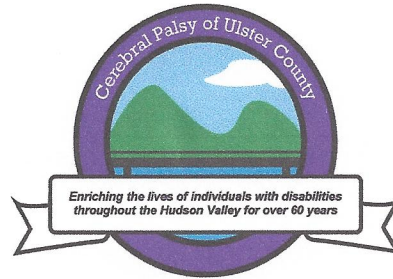


ATTACHMENT B



*Please submit via email to hhsc@health.ny.gov with "Name of Your Organization – Letter of Interest" in the subject line, no later than July 30, 2014, 4:00pm EST.

Deirdre Astin
NYS Department of Health
Division of Program Development and Management
Corning Tower [OCP-1], Room 720
Albany, NY 12237
hhsc@health.ny.gov
518-408-4825

7/30/14

RE: Letter of Interest: Health Home
Application to Serve Children

Dear Ms. Astin,

On behalf of Cerebral Palsy of Ulster County please accept this letter as an indication of our interest to submit a Health Home application to Serve Children. We understand that the submission of this Letter of Interest is optional, and the information contained herein is not binding and does not create an obligation to submit a Health Home Application to Serve Children.

To the extent Cerebral Palsy of Ulster County elects to submit a Health Home Application to Serve Children, we anticipate it would reflect the following governance structure.

- Our organization is a designated Health Home (i.e., operating a Lead Health Home) and our application to serve children would not include a change in our governance structure.
- Our organization is a designated Health Home and our application to serve children would reflect a change in our governance structure to better serve children.

X Our organization is seeking a new Health Home Designation

Our organization anticipates it would serve the following regions [insert description of region to be served].

Gerard Dohrenwend LCSW, MNA
Executive Director
Telephone: 845-336-7235
E-mail: gdohrenwend@cpulster.org