



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

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

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

I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: CitiWide Harm Reduction Program d/b/a BOOM!Health Affiliate
 Joined PPS: Bronx-Lebanon Hospital Center

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

Provider Type: Other
 Provider Type - Other: Harm Reduction Counseling, Syringe Access/Exchange, HIV and Viral hepatitis screening/testing, cas
 Operating Certificate/License # MMSIS* NPI*
 Unique Identifiers:
 Agency Code:
 Billing Entity ID:
 Address 226 E. 144th Street City Bronx State NY Zip 10451
 * 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: 2597

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.

III. Appeal Point of Contact

Contact Person Robert Cordero
 Title President / Chief Program Officer
 Contact Phone (917) 640-6274 Extension
 Contact Email rcordero@boomhealth.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	92%	8%	Client Records	2013

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge.

I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Robert Cordero
 Title President / Chief Program Officer
 Answer Yes No

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



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

**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.

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:	Amida Care, Inc.

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.

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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	

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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

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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:

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

2 I am a Harm Reduction 1915i provider that is on one the following pending DSRIP lists: Pending Safety Net Harm Reduction 1915i Providers.

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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

Title President / CPO Yes No

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I. Are you a Medicaid Provider

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

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:	St. Barnabas Hospital (dba SBH Health System)

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	
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I. Are you a Medicaid Provider

Answer	Not Yet
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You have chosen the following category:	1
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II. Appeal Applicant Information

Organization Name:	Lower East Side Harm Reduction Center
OPTIONAL Joined PPS:	Select PPS

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:	OASAS 1915i Provider		
Provider Type - Other:	DO NOT USE		
	Operating Certificate/License #	MMIS	NPI
Unique Identifiers:	PENDING	PENDING	PENDING
Agency Code:	PENDING		
Billing Entity ID:	PENDING		
	Address	City	State Zip
Address:	25 Allen Street	New York	NY 10002
County:	Manhattan		

III. Appeal Point of Contact

Contact Person	Ellen Tuchman		
Title	Chair, Board of Directors		
Contact Phone	646-247-4543	Extension	
Contact Email	Ellen.Tuchman@nyu.edu		

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.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	90%	10%	AIRS	2014

On behalf of the Lower East Side Harm Reduction Center's (LESHRC) Board of Directors, staff and clients, we are formally requesting designation as a DSRIP "Vital Access Provider" as LESHRC is in a pending CMS-approval status category of bulk exceptions as a OASAS1915i provider and is already on the State Pending Safety Net OASAS 1915i Provider List.

Lower East Side Harm Reduction Center is a culturally diverse, community-based, non-profit organization whose mission is to reduce the spread of HIV/AIDS, HCV and other drug-related harm among injection drug users and the community. Using a harm reduction philosophy, the center provides programs that are based on the nonjudgmental acceptance of drug users, evidence-based health science, and human rights. We accomplish this goal by offering practical strategies ranging from safer use to abstinence. In this supportive environment, we provide safe injection equipment, information on HIV/AIDS, hepatitis, risk reduction strategies, and safer sex practices, mental health services, case management, and overdose prevention. Ultimately, we aim to enhance the long-term well-being of our drug users and the community.

For over twenty years, LESHRC has provided services to participants and communities in need with the combined goal of reducing the transmission of HIV, Hepatitis C and other drug related harm. In keeping with the harm reduction philosophy many services are characterized as "low-threshold" and include: syringe exchange; harm reduction support groups and workshops; the provision of food and nutrition services, holistic treatments such as acupuncture, Reiki, and yoga; health screenings for HIV and Hepatitis C, and viral hepatitis vaccinations; case management to assist with entitlements; harm reduction psychotherapy and counseling; substance use counseling; street outreach; health education and peer training services; access to Buprenorphine and opiate overdose prevention training.

The relationship between the drug using community and medical providers has historically been a strained one, due largely to the impact of drug-user stigma. Fear of judgment on the part of users and resistance to supporting what might be viewed as "drug-seeking-behavior" on the part of providers has only widened the divide between medical practitioners and community members who are at increased risk for HIV disease, Hepatitis C and a host of other chronic conditions.

Although most LESHRC participants are Medicaid eligible, barriers to medical services both real and perceived as referenced above, continue to result in poor health outcomes when only accessible in traditional treatment settings. Accessing services in the confidential, non-judgmental environment that LESHRC provides has the potential to increase access to care while simultaneously reducing Medicaid costs to the state with a broad range of harm reduction options offered in one location.

It is essential that CMS approves NYSDOH's request to identify the Lower East Harm Reduction Center as a "Vital Access Provider" as LESHRC is a vital part of New York State's strategy to achieve the triple aim of improved quality, improved health and reduced costs in New York State.

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

Name	Ellen Tuchman	Answer <input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Chair, Board of Directors	
Only appeals from the CEO, CFO or comparable will be accepted		



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I. Are you a Medicaid Provider

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

You have chosen the following category:	2
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II. Appeal Applicant Information

Organization Name:	Lower East Side Harm Reduction Center
OPTIONAL Joined PPS:	Select PPS

VI. Restricted to 3500 Characters only!

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Provider Type:	Harm Reduction 1915i Provider			
Provider Type - Other:	DO NOT USE			
	Operating Certificate/License #	MMIS	NPI	
Unique Identifiers:	PENDING	PENDING	PENDING	
Agency Code:	PENDING			
Billing Entity ID:	PENDING			
	Address	City	State	Zip
Address:	25 Allen Street	New York	NY	10002
County:	Manhattan			

III. Appeal Point of Contact

Contact Person	Ellen Tuchman		
Title	Chair, Board of Directors		
Contact Phone	646-247-4543	Extension	
Contact Email	Ellen.Tuchman@nyu.edu		

IV. Please choose the following 1915i Category:

<input 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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Percentage	90%	10%	AIRS	2014

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Lower East Side Harm Reduction Center is a culturally diverse, community-based, non-profit organization whose mission is to reduce the spread of HIV/AIDS, HCV and other drug-related harm among injection drug users and the community. Using a harm reduction philosophy, the center provides programs that are based on the nonjudgmental acceptance of drug users, evidence-based health science, and human rights. We accomplish this goal by offering practical strategies ranging from safer use to abstinence. In this supportive environment, we provide safe injection equipment, information on HIV/AIDS, hepatitis, risk reduction strategies, and safer sex practices, mental health services, case management, and overdose prevention. Ultimately, we aim to enhance the long-term well-being of our drug users and the community.

For over twenty years, LESHRC has provided services to participants and communities in need with the combined goal of reducing the transmission of HIV, Hepatitis C and other drug related harm. In keeping with the harm reduction philosophy many services are characterized as "low-threshold" and include: syringe exchange; harm reduction support groups and workshops; the provision of food and nutrition services, holistic treatments such as acupuncture, Reiki, and yoga; health screenings for HIV and Hepatitis C, and viral hepatitis vaccinations; case management to assist with entitlements; harm reduction psychotherapy and counseling; substance use counseling; street outreach; health education and peer training services; access to Buprenorphine and opiate overdose prevention training.

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It is essential that CMS approves NYSDOH's request to identify the Lower East Harm Reduction Center as a "Vital Access Provider" as LESHRC is a vital part of New York State's strategy to achieve the triple aim of improved quality, improved health and reduced costs in New York State.

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.

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Title	Chair, Board of Directors	
Only appeals from the CEO, CFO or comparable will be accepted		



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I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: St. Ann's Corner of Harm Reduction
 Joined PPS: Bronx-Lebanon Hospital Center

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

Provider Type: Other
 Provider Type - Other: Harm Reduction Counseling Provider
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers:
 Agency Code:
 Billing Entity ID:
 Address 886 Westchester Avenue City Bronx State NY Zip 10459

III. Appeal Point of Contact

Contact Person: Bart Majoor
 Title: Deputy & Clinical Director
 Contact Phone: (718) 585-5544 Extension 307
 Contact Email: bmajoor@sachr.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	90%	10%	ment AIDS Instit	2014

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

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

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

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

Character Count: 3492

This provider is in a pending CMS-approval status category of bulk exceptions as a Medicaid provider of Harm Reduction Counseling and Safety Net services.

a. St. Ann's Corner of Harm Reduction (SACHR) serves (injecting) drug users, their families, and other people at high risk for HIV, HCV, STDs. Clients derive mainly from the South Bronx neighborhoods of Hunts Point/Mott Haven (41%), Highbridge/Morrisania (21%) and Crotona/Tremont (12%). These neighborhoods are designated as High Poverty Level neighborhoods. Eighty percent of SACHR clients are Hispanic, 15% Black. They are often triple diagnosed with active substance use, psychopathology and chronic illness (i.e., HIV/AIDS, HCV, Asthma). Continuum of Drug Care & Treatment: Harm Reduction at its inception was meant as a drug treatment modality for users who were not able or ready for abstinence. Hence methadone maintenance treatment is an important Harm Reduction intervention. Since Bronx-Lebanon Hospital Center (BLHC) has a range of abstinence-oriented drug treatment options and Methadone Maintenance Treatment Programs (MMTP), SACHR can work closely with their programs and refer our participants who want MMTP or detox/treatment, while they can refer to us their participants that aren't ready for abstinence-oriented treatment yet but are often occupying expensive detox/treatment spots. This Stepped Care Model is aimed at decreasing unnecessary hospitalizations, including detox services and care for substance use related physical health conditions.

b. SACHR is the second largest syringe exchange program (SEP) in New York City and a multi-service agency providing a continuum of interventions that engage the whole person at whatever stage of wellness they are in. In addition to our SEP and street outreach, our center assists with basic needs, such as shower, food, clothing and a day-center. We offer a quiet sanctuary with stress-reduction services, such as acupuncture and yoga. We also provide educational workshops and mental health & substance use counseling. SACHR conducts HIV and HCV testing and referrals to treatment. Referral relationships with other service organizations give our clients choices – both in and outside of SACHR – as they make their journey toward a healthier and safer life. In 2013, SACHR provided 90,000 service units to 8,500 unique individuals which makes it a true portal into care. BLHC and SACHR are exploring a pro-active partnership that will include psychiatric and mental health services, primary medical care, OB/GYN and prenatal care, integrating recovery, treatment and prevention of risky drug use behaviors, and housing access. SACHR is a designated opioid overdose prevention training institute and provides Naloxone kits. The overdose responder training will be provided to teams and clients at BLHC. The effectiveness of the collaboration will be expressed in easy referrals back and forth along the drug care continuum that BLHC and SACHR have created, co-location of medical and psychiatric services at the SACHR offices to enhance the one stop shopping model, and in further sharing of resources. Ultimate goal is to strengthen the safety net and the therapeutic milieu that stabilizes SACHR's clients which will improve their behavioral health, and enhance their treatment readiness.

c. Attachment: Majoor, B. & Rivera, J., "SACHR: An example of an integrated, harm reduction drug treatment program." Journal of Substance Abuse Treatment 25 (2003), 257-262

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: Bart Majoor
 Title: Deputy & Clinical Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted