## North Office

4811 Buckley Road Liverpool, NY 13088 TEL (315) 457-9966 FAX (315) 457-9854



West Office

5700 W. Genesee St. Camillus, NY 13031 TEL (315) 488-2868 FAX (315) 488-6759

Deidre Astin
NYS Department of Health
Division of Program Development and Management
Corning Tower [OCP-1], Room 720
Albany, New York 12237
<a href="mailto:hhsc@health.ny.gov">hhsc@health.ny.gov</a>
518-408-4825

July 11, 2014
RE: Letter of Interest: Health Home
Application to Serve Children

Dear Ms. Astin,

On behalf of Summerwood Pediatrics, 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 Summerwood Pediatrics 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.
	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.
Ø	Our organization is seeking a new Health Home Designation.

Our organization anticipates it would serve the following regions, Onondaga county and all surrounding areas.

Robert A. Dracker, M.D.