



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:	i
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II. Appeal Applicant Information

Organization Name:	Adelante of Suffolk County, Inc.
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:	OMH-Article 31		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	0025248N	002910	
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
Address	83 Carleton Avenue	Central Islip	NY 11722

* REQUIRED

III. Appeal Point of Contact

Contact Person	Dara L. Gary		
Title	VP Strategic Partnership & Business Development		
Contact Phone	516-870-1645	Extension	
Contact Email	dgary@familyres.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. **

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** **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	s			

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	Miriam M.E.Garcia	Answer <input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Executive Director	

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

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

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

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

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

Character Count: 993

Adelante provides services to the underserved population in Suffolk County. The services in these communities are insufficient without our organization's involvement. We provide services to a diverse population of Low to Moderate Income families. For over 45 years, Adelante has diligently worked to eliminate the social, language and economic barriers that prevent the effective functioning and assimilation of our community members. This is achieved by assisting those most vulnerable such as our children & youth, individuals with disabilities, recent immigrants and senior citizens. Adelante's mission is to inspire forward movement in the lives of the diverse people of the community, by promoting understanding and respect for cultural differences and similarities; by empowering young people to realize their unlimited potential. Our services will enhance the network due to our ability to assist the growing Hispanic population with bilingual case workers.



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I. Are you a Medicaid Provider

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

Organization Name:	Allegany Rehabilitation Associates- Wyoming County Mental Health Clinic
Joined PPS:	Finger Lakes PPS

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Provider Type:	OMH-Article 31		
Provider Type - Other:	Co-occurring Disorders		
Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	7531103A	77382	1295853166
Agency Code:			
Billing Entity ID:			
Address	City	State	Zip
39 Duncan Street	Warsaw	NY	14569

* REQUIRED

III. Appeal Point of Contact

Contact Person	Annie Hanley, LCSW-R		
Title	Program Director		
Contact Phone	585-786-0190	Extension	
Contact Email	ahanley@araservices.com		

IV. Please choose the following VAP Exception:

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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	63%	4%	Billing Report	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 Annie Hanley, LCSW-R Yes No

Title Program Director

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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: 1682

a. Wyoming County is a rural community of 41,531 people. The Wyoming County Mental Health Clinic has been serving the community for the past 25 years and continues to serve the community well. The agency employs 3 psychiatrists and 1 nurse practitioner in psychiatry which helps increase access to psychiatric time. The Wyoming County Mental Health Clinic currently serves over 700 active clients which would otherwise be underserved and unable to get the help they need and deserve. The Wyoming County Mental Health Clinic accepts all insurances and even has a Medicare provider. The clinic offers sliding scale fees for those that are uninsured and unable to get mental health coverage.

b. The Wyoming County Mental Health Clinic is a program within the organization of Allegany Rehabilitation Associates (ARA). ARA is a non-profit organization primarily serving Wyoming and Allegany Counties. The Wyoming County Mental Health Clinic provides services to individuals of all surrounding counties as well which include Livingston, Genesee, Erie, and Cattaraugus. The clinic provides services to individuals age 4+ with mental health diagnoses and co-occurring disorders. The program’s services include individual, family, and group counseling, psychiatric evaluations, medication management, health monitoring, and the screening/assessment/treatment of co-occurring disorders. The clinic staff collaborate and work well with outside providers such as primary care physicians and work hard at linking clients to care coordination services when appropriate.



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I. Are you a Medicaid Provider

Answer	No
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Credo Community Center
Joined PPS:	Select PPS

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Provider Type:	OMH-Article 31		
Provider Type - Other:	Outpatient Mental Health Services		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	8182001A	2996752	1326295809
Agency Code:	3N4		
Billing Entity ID:			
	Address	City	State Zip
Address	595 West Main Street	Watertown	NY 13601

* REQUIRED

III. Appeal Point of Contact

Contact Person	Barbara Eddy		
Title	Director of Outpatient Service		
Contact Phone	(315) 788-1530	Extension	221
Contact Email	barbarae@credocommunitycenter.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	75%	3%	CPU/PC	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 James P. Scordo Yes No
 Title Executive Director
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c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 461

Credo provides substance abuse and mental health outpatient services. We intended to have both services listed in the PPS application. However, our mental health clinic is not listed under OMH services and needs to be added. There is a long wait for mental health services in Jefferson county and our services will help meet their need. By Credo having both licenses included it provides an integrated model of care for addiction and mental health services.



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I. Are you a Medicaid Provider

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

Organization Name:	Equinox Inc.
Joined PPS:	Albany Medical Center Hospital

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Provider Type:	OMH-Article 31		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	7524110A	2995811	1477695021
Agency Code:			
Billing Entity ID:	E0144346		
	Address	City	State Zip
Address	500 Central Avenue	Albany	NY 12206

* REQUIRED

III. Appeal Point of Contact

Contact Person	Andrew Joslin		
Title	CFO		
Contact Phone	518-435-9931	Extension	
Contact Email	ajoslin@equinoxinc.org		

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	84%	5%	EMR	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 Andrew Joslin Yes No

Title CFO

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Character Count: 2262

The Equinox Outpatient mental health Clinic provides outpatient clinic services to up to 500 individuals from Albany County seeking treatment for severe mental illness. This Clinic is one of four such programs within Albany County and is considered a vital component of the delivery of mental health services within this area by providing outpatient mental health services which assist recipients of services to manage their symptoms achieve stability and avoid/reduce the utilization of hospitalization. Referrals are accepted from hospitals, community providers, and individuals seeking services.

A total of 631 adults were served by the Outpatient Clinic in 2013 who received a total of 11,433 services during the year.

Equinox recently received a 3 year OMH grant to provide primary care services within the Mental Health Clinic through collaboration with Whitney M Young Community Health Center. The purpose of this grant is to increase recipient’s access to primary care services and reduce hospitalization for chronic non behavioral health conditions. Services are scheduled to begin before the end of 2014.

All services are provided utilizing a person centered treatment model. Services are aimed at helping each recipient progress in growth and recovery in a manner that respects their individuality, dignity and personal needs. The Clinic provides treatment designed to reduce symptoms, improve functioning, and provide ongoing support. Over 70% of those receiving services have a Co-occurring alcohol or substance abuse disorder for which they also receive services for at the clinic. The following services are provided: health screening and referral, medication management and education, clinical counseling/psychotherapy utilizing evidence based practice,, time limited and focused case management, symptom and crisis management, referrals for Health Home Care Management , the Family Support Programs , Psychiatric Rehabilitation Readiness assessments, and other services in the community

Funding Sources- Medicaid, Medicare, other insurance re-imburement and sliding scale private for services provided.

Licensing- the Clinic is licensed by the New York State Office of Mental Health as an Article 31 outpatient clinic.



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I. Are you a Medicaid Provider

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

Organization Name:	Equinox Inc.
Joined PPS:	Albany Medical Center Hospital

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Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	7524110A	2995811	1477695021
Agency Code:			
Billing Entity ID:	E0144346		
	Address	City	State Zip
Address	500 Central Avenue	Albany	NY 12206

* REQUIRED

III. Appeal Point of Contact

Contact Person	Andrew Joslin		
Title	CFO		
Contact Phone	518-435-9931	Extension	
Contact Email	ajoslin@equinoxinc.org		

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Name	Andrew Joslin	Answer
Title	CFO	<input checked="" type="radio"/> Yes <input type="radio"/> No

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Answer	Yes
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II. Appeal Applicant Information

Organization Name:	Bridging Access to Care
Joined PPS:	Montefiore Medical Center

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Provider Type:	OMH-Article 31		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	8048001A	1102441	1548368756
Agency Code:			
Billing Entity ID:	E0180257		
	Address	City	State Zip
Address	260 Broadway	Brooklyn	NY 11211

* REQUIRED

III. Appeal Point of Contact

Contact Person	Eileen Sunshine, LCSW-R		
Title	Director of Behavioral Health		
Contact Phone	347-505-5182	Extension	
Contact Email	Esunshine@bac-ny.org		

IV. Please choose the following VAP Exception:

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Name Glenda Smith Yes No
 Title Executive Director
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You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization’s involvement given the PPS current configuration of network providers.

b. A description of the applicant’s organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 2140

A. Our Brooklyn community, has significant health care disparities; practically related to behavioral health needs. Our community suffers from extremely high rates of substance use disorders, mental illness, and chronic diseases such as HIV and hepatitis C. Socioeconomic conditions within service area and population of focus include widespread poverty and high unemployment; literacy rates and educational attainment levels are far below NYC averages. As a result, the service area contains neighborhoods with some of the poorest and least-educated residents in NYC. For example, the poverty rates in Williamsburg and Central Brooklyn exceed the citywide rate by 30%, while fully 40% of the population in Williamsburg has no high school diploma. The population of focus has behavioral health issues and multiple co-morbidities and most persons are of low health literacy; thus, most persons in the population of focus have difficulty navigating NYC’s complex and fragmented healthcare system. BACs specialized outreach and behavioral health services are able to help reduce the impact of the health care disparities’ and address the needs in our community. B. Bridging Access to Care (BAC), formerly Brooklyn AIDS Task Force is a not-for-profit organization authorized to do business and available to provide services in New York State. BAC has been serving Brooklyn’s at-risk for and HIV/AIDS population since 1986 and has a long documented history of serving the underserved populations in our community with documented success. BAC’s current services include: HIV/STD education and prevention services; HIV primary care; HIV counseling, testing, and referral services; New York State-licensed substance abuse treatment; and housing (HASA & OASAS Scatter-site and HOPWA Housing Placement Assistance). In 2010, BAC obtained a NYS license to provide mental health services. BAC recently converted its COBRA case management program to provide Health Home care coordination services to the most vulnerable New Yorkers receiving Medicaid. BAC also offers the following services: treatment adherence, ESAP, and case management.



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

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

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

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Horizon Health Services, Inc.
Joined PPS:	Erie County Medical Center Corporation

^^ 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:	OMH-Article 31		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	6034005D, 6034104A, 6034103A, 6034105A	2993786	1043387152
Agency Code:	11130		
Billing Entity ID:	N/A		
	Address	City	State Zip
Address	3020 Bailey Ave	Buffalo	NY 14215

III. Appeal Point of Contact

Contact Person	Herbert Weis		
Title	Chief Quality & Compliance Officer		
Contact Phone	716-831-2700	Extension	
Contact Email	hweis@horizon-health.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	Operating certificate	1%	internal	2013

VIII. 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		Answer	
Title		<input type="radio"/> Yes	<input type="radio"/> No

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

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

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

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

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

Character Count: 1900

Horizon Health Services has been providing OMH licensed mental health services (including clinic and continuing day treatment) and OASAS outpatient chemical dependence services since 1975. Horizon is the largest and most comprehensive provider of these services in Western New York. Mental health services are provided at 12 locations in Erie, Niagara, and Genesee Counties. While the preponderance of our clients reside in these counties, we also serve persons from Orleans County at our Lockport (Niagara County) and Batavia (Genesee County) clinics. We also serve Finger Lakes region residents at our regional OASAS licensed intensive residential treatment center (Horizon Village). Most of our mental health and chemical dependence services are co-located to permit client co-enrollment when service integration in a single program is contra-indicated. All programs serve clients age 18 and above, but we also provided specialized mental health treatment for adolescents, sex offenders, persons with criminal justice involvement, and those with co-occurring significant intellectual dysfunction, and integrated medical care at some sites. Horizon provides services annually to well over 10,000 persons, and is widely regarded as one of the premier behavioral healthcare providers in NYS. Due to our range of services and geographic presence we were invited to participate in the ECMC, Catholic Medical Partners, Niagara-Orleans, and Finger Lakes PPS's. Although Horizon is listed on the "NYSDOH 1915i Providers" list, we are submitting this VAP Exception Form as a precaution to ensure our inclusion in these groups. We have included all of the operating certificates for our mental health programs within the designated field on this form. Operating certificate numbers: 6034190A, 6034005A, 6034005B, 6034005C, 6034005D, 6034104A, 6034103A, 6034105A, 6034105B, 6034105C, 6034105D, 6034303A



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: Horizon Health Services, Inc.
 Joined PPS: Erie County Medical Center Corporation

^^ 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: OMH-Article 31

Operating Certificate/License #	MMIS*	NPI*
6034005D, 6034104A, 6034103A, 6034105A	2993786	1043387152
Unique Identifiers:		
Agency Code: 11130		
Billing Entity ID: N/A		
Address	City	State
3020 Bailey Ave	Buffalo	NY
		Zip
		14215

III. Appeal Point of Contact

Contact Person: Herbert Weis
 Title: Chief Quality & Compliance Officer
 Contact Phone: 716-831-2700
 Contact Email: hweis@horizon-health.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	Operating certificate	1%	internal	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: Anne Constantino
 Title: CEO/President

Answer: Yes No

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

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

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

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

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 1900

Horizon Health Services has been providing OMH licensed mental health services (including clinic and continuing day treatment) and OASAS outpatient chemical dependence services since 1975. Horizon is the largest and most comprehensive provider of these services in Western New York. Mental health services are provided at 12 locations in Erie, Niagara, and Genesee Counties. While the preponderance of our clients reside in these counties, we also serve persons from Orleans County at our Lockport (Niagara County) and Batavia (Genesee County) clinics. We also serve Finger Lakes region residents at our regional OASAS licensed intensive residential treatment center (Horizon Village). Most of our mental health and chemical dependence services are co-located to permit client co-enrollment when service integration in a single program is contra-indicated. All programs serve clients age 18 and above, but we also provided specialized mental health treatment for adolescents, sex offenders, persons with criminal justice involvement, and those with co-occurring significant intellectual dysfunction, and integrated medical care at some sites. Horizon provides services annually to well over 10,000 persons, and is widely regarded as one of the premier behavioral healthcare providers in NYS. Due to our range of services and geographic presence we were invited to participate in the ECMC, Catholic Medical Partners, Niagara-Orleans, and Finger Lakes PPS's. Although Horizon is listed on the "NYSDOH 1915i Providers" list, we are submitting this VAP Exception Form as a precaution to ensure our inclusion in these groups. We have included all of the operating certificates for our mental health programs within the designated field on this form. Operating certificate numbers: 6034190A, 6034005A, 6034005B, 6034005C, 6034005D, 6034104A, 6034103A, 6034105A, 6034105B, 6034105C, 6034105D, 6034303A



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:	i
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II. Appeal Applicant Information

Organization Name:	Kids Oneida, Inc.
Joined PPS:	Faxton St. Luke's Healthcare

^^ 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:	OMH-Article 31		
Provider Type - Other:	NA		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	9063010A	2276286	1770787079
Agency Code:	28220		
Billing Entity ID:			
	Address	City	State Zip
Address	310 Main Street	Utica	NY 13501

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: 3010

III. Appeal Point of Contact

Contact Person	Steven Bulger		
Title	CEO/Executive Director- Interim		
Contact Phone	315-731-2603	Extension	
Contact Email	sbulger@kidsoneida.org		

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	92%	3%	Report/ Client Mgmt	2013

Kids Oneida ("KO") is a non-hospital based provider, not participating as part of a state-designated health home, which provides direct service to the most at-risk families in the Mohawk Valley, primarily Oneida and Herkimer counties. The Kids Oneida Children's Assertive Community Treatment (ACT) demonstration project is unique in New York State and is the only Article 31 Licensed Program the agency currently operates. Of the 96 children currently enrolled in that program as of June 1, 2014, 85 children are enrolled in Medicaid (89% of the total served). Oneida County is the only County in New York State without an Office of Mental Health Home and Community Based Waiver provider because of the existence of Kids Oneida. The geographic area of the partnering PPS would therefore be greatly affected without the inclusion of Kids Oneida as a Vital Access Provider. In total KO operates 11 programs in Oneida and Herkimer County: 1)Intensive KO/ACT supports youth with Axis I mental health diagnoses who are at imminent risk of out-of-home placement, 2) Step Down provides supplemental assistance to youth and families transitioning out of Intensive KO/ACT, 3)Return Home Early expedites the return of youth residing in group home and residential treatment centers to their families and provides comprehensive community-based support, 4)Service Provision for Individualized Needs (SPIN) provides individualized, fee-for-service supports to youth and families, 5) Case Planning offers parents a strength-based approach to completing Family Court-ordered services after involvement with Child Protective Services, 6) Kids Herkimer provides Family Reunification, Juvenile Detention Diversion, Return Home Early, SPIN and Intensive Preventative services in Herkimer County, 7)Healthy Families of Oneida County and 8)Healthy Families of Herkimer County work with new parents and their newborns to promote optimum childhood development, 9)Family Resolutions, a strength-based program which provides conflict mediation and resolution for families, 10)The Nurturing Parenting Programs are evidence-based programs proven to increase family cohesion and reduce conflict, and 11) Evelyn's House provides supportive transitional housing to young mothers and their children. Kids Oneida was also awarded a grant through the NYS Department of Health's BIP Innovation Fund to begin Kids Mohawk Valley. This new program will provide vital home and community based services to Medicaid eligible youth and their families aimed at decreasing dependence on long term support services. This program has the capability of expanding Kids Oneida's 1915i like services (Intensive KO) to an additional 8 Counties- Oswego, Madison, Herkimer, Montgomery, Fulton, Otsego, Delaware, and Lewis. This initiative is slated to begin once a contract is finalized with NYS. As an agency overall, across all above -named programs, Kids Oneida serves 431 MA eligible clients or approximately 92% of total clients served.

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 Steven Bulger Yes No

Title CEO/Executive Director- Interim

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:	iii
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II. Appeal Applicant Information

Organization Name:	LaSalle School- Lancaster
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:	OMH-Article 31		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	8178001 A	1439192	1861664617
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
Address	391 Western Avenue	Albany	NY 12203

* REQUIRED

III. Appeal Point of Contact

Contact Person	William Wolff		
Title	Executive Director		
Contact Phone	518-242-4731	Extension	218
Contact Email	bill@lasalle-school.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	40%	15%	self	2014 YTD

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	William C Wolff	Answer <input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Executive Director	

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

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

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

You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:

a. A description of your entity in specific relation to being a Health Home.

Please do not submit this form if you are already on the draft Health Home List.

Character Count: 169

LaSalle School anticipates being a downstream provider to a several Children's Health Homes, and may be part of a partnership agreement for a Children's Health Home.



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

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

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

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

Organization Name:	John T. Mather Memorial Hospital
Joined PPS:	Stony Brook 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:	OMH-Article 31		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	6026001A	03158014	1093718728
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
Address	75 North Country Road	Port Jefferson	NY 11777

* REQUIRED

III. Appeal Point of Contact

Contact Person	Nancy Uzo		
Title	Vice President - Public Affairs		
Contact Phone	631-476-2723	Extension	
Contact Email	Nuzo@matherhospital.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	20%	1%	ICR	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 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: 3500

Mather Hospital is submitting 3 separate, complementary VAP exception forms under the hospital, OMH-Article 31 and health home provider types. Mather’s behavioral health services, including the mental health clinic, are licensed under the Hospital. The health home, Harbor View Medical Services, P.C., is a subsidiary of the Hospital.

Mather Hospital provides vital access to a continuum of behavioral health care services for Suffolk adults and adolescents, including significant numbers of Medicaid/Uninsured patients (see attached). In addition to the mental health clinic, this includes inpatient psychiatric units, psychiatric partial hospitalization programs, a chemical dependency clinic, and an eating disorders program. Mather is the only acute care hospital in Suffolk County with an adolescent psychiatric unit. The only other adolescent psychiatric unit in Suffolk is located at South Oaks on the Nassau border. In addition, the only psychiatric partial hospitalization programs found in Suffolk outside of South Oaks are at Mather; the adult and adolescent programs have been instrumental in avoiding inpatient psychiatric hospitalizations. Mather’s eating disorders program is the only one in Suffolk- LIJ is the next closest for residents with eating disorders. The access to mental health clinic services that Mather provides to users of our inpatient and outpatient behavioral health services is key to their ability to receive treatment for their mental illness in the community and avoid ED visits/hospitalization.

Besides linking to critical behavioral health services not found elsewhere, the mental health clinic can play a key role in addressing PPS behavioral health priorities in conjunction with Mather’s Graduate Medical Education program, which includes primary care and plans to expand to psychiatric residencies, and Harbor View Medical Services, which is pursuing health home status. Harbor View increases the community’s primary (and soon psychiatric) care capacity. Mather will participate in the Integration of Primary Care and Behavioral Health DSRIP project. Licensed by OASAS as well as OMH, Mather has 2 of the 3 licenses to qualify for the State’s proposed new integrated care license. In addition, Mather has established a MICA and adult intensive outpatient program in the chemical dependency clinic and is considering an IOP for adolescents to increase substance abuse resources in the community.

Mather Hospital’s behavioral health services maintain extensive relationships with community providers such as SCDCMH, intensive case managers, ACT team, care coordinators for health homes and case management agencies, and PROS programs. Mather conducts outreach in school districts from which we see large numbers of substance abuse patients. Beyond behavioral health, Mather is engaged with Island Nursing on the INTERACT project and is involved in cardiovascular and diabetes initiatives that will also support the PPS’ success.

Mather’s financial stability is evident in the attached Balance Sheets and Statements of Operations from the 2013/2012 audited statements and 2014 internal financials.

Mather has succeeded in reducing avoidable hospital use through initiatives such as its Congestive Heart Failure program, which follows patients for 30 days post discharge. Overall Mather Hospital avoided financial penalties under CMMS’ readmission program, with a Hospital Readmission Readjustment (HRR) factor of 1.0 (see attached).

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 Joseph Wisnoski Yes No

Title Senior Vice President & 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
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Northeast Parent & Child Society, Inc.
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:	OMH-Article 31		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	7308001A	02664359	1003901695
Agency Code:	1003901695		
Billing Entity ID:	3EV		
	Address	City	State Zip
	530 Franklin Street	Schenectady	NY 12305

* REQUIRED

III. Appeal Point of Contact

Contact Person	Audrey LaFrenier		
Title	Chief Operating Officer		
Contact Phone	(518) 431-1652	Extension	
Contact Email	audrey.lafrenier@northernrivers.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	83%	6%	EMR	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 Audrey LaFrenier Yes No

Title Chief Operating Officer

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

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

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

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

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization’s involvement given the PPS current configuration of network providers.

b. A description of the applicant’s organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 3363

a. Specific Definition of Community. Schenectady County, population of 154,727 (2010 census), is located in eastern New York state, about 19 miles southeast of Albany. The 2012 American Community Survey indicates there are 15,755 children in the City of Schenectady (largest municipality in the county) under the age of 18: 43.4% received public assistance (SSI, cash public assistance income or Food Stamp/SNAP benefits), and 39.6% live below the poverty level. The percentage of Medicaid-eligible residents in Schenectady County had a 108.8% increase from 2008 to 2012 (2013 Community Health Needs Assessment, Healthy Capital District Initiative). In 2005, Schenectady County requested that Northeast Parent & Child Society acquire an Article 31 Mental Health License and become the County’s sole designated children’s mental health clinic. Further, it was agreed that Northeast’s Child Guidance Center, operating in lieu of a Local Government Unit, would ensure the mental health needs of the county’s most vulnerable children were met, regardless of diagnosis, language barrier and ability to pay. Of the clients served by the Child Guidance Center in 2014, 83% are Medicaid (FFS & MC) members, 6% uninsured, 5% Child Health Plus/Family Health Plus, and 6% commercial insurances (2014 EMR data). Without the Northeast Child Guidance Center in the PPS configuration of Schenectady County, there will not be sufficient capacity to serve the mental health treatment needs of Medicaid members in this community. b. Applicant Organization. Founded in 1888, Northeast Parent & Child Society is a large human services agency in the Capital Region of upstate New York dedicated to protecting children, preserving families, and strengthening communities. Northeast offers an array of clinical, residential, educational, child welfare, and career development services. The Northeast Child Guidance Center, located in the City of Schenectady, is licensed by the NYS Office of Mental Health as an Article 31 clinic for outpatient treatment. The clinic provides services that include assessments (initial, psychological and psychiatric), crisis intervention, health screenings, psychotropic medication therapy and psychotherapy and complex care management. The clinic’s interdisciplinary team includes a child psychiatrist, psychiatric nurse practitioner, registered nurse, social workers, and mental health counselors. Any Schenectady County resident under age 18 who is having trouble functioning at home, in school, or in the community due to emotional and/or behavioral difficulties may be referred to the Child Guidance Center for assessment and treatment with parental consent. Individuals 18 to 24 years old can self-refer for treatment. Operational hours are 8:30 a.m. to 8:00 p.m. on Monday and Wednesday, and 8:30 a.m. to 5:00 p.m. on Tuesday, Thursday, and Friday. The clinic’s services provide the following benefits to enhance the network of PPS services for the community: 1) reduced need for psychiatric hospitalization and out-of-home placements; 2) early detection of potential issues of concerns related to a child’s emotional well-being; 3) improved daily functioning at home, in school, and in the community; 4) parents more able to manage their child’s behaviors and emotional needs; 5) evening appointments and convenient location.



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:	i
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II. Appeal Applicant Information

Organization Name:	Sancia Wellness, Inc.
Joined PPS:	Westchester 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:	OMH-Article 31		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	8112001A	3417934	1558644708
Agency Code:	47970		
Billing Entity ID:			
	Address	City	State Zip
Address	20 Church Street	White Plains	NY 10601

* REQUIRED

III. Appeal Point of Contact

Contact Person	Pennye W. Nash		
Title	Co-President and Co-Owner with Ian Davis		
Contact Phone	914-421-0400	Extension	
Contact Email	Pennye@sanciahealthcare.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	99%	0%	CFR	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: 3454

Sancia Wellness Inc. is a privately owned OMH licensed clinic with offices in White Plains, Yonkers & Peekskill NY. The agency is a minority owned business with its co-owners being African American. The agency is uniquely qualified to assist WMC PPS goal of BH integration of primary care BH services. SWI is located with Sancia Recovery Inc. OASAS licensed to provide outpt. SA treatment. SWI currently receives referrals from PCP’s and has already worked in collaborative partnerships with them. The agency is contracted with managed Medicaid plans which require reaching out to the PCP for clients who are receiving MH services. SWI is a behavioral health organization that provides under one roof comprehensive MH & SA tx for indiv, families, children, adolescents & adults. SWI would have the ability to co-locate a BH clinician within the PCP office & understands the need to address the MH & SA diagnosis. The agencies mission states the importance of healing the mind, body and spirit of the individual we are treating. Evidence based treatment is utilized throughout the org, psychiatrist is board certified in child & adolescent psychiatry with an expertise in SA. Psychiatrist is bi-lingual English/Spanish and is certified to prescribe addiction medication ex: Suboxone. Since privately owned & licensed by OMH but not receiving funding of any type the agency has found a way to provide excellent clinical treatment while being fiscally responsible. OMH recently approved the agency opening clinics in Yonkers & Peekskill due to extensive waiting lists, SWI would have the ability to give same day or next day appointments & can hire when necessary additional per diem clinicians to assure this ongoing requirement is met at all times. SWI provides culturally competent treatment and has a multicultural treatment team, the agency trains in the area of cultural competency, is minority owned & is currently successful as a result of providing culturally competent treatment. The agency currently serves the identified high Medicaid use clients that the PPS will be targeting. After “a warm hand off” the client will have that same ongoing feeling when being treated at SWI. SWI feels that there is no other similar agency in Westchester County and therefore feels that it is imperative that SWI be included as a safety net provider in WMC PPS.

SWI can also assist the PPS goal of BH – community stabilization services by providing the above. The PPS goal requires the establishment of participating psychiatrists, MH, BH & SA providers which SWI has. SWI currently receives referrals from schools, shelters, prisons, jails, PCP’s, self and family members. With 3 locations, culturally competent, OMH & OASAS licensed & an excellent relationship with contracted managed Medicaid plans & PCP’s not including SWI would be to the detriment of the PPS. SWI serves the identified communities that are targeted by the PPS. The geographic area would include all of Westchester County with 3 locations. The services in the community are insufficient without SWI involvement in the PPS because there is no other minority owned licensed OMH/OASAS clinic in Westchester County. SWI provides indiv, group & family MH & SA tx. SWI provides comprehensive outpatient MH & SA tx under one roof since its inception. There is no similar BH org that has the components that SWI has including SWI will enhance the network of services provided by the PPS.

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

Name Pennye W Nash Yes No

Title Co-President and Co-Owner with Ian Davis

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:	i
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II. Appeal Applicant Information

Organization Name:	Western Finger Lakes START
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:	OPWDD-Article 16		
Provider Type - Other:	Community based crisis response and prevention program (NYS OPWDD Initiative)		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	6052311	2857183	1306901608
Agency Code:			
Billing Entity ID:	Chemung ARC, Chapter NYSARC Inc		
	Address	City	State Zip
Address	711 Sullivan Street	Elmira	NY 14901

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

Character Count: 3278

III. Appeal Point of Contact

Contact Person	Pamela Overdurf LMSW		
Title	DHS Director		
Contact Phone	(607)734-6151	Extension	155
Contact Email	pjo@chemungarc.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	79%		Safety Net OPWDD	

Chemung ARC is the lead Agency for the NYS OPWDD initiative - NYSTART Region 1. The region covers the 17 counties located in the Western and Finger Lakes regions of NYS. NYSTART (Systemic, therapeutic assessment, resources and treatment) provides crisis response for individuals with developmental disabilities who present with complex behavioral and mental health needs. It is a proactive approach for at-risk individuals and those who provide them with supports. Western Finger Lakes (WFL) START became operational in July 2014. While it is a program that is currently funded through the balanced incentive program, the ultimate funding source is likely to be Medicaid. The program provides options for clinical/behavioral health assessment, in-home supports and cross-systems crisis prevention planning. In development is a therapeutic resource center (out of home therapeutic respite). The region covered by WFL START is very comparable to the communities included with the FLPPS - Chemung, Schuyler, Steuben, Monroe, Livingston, Wyoming, Wayne, Ontario. Note: WFL START also includes Chautauqua, Cattaraugus, Erie and Niagara Counties who are not included in the FLPPS. OPWDD is piloting the START initiative for multiple reasons: The closing of developmental centers necessitates increasing each community's capacity to provide appropriate and timely behavioral health supports for individuals who are dually diagnosed (I/DD and behavioral/mental health challenges). The WFL START Team is a mobile clinical team. It includes a Clinical Director as well as a Psychiatric Medical Director. The START Team Coordinators provide supports directly to individuals appropriately admitted. The START Team also provides community consultation and educational supports to community members/stakeholders. The START Director is responsible for developing linkage agreements with community stakeholders in all areas (I/DD providers, behavioral health providers, hospitals, emergency departments, law enforcement, schools etc. - the potential list is infinite). The goals of START are consistent with the goals of DSRIP - prevent/reduce avoidable hospitalizations/readmissions, promote community member health/wellness and develop community networks and resources that best support the individual in the least restrictive, most cost effective manner possible. As noted above, Chemung ARC is the lead Agency for the implementation of WFL START. However, a collaborative approach was utilized in order to submit a proposal to be awarded the OPWDD Region 1 START program. The other members of the collaborative include the 16 ARCs which cover the 17 counties within the region. ARCs provide supports to individuals who are developmentally disabled. A variety of supports are available, including clinical, residential, vocational, service coordination, and other community based programs. NYS OPWDD Region 1 was identified as one of the initial pilot implementations due to the closure of Monroe and Western Developmental Centers and the lack of appropriate clinical (behavioral and mental health supports), particularly in the rural areas of the region. WFL START can be an asset to the FLPPS as both a provider of supports as well as also being a community connector.

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 Michael A. Doherty Ph.D. Yes No
 Title Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

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

Organization Name:	Long Island Advocacy Center
Joined PPS:	Nassau University Medical Center

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

Provider Type:	Other		
Provider Type - Other:	OPWDD MSC/NMSC		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:		2002344	NA
Agency Code:	80730590		
Billing Entity ID:	E0099826		
	Address	City	State Zip
	999 Herricks Rd.	New Hyde Park	NY 11040

* REQUIRED

III. Appeal Point of Contact

Contact Person	Linda Milch		
Title	CEO		
Contact Phone	516-248-2222	Extension	21
Contact Email	lmilch@thleiac.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	L	5%	OPWDD	2014

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

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

Name	Linda Milch	Answer <input checked="" type="radio"/> Yes <input type="radio"/> No
Title	CEO	

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

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

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

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

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization’s involvement given the PPS current configuration of network providers.

b. A description of the applicant’s organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 2892

The Long Island Advocacy Center (LIAC) is a non profit community based organization with an expertise in the laws that protect the educational rights of students in New York State. LIAC provides educational advocacy to students with emotional disabilities. Youth with emotional disabilities have a multitude of needs that impact on their ability to be successful in school. When their needs are not met they are at risk for school failure, truancy, and even ending up in the juvenile justice system. Education advocates are trained to work with families to identify the educational and social emotional needs of youth and to insure that those needs are met. The Individuals with Disabilities Education Act (IDEA) provides certain rights to parents to ensure that students with disabilities have a free appropriate public education. Unfortunately, most parents are not aware of these rights and do not know how to assert them. LIAC has advocates who can assist parents in understanding their rights, train them in advocacy techniques and represent them at school meetings. LIAC is the only Agency on Long Island that has expertise in education advocacy. The majority of LIAC’s advocates are parents of children with special needs so they understand the parent perspective. The advocates also include the youth in the process so they can attend school meetings and advocate on their own behalf. Children spend the majority of their day in school. In order for them to be successful their needs must be met; academic and emotional. These needs are understood through a process that starts with free evaluations provided by the school district ending with appropriate supports and services provided to students so that they have success in the school environment. This success spills over into the home and community which impacts on quality of life for the entire family. Education advocacy is a unique and necessary and cost effective service for youth with emotional disabilities. It often prevents in patient psychiatric evaluations since school districts are required to provide out patient psychiatric evaluations when the psychiatric needs of a student are impacting on their education. School districts can also provide therapeutic day programs when that is necessary based on educational needs. It is important to note that while there are more than 60 school districts on Long Island they are all bound by one law. LIAC has education lawyers that provide technical assistance to the education advocates and will represent families when necessary. Happily, in most cases, advocates and families working together are able to come up with a plan to meet the needs of youth in school. Research indicates that successful completing school is an excellent predictor for success in later life. The Long Island Advocacy Center helps families to help their children succeed.



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: Long Island Advocacy Center
 Joined PPS: Stony Brook 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: Other
 Provider Type - Other: OPWDD MSC/NMSC
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: Agency Code: 80730590 2002344 NA
 Billing Entity ID: E0099826
 Address: 999 Herricks Rd. City: New Hyde Park State: NY Zip: 11040

III. Appeal Point of Contact

Contact Person: Linda Milch
 Title: CEO
 Contact Phone: 516-248-2222 Extension: 21
 Contact Email: lmilch@thleiac.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	L	5%	OPWDD	2014

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

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

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

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

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

Character Count: 2892

The Long Island Advocacy Center (LIAC) is a non profit community based organization with an expertise in the laws that protect the educational rights of students in New York State. LIAC provides educational advocacy to students with emotional disabilities. Youth with emotional disabilities have a multitude of needs that impact on their ability to be successful in school. When their needs are not met they are at risk for school failure, truancy, and even ending up in the juvenile justice system. Education advocates are trained to work with families to identify the educational and social emotional needs of youth and to insure that those needs are met. The Individuals with Disabilities Education Act (IDEA) provides certain rights to parents to ensure that students with disabilities have a free appropriate public education. Unfortunately, most parents are not aware of these rights and do not know how to assert them. LIAC has advocates who can assist parents in understanding their rights, train them in advocacy techniques and represent them at school meetings. LIAC is the only Agency on Long Island that has expertise in education advocacy. The majority of LIAC's advocates are parents of children with special needs so they understand the parent perspective. The advocates also include the youth in the process so they can attend school meetings and advocate on their own behalf. Children spend the majority of their day in school. In order for them to be successful their needs must be met; academic and emotional. These needs are understood through a process that starts with free evaluations provided by the school district ending with appropriate supports and services provided to students so that they have success in the school environment. This success spills over into the home and community which impacts on quality of life for the entire family. Education advocacy is a unique and necessary and cost effective service for youth with emotional disabilities. It often prevents in patient psychiatric evaluations since school districts are required to provide out patient psychiatric evaluations when the psychiatric needs of a student are impacting on their education. School districts can also provide therapeutic day programs when that is necessary based on educational needs. It is important to note that while there are more than 60 school districts on Long Island they are all bound by one law. LIAC has education lawyers that provide technical assistance to the education advocates and will represent families when necessary. Happily, in most cases, advocates and families working together are able to come up with a plan to meet the needs of youth in school. Research indicates that successful completing school is an excellent predictor for success in later life. The Long Island Advocacy Center helps families to help their children succeed.



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

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

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

I. Are you a Medicaid Provider

Answer	No
--------	----

You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	ADDICTS REHABILITATION CENTER FUND, INC.
Joined PPS:	Health & Hospital Corporation

^^ 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:	OASAS-Article 32		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	130210050/120410051		1295139665
Agency Code:	ADDICTS REHABILITATION CENTER FUND, INC. - 00019		
Billing Entity ID:			
	Address	City	State Zip
Address	2015 MADISON AVENUE	NEW YORK	NY 10035

* REQUIRED

III. Appeal Point of Contact

Contact Person	JENELL HORTON		
Title	CHIEF OPERATING OFFICER		
Contact Phone	212-427-6960	Extension	16 OR 17
Contact Email	jhorton@addictsrehabfundinc.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	98%	1%	ARC Data Dept	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: 3142

The HHC PPS would service the entire NYC geography, and particularly sensitive communities throughout it: those of color, those of poverty, those of foreign descent and foreign language throughout the city. These communities as well as other communities already rely uniquely and heavily on the multitude of services provided by HHC facilities through NYC, and thus these communities would sorely miss out if HHC -- the largest hospital network in NYC, was not selected as a PPS.

Addicts Rehabilitation Center Fund, Inc. (ARC) is a 412-bed, 24-hour Intensive Residential Drug Treatment provider funded by NYS OASAS (and subsequently NYC HRA) that serves not only Out-of-State, the Tri-State and all of NYC, but also its direct communities of East Harlem, Central Harlem, and Upper Harlem which is extensively served by HHC facilities. This population is predominantly underprivileged/poor people of color and many are Spanish-speaking. ARC has extensively assisted populations from these communities which traditionally tend to be hardest hit by substance abuse and related physical illnesses. Furthermore, we significantly serve as a program of last resort for many clients who have not or can not or will not stay at other drug treatment programs in the area and throughout the city. We take some of these hardest cases and we turn these lives around for the better. We also serve as a beacon program for people coming from other States who find themselves in need of treatment while in NYC due to our longevity in providing drug treatment services, the spirit in which we deliver those services, and our central location of Harlem. ARC services include Family Services, Group Counseling, Housing and PACT Services, Individual Substance Abuse Counseling, Job Readiness, Legal and Medical Services, Seminars, and Vocational/Educational Services. Such services and ARC's unique spectrum of ideologies have successfully treated substance abuse for 57 years and is already established as a critical partner to HHCs. Our formal inclusion in the HHC PPS will allow us to continue to provide these necessary services to people who tend to account for a great portion of the emergency room visits due to overdose or other physical challenges related to substance use and abuse. Further, we not only can continue to provide these services in our current program, but also can readily roll-out and deliver these intensive services that are already formed to the community in general, which is a sub-goal of the MMC program under 1915i such as psychosocials, crisis intervention, educational services, etc. Inclusion of HHC as a PPS would allow ARC -- which serves thousands of substance abuse clients each year -- as a partner, to continue to provide and expand our work in the communities we serve and with HHC's to provide and enhance our services to reduce the rates of ER recidivism.

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 JENELL HORTON Yes No

Title CHIEF OPERATING OFFICER

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



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

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

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

I. Are you a Medicaid Provider

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

Organization Name:	Alternatives Counseling Services, Inc.
Joined PPS:	Stony Brook 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:	OASAS-Article 32		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	150411504	2772296	1508085226
Agency Code:	227		
Billing Entity ID:	1508085226		
	Address	City	State Zip
Address	518 East Main Street	Riverhead	NY 11901-2529

* REQUIRED

III. Appeal Point of Contact

Contact Person	Christine Epifana		
Title	Executive Director		
Contact Phone	631- 283-4440	Extension	
Contact Email	cepifania@alternatives-counseling.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	62%	29%	Most Recent Audited State	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 Christine Epifana Yes No

Title Executive Director

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

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

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

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization’s involvement given the PPS current configuration of network providers.

b. A description of the applicant’s organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 3418

Alternatives’ mission is to provide state of the art alcohol and drug prevention, chemical dependency and recovery services to the individuals, families and community on the East End of Long Island. The East End communities that we serve are diverse in their cultural and ethnic origins and are mostly uninsured and underinsured. We are dedicated to providing services that are affordable, caring, non judgmental, professional and culturally competent. We have been delivering services on the East End exclusively for over 40 years.

At the 2000 census, the five East End towns and the Shinnecock Reservation had a land area of 900.581 km (347.72 sq mi), or about 38.12 percent of Suffolk County’s land area. Its total population was 125,442 inhabitants, or about 8.84 percent of the county’s population. Its average population density was 139.29/km² (360.76/sq mi). The East End of Long Island has a profile which more accurately reflects a rural community rather than a suburban community. The five towns incorporate in their profiles villages and hamlets with distinctive profiles and populations. There is a significant summer population that commutes back to NYC in the off season. Transportation for the local population is often difficult and a barrier to treatment services with treatment services being under represented for the need of the population. Alternatives over the years has learned to lower these barriers and bring much needed services at an affordable cost with a culturally diverse staff.

We can offer to the PPS, medically supervised treatment services that include bilingual services to the Latin population, specialized woman’s services, services for the Shinnecock Nation, adolescent services and family services for the significant others affected by substance. We have a psychiatrist on staff and provide medication management if the locator does not indicate a higher level of care for co-occurring disorders. Additionally, we offer medication assisted chemical dependency services and NREPP evidenced based treatment programs. We accept private insurance, Medicaid and have a sliding fee scale.

Alternatives is an OASAS prevention provider and annually services over 4,000 of the children of the East End. We are working with seniors offering an NREPP evidenced based wellness program at the Senior Centers. These services bring us into contact with a broad spectrum of the East End Community. We have the capacity to offer prevention education services to educate the public regarding various risk factors and build an understanding of wellness.

Our two offices located in Riverhead and Southampton provides access to both the north and South Fork. Our Southampton office is located at 291 Hampton Road within walking distance of Southampton Hospital and the Riverhead office is located on East Main Street in downtown Riverhead. We have an EMR and video conferencing capacity in both offices.

What we can offer the PPS is evidenced based services, licensed staff, flexibility in our style of collaboration and a deep history and knowledge of the East End. We have a commitment to these communities and will not discharge a client because their benefits have ended. We provide a real link deep into the community; this has been our focused mission for many years and will continue to have it be our focus and primary mission. This is what we bring to the partnership and to Stonybrook.



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:	i
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II. Appeal Applicant Information

Organization Name:	Can Am Youth Services Inc. dba Rose Hill
Joined PPS:	Samaritan 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:	OASAS-Article 32		
Provider Type - Other:	RRSY		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	160811624	1178385	1891896767
Agency Code:	36330		
Billing Entity ID:	E0182050		
	Address	City	State Zip
Address	100 County Route 43	Massena	NY 13662

* REQUIRED

III. Appeal Point of Contact

Contact Person	Tina Buckley		
Title	Executive Director		
Contact Phone	315-764-9700	Extension	
Contact Email	tbuckley@rosehillrehab.org		

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	90%	10%	oasas	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 Tina Buckley Yes No

Title Executive Director

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

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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b. A description of the applicant’s organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 0



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
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II. Appeal Applicant Information

Organization Name:	Catholic Charities of the Diocese of Rochester dba Catholic Family Center
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:	OASAS-Article 32		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	20250; PRU 51933 and 1191	1179964	1790853844
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
Address			

* 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:

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

Character Count: 996

CFC's Restart Outpatient Substance Abuse Services Department provides Day Rehabilitation services to adults 18 years of age and older with chronic chemical dependency. It is the only program of its kind in Monroe County and the northern Finger Lakes region (8 counties). Program participants are 70% male, 66% African American, 20% Latino, and 14% white. 60.5% of the clients served also have a co-occurring mental health condition. Because of its singularity, the program receives referrals for a very complex and severely impaired population. Day Rehab is in the process of developing a Peer Support program, which is a best practice for serving this population. The Day Rehab is important within the PPS for prevention of avoidable Emergency room visits and hospitalizations, as well as for helping the population to maintain abstinence. The program is likely to have significant impact on preventing hospitalizations for both mental health, substance abuse, and related medical issues.

III. Appeal Point of Contact

Contact Person			
Title			
Contact Phone	Extension		
Contact Email			

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%	5%	EMR billing	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 Kathleen Johnson Yes No
 Title Interim 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**

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I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	
Joined PPS:	St. Barnabas Hospital (dba SBH Health System)

^^ 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:	OASAS-Article 32		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	7000217R	245643	1891837910
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
	1300 Morris Park Avenue	Bronx	NY 10461

* REQUIRED

III. Appeal Point of Contact

Contact Person	Sarah Church		
Title	Executive Director		
Contact Phone	718-409-9450	Extension	
Contact Email	schurch@dosa.aecom.yu.edu		

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	87%		ePACES	2014

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

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

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization’s involvement given the PPS current configuration of network providers.

b. A description of the applicant’s organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 3329

Licensing and Services Categories: Licensed by New York State’s OASAS (Article 32) and Department of Health (Article 28), the Einstein Division of Substance Abuse Wellness Programs provide methadone maintenance, chemical dependency and outpatient withdrawal services combined with primary medical care, vocational rehabilitation, peer recovery and medical case management services.

Locations & Communities Served: Our services are provided in three newly renovated, state of the art Wellness Centers located in areas of the Bronx that have been designated as medical shortage areas: (1510 Waters Place, 804 E. 138th Street and 260 E. 161st Street). The majority of our patients are ethnic minorities. Hispanic/Latino: 59%; Black/African American: 22%; White: 17%; Other: 2% While we do not have accurate figures on federal poverty levels, we suspect that the vast majority of our patients live at or below 200% of the federal poverty line based on patient insurance mix, levels of unemployment, location of our clinics and NYC DOH data on neighborhood poverty levels and disease burden. Compared to the other boroughs of New York City (NYC), the Bronx has the lowest median income and is the lowest in the city (\$34,264) and is only 60% of the city average (\$56,951). In the South Bronx, approximately one-third of area residents have no primary care provider, and one-fifth use emergency rooms when they feel sick or need health advice. Prevalence of mental illness and hospitalization due to mental disorders are higher in the South Bronx than elsewhere in NYC. The South Bronx and the Port Morris neighborhood are particularly hard hit by the drug epidemic. In 2004, the 40th Police Precinct, in which this clinic is sited, had the highest number of drug-related arrests in the Bronx. In 2004 the Bronx had twice the average rate of adult drug arrests compared to the rest of the City. There is a high correlation between drug dealing and drug abuse. Regarding drug-related deaths, in the South Bronx, there have been on average 26 deaths per 100,000 adults, which is 1.5 times the rate in the Bronx and 2.6 times the rate in NYC in general. The patient population in the South Bronx needs medical staff who are well versed in treating patient populations who are affected by substance use disorders. Our programs are specifically designed to offer one-stop shopping care to the Bronx patient population who have multiple comorbid medical, substance use and psychiatric disorders and our staff have successfully treated this population for over 40 years.

Number of Services: Annually, the Division of Substance Abuse provides services to over 5500 unique patients, including approximately 70,000 counseling services, over 500,000 methadone medication dispensing visits, and approximately 22,000 medical services. Over the past few years, our program has absorbed patients from other addiction treatment agencies that have closed, including Hunts Point Multi-Service Center MMTP and the South Bronx Mental Health Counseling Center. There is no additional capacity for substance abuse treatment in the Bronx. The SBH PPS would be unable to provide adequate addiction treatment services to the large number of patients enrolled in our program without the participation of the Einstein Division of Substance Abuse.

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 Jed Shivers Yes No

Title Associate Dean for Finance and Administration

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:	i
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II. Appeal Applicant Information

Organization Name:	Equinox Inc.
Joined PPS:	Albany Medical Center 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:	OASAS-Article 32		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	160511801	2581964	1831389899
Agency Code:			
Billing Entity ID:	E0144346		
	Address	City	State Zip
Address	500 Central Avenue	Albany	NY 12206

* REQUIRED

III. Appeal Point of Contact

Contact Person	Andrew Joslin		
Title	CFO		
Contact Phone	518-435-9931	Extension	5233
Contact Email	ajoslin@equinoxinc.org		

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	16%	69%	EMR	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 Andrew Joslin Yes No

Title Chief Financial Officer

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

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

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

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

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization’s involvement given the PPS current configuration of network providers.

b. A description of the applicant’s organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 2124

The Equinox OASAS Counseling Center serves up to 120 adults and adolescents struggling with chemical dependency and their families, primarily from Albany County. The client population is primarily urban-based and comes from all socioeconomic strata. Many clients also have co-occurring mental health issues. The Center is certified and licensed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). The Counseling Center performs provides outpatient services and, when treatment efforts are successful, provides a vital role in averting unnecessary hospitalization and/or stays in rehabilitation facilities. In the first 10 months of 2013, the Counseling Center served an average of 120 clients and provided an average of 684 services to them each month. A Federally funded grant administered through OASDAS allows the Counseling Center to serve individuals without insurance or who are under insured.

Using a holistic, multidisciplinary approach, complementary with 12 step and other recovery approaches, the Counseling Center provides: comprehensive assessments, health screenings, treatment planning, case management, individual and group counseling and assistance with referrals to detox and inpatient programs. The team consists of a Medical Director who is a board certified Psychiatrist with extensive experience in addictions, a Clinic Director with over 20 years of experience in the addictions field, an RN and several trained Addictions Counselors with a diverse background which includes both addictions and mental health training and experience.

To address and treat each client’s unique issues related to chemical dependency. The Counseling Center offers services to individuals and their families to help them to move forward on their paths to recovery and healing from alcohol and substance abuse/dependency disorders.

Funding Sources- Medicaid, Medicare, OASAS grant, other insurance re-imburement, sliding scale for services provided.

Licensing- The Counseling Center Program is licensed by the New York State Office of Addiction and Substance Abuse Services (OASAS).



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:	i
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II. Appeal Applicant Information

Organization Name:	Bridging Access to Care
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:	OASAS-Article 32		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	150711255	1102441	1528149341
Agency Code:			
Billing Entity ID:	E0073395		
	Address	City	State Zip
	502 Bergen Street	Brooklyn	NY 11217

* REQUIRED

III. Appeal Point of Contact

Contact Person	Eileen Sunshine, LCSW-R		
Title	Director of Behavioral Health		
Contact Phone	347-505-5182	Extension	
Contact Email	Esunshine@bac-n-y.org		

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	92%	8%	AS safety net rep	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: 2140

A. Our Brooklyn community, has significant health care disparities; practically related to behavioral health needs. Our community suffers from extremely high rates of substance use disorders, mental illness, and chronic diseases such as HIV and hepatitis C. Socioeconomic conditions within service area and population of focus include widespread poverty and high unemployment; literacy rates and educational attainment levels are far below NYC averages. As a result, the service area contains neighborhoods with some of the poorest and least-educated residents in NYC. For example, the poverty rates in Williamsburg and Central Brooklyn exceed the citywide rate by 30%, while fully 40% of the population in Williamsburg has no high school diploma. The population of focus has behavioral health issues and multiple co-morbidities and most persons are of low health literacy; thus, most persons in the population of focus have difficulty navigating NYC’s complex and fragmented healthcare system. BACs specialized outreach and behavioral health services are able to help reduce the impact of the health care disparities’ and address the needs in our community. B. Bridging Access to Care (BAC), formerly Brooklyn AIDS Task Force is a not-for-profit organization authorized to do business and available to provide services in New York State. BAC has been serving Brooklyn’s at-risk for and HIV/AIDS population since 1986 and has a long documented history of serving the underserved populations in our community with documented success. BAC’s current services include: HIV/STD education and prevention services; HIV primary care; HIV counseling, testing, and referral services; New York State-licensed substance abuse treatment; and housing (HASA & OASAS Scatter-site and HOPWA Housing Placement Assistance). In 2010, BAC obtained a NYS license to provide mental health services. BAC recently converted its COBRA case management program to provide Health Home care coordination services to the most vulnerable New Yorkers receiving Medicaid. BAC also offers the following services: treatment adherence, ESAP, and case management.

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 Glenda Smith Yes No
 Title Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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

I. Are you a Medicaid Provider

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

Organization Name:	Housing Works East NY Community Health Center
Joined PPS:	Maimonides 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:	OASAS-Article 32		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	150911679	1826104	1538379573
Agency Code:	45980		
Billing Entity ID:			
	Address	City	State Zip
Address	2640 Pitkin Avenue	Brooklyn	NY 11208

* REQUIRED

III. Appeal Point of Contact

Contact Person	Michael Clarke		
Title	Senior Vice President		
Contact Phone	347-473-7475	Extension	
Contact Email	clarke@housingworks.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	97%	3%	electronic case	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 Charles King Yes No
 Title President/CEO
 Only appeals from the CEO, CFO or comparable will be accepted

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

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

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

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization’s involvement given the PPS current configuration of network providers.

b. A description of the applicant’s organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 563

Housing Works Inc is on the Pending Safety Net OMH/OASAS1915i Providers list, and were were advised to complete a VAP Exception form in the event the Provider list is not approved by CMS. Housing Works provides critical supportive and rehabilitative services to a client population that is almost 100% Medicaid eligible. Many of the services we provide will be eligible under the 1915i service categories, and we will be applying to be a CBHS provider. Additionally, our integrated health services will be critical to the PPS in meeting it’s project goals.



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

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

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

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	
Joined PPS:	Nassau University Medical Center

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

Provider Type:	OASAS-Article 32			
Provider Type - Other:				
Unique Identifiers:	Operating Certificate/License #	MMIS*	NPI*	
Agency Code:				
Billing Entity ID:				
Address	Address	City	State	Zip
Address	2-12 West Park Ave. Long Beach, N.Y. 11561			

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

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

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 2989

III. Appeal Point of Contact

Contact Person	Joseph Smith, Ph.D.		
Title	Executive Director		
Contact Phone	516 889 2332	Extension	
Contact Email	jsmith@longbeachreach.com		

IV. Please choose the following VAP Exception:

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	19%	11%	mission statistics	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	Joseph Smith	Answer <input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Executive Director	

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

Long Beach Reach, Inc. is a multi service community based organization licensed by New York State OASAS. The primary program is an outpatient Chemical Dependency Treatment Program serving South west Nassau County including the City of Long Beach, Inc. Services include Individual, Group and Family therapy, relapse prevention and Intensive Treatment Program consisting of multimodality Treatment for those clients requiring a higher level of outpatient care. Since the devastation of superstorm Sandy Long Beach Reach is the only licensed provider of chemical Dependency Treatment services located on the long Beach barrier Island which is separated from the "mainland" by three bridges and has a population of over 35,000 residents. Many Medicaid eligible clients are dependent of public transportation which is either extremely limited and inconvenient or completely unavailable to reach the nearest other providers of behavioral Health services which represents an overwhelming obstacle to receiving required assistance. Long Beach ranks high on every indicator of need including poverty, school dysfunction, criminal and Juvenile justice involvement, mental health and Chemical Dependency needs. Long Beach has a disproportionate share of medicaid eligible clients as well as a significant uninsured population. In addition to the outpatient treatment program Reach maintains several innovative and critical ancillary services including a High School Diploma program for disenfranchised youth, a Juvenile/Criminal Justice alternative counseling and case management program for high risk youth and a teenage pregnancy prevention and services program for pregnant and parenting adolescents. These services help to augment services for the high risk vulnerable medicaid eligible and uninsured clients served by the Chemical Dependency Treatment program. The City of Long Beach would remain inadequately served if Long Beach Reach were not a significant participant in the Nassau County DSRIP. Long Beach Reach, Inc. is one of the largest providers of outpatient Chemical Dependency Treatment services in Nassau County. Since the events following Superstorm Sandy and the closing of the only other provider of Mental health and Chemical Dependency services located in or near the City of Long Beach, our client caseload has increased by almost 50%. The demand continues to grow as more residents temporarily relocated, return to the City. Many residents continue to struggle with the devastation to their homes and lives. Many have suffered severe Psychological trauma and many have turned to Chemical abuse leading to dependency and addiction. The exclusion of Long Beach Reach, Inc. from the array of eligible services to be included under the DSRIP but represent a severe obstacle to the high risk population to be served and would undoubtedly result in a lack of coordinated care, poor treatment outcomes and more costly emergency intervention and related costs.



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:	i
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II. Appeal Applicant Information

Organization Name:	Loyola Recovery Foundation
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:	OASAS-Article 32		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	150211608	00689721	1134294978
Agency Code:	70570		
Billing Entity ID:			
	Address	City	State Zip
Address	76 Veterans Avenue, 6th floor	Bath	NY 14810-0810

* REQUIRED

III. Appeal Point of Contact

Contact Person	George Basher		
Title	President/CEO		
Contact Phone	585 203 1005	Extension	
Contact Email	gbasher@loyolarecovery.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	3%	1%	OASAS CDS	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 George P. Basher Yes No
 Title President/CEO
 Only appeals from the CEO, CFO or comparable will be accepted

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

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

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

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 1545

Our service community includes Allegany, Steuben, Chemung, Yates, and Schuyler Counties. The total population (2010 census) is 280,457 individuals within the southern portion of the Finger Lakes PPS. Loyola Recovery Foundation provides inpatient medically supervised detoxification for both alcohol and opioid substance abuse and has operated a 25 bed unit on the campus of the Bath VA Medical Center since 2007. We provide these services to both Veterans and community members. We also operate an integrated transportation program in this highly rural area to both bring patients to our facility as well as connect them to their next level of care. Our facility is OASAS licensed and Joint Commission accredited. We are the only facility providing this service to the communities indicated above and our inclusion enhances the PPS continuum of available services for substance abuse treatment and access to the next level of care. Notably, we also maintain unique competency in providing crisis stabilization services to veterans and military families. All of our services have been fully integrated into the VA's system of care, with more than 4,000 veterans served in the Bath facility. In the veteran population, our catchment area expands to all of western NY (west from Syracuse) and into northern Pennsylvania. Our facility serves both VA and non-VA eligible patients. Finally, we are the only facility in Western NY employing evidence based mobile recovery support technology (ACHESS) as platform support for high risk patients.



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:	i
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II. Appeal Applicant Information

Organization Name:	Nassau Alternative Advocacy Program
Joined PPS:	Nassau University Medical Center

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

Provider Type:	OASAS-Article 32		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	160511269	02350012	1487871133
Agency Code:	41400		
Billing Entity ID:			
	Address	City	State Zip
Address	151 Herricks Road, Suite 102	Garden City Park	NY 11040

* REQUIRED

III. Appeal Point of Contact

Contact Person	Frank H. Andrews		
Title	Program Director		
Contact Phone	516 741-3110	Extension	
Contact Email	Frank H. Andrews		

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	30%	20%	OASAS	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	Frank H. Andrews	<input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Program Director	

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

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

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

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

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization’s involvement given the PPS current configuration of network providers.

b. A description of the applicant’s organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 2888

a. Nassau Alternative Advocacy Program serves clients involved in the criminal justice system. NAAP is designated by the NYS Division of Criminal Justice Services as an Alternative to Incarceration Agency(ATI) which promotes treatment rather than incarceration. This is beneficial to the clients and their families and saves taxpayers money. We are the sole ATI in Nassau County. The purpose for which this agency was organized was to provide services in criminal cases to indigent defendants who have been assigned counsel by the Court in order to present to the Court alternatives to incarceration. The program offers preparation of bail applications, pre-trial release plans and pre-pleading, pre-sentence reports with alternative sentencing proposals. After evaluating the defendants background and current status, appropriate referrals will be made to social service agencies as well as drug, alcohol, and psychiatric facilities as indicated, and under the auspices of the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to provide alcohol/chemical dependence evaluations and to provide treatment to individuals suffering from alcohol/chemical dependency and to their families and significant others who have been impacted by this disease.

b. We offer: chemical dependence treatment to individuals and families. Our program includes outpatient detoxification for opioid and alcohol dependency, anger management, spanish language, adolescent program, family program, domestic violence intervention, intake assessments, evaluation and treatment based on ASAM and OASAS LOCADTRE criteria, relapse prevention, gender specific treatment tracks, DWI/IDS and criminal justice groups as well as recovering lawyers groups. Our staff is comprised of qualified health professionals, physician/addictionologist, physician assistants, consulting psychiatrist, psychologist, social workers, credentialed alcoholism and substance abuse counselors. Our agency has a relationship with the criminal justice community throughout Nassau, Suffolk and New York Counties. The staff continues to maintain open dialog with Probation Departments, STEP program, Mental Health Treatment Courts, DTAP and the Judicial Diversionary Program, and Correctional Facilities. We maintain an active referral file and continue to work with Adolescents and Youthful offenders utilizing our outpatient clinic as well as various residential and local community-based programs. Adult offender placement includes long-term therapeutic communities throughout New York State and the tri-state area, in addition to community-based programs, inpatient rehab facilities and half-way housing.



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:	i
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II. Appeal Applicant Information

Organization Name:	Nassau County Office of Mental Health, Chemical Dependency and Developmental Disabilities Services
Joined PPS:	Nassau University Medical Center

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

Provider Type:	OASAS-Article 32		
Provider Type - Other:	Opioid Clinic		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	150210368	00689730	1033276662
Agency Code:	40150		
Billing Entity ID:	00689730/1033276662		
	Address	City	State Zip
Address	2201 Hempstead Turnpike, Building K	East Meadow	NY 11554

* REQUIRED

III. Appeal Point of Contact

Contact Person	James R. Dolan, Jr., DSW, LCSW		
Title	Director of Community Services		
Contact Phone	(516) 227-7057	Extension	
Contact Email	James.DolanJr@hhsnassaucountyny.us		

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	47%	5%	Biling	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	James R. Dolan, Jr., DSW, LCSW	Answer <input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Director of Community Services	

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

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

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

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

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization’s involvement given the PPS current configuration of network providers.

b. A description of the applicant’s organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 959

a. The Opioid Treatment Program operated under the Nassau County Office of Mental Health, Chemical Dependency and Developmental Disabilities Services is the only Opioid Treatment Program in Nassau County. The exclusion of this service would deprive residents of a necessary treatment level in a continuum of care perspective. This would seriously affect the ability of this county to provide care to persons with substance use disorders.

b. Our Office has provided opioid treatment for over 40 years. This service has allowed thousands of clients to recover and pursue healthy lifestyles while receiving methadone maintenance and/or Buprenorphine treatment. With the increase in heroin and prescription drug use, the services provided by the program plays an even greater role in the battle to aid residents in recovery.

c. The attached pdf file provides additional details in response to items (a) and (b). See attached document for further information.



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:	i
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II. Appeal Applicant Information

Organization Name:	New York Center for Addiction Treatment Services
Joined PPS:	Health & Hospital Corporation

^^ 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:	OASAS-Article 32		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	150510892	1492644	1497942114
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
Address	598 Broadway 2nd Floor	New York	NY 10012

* REQUIRED

III. Appeal Point of Contact

Contact Person	Everett Kramer		
Title	CEO/ President		
Contact Phone	(914) 882-9652	Extension	
Contact Email	ekramer@nycats.net		

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	99%	1%	OASAS	2013/2014

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 Everett Kramer Yes No

Title CEO/ President

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

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

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

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

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization’s involvement given the PPS current configuration of network providers.

b. A description of the applicant’s organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 2146

A) New York Center for Addiction Treatment Services (NYCATS) Is the only OASAS licensed 822 outpatient substance abuse program in Manhattan that treats individuals convicted of a sexual offense. Over 70% of NYCATS' 250 patients have been convicted of a sexual offense and are mandated to substance abuse and sex offender treatment by Parole or the Court system. Over 40% of NYCATS patients have an active mental health diagnosis and over 50% are homeless at admission. NYCATS patients live throughout the five boroughs of New York City, with the largest populations in Manhattan and Brooklyn. Without NYCATS' participation in the Health and Hospitals Corporation PPS, this extremely needy and difficult population will not be served.

B) New York Center for Addiction Treatment Services has provided substance abuse treatment and case management to high risk populations in our city for over 25 years. NYCATS specializes in the treatment of violent and sexual criminals with a Chemical Dependency Diagnosis. NYCATS provides group and individual therapy, as well as case management for this patient population. NYCATS works to find stable housing, job training, coordinates primary care and mental health services as well as developing social support systems for its patients. NYCATS has a 3 year license from OASAS with a perfect score on its most recent audit. NYCATS utilizes the leading evidence based practices in its treatment program. Its sex offender treatment program includes evidence based risk assessment tools such as the Sexual Adjustment Inventory (SAI), the Static 99, and the Stable 2007. NYCATS finds that the criminal history of its patients is co-occurring with their chemical dependency diagnosis, several studies have shown that active substance abuse is a major risk factor in criminal recidivism and treating the whole individual with this in mind has proven extremely successful.



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:	i
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II. Appeal Applicant Information

Organization Name:	Oceanside Counseling Center
Joined PPS:	Nassau University Medical Center

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

Provider Type:	OASAS-Article 32		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	150810910	1302501	1811967128
Agency Code:	6438		
Billing Entity ID:	11500		
	Address	City	State Zip
Address	71 Homecrest Court	Oceanside	NY 11572

* REQUIRED

III. Appeal Point of Contact

Contact Person	Teresa Maguire		
Title	Director		
Contact Phone	516-766-6283	Extension	14
Contact Email	tmauire@snch.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	38%	12%	financial services	2014

VIII. 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 _____ Title _____

Answer
 Yes No

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

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

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

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

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization’s involvement given the PPS current configuration of network providers.

b. A description of the applicant’s organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 2010

a. Oceanside Counseling Center (OCC) is an Article 32 licensed outpatient substance abuse treatment facility that serves the South Shore communities of Nassau County such as Oceanside, Long Beach, Island Park and vicinity. These communities were devastated by Superstorm Sandy and lost essential treatment services due to the closure of Long Beach Hospital and other treatment providers. Oceanside Counseling Center has filled a crucial gap in services by meeting the needs of these communities. Since 2012 we have seen a steady increase in the number of individual seen at OCC. There was an approximately 20% increase in individual and group sessions from January 2102 (before the storm) and January 2013 and these gains have largely been sustained through 2014.

b. OCC provides prevention services, education, individual, group and family therapy for patients with primary substance abuse disorders. OCC offers specialized services for DUI offenders, those involved in felony treatment court and adolescents. Those patients that can benefit from psychiatric services are seen by the staff psychiatrist for evaluation and follow up when needed. OCC offers services to over 160 people per month in an effort to enhance their recovery and reduce the risk of relapse. The comprehensive services provided by the treatment team at OCC offers members of the community treatment in a safe and convenient location. These services are unduplicated in the South Shore area. Without them, patients would not be able to receive treatment in their community and thus have a higher likelihood of relapse. OCC believes it qualifies for a VAP exception and will be a critically important component of the emerging PPS in Nassau County.



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:	
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II. Appeal Applicant Information

Organization Name:	Recovery Counseling, LLC
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:	OASAS-Article 32		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	160411762	E0320685	1225178445
Agency Code:	47830		
Billing Entity ID:	2588416		
	Address	City	State Zip
Address	188 Genesee St. Suite 104	Auburn	NY 13021

* 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~

This field is populated when you select a VAP Exception in Section IV

Character Count: 0

III. Appeal Point of Contact

Contact Person	Jennifer Frary, LMSW		
Title	Clinical Supervisor		
Contact Phone	315-255-3559	Extension	
Contact Email	jennifer.frary@hotmail.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	98%	0%		2014

VIII. 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	Jennifer Frary, LMSW	Answer
Title	Clinical Supervisor	<input type="radio"/> Yes <input type="radio"/> 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:	
--	--

II. Appeal Applicant Information

Organization Name:	Recovery Counseling, LLC
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:	OASAS-Article 32		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	160411762	E0320685	1225178445
Agency Code:	47830		
Billing Entity ID:	2588416		
	Address	City	State Zip
Address	188 Genesee St. Suite 104	Auburn	NY 13021

* 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~

This field is populated when you select a VAP Exception in Section IV

Character Count: 0

III. Appeal Point of Contact

Contact Person	Jennifer Frary, LMSW		
Title	Clinical Supervisor		
Contact Phone	315-255-3559	Extension	
Contact Email	jennifer.frary@hotmail.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	98%	0%		2014

VIII. 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	Jennifer Frary, LMSW	Answer	
Title	Clinical Supervisor	<input type="radio"/> Yes	<input type="radio"/> 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
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II. Appeal Applicant Information

Organization Name:	South Brooklyn Medical Administrative Services, Inc.
Joined PPS:	Lutheran 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:	Other		
Provider Type - Other:	OASAS - Article 28		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	160310387	2737286	1114093523
Agency Code:	00553		
Billing Entity ID:	E0026459		
	Address	City	State Zip
Address	685 3rd Ave	Brooklyn	NY 11232

* REQUIRED

III. Appeal Point of Contact

Contact Person	Alexis Bosco		
Title	Administrative Director		
Contact Phone	718-788-2594	Extension	117
Contact Email	sobro685@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	95%	5%	CFR	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	Alexis Bosco	Answer <input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Administrative Director	

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

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

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

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

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

Character Count: 2173

South Brooklyn Medical Administrative Services Inc. has been providing methadone maintenance program treatment services for nearly four decades in the same location. It is situated in a geographic area comprised of low to middle income households, and the population is a mixture of Hispanic, White, Asian and Black. We are the only providers of these services in the community and very well established and received. The organizations primary goal is addressing the service needs of the local low to middle income residents with functional drug problems who desire a highly confidential and accessible treatment setting. Community residents should continue to have access to this treatment locally especially in light of the growing epidemic of heroin use. We currently serve over 350 clients and most of these are from this very community. We are certainly needed and have always been wanted.

Our mission is to help adults with heroin use issues attain stability in personal life areas through medically assisted treatment. Supervised services are delivered in a caring and nurturing environment that will inspire progress and hope. We work with other agencies through referrals so that the client needs are addressed at every level. We maintain contacts with these agencies so that continuity of care is maintained. This system of referring clients for other services works in the avoidance of constant hospitalizations and enables these clients to incorporate general wellness into their daily life. This is the very goal of all health care providers. The services this organization provides would enhance any Performing Provider System because of the dedicated staff, convenient location and positive environment in which service is delivered.

Treatment is provided in a competent and supportive service environment in which information about persons served is confidential and the rights and responsibilities of both client and staff are both thoroughly respected and safeguarded. Our service delivery seeks to insure that our clients get the best results from treatment and are able to fulfill their goals and actualize themselves as productive members of society.



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

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

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

I. Are you a Medicaid Provider

Answer	No
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Trinity Alliance of the Capital Region, Inc. - Homer Perkins Center		
Joined PPS:	Albany Medical Center 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:	OASAS-Article 32		
Provider Type - Other:	Adult Residential Substance Abuse Treatment		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	160910049		1326448275
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
	15 Trinity Place	Albany	NY 12202

* REQUIRED

III. Appeal Point of Contact

Contact Person	Harris Oberlander		
Title	CEO		
Contact Phone	518-449-5155	Extension	116
Contact Email	h.oberlander@ta-cr.org		

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	0%	0%		

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 Harris Oberlander Yes No
 Title CEO
 Only appeals from the CEO, CFO or comparable will be accepted

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

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

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

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization’s involvement given the PPS current configuration of network providers.

b. A description of the applicant’s organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

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

Character Count: 2659

A. The Homer Perkins Center was established in the 1980's as an adult intensive Residential Treatment Center licensed by OASAS by then Albany Mayor Thomas Whalen. The Center is located in the city of Albany in the Arbor Hill neighborhood. The Arbor Hill neighborhood is a predominately low-income, highly economically distressed section of the city, predominately populated by an African-American population. Mayor Whalen's objective was twofold: 1) To serve an underserved portion of the population with high quality substance abuse treatment services and 2) To help stabilize the neighborhood by providing a highly effective treatment alternative. The Homer Perkins Center currently houses and treats only men. It is the only such facility that treats men exclusively in the Albany Medical Center PPS in the Capital Region. It is one of just a handful of adult Intensive Residential Treatment Centers in the Capital Region as well. Thus, the Homer Perkins Center may be characterized as a unique facility within this PPS in that it is located in a high need neighborhood surrounded by two other similar neighborhoods from which it draws its consumers, treating many African-American clients with a culturally competent staff, and serving men in a single-gender facility which reduces treatment distractions to treatment success that many individuals experience in a mixed-gender facility.

B. Population: Chemically dependant adults.

Eligibility: Chemically dependant adults age 18 and up who are in need of chemical dependency treatment, free of communicable diseases that can be transmitted through ordinary contact and not in need of acute hospital or psychiatric care or other intensive services which would prevent a persons participation in chemical dependence services.

Referral Sources: Local DSS, NYS Parole, County/City Drug Courts, Family Treatment Courts, TASC, Probation, Self referral, other levels of treatment. A completed referral form and psycho-social information is required.

Program Site: 76-82 Second St. Hours: 24 hours, 7 days a week, office Monday-Friday 8:00am -9:00pm.

Description of Program: The Homer Perkins Center provides intensive long term drug free residential treatment. Resident’s participant in structured groups, individual counseling, vocational/educational classes, Drug and Alcohol Education, HIV Education, Parenting and other Life Skill classes as scheduled.

Expected Outcomes: The program outcomes as monitored and measured by OASAS include the following areas: Utilization, Retention, Units of Service, Client Care ratio, Employment status, Abstinence, Completion of treatment and referrals.



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

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I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	The Addiction Center of Broome County Inc.
Joined PPS:	United Health Services Hospitals, Inc

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

Provider Type:	OASAS-Article 32		
Provider Type - Other:			
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:		635112	1295817583
Agency Code:	36030		
Billing Entity ID:			
	Address	City	State Zip
Address	30 West State St.	Binghamton	NY 13901

* REQUIRED

III. Appeal Point of Contact

Contact Person	Carmela Pirich LCSW, MBA		
Title	Executive Director		
Contact Phone	(607) 723-7308	Extension	124
Contact Email	carmelap@stny.rr.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	75%	10%	fiscal stats	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: 3471

ACBC provides outpatient clinic and outpatient rehabilitation services to primarily Broome County, and some people from other counties. In the 2010 local services plan, Broome County is identified as having a total population of just under 200,000 with 14.9% of individuals living below poverty level. The prevalence of chemical dependency problems (alcohol and non-opiate drugs) is approximately 12% of the adult population. ACBC provides the only outpatient rehabilitation program in the county, with 81% of OPR participants having been treated for mental health/co-occurring psychiatric disorders. The average number of the outpatient rehabilitation programs in the state of NY who have been treated for mental health is 56.9%. ACBC’s outpatient rehabilitation program services a high-need, high risk population. Patients admitted to ACBC’s clinic and outpatient rehabilitation program have timely access to mental health services with the program’s medical director. ACBC is the only outpatient clinic/rehabilitation program providing the following evidence-based practices: Women’s TREM (trauma recovery and empowerment), Men’s TREM, The Nurturing Parenting Program for families in substance abuse treatment and recovery, contingency management, Wellness Group, and art therapy with a licensed art therapist. Spanish speaking therapy group is also offered; no other Spanish speaking therapy groups currently offered in the community. These services are integrated into substance abuse treatment to address the complex needs of our patients and promote their recovery process. It is. ACBC is trained in CBT to address criminal thinking errors and holds a contract with the Federal Bureau of Prisons and Federal Probation. Many individuals receiving services from ACBC have significant legal histories and treatment will assist with public safety and monitoring, as we work very closely with Broome County probation and NYS parole. ACBC provides contractual services to Broome County to complete urine drug screens for parents/guardians suspected of substance abuse problems, and many services to individuals with CPS involvement. Broome County has been adversely impacted by the heroin epidemic. According to Time Warner News, in 2013 there were 31 opiate overdoses in Broome County. In February of this year, 10 more individuals had died from opiate overdoses, indicating a trend that the fatalities in 2014 may surpass the amount of overdoses in 2013. According to agency data, there has been a rise in opiates and heroin use among our patients over the past two years. In 2014, opiates and heroin have been reported as the drug of choice in 26.7% of our patients, which is a 3.7% increase from last year and a 6.9% rise from two years ago. ACBC will be soon introducing medication assisted therapy, Vivitrol to assist recovery from opiate use disorders and alcohol use disorders which is not presently being offered in the community. ACBC provides assessments, individual, group and family therapy. ACBC provides psychiatric assessment, and medication monitoring. We also provide referral for other services, higher levels of care, crisis stabilization and case management. ACBC is working on linkage with Mothers and Babies Perinatal Network as ACBC had more than 5 pregnant women in treatment this year. ACBC’s volume has increased significantly in the past several years. In 2011, there were 295 admissions to its clinic with 445 in 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 Carmela Pirich LCSW MBA Yes No
 Title Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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I. Are you a Medicaid Provider

Answer	Yes
--------	-----

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

Organization Name:	YMCA of Long Island, inc.
Joined PPS:	Stony Brook 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:	OASAS-Article 32		
Provider Type - Other:	822 Outpatient program		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	161211543	unsure	111649914
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
Address	1150 Portion Road Suite 6	Holtsville	NY 11742

* REQUIRED

III. Appeal Point of Contact

Contact Person	Stacey Spata		
Title	Executive Director		
Contact Phone	631-580-7777	Extension	104
Contact Email	stacey.spata@ymcali.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	25%	75%	Billing System	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	Stacey Spata	Answer <input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Executive Director	

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

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

This field is populated when you select a VAP Exception in Section IV

Character Count: 0



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
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II. Appeal Applicant Information

Organization Name:	YOUTH AND FAMILY COUNSELING AGENCY OF OYSTER BAY EAST NORWICH, INC
Joined PPS:	Nassau University Medical Center

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

Provider Type:	Other		
Provider Type - Other:	OASAS 822		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	160511549		1316032782
Agency Code:	683		
Billing Entity ID:			
	Address	City	State Zip
Address	193A South street	oyster Bay	ny 11771

* REQUIRED

III. Appeal Point of Contact

Contact Person	Barbara Rakusin		
Title	ED		
Contact Phone	516-922-6867	Extension	
Contact Email	brakusin@yfcaoysterbay.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	bbb	60%	oasas	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: 2112

Youth and Family Counseling Agency is located the the heart of the Hamlet of Oyster Bay on the north shore of Long Island. It was founded approximately 45 years ago in response to the need of the local residents for quality psychiatric care, substance abuse services and other social services. The need as well as the barriers remain today.

The primary barriers to services are the severe lack of public transportation and low income.

There is no local bus service in the entire Hamlet of Oyster Bay. The closest bus route ends approximately 8 miles to the south of the Hamlet. The area is serviced by a short branch of the Long Island Railroad which runs on a very limited schedule. The closest provider of similar services is located approximetly 9 miles to the northeast. Residents without the ability to pay for taxi service, and those with out private automobiles have no access to psychiatric or substance abuse service.

The 2010 Census indicates that the population of the Hamlet of Oyster Bay is 6707. Approximately 20% of the population is either Hispanic or African American and reside in the downtown area. Approximately 17% of this population is uninsured, underemployed and have less than high school education. Most of this population does not have access to private transportation nor the means to pay for taxi service. The Youth and Family Counseling Agency is a community based organization providing the following services: Medically Supervised Substance Abused Treatment (OASAS 822), Mental Health Counseling, Psychiatric Services and Medication Management including Suboxone, Crisis Intervention, Emergency Assistance (food, clothing, referrals for housing, etc) Early Childhood Enrichment, Teen Summer Recreation, Summer Camp Scholarships and a Mentoring Program. Clients referred to this organization for mental health and/or substance abuse services will benefit from the additional services available on site.

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	Barbara Rakusin	Answer <input checked="" type="radio"/> Yes <input type="radio"/> No
Title	ED	

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