



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: Cabrini of Westchester d/b/a Cabrini Certified Home Health Agency
 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: CHHA
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 5925600 03856397 1003017211
 Agency Code:
 Billing Entity ID:
 Address 115 Broadway City Dobbs Ferry State NY Zip 10522
 *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 Patricia Krasnausky
 Title President/CEO
 Contact Phone 914-693-6800 Extension
 Contact Email pkrasnausky@cabrini-eldercare.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	95%		encounter data	Jun-Oct '14

a. Geographic Area: Montefiore Medical Center ("MMC") PPS seeks to serve Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties. Cabrini CHHA is seeking Safety-Net ("SN") designation for the provision of skilled home health services in Westchester County ("WC").

PPS Population: WC comprises more than half of the entire PPS's home health utilization, and includes 187,403 Medicaid ("MA") members and an ER visit rate per 1,000 members of 48.5. Salient data for the top 50 non-institutional LTC providers in WC for 2013 indicates that WC had 273,266 home health claims and 2,792 unique users, while the entire Mid-Hudson region had 478,560 and 5,575. Notably, Cabrini LTHHCP had 22,540 home health claims during the same period, comprising 8% of the county's total home health volume of claims that is being transitioned to the CHHA.

Explanation of Insufficiency of Services in Community Without Cabrini's Involvement in the PPS: Based on the Design Planning Grant application, the MMC partner network includes only 5 CHHAs designated as SN providers in WC. There is no provider similarly capable of covering the Cabrini case load in the PPS service area, but even assuming there was, their integration would be cumbersome, lead to disruptions in care, and cause inefficiencies instead of building on existing strengths. As LTHHCPs are winding down and LHCSAs are limited to non-skilled services only, CHHAs are crucial to the prevention of ER admissions. Cabrini CHHA was approved as an expansion of its LTHHCP through New York's CHHA RFA process, based on the DOH's finding of a demonstrated need for additional CHHA services in Westchester, Bronx and New York Counties in order to achieve the objectives of MA Redesign in New York. Cabrini is a vital provider in the WC MA home health market, and would now qualify as a SN provider under DSRIP if the appeal process were open. The MA/dual population served by the SN designated Cabrini LTHHCP is in the process of being transitioned to the CHHA, consistent with MLTC mandatory enrollment in NY. As a result, based on data from July through Oct. of 2014, the CHHA had 882 cases for skilled services, Universal Assessment and/or Care Management services, 95% of which are MA or dual eligible. The CHHA's operator is the same legal entity as the LTHHCP, and recognized by CMS as the same HHA, providing further support for the CHHA to receive SN provider status.

b. Description of Need for Cabrini to Enhance Network of SN Providers: Cabrini CHHA serves WC, Bronx and NY Co. through Cabrini of Westchester, which includes the full continuum of LTC services- LTHHCP, LHCSA, ADHC, a 304 bed SNF, supportive housing, and immigration support services. Cabrini is the 13th largest MA home health provider in WC based on 2013 claims data. The CHHA provides the full array of home health and therapy services as well as diabetic teaching, respiratory care, Rx management, blood pressure screening, telehealth and PERS. Cabrini CHHA leverages its experiences with MLTCs and local providers to provide seamless, high-quality services and health management. In addition, Cabrini's affiliates are designated SN providers. The CHHA's ability to team with MLTCs and existing partners on DSRIP projects as a SN provider will bring natural synergies to MMC and the WC community. Failing to recognize Cabrini as a VAP would ignore this natural integration and limit MMC's ability to meet DSRIP goals in WC.

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 Krasnausky
 Title CEO
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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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

II. Appeal Applicant Information

Organization Name: CCH Home Care and Palliative Care Services
 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: CHHA
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 01030386 1447244660
 Agency Code:
 Billing Entity ID:
 Address 1050 West Genesee St City Syracuse State NY Zip 13204
 *REQUIRED

III. Appeal Point of Contact

Contact Person: Mary Kate Rolf
 Title: President/CEO
 Contact Phone: (315) 477-9595 Extension
 Contact Email: mkrolf@477home.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	14%	0%	Cerner	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: Mary Kate Rolf
 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: 1629

CCH Home Care and Palliative Care Services (CCH) is a Certified Home Health Agency (CHHA) serving Onondaga County within the Upstate University Hospital Performing Provider System (PPS). CCH specializes in chronic disease management and palliative care services, and bridges the gap between acutely ill patients who are expected to recover and terminally ill patients with a 6 month prognosis who can be served by hospice. The population served by CCH is primarily frail-elderly with multiple chronic medical comorbidities. It has been well-documented that health care costs in the last years of life can exceed 6 times the cost of a typical older adult. Also well-documented, are the substantial cost savings, increases in patient and caregiver satisfaction, and reduction in utilization of inpatient services that are appreciated when palliative care interventions are provided to patients who are not expected to recover from their illnesses. The team of case managers, social workers, and therapists are able to provide a unique mix of physician-guided symptom management, environmental adaptation, and patient and caregiver education and emotional support that prevents unnecessary pain, anxiety and hospitalizations for these very medically complex patients. No other CHHA within the Upstate University Hospital PPS offers the types of in-home, palliative care services that are offered by CCH. In the context of the PPS, CCH will be able to partner with primary care providers to maximize patient outcomes, minimize unnecessary inpatient costs and to optimize utilization of home and community based services.



**VAP EXCEPTION FORM IS DUE 10/24/2014 -
HCBS/1915i SERVICE PROVIDERS ONLY**

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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.

I. Are you a Medicaid Provider

Answer	Not Yet
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You have chosen the following category:	2
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II. Appeal Applicant Information

Organization Name:	CitiWide Harm Reduction Program (d/b/a BOOM!Health)
OPTIONAL Joined PPS:	Mount Sinai Hospitals Group

VI. Restricted to 3500 Characters only!

Please put any additional notes below that you feel are relevant. This section is optional for 1915i providers.

I am hereby requesting approval as a safety net entity as I have been approved by OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.

Provider Type:	Harm Reduction 1915i Provider			
Provider Type - Other:	DO NOT USE			
	Operating Certificate/License #	MMIS	NPI	
Unique Identifiers:				
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address:	226 E. 144th Street	Bronx	NY	10451
County:	Bronx			

III. Appeal Point of Contact

Contact Person	Robert Cordero		
Title	President / CPO		
Contact Phone	(917) 640-6274	Extension	
Contact Email	rcordero@boomhealth.org		

IV. Please choose the following 1915i Category:

<input checked="" type="radio"/>	1	I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i Providers
<input type="radio"/>	2	I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.

CitiWide Harm Reduction Program (d/b/a BOOM!Health Affiliate) operates a continuum of care that is designed to address the multi-faceted health and psychosocial needs of persons dealing with addiction, HIV/AIDS, homelessness, behavioral disorders, and chronic illnesses. In a safe and supportive participant-led community, CitiWide offers a wide variety of outreach, services and care to homeless and low-income active drug users living with and at risk for HIV/AIDS. Programs at CitiWide are designed to promote wellness in a respectful and nonjudgmental manner and to provide participants with the opportunity to reach positive outcomes for themselves. CitiWide Harm Reduction has 19 years of experience with linking HIV positive individuals to health care and provides participants with a safe space with its onsite drop-in center where participants can congregate throughout the day. CitiWide also offers co-located health services in partnership with a Federally Qualified Health Center managed through HELP/PSI and also offers onsite pharmacy services through Evers Pharmacy. This innovative healthcare model make it possible for CitiWide Harm Reduction to have a 82% linkage to care rate with a difficult to engage population, while achieving improved health outcomes. CitiWide Harm Reduction serves over 5,000 enrolled participants annually who have an average annual income of less than \$9,000, well below the Federal Poverty Level. Participants are 33% Black and 65% Latino, 25% female, 72% male, and 3% transgender. Nearly 75% of participants are homeless upon enrolling at CitiWide. Sixty percent are injection drug users, over 50% of whom are hepatitis C positive. Over 32% of participants are living with HIV/AIDS. CitiWide offers a continuum of services for enrolled participants including syringe access, on-site and mobile HIV testing, street and community outreach including to single room occupancy hotels, shelters, sex strolls, and the Rikers Island Correctional Facility, case management, mental wellness/individual and group counseling, peer education training and volunteer opportunities, housing placement, substance use prevention, overdose prevention, and CitiWide's drop-in center, which is open 7 days a week serving over 200 participants a day. The center is a safe space with basic services like congregate meals three times a day and a bathroom/shower and laundry facility.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	92%	8%	Client 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 Cordero	Answer <input checked="" type="radio"/> Yes <input type="radio"/> No
Title	President / CPO	

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



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HCBS/1915i SERVICE PROVIDERS ONLY**

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

Answer	Not Yet
--------	---------

You have chosen the following category:	2
---	---

II. Appeal Applicant Information

Organization Name:	CitiWide Harm Reduction Program (d/b/a BOOM!Health)
OPTIONAL Joined PPS:	St. Barnabas Hospital (dba SBH Health System)

VI. Restricted to 3500 Characters only!

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I am hereby requesting approval as a safety net entity as I have been approved by OMH/OASAS/DOH as a likely agency to participate in delivering 1915i Medicaid services to the DSRIP attributed patient population.

Provider Type:	Harm Reduction 1915i Provider			
Provider Type - Other:	DO NOT USE			
	Operating Certificate/License #	MMIS	NPI	
Unique Identifiers:				
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address:	226 E. 144th Street	Bronx	NY	10451
County:	Bronx			

III. Appeal Point of Contact

Contact Person	Robert Cordero		
Title	President / CPO		
Contact Phone	(917) 640-6274	Extension	
Contact Email	rcordero@boomhealth.org		

IV. Please choose the following 1915i Category:

<input checked="" type="radio"/>	1	I am an OMH 1915i or OASAS 1915i provider that is already on one of the following pending DSRIP lists: Pending Safety Net OMH/OASAS 1915i Providers
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	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	92%	8%	Client Records	2013

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Name	Robert Cordero	Answer <input checked="" type="radio"/> Yes <input type="radio"/> No
Title	President / CPO	
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: Constellation Home Care, LLC
 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: CHHA
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 2952606 03912118 1841629698
 Agency Code:
 Billing Entity ID:
 Address 6851 Jericho Turnpike, Suite 150 Syosset NY 11791
 *REQUIRED

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

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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: 3303

III. Appeal Point of Contact

Contact Person: Meghan McNamara
 Title: Attorney for the Applicant
 Contact Phone: 518-436-0751 Extension: 228
 Contact Email: mmcnamara@hinmanstraub.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	0. new CHHA-received approval	on 10/9/2014		

a. i. Geographic Area: Nassau University Medical Center ("NUMC") PPS seeks to serve Nassau County ("NC"). Constellation Home Care ("Constellation") is seeking Safety-Net ("SN") designation for the provision of certified home health services in NC.

ii. PPS Population: NC has 221,798 Medicaid ("MA") members and 80,734 ER visits based on 2013 data. In 2012, it had 55,075 potentially preventable ER visits (PPVs), which are defined as ER visits that may result from a lack of adequate access to care or ambulatory care coordination. According to the 2014-17 NC Community Health Plan, "chronic disease prevention through improved access to high quality care and management was of paramount concern to the community—a finding that was further evidenced by the burden of disproportionate distribution of disease within the county." Specifically, diabetes, heart disease and cancer were the most common health concerns in NC based on the report, evidencing the need and desire for more robust community-based disease management and prevention services.

iii. Explanation of Insufficiency of Services in Community Without Constellation's Involvement in the PPS: Salient data for the top 50 non-institutional LTC providers in NC for 2013 indicates that NC has 337,760 MA home health claims and 3,567 unique users. Based on the Design Planning Grant application, the NUMC partner network includes only 4 CHHAs designated as SN providers in NC, an insufficient number of providers that are crucial to the prevention of ER admissions. Constellation CHHA was approved as a new CHHA, based on DOH's finding of a demonstrated need for additional CHHA services in BC and five other downstate counties, in order to achieve the objectives of MA Redesign in New York, and also in light of its experience in the provision of home care services to the behavioral health population. Constellation became operational in 2014, was recently enrolled as a Medicaid provider, and is engaged with NUMC in order to meet the home care needs of the NC SN population. Based on the service utilization projections that were reviewed and approved by DOH's OHSM and the PHHPC prior to and completely independent of the establishment of DSRIP safety net criteria, Constellation's projected service utilization comprise 93.7% of its total volume, exceeding the 35% required to meet safety-net criteria.

b. Description of Need for Constellation to Enhance Network of SN Providers: Constellation has successfully operated an affiliated Medicare and MA enrolled HHA in Connecticut over the last decade, and has experience working with ACOs and collaborating with providers on innovative projects, including those targeted at the behavioral health population. Through Constellation's partnership with NUMC, it will leverage this experience in DSRIP through the care coordination and transitional care programs, including hospital-home care collaboration solutions, behavioral health crisis stabilization and cardiovascular and diabetes disease management programs to avoid hospitalizations. Constellation's unique programs, designed to achieve the goals of DSRIP, will be critical to success of NUMC in NC, and with the lack of affiliated SN CHHAs, home care and disease management services will be insufficient without them

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: Marvin J. Ostreicher
 Title: Managing Member
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



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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: Eddy Visiting Nurse Association (EVNA)
 Joined PPS: Ellis Hospital

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Provider Type: CHHA
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 4102601 2994154 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!

