the only city in the county 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 person" approach; teaching skills, linking with needed resources, supporting and advocating, making connections with natural supports, inspiring to return to work and providing work opportunities, and facilitating all quality of life dimensions.

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

Name: John R Guastafarro, Jr
 Title: CEO/CFO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Samaritan Women, Inc.
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Non-Profit Organization
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers:
 Agency Code:
 Billing Entity ID:
 Address 360 Wellington Ave City Rochester State NY Zip 14619

III. Appeal Point of Contact

Contact Person: Tammy Butler-Fluitt
 Title: Executive Director
 Contact Phone: 585-355-0440 Extension
 Contact Email: samaritanwomen_org@yahoo.com

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	70%	30%	Community Health	2012

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

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

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

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

You chose 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: 2760

Samaritan Women, Inc. recognizes that the skills for adequate self-management of chronic disease, with the support of family and/or caregivers, have many benefits including limiting the need for hospitalizations, reducing healthcare costs, as well as improving functional status and overall quality of life. Psychosocial factors play an important role in a patient's ability to carry out self-management skills. For example, health literacy, presence of depression or anxiety, and social isolation have been shown to be associated with decreased treatment compliance, mortality, and increased hospital admission rates in heart failure patients. It is also known that illness affects the entire family, creating anxiety and sometimes significant dysfunction in the system. Caregiver stress is complicated by changing roles in the family, financial uncertainty, feelings of helplessness, and the adjustment of the entire family to living with a chronic illness. The resilience training portion of this program is designed for the patient and entire family/ support system. Therefore, the program will teach the supporters as well as the patient's skills that will help them bend without breaking and handle whatever comes their way. Samaritan Women, Inc. is a community based organization located in the inner city 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 approach 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, a 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 comparison group. Researchers concluded that strengthening the family network improved outcomes for both the returning prisoner and the individual family members.



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: SB Clinical Network IPA, LLC
 Joined PPS: Stony Brook University Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Independent Practice Association
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: Not applicable Not applicable Not applicable
 Agency Code: Not applicable
 Billing Entity ID: Not applicable
 Address 45 Research Way, Suite 105 East Setauket NY 11733
 *REQUIRED

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

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

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

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

Character Count: 3470

III. Appeal Point of Contact

Contact Person: Gary E. Bie
 Title: Treasurer and Director
 Contact Phone: 631-444-9144 Extension
 Contact Email: gary.bie@stonybrookmedicine.edu

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 wholly-owned subsidiary of SBUH). SBUH previously organized the Applicant as a limited liability company for the purposes of serving as an independent practice association on behalf of SBUH. To date, it has been dormant. As discussed below, SBUH now desires to utilize the Applicant as the entity that would administer the coalition of partner organizations participating in DSRIP through SBUH.

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	Not applicable	Not applicable	NA	NA

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 SBUH, as the lead provider, and the PPS's participating partner organizations, as follows:

1. SBUH does not intend to enter into any agreements directly with the other partner organizations participating in its PPS. Instead, SBUH will cause the Applicant to enter into a Participation Agreement with each partner organization participating in the PPS. The Participation Agreement will set forth the terms and conditions governing the partner organization's participation in the PPS.
2. SBUH will cause the Applicant to carry out all administrative functions necessary for operating the coalition of participating 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 received by SBUH from DSRIP that are to be distributed to the other participating partner organizations, and the Applicant will be charged with administering the distribution of such funds in accordance with the funds flow formula established for SBUH's PPS.
3. The Applicant will serve as the principal mechanism for implementing a shared governance structure for SBUH's PPS. The Applicant's governing body, which has been established as the Board of Directors of the Applicant, will serve as the Governance Committee for SBUH's PPS and will be granted ultimate decision making authority with respect to matters relating to the PPS. The Applicant's Board of Directors has been structured to include representatives from the various and diverse stakeholder groups that represent and are made up of the PPS's partner organizations. Moreover, SBUH intends to cause the PPS's Project Advisory Committee to be formally designated as a committee of the Applicant's Board of Directors.

As the Applicant would be charged with carrying out the above administrative and governance functions with respect to the PPS, the Applicant would serve the same community as the PPS. For the reasons described above, we believe that such community would not be served without granting the exception because no other eligible provider is capable or willing to perform the above functions with respect to the community to be served by SBUH's PPS.

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

Name: Gary E. Bie, CPA
 Title: Treasurer and Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Seaway Valley Council for Alcohol&Substance Abuse Prevention, Inc.
 Joined PPS: Samaritan Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Drug Free Prevention Services
 Operating Certificate/License #: NYS OASAS #110801147
 MMIS*:
 NPI*:
 Address: 206 Ford Street, Suite 301
 City: Ogdensburg
 State: NY
 Zip: 13669

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

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

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

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

Character Count: 1928

The Seaway Valley Council for Alcohol/Substance Abuse Prevention, Inc. serves St. Lawrence County, New York. The Seaway Valley Prevention Council is the only OASAS licensed substance abuse prevention provider in St. Lawrence County with a county population of 114,000. The Council has experience in providing behavioral services, such as alcohol and substance abuse prevention, adult education and community mobilization. The Council employs 11 full time staff, of which two are New York State Credentialed to provide prevention services. At this point in time we do not bill for our services and are not a licensed behavioral health services provider. 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 assumes. These services would not be available if the Council did not exist to develop, coordinate and implement them. We provide a wide-array of community and school based services that promote positive health choices and help prevent substance use. 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.

III. Appeal Point of Contact

Contact Person: Larry Calkins
 Title: Council Director
 Contact Phone: (315) 713-4861
 Contact Email: lcalkins@svpc.net

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	15%	10%	Program	2013

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

Name: Larry Calkins
 Title: Council Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: SES OPERATING CORP DBA HARLEM EAST LIFE PLAN
 Joined PPS:

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 65R,160210384,160210385,151211292,800 1979006 1427125632
 Agency Code: 7806
 Billing Entity ID: 133934211
 Address City State Zip
 2367-69 SECOND AVENUE NEW YORK NY 10035
 *REQUIRED

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

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

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

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

Character Count: 1947

III. Appeal Point of Contact

Contact Person: JOANNE KING
 Title: ADMINISTRATIVE DIRECTOR
 Contact Phone: 212-876-2300 Extension: 107
 Contact Email: JNK@HELPMEDICAL.ORG

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).

IV. Please choose the following VAP Exception:

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

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

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

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

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

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

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Joanne King Yes No
 Title Administrative Director
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Steuben County Department of Social Services
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Local Government Social Services Agency
 Operating Certificate/License #: MMIS* N/A NPI* 1982709846
 Unique Identifiers: N/A Agency Code: Federal ID# 166002567
 Billing Entity ID:
 Address: 3 East Pulteney Square City: Bath State: NY Zip: 14810

III. Appeal Point of Contact

Contact Person: Kathryn A. Muller, LCSW-R
 Title: Commissioner
 Contact Phone: 607-664-2444 Extension: N/A
 Contact Email: kathryn.muller@co.steuben.ny.us

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	99%	1%	Internal	2014

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 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%). County services are centralized in Bath. Steuben shows diversity economically; despite pockets of wealth, large numbers of rural poor reduce 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 the median age at 40.8. Chronic disease is a significant community concern, as is the need to provide information and access to services. The Steuben County Department of Social Services (LDSS) is an integral partner in addressing social determinants of health as well as integrating 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 Independence for the Long Term (BILT). BILT serves individuals utilizing a specialized case management team including: Licensed Staff 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 Health, 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 model of integration is ideal for use by hospital and community integration, and it will continue to serve Medicaid individuals in meeting FLPPS goals.

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Kathryn A. Muller, LCSW-R
 Title: Commissioner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Steuben County Office for the Aging
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Aging services for the community
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: N/A N/A N/A N/A
 Agency Code: N/A
 Billing Entity ID: N/A
 Address 3 E Pulteney Sq Bath NY 14810
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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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: 2939

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 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 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.

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 the greatest social and economic need. We are experts on community navigation for home and community based services as evidenced by the comprehensive functionality of our Aging and Disability Resource Center, in NYS known as NY Connects.

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 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 of the Long Term Care Council, it collaborates with community partners to address gaps in service and to streamline efficiencies to reduce costs.

- We provide linkages to:
- Non-medical case management
 - Medical and Non-medical home care
 - Benefits counseling for Supplemental Nutrition Assistance Program (SNAP), Heat and Energy Assistance Program (HEAP), Medicare, health insurance, LTC insurance, Medicaid, etc.
 - Nutrition services: home delivered meals, congregate meals, nutrition counseling and education
 - Volunteer opportunities
 - Access to affordable housing
 - Transportation – medical and non-medical
 - Personal Emergency Response Systems
 - Referrals to Adult Day services
 - Respite for Caregivers
 - Caregiver Education and Support
 - Dementia Support Services
 - Evidence Based Programs such as: falls prevention (Matter of Balance), Chronic Disease Self-Management (CDSMP)
 - Legal Services

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 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.

III. Appeal Point of Contact

Contact Person: Patricia A Baroody
 Title: Director
 Contact Phone: 607-664-2298 Extension: 4719
 Contact Email: pattyb@co.steuben.ny.us

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	25%	5%	Client Record	2013

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Patricia A. Baroody
 Title: Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Syracuse Orthopedic Specialists
 Joined PPS: St. Joseph's Hospital Health Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Multispecialty Group
 Operating Certificate/License #: _____ MMIS*: 2668922 NPI*: 1669410379
 Unique Identifiers: _____
 Agency Code: _____
 Billing Entity ID: _____
 Address: 5719 Widewaters Parkway City: Syracuse State: NY Zip: 13214

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3485

III. Appeal Point of Contact

Contact Person: Michael Humphrey
 Title: CEO
 Contact Phone: 315-251-3102 Extension: _____
 Contact Email: michael.humphrey@sosbones.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	7%	3%	practice system	2014 YTD

Syracuse Orthopedic Specialists (SOS) is committed to the improvement of health care for the Medicaid and uninsured patient population we serve through participation in the individual care for these patients, implementing measures to partner with others to better manage population 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 Onondaga County. To combat this, St. Joseph's Hospital has undergone a dramatic expansion of emergency services (New Emergency Department) and continues to expand its primary care scope of services and affiliated primary care practices. To further compound the problem, access to subspecialty care, such as orthopedic services, continues to challenge the system resources as needs continue to grow. SOS, a 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 participate 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 city-wide 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 services". 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 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 granting this exception because the remaining orthopedic providers are unable to serve the community independently in this capacity.

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Michael Humphrey
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: The Autism Council
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Sole Community Dedicated Autism Individual & Family Services Provider
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1316223597
 Agency Code:
 Billing Entity ID:
 Address: Pieter's Family Life Center - 1025 Commons Rochester NY 14623
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 2590

III. Appeal Point of Contact

Contact Person: Lawana Jones
 Title: CEO
 Contact Phone: 585-413-1681 or c: 585-314-5048 Extension
 Contact Email: lawana@theautismcouncil.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FIS & MC)	Uninsured	Data Source	Year
Percentage				

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Ms. Lawana Jones
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

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 Department of Health and other CON approving entities. The Fingerlakes PPS network would benefit tremendously from our services, as Autism 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 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 New York State as a Medical Condition, and with the tremendous ever increasing population of individuals with Autism and the ever increasing number of individuals and their families that are reaching out for services, the assistance our agency provides is crucial. It is critical for the community, and critical for the projects that the Finger Lakes PPS will be working on. In the current configuration of the Fingerlakes PPS, 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 access-to-treatment processes, prevention of entry and re-entry for hospitalization and suicide prevention. 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; providing instruction and modeling in intervention techniques that will help the parent create awareness for the child of self-defeating patterns of irrational 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 the extreme behaviors of children and ADULTS suffering with Autism Spectrum Disorder. For the benefit of the FingerLakes PPS, and Monroe County - The Autism Council should receive a VAP Exception.



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**

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii iii

II. Appeal Applicant Information

Organization Name: The Caring Coalition of Central New York
 Joined PPS: Upstate University Hospital

**** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!**

Provider Type: Other
 Provider Type - Other: Hospice

Operating Certificate/License #	MMIS*	NPI*	
3301501F	00955826	1912098666	
Unique Identifiers:			
Agency Code:			
Billing Entity ID:			
Address	City	State	Zip
990 Seventh North Street	Liverpool	N.Y.	13088-3148

* REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough ~

You chose the qualification i, in the space below please include:

- A 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.
- 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).
- Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 2458

The Caring Coalition of Central New York dba Hospice of Central New York is the only Medicare/Medicaid certified hospice providing palliative and 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 certified to provide hospice services to patients and their families in Oswego and Madison counties as well. Our patients' ages range from newborns (care provided through our specially trained Pediatric staff and our New York State Certified Care at Home Program) to over 100 years of 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 days of patient care. This does not include the bereavement care provided to over 1,300 family members requesting assistance with their grief. Our care is provided by an interdisciplinary team consisting of a Medical Director, RN's, SW's, Chaplains, Home Health Aides, volunteers, and grief counselors in conjunction with the patient and family. Patients and their families can reach us twenty-four hour a day. Our patients' plans of 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 in 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 symptom management in a hospital. We have continued to work for years with the local hospital community to limit the number of Hospice inpatient readmissions, and we feel with great success. We know that many of the emergency room visits involving end of life care issues relate to 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 and palliative care services we could provide. We are hopeful that with our inclusion in this PPS, that the hospitals would consider us as a community partner to assist them in improving quality care and limiting the number the emergency room return visits. We know that earlier referrals 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 process, 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 caring place to live out their remaining days.

III. Appeal Point of Contact

Contact Person	Thomas J. Maroney		
Title	Chief Financial Officer		
Contact Phone	315-634-1100	Extension	141
Contact Email	tmaroney@hospicecny.org		

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	4%	1%	Patient Census	Fiscal 13-14

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge.

I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Thomas J. Maroney Yes No
 Title Chief Financial Officer

Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: The Community Hospice
 Joined PPS: Ellis Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Hospice

Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers: 4152500	955739	1588631733
Agency Code:		
Billing Entity ID:		
Address	City	State
295 Valley View Blvd	Rensselaer	NY
		Zip
		12144

* REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 2342

III. Appeal Point of Contact

Contact Person: Laurie Mante
 Title: Executive Director/Vice President
 Contact Phone: 518-285-8152 Extension:
 Contact Email: lmante@communityhospice.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

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~ 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	3%	1%	Allscripts-EMR	FY2014

COMMUNITY HOSPICE VAP NARRATIVE:

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 and Washington County are served by more than one hospice. In 2013, The Community Hospice served approximately 4,000 patients in our hospice programs, and approximately 1,000 people in our palliative care programs. We bring great expertise to the PPS regarding end of life care community-based care management and symptom management for people living with advanced illness. We successfully manage our hospice 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 the expertise and infrastructure to better manage people living in the community with complex medical conditions. 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 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 yet 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.

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Laurie Mante
 Title: Executive Director/Vice President
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Unique People Services, Inc.
 Joined PPS: Bronx-Lebanon Hospital Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Select One
 Provider Type - Other: Supportive Housing
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1861616518
 Agency Code: 16630
 Billing Entity ID:
 Address 4234 Vireo Avenue City Bronx State NY Zip 10470
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
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 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3360

III. Appeal Point of Contact

Contact Person Cynthia Isaac-Gueye
 Title Director of Mental Health Services
 Contact Phone 718-562-1199 Extension 4011
 Contact Email cynthiai@uniquepeopleservices.org

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 grown and now operate 24 supportive housing programs in the Bronx, Manhattan and Brooklyn, Queens, and Westchester. Each year more than 500 persons stay within one of our residences. We offer both transitional and permanent housing for formerly homeless persons with HIV/AIDS, 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 Habilitation and residential opportunities.

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage			CAIRS	2013

Our transitional housing program is located in the Bronx and serves 8 individuals. Through our Permanent & Supportive Housing Programs, up to 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 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 eligible 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, 10456, 10457, 10458, 10459, 10460, 10466) "This provider is in a pending CMS-approval status category of bulk exceptions as a Medicaid provider of service".

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Yvette B Andre Yes No
 Title CEO
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: United Hospice of Rockland, Inc.
 Joined PPS: Montefiore Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Hospice
 Operating Certificate/License #: 4353005
 MMIS*: 1051101
 NPI*: 1538166319
 Unique Identifiers: 4353005
 Agency Code:
 Billing Entity ID:
 Address: 11 Stokum Lane
 City: New city
 State: NY
 Zip: 10956

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 2653

III. Appeal Point of Contact

Contact Person: Amy Stern
 Title: Executive Director
 Contact Phone: 845-634-4974
 Extension:
 Contact Email: astern@hospiceofrockland.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	21%	1%	Pts served	2013

Since 1988, United Hospice of Rockland, Inc. (UHR) has been the premier provider in our community of comprehensive end-of-life care to patients and families facing advanced illness. UHR provides hospice services across a wide variety of settings-home, hospital (all three in Rockland County including two acute and one sub-acute), nursing homes (8 of 9), assisted living facilities (all)-group homes (all) and the Joe Raso Hospice Residence (owned and operated by UHR). We are the ONLY provider that can follow and care for terminally ill individuals and their families across all of these settings. The Montefiore PPS has identified the following projects with which we believe we can a vital role: (1) System Transformation: 2.A.1 Integrated Delivery System Focused on Evidence Based Medicine-It is undisputed that to accomplish the triple of aim of better health, better care and lower costs, an integrated delivery system must include hospice care to meet the complex needs of the terminally ill. The recently released report entitled Dying in America by the Institute 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 medical 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 more sustainable care system. The best way to do this is to improve referral and access to hospice care. Additionally, Medicaid Redesign 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-Most chronic diseases reach a point at which the disease trajectory indicates it has reached a terminal phase. It is at that point that hospice care needs to be part of any initiative that focuses on chronic disease management.

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Amy Stern
 Title: Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: iii

II. Appeal Applicant Information

Organization Name: Venture House
 Joined PPS:

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:
 Provider Type - Other: Accredited Clubhouse
 Operating Certificate/License # MMSIS* NPI*
 Unique Identifiers:
 Agency Code: 19620
 Billing Entity ID:
 Address 150-10 Hillside Ave. City Jamaica State NY Zip 11432
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 667

III. Appeal Point of Contact

Contact Person: Raymond Schwartz
 Title: Executive Director
 Contact Phone: 646-747-1509 Extension
 Contact Email: ray@venturehouse.org

Venture House is a downstream provider in the COORDINATED BEHAVIORAL CARE INC network. Venture House provides services to people who 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 supported housing. Venture House is the only Accredited Clubhouse the Jamaica area. Venture House has active membership of over 300 of which 2/3 are enrolled in Medicaid. Overall 98% of the active members receive SSI or SSD based on a psychiatric disability.

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	64%	2%	AWARDS	2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Raymond Schwartz Yes No
 Title Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Wayne County Action Program, Inc.
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Select One
 Provider Type - Other: Community Action Program

Operating Certificate/License #	MMIS*	NPI*
	n/a	n/a
Unique Identifiers		
Agency Code:		
Billing Entity ID: EIN: 166069004		
Address	City	State Zip
159 Montezuma Street	Lyons	NY 14489

* REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3317

III. Appeal Point of Contact

Contact Person: Donna Johnson
 Title: Program Administrator
 Contact Phone: 315-665-0131 Extension: 240
 Contact Email: donna.johnson@waynecap.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	Not Known	Not Known	n/a	n/a

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Janelle K. Cooper
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

Wayne County Action Program, Inc (Wayne CAP) is a community action agency serving three of the 14 counties comprising the Finger Lakes 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 reputation for quality needed to run successful programs. RSVP is part of the Corporation for National and Community Service 'Senior Corps'. Volunteers 55 and older are engaged, trained, and supported to provide impact targeted programs within their communities. RSVP is a 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 include Wayne, Ontario and Seneca (WOS) have listed issues surrounding Chronic Disease as the top priority in their County Health Improvement Plans (CHIPs). Data from the NYS Prevention Agenda 'dashboard' shows that WOS has higher than NYS rates of: Obesity; Smoking adults; Heart 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 Peer 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 48 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, we continue to provide quality services through all our programs.



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**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Wayne County Dept of Aging and Youth
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: OFA
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers:
 Agency Code:
 Billing Entity ID:
 Address 1519 Nye Road, Suite 300 Lyons NY 14489
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:
 a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1853

III. Appeal Point of Contact

Contact Person Penny Shockley
 Title Director
 Contact Phone 315-946-5624 Extension 5631
 Contact Email pshockley@co.wayne.ny.us

Wayne County Department of Aging and Youth is a participant of the Finger Lakes PPS. The agency is selected as the lead agency for "No Wrong 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 personal care aides, home delivered meals and personal emergency response units for people that require assistance to live independently in their homes. State, Federal and County funds are utilized to pay for these services and participants are encouraged to make donations to help 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 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 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 and going onto Medicaid.

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

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.

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.

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~ 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	Thwe		Peer place	2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Penny Shockley Yes No
 Title Director Wayne County Department of Aging and Youth
 Only appeals from the CEO, CFO or comparable will be accepted