



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: Aftercare Nursing Services, Inc.
 Joined PPS: Niagara Falls Memorial Medical Center

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

Provider Type: Licensed Home Care Service Agency
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 9058L001 01180189 1841384906
 Agency Code:
 Billing Entity ID:
 Address 1680 Walden Avenue City Cheektowaga State NY Zip 14225

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: 3452

III. Appeal Point of Contact

Contact Person: Michael W. Mullins
 Title: President
 Contact Phone: 716-725-2442 Extension
 Contact Email: mikemullins214@aol.com

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	92%	8%	Medicaid Clients	2013

A. Aftercare Nursing Services, Inc. (ANS) is able to serve Medicaid participants in counties of; Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming. The majority of the population in these counties lives in rural areas. The estimated population of 2013 for these 8 counties is 1,537,416*. The 2013 estimated Medicaid enrollees for these counties is 328,904**, approximately 21% of the population. ANS has clients located in Erie county, Chautauqua county, and Niagara county. We work with the designated PPS Hospital for post care of patients on a weekly basis. Currently we are serving Medicaid Waiver participants in each of the counties mentioned above. Our census of approximately 700 clients*** (many have been turned down by other home care agencies for service because of geographic location and limitations in workforce) and future growth speaks to how these communities might be insufficient without our organization's continued involvement given the PPS current configuration of network providers. The aforementioned communities may otherwise not be served by the selected PPS due to recruitment limitations are resolved (our recruitment and employee retention is high priority).

B. ANS is a home health care service agency and licensee (9058L001) of the New York State Department of Health, since 1989. ANS has an Employee Stock Ownership Plan (ESOP), where the care givers own 85.6%**** of the company. Therefore the ESOP is mainly owned by minority females****, it is rare in licensed home health care organizations and unique locally. The ESOP gives employees a vested financial interest in the success of our company for quality care and patient satisfaction. ANS has provided exceptional service in a caring environment for the past 30 years and continues to do so. We provide a wide array of health and supportive services delivered at home for people of all ages. We offer the following services; Child Maternal Health, NHTD, TBI, Nursing Services, PCA Services, and we are the largest child home care provider. Medicaid participants account for approximately 92% of the services we provide. ANS works with local hospitals and nursing homes to help provide community home care and improve discharges. We are the only organization that participates in all three Medicaid Waiver programs, locally. We have a strong business model geared towards Medicaid Waiver participants in the Nursing Home Transition and Diversion (NHTD) Program and Traumatic Brain Injury program. Our 8 Supervisor RN's are trained to avoid needless hospitalization and have succeeded in meeting tests of current provider metrics of such. ANS is highly automated patient records and is able to transmit daily nurses' notes to primary physicians. We are actively pursuing various Telehealth programs. Also, we have disease management programs for diabetes to prevent needless hospitalizations and deliver appropriate care timely. The NHTD program we provide solves many different hospital discharge problems. We are unique because we provide Federal Section 8 housing to participants (11 in 2013) and have 8 trained Social Workers to assist participants in obtaining requested benefit compliance documentation. ANS is an advocate of this reform and would like to participate to help improve quality of service to clients and to reduce avoidable hospital use.

C. *Population **Medicaid Statistics ***Hours **** Stock *****EEOC

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

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



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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: BHRAGS Home Care Corp.
 Joined PPS: Select PPS

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

Provider Type: Licensed Home Care Service Agency
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 0857L001 922298 1679606735
 Agency Code:
 Billing Entity ID:
 Address 9805 Foster Avenue City Brooklyn State NY Zip 11236
 *REQUIRED

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

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

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Character Count: 1725

BHRAGS Home Care has been servicing the Brooklyn community for over 30 years. Many of our patients are in Crown Heights, Brownsville and Canarsie. Many of our patients are Spanish and Creole speaking. We operate all over Brooklyn. We are an exceptional agency in the community. We always try our best to assist patients even when many agencies have turned the patients away. When we get a patient who speaks a foreign language, we go out into the community and find an Aide who can help that patient. When we get a patient whose home is too small, too cluttered or too dangerous for some agencies, we try to see where we can assist that patient instead of refusing that case. Majority of the time, we help the patient stay alive by offering some service to them. Currently we are the only agency offering its own ESL program to its workers. We are also providing computer classed to our workers. We are not waiting for the Union to help us, we are doing it ourselves. Although we are not a Senior Center, we try to have health promotional and social activities throughout the year for our patients. We take our jobs very seriously and we do our best to comply with all of DOH rules. We are probably the only agency in Brooklyn who had 99% flu shot compliance. When I say 99% I mean that only 5 out of over 800 my Home care workers did not take their flu shots last year. Some agency will say they were compliant, for them compliance means having letters from physicians explaining why %75 percent of their workers cannot take the flu shot. For BHRAGS compliance means 99% got vaccinated. I hope that you will see how vital our agency is to the community and we deserve to be part of the Safety Network.

III. Appeal Point of Contact

Contact Person: Eve Vaval
 Title: Executive Director
 Contact Phone: 718-345-5940 Extension: 256
 Contact Email: eavaval@bhrags.org

IV. Please choose the following VAP Exception:

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	98%	2%		

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: Eve Vaval
 Title: Executive Director
 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: Community Care of Rochester dba Visiting Nurse Signature Care
 Joined PPS: Finger Lakes PPS

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

Provider Type: Licensed Home Care Service Agency
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 07161L001 1045303 1477620797
 Agency Code:
 Billing Entity ID:
 Address 2180 Empire Blvd. City Webster State NY Zip 14580
 *REQUIRED

III. Appeal Point of Contact

Contact Person: Kevin Berg
 Title: Vice President of Business Development and Regional Operations
 Contact Phone: 585-787-8301 Extension
 Contact Email: KBerg@vnsnet.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	46%	1%	Statistical Reporting	FY2013/YTD20

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

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- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3002

The Finger Lakes PPS incorporates 14 counties in an 8,800-square-mile area of upstate New York. This region encompasses a wide spectrum of urban, suburban and rural areas – from the City of Rochester, which has a population of over 200,000 and a population density of over 6,000 persons per square mile, to numerous towns with fewer than 5,000 residents, located in counties with densities of fewer than 100 persons per square mile. Not surprisingly, the size of the area, and variation in population density within it, result in issues that are unique to different areas. Both urban and rural areas are experiencing a growing cultural diversity of patients that can affect our ability to deliver person-centered care that is effective in achieving the desired health outcomes. Our expertise in the areas of telehealth, transition care coaching, care management and Nurse Family Partnership make us a unique and necessary provider in order to bring these services to scale in the areas outside of Monroe County for which we are licensed to serve in 11 of the 14 PPS counties.

Community Care of Rochester dba Visiting Nurse Signature (VNSC) is part of the Strong Home Care Group (SHCG) covering a 12 county area in the Finger Lakes region. In addition to VNSC, SHCG is made up of two CHHAs, Visiting Nurse Service of Rochester and Monroe County, Inc. (VNS) and Finger Lakes Visiting Nurse Service, which combined serve 7 counties. VNSC is licensed to provide home care services to 11 of the 14 counties within the Finger Lakes PPS. VNSC provides a range of services to the Medicaid and Medicaid Managed Care community through various service provision contracts, although we do not bill Medicaid directly. Some of those contracts include VNS and FLVNS. Through preferred-provider agreements with various designated health home, managed long term care, Nurse Family Partnership, hospice and certified home health agencies in the community, VNSC coordinates and provides the Medicaid and uninsured patient population with essential services such as: care management & assessment, pediatric private duty nursing, telehealth, transition coaching, skilled nursing, and home health aides. VNSC plays a vital role as part of the integrated delivery system developed by UR Medicine and the patients we collectively serve. As URM moves toward accepting risk for the care of patient populations, it is expanding its reach and assets geographically. Further, it is focused on streamlining the continuum of care and producing remarkable outcomes. VNSC meets the safety-net definition as a non-hospital provider critical to the provision of service to this patient population. At least 46% of VNSC's professional and paraprofessional staff provides service to well over 3,000 Medicaid, Managed Care, Long Term, uninsured and Dually Eligible patients annually in the Monroe County area. This far exceeds the qualifying 30% minimum threshold as a vital access provider.

See attachment for supporting documentation.

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: Barry Palatas
 Title: Senior Vice President and Chief Financial Officer
 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: Dennelisse-LHCSA Corporation
 Joined PPS: Bronx-Lebanon Hospital Center

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Provider Type: Licensed Home Care Service Agency
 Provider Type - Other: Case Management TCM
 Operating Certificate/License #: 0562L001
 MMIS*: 1449994
 NPI*: 1043340474
 Agency Code:
 Billing Entity ID:
 Address: 16 East 40th St. 12th Fl
 City: New York
 State: NY
 Zip: 10016
 *REQUIRED

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Character Count: 3463

III. Appeal Point of Contact

Contact Person: Jeffrey Anaele
 Title: Controller
 Contact Phone: 212-265-8320
 Extension:
 Contact Email: ganaele@dlhcsa.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.
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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%	0%	Dennelisse-LHCSA	2014

Dennelisse-LHCSA is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider. Dennelisse is a licensed NYS Department of Health not-for-profit home health care company and NYS Department of Education approved home health care training program. The organization has been servicing residents of the five boroughs of New York City since 1987. Our mission is to improve the health and well-being of our clients and their families, while focusing on the strengths of individuals, families and communities. Our bilingual and multicultural professional and paraprofessional staff renders skilled nursing, nutrition, home health aides, homemakers, social workers and case managers who collaborate to build upon the communities' strengths, values and goals. The organization's culture is reflective of the diverse and complex communities it services. Dennelisse has facilitated care and support to a challenging population, including through a collaboration under ACS.

Dennelisse's care coordination services, formerly a COBRA Case Management provider since 1991, now in partnership with the New York State Department of Health's "Health Home" networks, has served families and individuals affected by HIV/AIDS for more than 27 years. We have a track record of rendering quality, effective social and mental health services to those who have been impacted by HIV/AIDS, mental health issues, substance abuse and people with disabilities and their families in the five boroughs of New York City.

Dennelisse LHCSA has rendered intensive targeted case management and social services to over 4,500 individuals and their collaterals as a response to the New York City's community needs. The organization's Nurses, Care Coordinators, Client Navigators, Outreach Workers, Social Workers, and Paraprofessional Support Services team has met the challenge of working with people with medical and social behaviors that put them at-risk. Some of the individuals and families the organization has worked with have had to cope with living with HIV and AIDS, Diabetes, Substance Abuse, Mental Health, Respiratory Disease, Metabolic Disease and other illnesses, while managing cognitive impairments, low income, homelessness and other challenging situations. Our Care Coordination objectives have been to:

Promote medical and medication adherence and or compliance, Improve quality of care and quality of life, Assist and educate and advocate for those at risk, Promote chronic illness and or mental health related medical follow up, Provide resources, including referral for job training and placement, Assist individuals and their families to navigate through the healthcare and wellness systems, Coordinate services and attend conferences, Provide advocacy and escort when necessary, Counseling including prevention of relapse and homelessness when appropriate. Dennelisse-LHCSA has not only been a partner within the community, but as well for other healthcare providers servicing the community. Dennelisse-LHCSA has been in collaboration with Bronx Lebanon's Health Home for the past 4 years and has been its trusted Care Coordinator and home health care partner for more than 27 years. Dennelisse-LHCSA has faced some of the challenges and has the expertise in engaging and implementing the solutions with its partners. More than 85% of our mutual constituents reside in the Bronx and rely on our collaboration.

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: Luis Pons
 Title: Chief Executive Officer
 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: Denelisse-LHCSA Corporation
 Joined PPS: Bronx-Lebanon Hospital Center

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Provider Type: Licensed Home Care Service Agency
 Provider Type - Other: Case Management TCM
 Operating Certificate/License #: 0562L001
 MMIS*: 1449994
 NPI*: 1043340474
 Unique Identifiers: 0562L001
 Agency Code:
 Billing Entity ID:
 Address: 16 East 40th St. 12th Fl
 City: New York
 State: NY
 Zip: 10016

III. Appeal Point of Contact

Contact Person: Jeffrey Anaele
 Title: Controller
 Contact Phone: 212-265-8320
 Contact Email: ganaele@dlhcsa.org

IV. Please choose the following VAP Exception:

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Percentage	100%	0%	Denelisse-LHCSA	2014

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

Character Count: 3482

Denelisse-LHCSA is in a pending CMS-approval status category of bulk exceptions as a downstream health home provider. Denelisse is a licensed NYS Department of Health not-for-profit home health care company and NYS Department of Education approved home health care training program. The organization has been servicing residents of the five boroughs of New York City since 1987. Our mission is to improve the health and well-being of our clients and their families, while focusing on the strengths of individuals, families and communities. Our bilingual and multicultural professional and paraprofessional staff renders skilled nursing, nutrition, home health aides, homemakers, social workers and case managers who collaborate to build upon the communities' strengths, values and goals. The organization's culture is reflective of the diverse and complex communities it services. For more than 27 years, Denelisse has facilitated care and support to a challenging population. Denelisse's care coordination services, formerly a COBRA Case Management provider since 1991, now in partnership with the New York State Department of Health's "Health Home" networks, has served families and individuals affected by HIV/AIDS for more than than 27 years. We have a track record of rendering quality, effective social and mental health services to those who have been impacted by HIV/AIDS, mental health issues, substance abuse and people with disabilities and their families in the five boroughs of New York City. Denelisse LHCSA has rendered intensive targeted case management and social services to over 4,500 individuals and their collaterals as a response to the New York City's community needs. The organization's Nurses, Care Coordinators, Client Navigators, Outreach Workers, Social Workers, and Paraprofessional Support Services team has met the challenge of working with people with medical and social behaviors that put them at-risk. Some of the individuals and families the organization has worked with have had to cope with living with HIV and AIDS, Diabetes, Substance Abuse, Mental Health, Respiratory Disease, Metabolic Disease and other illnesses, while managing cognitive impairments, low income, homelessness and or other challenging situations. Our Care Coordination objectives have been to:

- Promote medical and medication adherence and or compliance
- Improve quality of care and quality of life
- Assist and educate and advocate for those at risk
- Promote chronic illness and or mental health related medical follow up
- Provide resources, including referral for job training and placement
- Assist individuals and their families to navigate through the healthcare and wellness systems
- Coordinate services and attend conferences
- Provide advocacy and escort when necessary
- Counseling including prevention of relapse and homelessness when appropriate

Denelisse-LHCSA has not only been a partner within the community, but as well for other healthcare providers servicing the community. Denelisse-LHCSA has been in collaboration with Mt. Sinai's Health Home for the past 4 years and has been its trusted Care Coordinator and home health care partner for more than 20 years. Denelisse-LHCSA has faced some of the challenges and has the expertise in engaging and implementing the solutions with its partners. More than 70% of our mutual constituents reside in Manhattan and rely on our collaboration, while 30% are in the other boroughs.

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: Luis Pons
 Title: Chief Executive Officer
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

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

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

Provider Type: Licensed Home Care Service Agency
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 0081L004 00546603 1740587724
 Agency Code:
 Billing Entity ID:
 Address 1 Gateway Plaza City Port Chester State NY Zip 10573
 *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: 2713

III. Appeal Point of Contact

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

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	64%	6%	FSW 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 Susan Wayne
 Title President/CEO
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

a. While the Home Care Department (a LHCSA) serves all of Westchester County, the communities that are relevant to this exception are as follows: Yorktown (pop. 36,081), Somers (pop. 20,434), North Salem (pop. 5,104), Lewisboro (pop. 12,411), Pound Ridge (pop. 5104) and Bedford (pop. 17,335). Many Home Care providers claim to serve all of Westchester County, however not all are able to reach these areas which are in the north east quadrant of the county. The reason is relatively simple. Public transportation options in these areas are limited, if non-existent. Home health care workers are low wage, and tend to live in areas of southern westchester or in the Bronx. The cost and time to travel by train to northern Westchester alone would be an obstacle to workers in this field, and the closest train could still be a twenty minute drive or more from a client's home where the service is offered. For this reason, many individuals with home health care needs would not get the services which they need and to which they are entitled. Without such services, higher levels of care could end up becoming the only possible solution, even if it is not necessary given the functioning of the client. These services are of a higher cost and should only be used when home based services are not possible. Many people who require home care while living at home in these areas of Westchester County are not able to access the services they need in order to age in place. b. FSW is a broad, multi-service social service agency. We offer a wide range of programs and services to individuals across the lifespan and with a variety to needs. We have developed many creative solutions in order to serve individuals who need support. Among these services is our RideConnect program, which helps seniors to age in place by offering rides to help them get to necessary appointments and errands. In addition, this funding helps us to provide a reverse commute to low income workers, precisely the gap in services that is described above. By using the resources of this funding through the Department of Transportation, FSW is able to help support the commute of home health aides to the above communities, allowing for individuals with home care needs to get the services they need to remain in the lowest level of care possible. As a part of the PPS, FSW and its Home Care Department (as supported by the RideConnect program) will be able to offer home care services to those individuals living in hard to serve geographic areas. This enhancement will help ensure that the lowest cost options will be available to those with need for assistance to remain at home and out of an institutional level of care.



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: Home & Health Care Services, Inc.
 Joined PPS: Finger Lakes PPS

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

Provider Type: Select One
 Provider Type - Other: Personal Care
 Operating Certificate/License #: 9088L001
 MMIS*: 00916243
 NPI*: 1073718011
 Agency Code:
 Billing Entity ID:
 Address: PO Box 250, 82 Main Street
 City: Hornell
 State: NY 14843
 Zip:
 * 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: 1516

III. Appeal Point of Contact

Contact Person: Stephanie Conway
 Title: Executive Director
 Contact Phone: 607-324-4142
 Extension:
 Contact Email: sconway@homeandhealthcare.org

Steuben County NY is a very large and rural county covering 1,390 square miles with a population of 98,650 with 71 person per square mile. Steuben County has only two cities, Corning and Hornell with the rest of the county comprised of small towns and villages. Only 19% of the population reside in the two cities. Home & Health Care Services, Inc. has been providing personal care services to all of Steuben County for the past 30 years. At the present time of the 5 LHCSA's based in Steuben County we are the only agency contracted by our LDSS for these services. Since we are the only provider to our LDSS we feel it is vital that we are granted safety net provider status so that client care is not compromised or disrupted. Home & Health Care Services, Inc. is licensed home care service agency providing personal care services to the frail elderly and disabled. Currently we have 36 aide staff who deliver quality care throughout the service area. Our services are available 24 hrs. a day 7 days a week. This agency not only provides personal care services to our LDSS and MCO but we are also contracted by the Office for Aging, Veterans Administration, Alzheimer's Association, Hospice as well as private pay clients. This agency has been vital to our community in providing cost effective and efficient services. Home care is preferred by patients and their families to maintain their dignity, respect, privacy and comfort while being the most cost effective option and ensures continuum of care.

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	23%	unknown	audit	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: Stephanie Conway
 Title: Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



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

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

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

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Home Aides of Central New York
 Joined PPS: Upstate University Hospital

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

Provider Type: Licensed Home Care Service Agency
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 00588023 1467527283
 Agency Code:
 Billing Entity ID:
 Address 1050 West Genesee St Syracuse NY 13204
 *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: 1736

III. Appeal Point of Contact

Contact Person: Mary Kate Rolf
 Title: President/CEO
 Contact Phone: (314) 477-9595 Extension
 Contact Email: mkrolf@477home.org

Home Aides of Central New York (HACNY) is a Licensed Home Care Services Agency (LHCSA) serving Cayuga, Cortland, Madison, Onondaga, and Oswego Counties within the Upstate University Hospital Performing Provider System (PPS). HACNY serves a diverse range of clients from urban to suburban and rural settings throughout Central New York. HACNY provides numerous valuable services including Home Health Aides (HHA), Personal Care Aides (PCA), Homemaker Assistance (HMK), and Private Duty Nursing (PDN). In addition to nursing and aide services, HACNY provides Personal Emergency Response Systems and automated medication dispensers. The combination of technology and in-home assistance is able to keep vulnerable adults with multiple medical comorbidities in their homes instead of requiring a higher level of care. Aides are able to work as the "eyes and ears" of medical providers with early detection of signs of illness and prompt reporting of red flag events such as falls and wounds.

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. **

The supportive technologies and services offered by HACNY prevent unnecessary utilization of inpatient services through monitoring and communication of health status as well as prevention of acute disease exacerbation through consistent adherence to diet and medication regimes. In the context of Upstate University Hospital's PPS, HACNY will be a valuable partner in providing in-home supportive services, ensuring follow through with prescribed wellness behaviors, and prompt detection and reporting of signs and symptoms of disease exacerbation. The significant overlap in service area ensures that HACNY will be able to provide consistent training and a uniform approach to the services provided to patients within the DSRIP project.

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	44%	0%	mecare Homeba	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: Mary Kate Rolf
 Title: President/CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Independent Health 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: Licensed Home Care Service Agency
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 01030386 1447244660
 Agency Code:
 Billing Entity ID:
 Address 1050 W Genesee St City Syracuse State NY Zip 13204

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: 1687

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.
- 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	61%	0%	Cerner	2013

Independent Health Care Services (IHCS) is a Licensed Home Care Services Agency (LHCSA) serving Cayuga, Cortland, Madison, Oneida, Onondaga and Oswego Counties, the entire service area for the Upstate University Hospital Performing Provider System (PPS). Since forming a relationship with VNA Homecare Options Medicaid Managed Long Term Care Program (MLTC), and with the recent award of the Balancing Incentives Payment (BIP) Grant, IHCS has evolved its service line to a unique set of services that will be particularly valuable to the objectives of Upstate University Hospital's PPS. IHCS currently is positioned to provide transportation services to patients throughout the PPS service area to provide critical access to primary and ancillary care services. Much of the PPS service area consists of rural counties with very little access to services for Medicaid participants and the uninsured, and lack of transportation further exacerbates the issue by preventing these patients from accessing already scarce resources. IHCS is also positioned to provide home modification services, which has already proven successful in keeping MLCT members in their own homes by efficiently adapting their current home environments with a minimal financial investment, rather than forcing them to move to a different housing site or a higher level of care. The combination of increasing access to services and maximizing safety and function within the home environment makes IHCS a critical partner to Upstate University Hospital's PPS in allowing its chronically ill, underserved and at-risk population to stay safely in their own homes and to access the care resources they require.

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



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: Liberty Resources, Inc.
 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: Licensed Home Care Service Agency
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: P1948L001 3869665 1780012286
 Agency Code:
 Billing Entity ID:
 Address 1045 James St. City Syracuse State NY Zip 13202

III. Appeal Point of Contact

Contact Person Tisha Hollenbeck
 Title Clinical Director
 Contact Phone 607-218-6055 Extension 12
 Contact Email thollenbeck@liberty-resources.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	100%	0%	statistical data	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: 1405

Liberty Resources, Inc. is a diverse, non-profit, human services provider with programs located in several counties throughout the Upstate, Central and Southern Tier regions of New York State. The agency holds licensure from the following regulatory bodies: New York State Office of Child and Family Services, Office of People with Developmental Disabilities, Office of Mental Health and Office of Alcohol and Substance Abuse Services. Our Licensed Home Care Service Agency (LHCSA) serves 7 counties including: Cortland, Broome, Chenango, Tompkins, Madison, Oneida and Onondaga. Program services range from assistance with activities of daily living such as medication management, personal care, light housekeeping, grocery shopping assistance, etc. to physical assessment and coordination of care from a Registered Professional Nurse who is responsible for the oversight and management of the program. Due to the large rural area similar services in many of these counties are sparse, which creates a disparity for these communities. The addition of our agency to the network of services in these PPS communities will aid to bridge that gap as well as foster continued linkages to other community services and necessary providers on behalf of the Medicaid clients served. Thus far in 2014, our LHCSA agency provided 11,633 hours of service in 2,261 visits to Medicaid individuals in their home setting.

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 Joanna Viggiano Yes No
 Title CFO
 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: Liberty Resources, Inc.
 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: Licensed Home Care Service Agency
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: P1948L001 3869665 1780012286
 Agency Code:
 Billing Entity ID:
 Address 1045 James St. City Syracuse State NY Zip 13202

III. Appeal Point of Contact

Contact Person Tisha Hollenbeck
 Title Clinical Director
 Contact Phone 607-218-6055 Extension 12
 Contact Email thollenbeck@liberty-resources.org

IV. Please choose the following VAP Exception:

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

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

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

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

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

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

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

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

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

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

Character Count: 1054

Liberty Resources, Inc. is a diverse, non-profit, human services provider with programs located in several counties throughout the Upstate, Central and Southern Tier regions of New York State. The agency holds licensure from the following regulatory bodies: New York State Office of Child and Family Services, Office of People with Developmental Disabilities, Office of Mental Health and Office of Alcohol and Substance Abuse Services. Our Licensed Home Care Service Agency (LHCSA) serves 7 counties including: Cortland, Broome, Chenango, Tompkins, Madison, Oneida and Onondaga. Due to the large rural area similar services in many of these counties are sparse, which creates a disparity for these communities. The addition of our agency to the network of services in these PPS communities will aid to bridge that gap as well as foster continued linkages to other community services and necessary providers on behalf of the Medicaid clients served. In 2013, our LHCSA agency provided 10,244 hours of service to Medicaid individuals in their home setting.

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 Joanna Viggiano
 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: Lower West Side Household Services Corporation
 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: Licensed Home Care Service Agency
 Provider Type - Other: OPWDD
 Operating Certificate/License #: 0217L001
 MMIS*: 1552221
 NPI*: 1811058522
 Unique Identifiers: 0217L001
 Agency Code:
 Billing Entity ID:
 Address: 16 East 40th St. 12th Fl
 City: New York
 State: NY
 Zip: 10016

III. Appeal Point of Contact

Contact Person: Lucia Pons
 Title: Executive Director
 Contact Phone: 212-307-7107
 Extension: 141
 Contact Email: lucia@homecareny.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%		LWS	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: 3475

Lower West Side Household Services is a provider in a pending CMS approval status category of bulk exceptions as a downstream health home provider. Lower West Side Household Services (LWS) is a licensed New York State Department of Health, not-for-profit, home healthcare company, established in 1969. LWS is dedicated to providing community-based services. Services are designed to help people remain in their communities instead of being placed in facilities. The organization's history stems from facilitating seniors when they choose to remain at home, while providing families the security that their loved ones are safe and comfortable. All the while, the company addresses families' healthcare concerns, and educational and financial needs. Our catchment areas include the five boroughs, Westchester, Rockland, Dutchess and Orange Counties. Client care plans are coordinated with individuals, collaterals, physicians and all providers to ensure a holistic and outcome based service plan. Case Coordinators ensure clients are partnered with appropriate personnel for many levels of care including paraprofessionals to licensed therapists engage clients in active participation of their healthcare needs and concerns and facilitate any communication with other providers as required, particularly through our current collaboration with Mt. Sinai. In addition, our coordinators advocate on behalf of clients on matters such as housing and domestic violence. LWS' Early Intervention and OPWDD Crisis Intervention Program primarily services families with children with disabilities of varying degrees. Some families have multiple generations of mental and physical health challenges. The programs are lead by a team of clinicians ranging from Nursing, Speech, Physical, Occupational, Psychologists, Social Workers and Special Instructors who all assess and render services in accordance to the individual client's with needs. A Service Coordinator is assigned to each family who is the liaison and assists clients with advocacy, and navigating of systems such as HASA, Public Assistance, SSI, SSD, Medicaid entitlements, managed care and housing. To ensure medication adherence, the Lower West Side Household Services collaborates with the clients and all providers involved such as the physicians, substance abuse treatment programs, mental health providers and home health care providers. Communication as to any medication changes or requirements are communicated, tracked and discussed amongst the team members. The agency has collaborated with Mt. Sinai for more than 20 years in provision of services to mutual constituents that make up more than 65% in the boroughs of Manhattan, the Bronx and Queens. The diversity of New York is reflected in our clients as well as our team of paraprofessionals and professionals. Our comprehensive array of services may be offered in English, Spanish, Tagalog, French, Creole, Russian, Hebrew, Mandarin and Cantonese, which reflects the populations' that are need of our services. Our personnel have expertise in areas such as autism, pervasive developmental disorder, mental health,metabolic diseases, Down syndrome, COPD, heart disease, diabetes, visual impairment, HIV and AIDS, Parkinson's, Alzheimer's, dementia and other chronic illnesses. Our collaboration is further enhanced through the Health Home Network for more than 4 years and are currently participating in the DSRIP and Children's Health Home initiative.

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: Lucia Pons
 Title: Executive Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

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



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

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

I. Are you a Medicaid Provider

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

Organization Name:	Niagara Homemaker Services, Inc. d/b/a Mercy Home Care of Western New York
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:	Licensed Home Care Service Agency		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	0744L001	00887976	1467424200
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
	Address 144 Genesee Street	Buffalo	NY 14203

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

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

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

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

Character Count: 3490

III. Appeal Point of Contact

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

Services: Mercy Home Care of Western New York provides over 100,000 visits per year. A top performer in home care, Mercy provides services that assist individuals to maintain their independence. It is one of a select few full-service Licensed Home Care Services Agencies that serve all eight counties of Western New York. Mercy Home Care 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. The Catholic Health family of home care agencies are committed to excellence in care, as demonstrated by their achievement of the highest quality rankings in cardiac, vascular, orthopedics and 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: Mercy Home Care is in the top tier best performing home care agencies in NYS based on most financial metrics.

Relationships within the Community: Mercy Home Care 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, Mercy Home Care is indispensable; it is Catholic Health's Licensed Home Care Services Agency, spans all eight counties of Western New York, and includes professional nursing care in addition to homemaker services. 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 encouraging; 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	60%	23%	ICR	2013

Success in Reducing Hospital Admissions: Mercy Home Care is reducing hospital readmissions by transforming the crucial "transition of care" linking inpatient and home care. Upon patient discharge from a Catholic Health hospital, Mercy Home Care 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 contained 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 Yes No

Title President/CEO of CHS Home Care

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: Schenectady County Public Health Services
 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 PPS" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!**

Provider Type: Licensed Home Care Service Agency
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1219378 1366589657
 Agency Code:
 Billing Entity ID:
 Address 107 Nott Terrace, Suite 304 City Schenectady State NY Zip 12308

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: 3333

III. Appeal Point of Contact

Contact Person Joanne R. Cocozzoli
 Title Schenectady County Public Health Director
 Contact Phone 518-386-2824 Extension 0
 Contact Email joanne.cocozzoli@schenectadycounty.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	23%	11%	JS Census Bureau	2013

Schenectady County Public Health Services (SCPHS) is the governmental agency charged with protecting/promoting the health of individuals, families, communities & environment. Target population is the entire county with efforts made to address highest risk populations. SCPHS is a full service health dept. with program areas in Environmental Health, Children With Special Needs & Prevention (Nursing). It is the only health department in the County solely responsible for this charge.
 Schenectady County (pop- 155,133) is geographically the 2nd smallest county in NY. Consists of five towns (2 rural & 3 suburban) surrounding City of Schenectady (pop- 65,902). 2013 US Census estimates County population: White (80.4%) with the Black (11.1%), Hispanic (6.4%) & Asian (4.3%) populations growing – all concentrated in the City.

City residents are less affluent & less healthy than those in the towns. Approximately 22.5% of families fall below poverty level in the City; compared to County rate - 12%. County residents are disproportionately impacted by overweight and obesity. According to NYS Expanded BRFS report (2008-2009), 66.6% of County residents are overweight or obese. U.Matter Survey that specifically oversampled residents in low income City neighborhoods, found ~ 45.0% residents categorized as obese or severely obese and an additional 30.9% overweight, for a total of 75.9% of the City's population above ideal weight.

SCPHS is a very integral & unique partner in that the agency's activities can & do influence the health of individuals & communities & address health disparities. We work with community partners to offer a variety of programs & services to prevent communicable & chronic diseases, injuries & disabilities; protect against environmental hazards that threaten health & safety; promote the health & development of infants & children & the wellness of our citizens and communities; and prepare and educate the community re: disaster and emergencies. Specific programs include:

- Healthy Neighborhoods Program (HNP) - PHN home assessments provide interventions to reduce health hazards from lead poisoning, fires, smoking, indoor air problems & asthma related illness. Linking residents to community services is a program component.
- An asthma education program where a PHN educates individuals/families, conducts home assessments, identifies triggers & links families to other community services.
- Chronic disease mitigation programming improving breastfeeding, food procurement & cancer screening.
- Maternal Child Health Home Visiting Program: Healthy Families NY: assessment, case management, health education, nutrition counseling and assistance eliminating barriers to care. Services provided to the high risk, diverse & economically disadvantaged families.

SCPHS has vast experience in home visiting, outreach and navigation services, which is beneficial to a number of the projects the PPS is considering such as Asthma Home Visiting. Above described services are in addition to D&T and LHCSA activities primarily serving Medicaid patients for years.
 SCPHS's involvement in the PPS is essential to its success and enhances the network of services for the community. SCPHS prevention agenda activities are intended to be a dynamic plan and respond to the needs of our community.

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

Name Joanne R. Cocozzoli Yes No
 Title Director, Schenectady County Public Health
 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: Licensed Home Care Service Agency
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 4601600 02997684 TBD Application ID 2197-L
 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)

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	100%	0%	Application	2015

Character Count: 3475

We are filing this appeal to include our application for a licensed agency set to be approved at the December 2014 meeting of the NYS public health and health planning council. The licensed agency was created for the Medicaid population enrolled in MLTC's serviced through our IPA. The only perceived plan is for the licensed agency to serve Medicaid clients and we are asking for approval of the pending formed agency. The licensed agency will operate in Schenectady, Saratoga, Albany, Clinton, Essex, Franklin, Fulton, Montgomery, Rensselaer, Warren, Washington and Schoharie counties and is under the Visiting Nurse Services of Northeastern NY umbrella. 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 licensed agency is not included because the licensed agency is the vehicle through which the VNS NENY services Medicaid patients enrolled in the MLTC. Limiting the service ability for this agency which already has established referral patterns with the main hospital in the PPS, as well as the other acute care providers, would cause disruption in continuity of care and comprise the effectiveness of the PPS by necessitating diverting patient flow from an agency that offers the full continuity of post-acute care management services – health home, care transitions, CHHA, licensed agency, and care management organization. No other agency in the PPS can provide this complete array of post-acute care management services, and no other agency has the established relationships to effectively service the Medicaid residents of Schenectady county.

About the VNS NENY:

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 we also operate:

Care Choices -a specialized palliative program for the coordination of healthcare services in the homecare 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 NY.

Care Central – Operates the NYS Health Home, the first in upstate NY.

At Home Care – Proposed name for the licensed agency. Services the care needs of Medicaid patients enrolled in an MLTC product. Through our proposed licensed agency we plan to provide care management and clinical services drawing on our success with our CHHA and Health Home.

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

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