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

Character Count: 3434

III. Appeal Point of Contact

Contact Person: Michelle Mazzacco
 Title: VP/Director
 Contact Phone: 518-270-1310 Extension
 Contact Email: Michelle.Mazzacco@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	25%	1%	rtified cost repd	2012

Eddy Visiting Nurse Association (EVNA) is a certified home health agency (CHHA) serving a six county region, with 4 counties included in the Ellis PPS: Albany, Rensselaer, Schenectady, Saratoga. EVNA has an average daily census of 1,900 patients, cares for 11,500 patients annually, makes 165,000 visits with 26% of visits provided to Medicaid FFS, managed Medicaid and duals. EVNA is an integral provider in the Ellis PPS care transitions, asthma, palliative care, behavioral health and integrated delivery system projects. The Ellis PPS would be unable to serve patients in need of CHHA services in Albany and Rensselaer counties without the approval of Eddy VNA as a VAP. The other CHHAs in these counties are new to the service areas and workforce/capacity is insufficient to meet the needs of the Ellis PPS projects. EVNA brings the largest community-based workforce, with the capacity, clinical specialty programs, and expertise caring for patients targeted by the Ellis PPS.

EVNA is a non-profit CHHA serving the Capital Region since 1908. Services include: RN, PT, OT, ST, RD, MSW, and Aides, clinical specialty nurses and technology (telehomecare, anodyne therapy, Vital Stim, and tablets with educational videos on diagnoses, treatments, and equipment to improve patient/caregiver comprehension.

It is important to understand that EVNA's Long Term Home Health Care Program (LTHHCP) did qualify as a safety net provider. However, our LTHHCP is closing the end of this year due to mandatory enrollment in MLTC. The licensed staff working in our LTHHCP has transitioned to EVNA's CHHA because individuals covered by MLTC are required to receive their skilled services from a CHHA. And the paraprofessional staff has transitioned to Eddy Licensed Home Care Agency (LHCSA) which has been approved as a safety net provider.

EVNA's programs and services are critical to the Ellis PPS because:

- EVNA has 106 years' experience providing home health to low-income patients. We were among the first LTHHCPs in the State with a proven outcomes maintaining patients at home.
- EVNA has the largest care transitions coach program, based on Eric Coleman's model which has achieved a reduction in readmission rates previously averaging 25-30% to 11%.
- We have liaisons at 6 hospitals, 7 rehab facilities and 2 primary care offices, playing a key role in care transitions. We are also a provider in the Capital Region Health Connections Health Home. EVNA will expand liaisons at patient-centered medical homes in Ellis PPS.
- EVNA offers a variety of clinical specialty programs—the region's largest home-based palliative care program (with staff following patients to hospice for continuity at end of life), Certified Wound Ostomy Continence Nurse Specialists, Certified Diabetes Educators, Cardiopulmonary Nurse Specialists, IV Therapy, HIV/AIDS RNs, and telehomecare (200 patients monitored daily & 14 years' experience). Each clinical specialty program aids in averting admissions, and improving outcomes/quality of life/satisfaction.
- We are unique in operating a Home Visiting Physician/NP program with SPHP Medical Associates, caring for those temporarily or permanently homebound with repeat readmissions. This service provides access for those unable to get to a physician office, has proven incredibly effective in reducing ER/hospitalizations and will be key to achieving the goals of the Ellis 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: Michelle Mazzacco Yes No
 Title: VP/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

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Essex County Nursing 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: CHHA
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1521600 413721 1689663155
 Agency Code:
 Billing Entity ID:
 Address: 132Water St Elizabethtown NY 12932 City State Zip

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: 333

Essex County is rural county in Upstate NY it is 2nd in area and seventh in the population. There were three CHHA in our County. VNS has now withdrawn leaving two CHHA's. HRC is unable to meet all of the needs of the residents in our County. HCR does not have enough staff to support the residents in towns in our most rural areas.

III. Appeal Point of Contact

Contact Person: Linda L. Beers
 Title: Director of Public Health
 Contact Phone: 518-873-3515 Extension
 Contact Email: lbeers@co.essex.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	drawn leaving two CHHA's. HRC is unable	5%	Census	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: Linda L. Beers
 Title: Essex County Public Health
 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: Fort Hudson Certified Home Health Agency, Inc.
 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: CHHA
 Provider Type - Other: _____
 Operating Certificate/License # _____ MMIS* _____ NPI* _____
 Unique Identifiers: 46-3241378 03878255 1639511892
 Agency Code: _____
 Billing Entity ID: _____
 Address 319 Broadway City Fort Edward State NY Zip 12828

III. Appeal Point of Contact

Contact Person: Andrew Cruikshank
 Title: Chief Executive Officer
 Contact Phone: 518-747-2811 Extension 203
 Contact Email: acruikshank@forthudson.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.

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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	10% (see note)	3%	internal	2014 YTD

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: 2803

Fort Hudson CHHA is a newly approved CHHA (2014) serving Warren and Washington Counties. It received its Medicaid certification in September 2014, and therefore has limited history. Despite less than 2 months of approval, the program clientele is approximately 10% of current census. Warren and Washington Counties are highly rural; while served by other CHHA programs, Fort Hudson is the only provider that is based (home office) in the county (Washington) and the only provider that has decades of experience in providing service to the ENTIRE geographical reach within the boundaries. Both counties have a higher than state average of "over 65", and a higher than average Medicaid penetration. However, it has a far lower population density than NYS average, covering large rural areas. Fort Hudson CHHA is an affiliate of Fort Hudson Health System, part of a larger fully integrated multi-level health care system, which offers comprehensive long term and post-acute services including licensed home care (PCA), Care Management, social and medical adult day programs, inpatient rehabilitation, etc. As one of the largest (by client volume) NHTD/TBI waiver providers of multiple services, Fort Hudson is uniquely qualified to offer the region unparalleled service integration. Fort Hudson has two other VAP designated programs (Fort Hudson Nursing Center and Fort Hudson Home Care). Collectively, Fort Hudson programs serve close to 1000 individuals annually (growing each year), of which almost 60% are Medicaid. This makes Fort Hudson one of the largest Medicaid providers in this region, and the only one capable of offering a full array of coordinated services. Communities that will potentially be underserved are primarily in the border areas of Vermont and northern Warren County, principally due to the distance from more populated areas (Fort Hudson currently serves these areas through its multiple programs). More importantly, Fort Hudson is the only provider capable of offering fully integrated HCBS services necessary to achieve DSRIP goals. Fort Hudson is an active participant in the Adirondack Health Institute PPS, and will play an important role in development and ultimate success of DSRIP projects. It has a close working relationship with the key providers in the region, including Glens Falls Hospital and Hudson Headwaters Health Network. PLEASE NOTE: Fort Hudson CHHA would have ordinarily been on the originally approved VAP list based on its anticipated Medicaid utilization. However, as a new program not yet in the Medicaid system, it was not identified as such, and not identified as a CHHA (with no prior cost report filed). Therefore, the timing alone was the reason for disqualifying Fort Hudson CHHA from VAP status.

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 Cruikshank
 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**

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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: Hamilton County Public Health Nursing Service
 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: CHHA
 Provider Type - Other: D&T
 Operating Certificate/License #: 2055601
 MMIS*: 2997386
 NPI*: 1801977376
 Agency Code:
 Billing Entity ID: E0156910
 Address: 139 White Birch Lane, PO Box 250
 City: Indian Lake
 State: NY
 Zip: 12842

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: 0

III. Appeal Point of Contact

Contact Person: Susan M Franko, MPH, RRT
 Title: Director of Public Health
 Contact Phone: 518-648-6497
 Extension:
 Contact Email: susan.franko.hcphns@frontier.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	42%	21%	NYSDOH	2007

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 M Franko, MPH, RRT
 Title: Director of Public Health
 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**

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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: Jewish Home Lifecare
 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: CHHA
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 7002659 03870564 1780936948
 Agency Code:
 Billing Entity ID:
 Address 104 West 29 Street 8th Floor City New York State NY Zip 10001
 *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: 1773

III. Appeal Point of Contact

Contact Person Jerold Cohen
 Title Vice President of Home Care
 Contact Phone 212-273-2569 Extension
 Contact Email Jcohen2@jewishhome.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	53%	0%		2013-14

Jewish Home Lifecare Home Care Program is a certified home health agency that meets the safety net definition; over 35% of the client visits are billed to Medicaid. Jewish Home Lifecare Certified Home Health Agency just received a Medicaid Provider Number, now entered on the form, since our program started October 2013. JHL is already a part of the provider network for Mount Sinai Hospital and has a long history of providing service within this geographical area of New York City and Westchester County. Jewish Home Lifecare has provided rehabilitation services through our skilled nursing facility on a short term basis to those in this community and since 1981 provided home care services to the Medicaid population through the Long Term Home Health Care Program. Many of the clients of the LTHHCP transitioned to JHL's Care Management Program that was created in partnership with Senior Health Partner's/Healthfirst. JHL's CHHA is now providing home care to the same population in conjunction with the Senior Health Partner/Healthfirst to fulfill the public need for services and facilitate implementation of the Medicaid Redesign Team's initiatives. JHL CHHA has the expertise from its experience as a LTHHCP to provide these services in a culturally and linguistically appropriate manner. In addition JHL has an Adult Day Health Care center servicing those with Medicaid, Telehealth services both for the CHHA and Day Centers and a Mental Health Program providing psychiatric nursing services home care visits as part of the CHHA and on-site at the Adult Day Centers. JHL has a robust Hospitalization Best Practice that involves Telehealth and other clinical modalities that has allowed the CHHA to consistently report 5% hospitalization rates for our clients.

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 Audrey Weiner
 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**

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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: L. Woerner Inc. Cortland
 Joined PPS: Cortland Regional Medical Center, 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: CHHA
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1101601 03003894 1891098927
 Agency Code:
 Billing Entity ID:
 Address: 6 North West St. Suite 5 City: Homer State: NY Zip: 13077-1049
 *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: 1492

III. Appeal Point of Contact

Contact Person: Elizabeth Zicari
 Title: President
 Contact Phone: 585-295-6481 Extension:
 Contact Email: ezicari@hcrhealth.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. **

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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	26%	2%	meCare HomeBa	2013

Cortland County has significant Medicaid-eligible populations. They also have fairly large high-cost dual-eligible populations. L. Woerner Inc d/b/a HCR Home Care has the expertise, experience, and tools in place to successfully manage this patient population and control costs. The agency is also in a position to help transition these high-need patients to care management services and managed care models. In addition, their populations are rapidly aging. With high rates of chronic disease and poor socioeconomic circumstances, including high rates of poverty, along with the implications of the Affordable Care Act, these counties will see a drastic increase in the need for health care services, including home care. HCR can help to manage this increased need in the most cost-effective manner, employing prevention and chronic care management activities to improve patient self-management. HCR Home Care can effectively manage the utilization of home care services through comprehensive clinical review, the Chronic Care Management Model, and telehealth monitoring of high-risk patients. The agency has significant experience in improving access and quality outcomes resulting in lower rates of acute care hospitalization and ED use. HCR Home Care has been able to create many important relationships and linkages with other health care and human service providers that will enhance care coordination and transitions, as well as streamline operations; thereby producing cost savings.

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: Richard Glickman
 Title: 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 Yes No

You have chosen the following VAP Exception: i ii

II. Appeal Applicant Information

Organization Name: L. Woerner Inc. Delaware
 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 PPS's" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: CHHA
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1257602 02997973 1033481932
 Agency Code:
 Billing Entity ID:
 Address 5 1/2 Main St., Suite 4 City State Zip
 Delhi NY 13753-1109
 *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: 1500

III. Appeal Point of Contact

Contact Person Elizabeth Zicari
 Title President
 Contact Phone 585-295-6481 Extension
 Contact Email ezicari@hcrhealth.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	16%	7%		

The County of Delaware has significant Medicaid-eligible populations. They also have fairly large high-cost dual-eligible populations. L. Woerner Inc. d/b/a HCR Home Care has the expertise, experience, and tools in place to successfully manage this patient population and control costs. The agency is also in a position to help transition these high-need patients to care management services and managed care models. In addition, their populations are rapidly aging. With high rates of chronic disease and poor socioeconomic circumstances, including high rates of poverty, along with the implications of the Affordable Care Act, these counties will see a drastic increase in the need for health care services, including home care. HCR can help to manage this increased need in the most cost-effective manner, employing prevention and chronic care management activities to improve patient self-management. HCR Home Care can effectively manage the utilization of home care services through comprehensive clinical review, the Chronic Care Management Model, and telehealth monitoring of high-risk patients. The agency has significant experience in improving access and quality outcomes resulting in lower rates of acute care hospitalization and ED use. HCR Home Care has been able to create many important relationships and linkages with other health care and human service providers that will enhance care coordination and transitions, as well as streamline operations; thereby producing cost savings.

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 Richard Glickman
 Title 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 Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: L. Woerner Inc. Schoharie
 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: CHHA
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 4724601 00473730 1649575549
 Agency Code:
 Billing Entity ID:
 Address City State Zip

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: 1515

III. Appeal Point of Contact

Contact Person: Elizabeth Zicari
 Title: President
 Contact Phone: 585-295-6481 Extension
 Contact Email: ezicari@hcrhealth.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	19%	1%	meCare HomeBa	2013

The counties of Schoharie and Otsego have significant Medicaid-eligible populations. They also have fairly large high-cost dual-eligible populations. L. Woerner Inc. d/b/a HCR Home Care has the expertise, experience, and tools in place to successfully manage this patient population and control costs. The agency is also in a position to help transition these high-need patients to care management services and managed care models.

In addition, their populations are rapidly aging. With high rates of chronic disease and poor socioeconomic circumstances, including high rates of poverty, along with the implications of the Affordable Care Act, these counties will see a drastic increase in the need for health care services, including home care. HCR can help to manage this increased need in the most cost-effective manner, employing prevention and chronic care management activities to improve patient self-management.

HCR Home Care can effectively manage the utilization of home care services through comprehensive clinical review, the Chronic Care Management Model, and telehealth monitoring of high-risk patients. The agency has significant experience in improving access and quality outcomes resulting in lower rates of acute care hospitalization and ED use.

HCR Home Care has been able to create many important relationships and linkages with other health care and human service providers that will enhance care coordination and transitions, as well as streamline operations; thereby producing cost savings.

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: Richard Glickman
 Title: CFO
 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
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II. Appeal Applicant Information

Organization Name:	L. Woerner Inc. Washington
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:	CHHA		
Provider Type - Other:	Operating Certificate/License #		
	MMIS*	NPI*	
Unique Identifiers:	5726601	3001021	1114363744
Agency Code:			
Billing Entity ID:			
Address	124 Main St., Suite 201	City	Hudson Falls
		State	NY
		Zip	12839-1829

III. Appeal Point of Contact

Contact Person	Elizabeth Zicari		
Title	President		
Contact Phone	585-295-6481	Extension	
Contact Email	ezicari@hcrhealth.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	14%	2%	meCare HomeBase	YTD 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	Richard Glickman	Answer
Title	CFO	<input checked="" type="radio"/> Yes <input type="radio"/> 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: 1640

Washington County has significant Medicaid-eligible populations. They also have fairly large high-cost dual-eligible populations. L. Woerner Inc. d/b/a HCR Home Care has the expertise, experience, and tools in place to successfully manage this patient population and control costs. The agency is also in a position to help transition these high-need patients to care management services and managed care models. In addition, their populations are rapidly aging. With high rates of chronic disease and poor socioeconomic circumstances, including high rates of poverty, along with the implications of the Affordable Care Act, these counties will see a drastic increase in the need for health care services, including home care. HCR can help to manage this increased need in the most cost-effective manner, employing prevention and chronic care management activities to improve patient self-management. HCR Home Care can effectively manage the utilization of home care services through comprehensive clinical review, the Chronic Care Management Model, and telehealth monitoring of high-risk patients. The agency has significant experience in improving access and quality outcomes resulting in lower rates of acute care hospitalization and ED use. HCR Home Care has been able to create many important relationships and linkages with other health care and human service providers that will enhance care coordination and transitions, as well as streamline operations; thereby producing cost savings. Please note that L. Woerner Inc. took over the operations of the Washington Public Health Nursing Services Co. (OPCERT# 5726600) in January 2014.



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: Lourdes At Home
 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: CHHA
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 0301603 03001145 1952306631
 Agency Code:
 Billing Entity ID:
 Address 4102 Old Vestal Road Vestal 13850
 *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: 3444

III. Appeal Point of Contact

Contact Person: Rochelle Eggleton
 Title: Service Line Administrator
 Contact Phone: 607-772-1598 Extension
 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%	3%	Lourdes Finance	FY14

Lourdes At Home (LAH) is a dba entity of Our Lady of Lourdes Memorial Hospital, Inc. LAH current licensure includes a LTHHCP and a CHHA. The LTHHCP population in Broome County will receive letters this month to transition to a Managed Long Term Care Insurance Plan and CHHAs can provide the services needed. The combined average daily census for FY 14 was 312. The LTHHCP census was 74 and 24% of the total combined census. That 24% added to the 9.4% CHHA Medicaid population and the 3.4% uninsured population exceeds the 35% requirement for a safety net provider. Many of these patients have had the same provider and care givers for years. Interrupting the continuity of their care can be detrimental and further drive up healthcare costs. 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.

LAH CHHA serves Broome, Tioga, Chenango and Delaware Counties. The LAH staff bring more than 15 years' experience caring for chronically ill Medicaid patients the LTHHCP in Broome County and will now be able to provide this same level of expertise to the other counties. Patients in counties where there has been limited access to the LTHHCP benefits will be helped to navigate needed services.

LAH has a successful telehealth program specifically targeting patients with chronic disease in extremely poor and rural areas. Recently, LAH has obtained 20 additional wireless telehealth devices (74 total) to service those Medicaid patients without land line phone service.

LAH has and continues to implement change to transform the way home care is delivered. Most recently, LAH is partnering with Critical Signals Technologies (CST) in a Home Health Connect Program that provides a call button in every patients home, similar to the call button in a hospital. This partnership provides such services as arranging medical appointments and transportation, medication reminders, emergency services and access to staff within 45-60 seconds to report any changes in their condition, medications, etc. Other best practice strategies are the Interact Program and partnering with Lourdes Hospital for their COACH program. Interact is a Quality Improvement Program which is "designed to improve the early identification, management, documentation, and communication about acute changes in conditions of patients in HHAs (Interact.com)." Interact provides clinicians the decision making tools "to improve care and decrease preventable hospitalizations and readmissions (Interact.com)." Coordination of care in the first 30 days post hospital discharge is critical. The Lourdes COACH program; Collaborating Outreach to Achieve Community Health includes specific interventions; improving core discharge planning and transition from the hospital, improving transitions and care coordination at the interfaces between care settings, enhanced coaching, and education and support for self-management.

To further add value to any PPS, LAH is accredited by The Joint Commission and the American Nurse Credentialing Center as a Magnet facility. LAH is also a part of Ascension Health that has 30-40 home care agencies sharing best practices and resources to improve patient care and decrease ED visits and rehospitalizations.

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 Yes No
 Title: Service Line Administrator
 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: ii

II. Appeal Applicant Information

Organization Name: McAuley-Seton Home Care
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: CHHA
Operating Certificate/License #: 1455600N
MMIS*: 1080735
NPI*: 169772343
Address: 2875 Union Road, Cheektowago, NY 14227

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: 3500

III. Appeal Point of Contact

Contact Person: Rachael Nees
Title: System Director, Grants
Contact Phone: (716) 828-3812
Contact Email: rnees@chsbuffalo.org

Services: McAuley Seton Home Care provides over 200,000 visits per year. A top performer in home care, McAuley Seton has twice received the prestigious HomeCare Elite award and was recognized for Excellence in Patient Satisfaction by national hospital collaborative Catholic Health East. McAuley Seton recently completed a major expansion, receiving state authorization to serve Niagara County. McAuley Seton is a component of Catholic Health, an integrated delivery system (IDS) committed to leading the transformation of health care in our community and to improving the health of its residents, enhancing the experience of patients and reducing the cost of care. Its commitment to quality is demonstrated by its achievement of the highest quality rankings in cardiac, vascular, orthopedics & women's services through government and 3rd-party quality rating agencies.

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. **

Financial Viability: McAuley Seton is a top tier best performing home care agencies in NYS with a greater than 10% percent operating margin. Relationships within the Community: McAuley Seton is a subsidiary of Catholic Health, which is a member organization of Catholic Medical Partners and a founding partner of Health Home Partners of WNY. As a key component of an IDS, McAuley Seton is indispensable; it is Catholic Health's Certified Home Health Agency, spans both counties of metro Buffalo-Niagara, and includes specialties beyond geriatrics, ranging from maternity to cardiopulmonary care. More important, it is critically important that Catholic Health's IDS – named one of the 100 most integrated systems nationwide, and the lowest cost – not be severed. Working with very modest resources, the Catholic Medical Partners Ambulatory Care Organization (CMP-AC) has developed this high performing IDS to serve as the foundation of its population health business model. Preliminary results have been very positive; DHHS recently issued quality and financial performance results for 220 Medicare Shared Savings ACOs across the country, and recognized CMP-AC among the top 3. CMP-AC reduced healthcare spending for its patient population by 7% from the national benchmark, saving more than \$27 million, while demonstrating high quality in patient safety, care coordination, preventive health, and at-risk populations. The DSRIP initiative requires CMP-AC to support an expanded delivery network to bring more effective medical care to a defined population of Medicaid patients. A population health model requires a strong, reliable infrastructure combined with a culture of accountability. This infrastructure must include all Catholic Health organizations. Only in this way can CMP-AC ensure its PPS will close major gaps to patient care, through leveraging the unique clinical and community strengths within defined regions of our service area, improving access, coordinating care and optimizing the potential of community services.

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%	1%	ICR	2013

Success in Reducing Hospital Admissions: McAuley Seton is reducing hospital readmissions by transforming the crucial "transition of care" linking inpatient and home care. Upon patient discharge from a Catholic Health hospital, McAuley Seton receives electronically a full Transition of Care document, compliant with National Quality Forum guidelines and compatible with C-CDA standards for Electronic Medical Records. The critical information in this file is expected to reduce dramatically the polypharmacy errors and communication breakdowns so often responsible for avoidable readmissions.

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: Joyce Markiewicz
Title: President/CEO of CHS Home Care, Administration
Only appeals from the CEO, CFO or comparable will be accepted
Answer: Yes



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: Northern Lights Health Care Partnership, Inc.
 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: CHHA
 Provider Type - Other: Home Health Agency-CHHA
 Operating Certificate/License #: 4420600 MMIS*: 3864468 NPI*: 1881037604
 Unique Identifiers: 4420600 3864468 1881037604
 Agency Code:
 Billing Entity ID:
 Address: 91 Main Street City: Canton State: NY Zip: 13617
 *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: 452

Northern Lights is a new CHHA with operating certificate effective 10/3/13. Medicaid number was received on 8/14/14. We were awarded the CHHA as a result of the St. Lawrence County Public Health CHHA closing in 2013. St. Lawrence County Public Health is still being reported as a safety net provider on the most recent published list. Northern Lights will be serving the same population and is forecasted to provide care for approximately 50% Medicaid.

III. Appeal Point of Contact

Contact Person: Todd Amo
 Title: D.O.O.
 Contact Phone: (315) 714-3133 Extension:
 Contact Email: tramo@unitedhelpers.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	Approx 60%	Approx 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: Todd Amo
 Title: Director of Operations
 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: Rosa Coplon Jewish Home and Infirmary Certified Home Health Agency
 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: CHHA
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1451604 01047974 1053337865
 Agency Code:
 Billing Entity ID:
 Address 2700 North Forest Road City Getzville State NY Zip 14068

III. Appeal Point of Contact

Contact Person Randi Dressel
 Title Chief Operating Officer
 Contact Phone 716-639-3330 Extension 2435
 Contact Email rdressel@weinbergcampus.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	28%	CHHA approved 7/14. data =	claims 7/1~	present

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: 3436

a. i. Geographic Area: Catholic Medical Partners-Accountable Care IPA INC ("CMP") PPS seeks to serve Cattaraugus, Chautauque, Erie, Niagara, and Orleans Counties. Rosa Coplon Jewish Home and Infirmary Certified Home Health Agency ("Rosa") is seeking Safety-Net ("SN") designation for the provision of skilled home health services in Erie County ("EC").

ii. PPS Population: EC has 230,555 Medicaid ("MA") members based on 2013 data. According to the EC 2014-17 Community Health Assessment, the mortality rate in EC is much higher than the State rate (1,029.5 per 100,000 vs. 741.4 per 100,000 Statewide, based on 2009 data.) In particular, mortality rates for cerebrovascular disease and diseases of the heart are all much higher in EC than the rest of the State. With respect to home care, the need for home care is high in EC compared to the rest of the State. Salient data for the top 50 non-institutional LTC providers in 2013 indicates that EC had 147,308 home health claims and 4,308 unique users. By comparison, Queens County, which has 992,518 members, reported 147,387 home health claims and 910 total members.

iii. Explanation of Insufficiency of Services in Community Without Rosa's Involvement in the PPS: Based on the Design Planning Grant application, the CMP partner network includes NO CHHAs designated as SN providers in EC, demonstrative of the need for approval of Rosa as a VAP. Rosa CHHA was approved as a conversion of its LTHHCP through New York's CHHA RFA process, based on DOH's finding of a need for additional CHHA services in EC. The DOH has itself designated the LTHHCP as a SN Provider, with 49.05% of its patient volume serving the SN population. The CHHA's operator is the same legal entity as the LTHHCP, and recognized by CMS as the same HHA, providing further support for the CHHA to receive SN provider status based on the LTHHCP's SN designation. In addition, the CHHA has demonstrated its role as a vital provider in the EC MA home health market, and, while only operational since July 1, 2014 has a demonstrated commitment to serving the EC SN population (28%) that it intends to expand through participation in DSRIP.

b. Description of Need for Rosa to Enhance Network of SN Providers: Rosa CHHA, a NFP entity, serves EC as part of The Harry and Jeanette Weinberg Campus consortium of providers, which for close to 100 years has served the elderly and SN population in EC, and includes a full continuum of LTC services—a 180 bed SNF and outpatient rehab center, LHCSA, MLTC, ACF/ALP, Social and Medical ADHC, memory care, independent and low-income senior housing, respite services, D&T, and OMH Residence. Rosa is the 8th largest MA home health provider in the county based on claims for home health services. Rosa CHHA leverages its experience with MLTCs, including its own MLTC - Fallon Health Weinberg, and affiliated and local providers to provide seamless, high-quality services and health management to the area's SN population. In addition, Rosa's affiliated SNF, LHCSA and ALP are designated SN providers. The CHHA's ability to team with MLTCs and integrate with its own MLTC, provides Rosa with a unique ability to help CMP meet the goals of DSRIP, including ensuring the creation of a sustainable safety-net delivery system through Medicaid payment reform. Failing to recognize Rosa as a VAP would ignore this vital role and limit CMP's ability to meet DSRIP goals in EC

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 Randi Dressel Yes No
 Title Chief Operating 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**

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: The Wartburg Home of the Evangelical Lutheran Church
 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: CHHA
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 5904601 01177999 1215089479
 Agency Code:
 Billing Entity ID:
 Address 56 Harrison Street Suite 503 City New Rochelle State NY Zip 10801
 *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: 3185

III. Appeal Point of Contact

Contact Person Mark Hammond
 Title CFO & Executive Vice President
 Contact Phone 914-513-5309 Extension
 Contact Email mhammond@wartburg.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	0 (note: CHHA-Medicaid enrollment)	effective 11/21/13)		

a. i. Geographic Area: Montefiore Medical Center ("MMC") PPS seeks to serve Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties. Wartburg Home Care ("Wartburg") is seeking Safety-Net ("SN") designation for the provision of certified home health services in Westchester County ("WC").

ii. PPS Population: WC comprises more than half of the entire PPS's home health utilization, and includes 187,403 Medicaid ("MA") members and an ER visit rate per 1,000 members of 48.5. Salient data for the top 50 non-institutional LTC providers in WC for 2013 indicates that WC had 273,266 home health claims and 2,792 unique users, while the entire Mid-Hudson region had 478,560 and 5,575. Notably, Wartburg's LTHHCP had 44,048 home health claims during the same period, comprising 16% of the county's total home health volume of claims.

iii. Explanation of Insufficiency of Services in Community Without Wartburg's Involvement in the PPS: Based on the Design Planning Grant application, the MMC partner network includes only 5 CHHAs designated as SN providers in WC. As LTHHCPs are winding down and LHCSAs are limited to non-skilled services only, CHHAs are crucial to the prevention of ER admissions. Wartburg CHHA was approved as an expansion of its LTHHCP through New York's CHHA RFA process, based on the DOH's finding of a demonstrated need for additional CHHA services in WC and the Bronx in order to achieve the objectives of MA Redesign in New York. Wartburg is a vital provider in the WC MA home health market, as demonstrated by the designation of its LTHHCP as a SN provider, with 91.64% of its patient volume serving the SN population, as reported by DOH. The LTHHCP population has been transitioned to MLTC, consistent with mandatory enrollment in NY. However, the CHHA's operator is the same legal entity as the LTHHCP, and recognized by CMS as the same HHA, providing further support for the CHHA to receive SN provider status based on the LTHHCP SN designation.

b. Description of Need for Wartburg to Enhance Network of SN Providers: Wartburg CHHA serves WC and Bronx Cos. and is part of the larger Wartburg long term care continuum serving the SN population of seniors in the Mid-Hudson region through its 210 bed SNF, LTHHCP, LHCSA, ADHC, ACF, respite, hospice and memory care services. Wartburg's LTHHCP was the 5th largest MA home health provider in the entire county and the 25th largest MA provider in WC based on claims for all services in 2013. The CHHA provides the full array of home health services and leverages its experiences with local providers to provide seamless, high-quality services and health management. In addition, Wartburg's affiliated SNF and LHCSA are designated SN providers. The CHHA's ability to team with existing partners on DSRIP projects as a SN provider will bring natural integration to MMC and the WC community. Recognizing Wartburg's CHHA as a VAP would enhance the network of SN providers in the PPS and allow MMC to meet the goals of DSRIP, while failing to do so will leave the PPS void of sufficient CHHA providers capable of providing population health management and certified home care services

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 Mark Hammond Yes No
 Title CFO & Executive Vice President
 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: Twin Tier Home Health 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: Select One
 Provider Type - Other: Certified Home Health Care
 Operating Certificate/License #: 301601 MMIS*: 683656 NPI*: 1760489406
 Unique Identifiers: 301601
 Agency Code:
 Billing Entity ID: 222348211
 Address: 601 Riverside Drive City: Johnson City State: NY Zip: 13790

III. Appeal Point of Contact

Contact Person: Greg Rittenhouse
 Title: COO
 Contact Phone: 607-763-5616 Extension: 3240
 Contact Email: Greg.Rittenhouse@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	16%	0%	Oasis	08/13-07/14

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. 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: 3495

Twin Tier Home Health (Twin Tier) has joined the United Health Services, Inc. Southern Tier Performing Provider System (PPS) which has merged with the Cortland Regional Medical Center Inc. Rural Integrated PPS to serve the counties of Broome, Cayuga, Chenango, Cortland, Chemung, Delaware, Tompkins, Schuyler, Stuben and Tioga to form the Southern Tier Rural Integrated PPS (STRIPPSS).

There is demonstrated need for home care in the region which is characterized by high rates of cardiovascular and respiratory disease, diabetes and behavioral health/substance abuse issues dispersed throughout predominately rural communities. These communities often suffer from limited access to health care because of geographic and financial limitations and home health care services can reach where hospital and office based services might not be feasible. Twin Tier is experienced with delivering care in these areas and will be a major contributor in achieving a 25% reduction in unavoidable hospital admissions and emergency department visit rates. Based on October 2014 Home Health Compare results, Twin Tier has the lowest percentage rate of unavoidable admissions and ED visits among all home care providers in the STRIPPSS.

Twin Tier is a comprehensive certified home health agency licensed in Broome, Chenango, Delaware and Tioga counties offering a full range of services to patients including Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Medical Social Work, Registered Dietician, and Home Health Aides. Twin Tier has specialty programs including an in-home and community-based fall prevention program, a cardiac disease management program, an orthopedic rehab program, a COPD disease management program and a wound program under the supervision of a certified wound ostomy continence nurse. Twin Tier works closely with UHS healthcare system members with behavioral/mental health expertise to advance the competency of home care staff to better manage psychosocial issues that are a challenge to reducing hospital and re-hospitalization and ER utilization.

Twin Tier is a member of UHS Home Care which includes a licensed agency, a long term home health care program and a personal emergency response program. At the conclusion of 2104 Twin Tier will absorb the long term home health care program and will provide long term home health care through contracts with Managed Long Term Care Providers. Twin Tier has been providing certified home health care for 34 years and collectively with the agencies of UHS Home Care has a proven track record helping patients stay safe, independent and healthy living in place.

Twin Tier has been using home telemonitoring since 2001. Use of telemonitoring helps mitigate the need for transportation to receive care, promotes patient health and independence, and minimizes use of emergency room services and readmissions to the hospital. Twin Tier provides in-house RN, seven day week monitoring of all telemonitoring patients.

Twin Tier has a patient-centered model of care. By focusing on the patient holistically, the team identifies non-medical issues that impact a patient's ability to follow an established plan of care. Ensuring the basics of food, shelter, and peace of mind allows the patient to be engaged in problem solving and in follow through on interventions to improve health outcomes. Twin Tier has well established collaborative relationships with key community partners in the PPS region

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: Greg Rittenhouse
 Title: COO
 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. Appeal Applicant Information

Organization Name: Visiting Nurse Services of Northeastern NY
 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: CHHA
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 4601600 02997684 1841360740
 Agency Code:
 Billing Entity ID:
 Address 108 Erie Blvd Schenectady NY 12305
 *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: 3500

III. Appeal Point of Contact

Contact Person: Tim Berger
 Title: CFO
 Contact Phone: 518-382-8050 Extension: 258
 Contact Email: bergert@vnshomecare.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	31%	1%	Cost Report	2012

The Visiting Nurse Services of Northeastern NY (VNS NENY) is a member of the Ellis Medicine PPS servicing 172,000 are Medicaid enrollees in Albany, Rensselaer, Saratoga, Schenectady, Montgomery and Fulton Counties. The ability of the PPS to service patients would be compromised if VNS NENY is not included. The VNS NENY meets the expectations of the appeal because the three reasons:

1. VNS NENY operates the Health Home (Care Central) that is an integral part of the coalition assembled for the PPS and provides the majority of care management services to the Medicaid population in its service area that can't be duplicated by the other CHHA's or Health Homes. As the sole Health Home in Schenectady County and the sole Health Home serving South Saratoga County, the VNS NENY is integral in DSRIP PPS performance. The VNS NENY does appear on the draft list of state designated Health Homes.
2. VNS NENY meets the 35% safety net criteria when considering its CHHA services and Health Home services both in visits / encounters. The VNS NENY combined Medicaid and eligible services rate is 40.73%. The original formula (CHHA visits / encounters) for the Safety Net appeal showed a utilization of 32.40%, just short of the 35% required. This data excluded patient encounters through our Health Home, services which are billed by the VNS under the same NPI.
3. VNS NENY exceeds the 35% threshold with its CHHA services alone when considering revenue. Revenue dollars was not the consideration in the original DSRIP appeal, rather visit volume. Based on Medicaid and charity care revenue alone the VNS NENY CHHA comprises 37.28% of total agency revenue, exceeding the 35% threshold.

Service Visits/Encounters (Percentage)

CHHA	18,245 [32.40%]
Health Home – 2013 (1st full year)	7,916 [100%]
Total	26,161 [40.73%]

If we look at 2013 Medicaid revenue instead of utilization the argument becomes stronger as shown below:

Service Revenue Percentage

CHHA	\$4,546,371 [37.28%]
Health Home	\$1,723,417 [100%]
Total	\$6,269,788 [45.05%]

The VNS NENY is the primary CHHA (majority of patients served) in Schenectady County serving Medicaid enrollees. Until recently it was the only CHHA in Schenectady County. The VNS NENY is affiliated with the largest acute care provider in Schenectady County Ellis Medicine.

The VNS provides comprehensive home care services to residents in 7 counties – Schenectady, Saratoga, Albany, Schoharie, Warren, Essex and Franklin. Along with our home care program and Health Home, we also operate:

Care Choices - a specialized palliative program for the coordination of healthcare services in the home care setting for persons with very serious illnesses. Care Choices works in collaboration with Ellis Medicine and Community Hospice and will be in integral part of the PPS. This program recently received a BIP award of \$347,000 to serve fee-for-service Medicaid members.

Care Transitions – A program in collaboration with 3rd party providers designed to help patients meeting specific clinical diagnosis transition from the acute care setting back into their home environment with the goal of avoiding readmissions. We currently have contracts with both MVP and Blue Shield of Northeastern NY. We just ended a similar program with CMS where the VNS was the lead agency in a ten county region of upstate

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: Tim Berger
 Title: CFO
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted