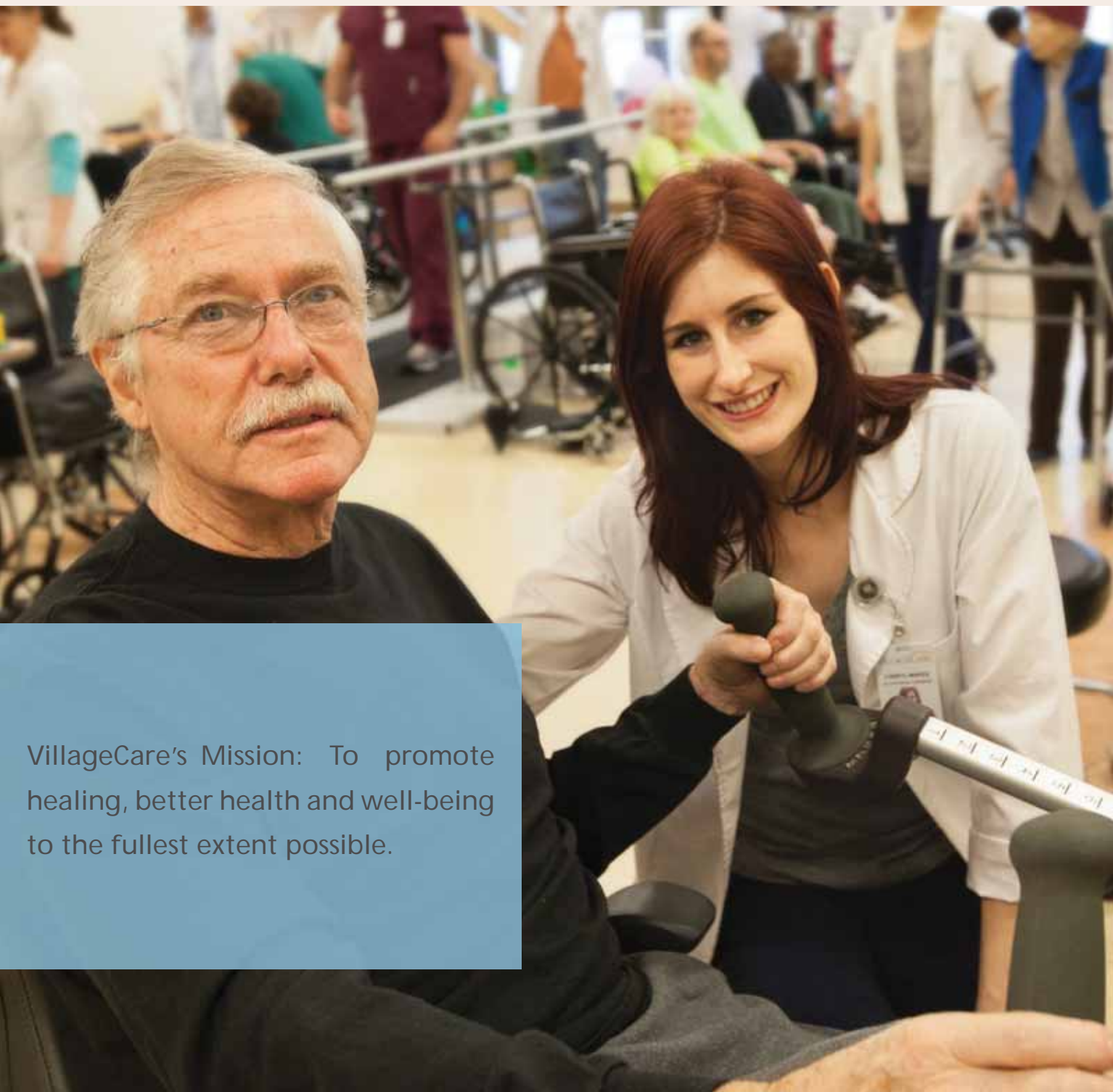




Reaching out to those in need

VillageCare Annual Report



VillageCare's Mission: To promote healing, better health and well-being to the fullest extent possible.

A Steady Course in a Changing Environment

A dynamic health care market – with sweeping changes by the New York State Department of Health and evolving care demands of populations VillageCare serves – is altering the scope and character of the organization’s programs and how they deliver services.

Most significantly, the requirement from New York State to place Medicaid recipients in a Managed Long-Term Care (MLTC) plan if they require 120 days or more of continuing care, has placed new demands on VillageCare in general, and upon its many programs.

VillageCare is first and foremost a chronic care provider.

More than a third of the 12,680 persons served throughout its service delivery system in 2012 were members of one of the various managed care plans offered in the New York City market.

The organization faced many challenges in 2012 in adapting to this new world of managed care. This included the establishment and opening of its own MLTC, VillageCareMAX. This plan was the first new such entity for Medicaid long-term care that was approved by the state’s Department of Health in an initiative designed to expand managed care availability.

By providing its enrollees access to the organization’s many services, VillageCareMAX is critical in enabling those programs to continue to provide services to a broad range and number of patients, clients and residents.

VillageCareMAX is a provider-based MLTC rather than an insurance-based plan. In many ways this gives the VillageCare plan a better grasp and understanding of the needs and concerns of a frail population of adults, many of whom lack resources of their own and who are often difficult to serve.

Membership in an MLTC brings added value to the Medicaid populations that VillageCare serves. Patients and clients receive enhanced services through managed care, including service integration and care management.

Primary Payer Mix	2012	2009
Medicaid	43%	73%
Medicare	18%	9%
Managed Care	34%	16%
Private/Other	5%	2%

VillageCareMAX had a highly successful debut, significantly exceeding its enrollment targets for 2012.

VillageCareMAX preserves important values of the organization, offering a caring, supportive and accepting environment that promotes healing of body, mind and spirit.

VillageCare recognizes and supports self-directed, interactive care so that patients and clients can control aspects of their own care and maintain their independence. Long recognized for its sensitivity to individual circumstances and the welcoming of diversity, VillageCare's programs respect each person's dignity and choice, no matter what their social and economic status, or lifestyle, may be.

Changing Needs of Persons Living with HIV/AIDS

VillageCare has long been a responsive and leading HIV care provider in New York City.

The organization created some of the very first programs in the City specifically targeting the needs of those with AIDS. The demands in those days of the epidemic were tremendous, when, with few exceptions, nearly everyone who was infected died within an average of 18 months.

But times have changed.

AIDS has changed from a severe and life-threatening disease demanding intensive residential skilled nursing care and end-of-life care to a disease that today requires ongoing treatment and chronic care services that are better served in a community setting, for the most part.

The need for residential care, and particularly for specialized AIDS nursing home care, is fast disappearing, a trend recognized by the state's AIDS Institute, which has stated that access to community-based alternative services and the improved health today of those living with HIV/AIDS are contributing to the decline and reducing the need for AIDS nursing home beds.

Providing Unique Benefits for Those Served

VillageCare is a patient-centered, cost-conscious, complete provider of long-term care and post-acute care. The organization is both innovative and adaptable to changing and evolving health care needs and demands.

The organization has a long tradition of serving older adults and those in need of rehabilitative care and services, reaching out to hard-to-serve, vulnerable and marginalized populations that other providers may not be inclined to serve.

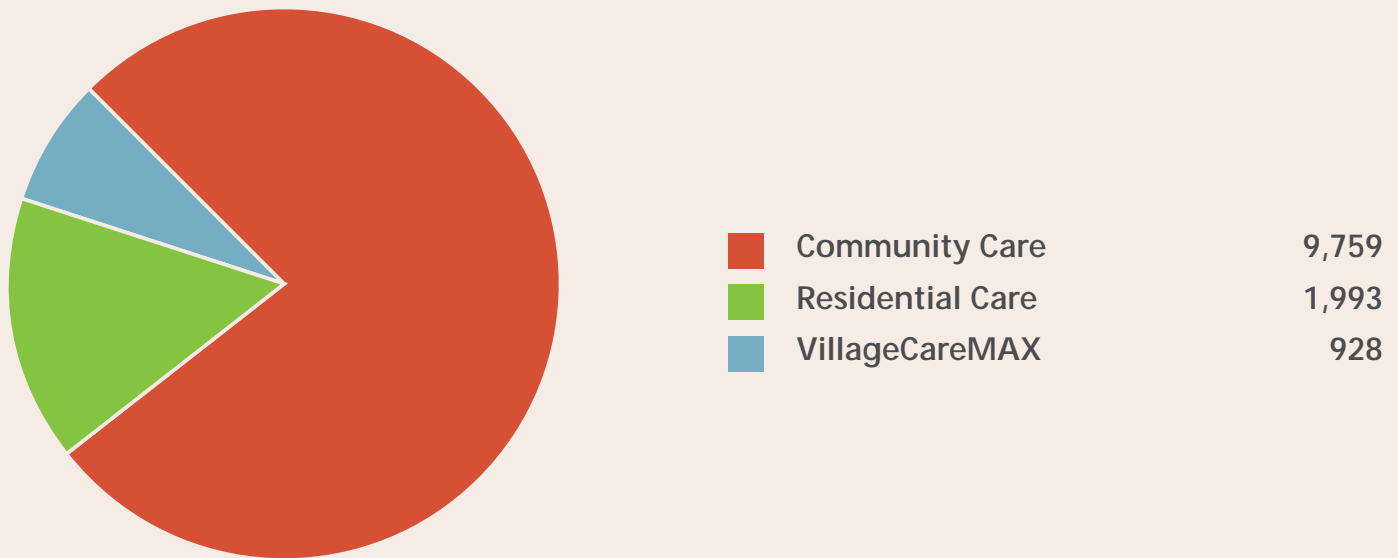
VillageCare's overarching goal is to provide care that is of high-quality, comprehensive, coordinated and integrated.

David H. Sidwell
Chairman

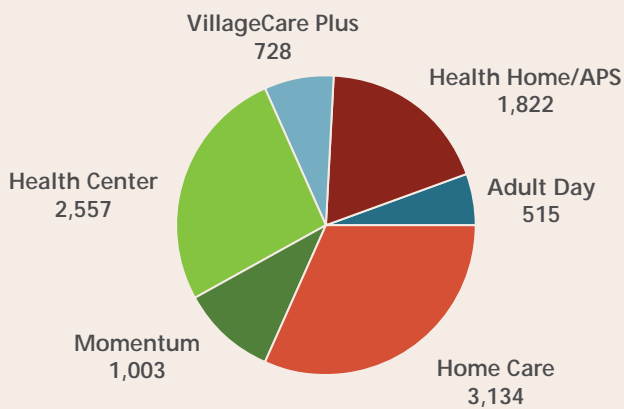
Emma DeVito
President and Chief Executive Officer

May 2013

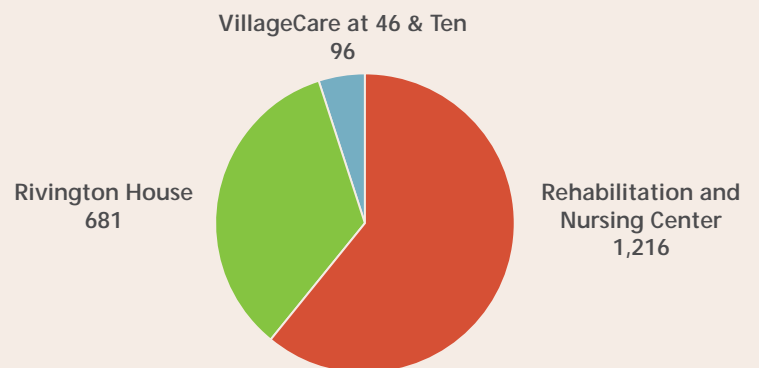
Total People Served: 12,680



COMMUNITY CARE



RESIDENTIAL CARE



VillageCare serves a diverse and widespread New York City population, particularly in areas of high need.

More than three-quarters of the people served by the organization receive services at home or in some other community setting, including combinations of at-home care and services outside the home. The organization reaches out to hard-to-serve individuals in unserved and underserved areas.

The areas of the City with the largest numbers of VillageCare clients include the Lower East Side, Chinatown, Chelsea, Clinton, the South Bronx, Flatbush, Bedford Stuyvesant and Brownsville.

A significant number of adults in residential settings are not long-term care residents, but are patients receiving post-acute care rehabilitation at the VillageCare Rehabilitation and Nursing Center.

The state-of-the-art facility opened in late 2010 and has established itself as one of the leading rehabilitation programs in New York City.

Throughout the residential and community care options available through VillageCare, hypertension, diabetes, depression and Chronic Obstructive Pulmonary Disease (COPD) are important diagnoses. HIV/AIDS continues to be a significant clinical condition, representing some 20 percent of those served.

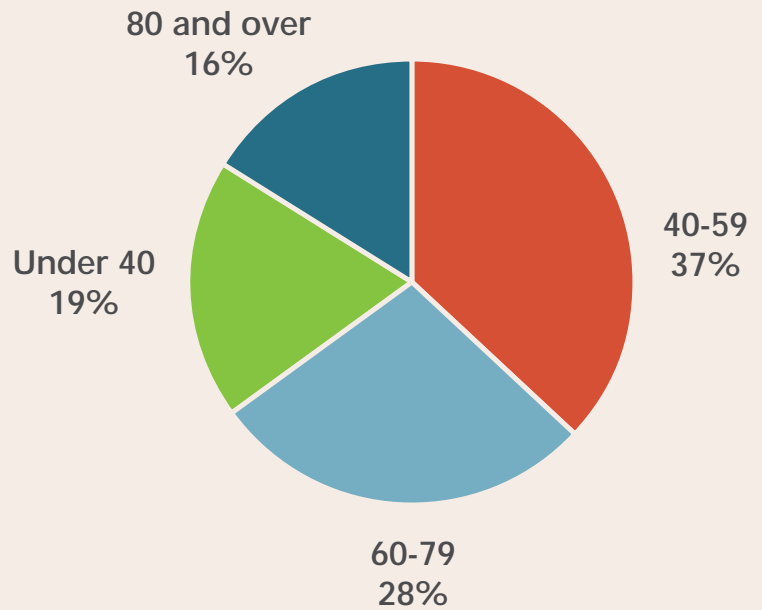
Co-morbidities are common among those served in VillageCare's service structure, and particularly within the HIV population. This makes the delivery of care more complex.

Because of VillageCare's diverse mix of programs, the organization serves people across a wide spectrum of ages. Overall, however, the populations served tend to be an older clientele, with 64 percent of those in all programs being over 50.

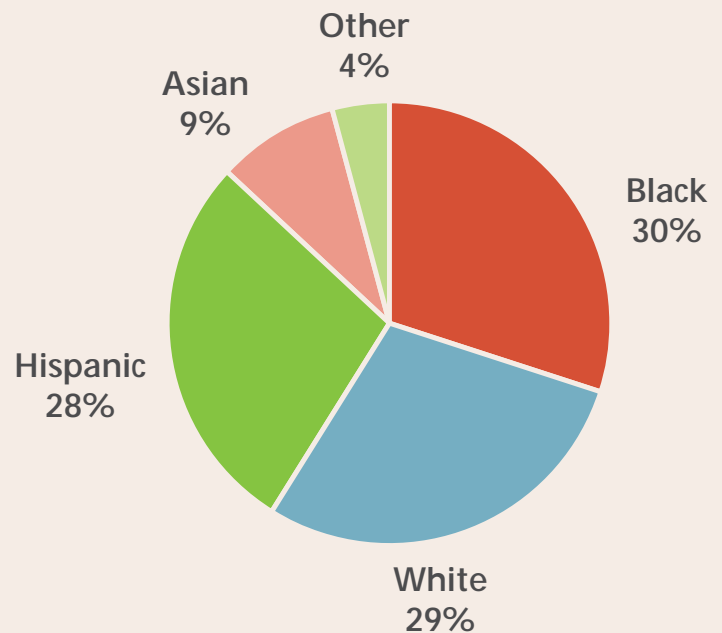
That reflects not only the traditional population of older adults needing care served by the organization, but also reflects a reality of today with an aging population of those who are HIV-positive. Highly Active Antiretroviral Therapy, or HAART, has changed AIDS to a chronic condition for many. The result is that many with HIV are living longer and the number of older AIDS patients is increasing.

While AIDS care was once dominated by younger patients, today, more than half of those served by VillageCare HIV programs are 50 or older. These patients require multiple services to address complicated medical illnesses and treatment issues, home health care, housing and social support needs. The aging trend can be seen through new admissions. In 2012, 53 percent of new clients for the organization's two AIDS day treatment programs were over 50, as were 63 percent of admissions to Rivington House.

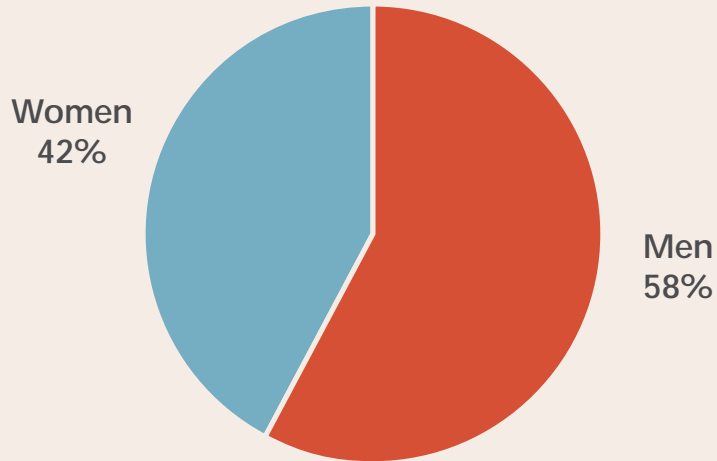
AGE



ETHNICITY



GENDER



At the same time, VillageCare recognizes the need to reach out to a younger population at-risk of being exposed to HIV. Health Home care managers serve as a first line of defense in reaching out to younger, at-risk individuals who are often marginalized and unserved. Thirty-one percent of the program's clients are under 30, and 52 percent are under 50.

Services that are Comprehensive and Caring

The history of VillageCare begins in the mid-1970s with the rescuing of a failed, proprietary nursing home and establishing it as a caring, not-for-profit community resource.

Much has changed in the years since, as that small organization with a single nursing home grew and matured – confronting the AIDS epidemic by opening a series of groundbreaking programs and later addressing the demands of older adults facing increasing frailty who want to be able to continue with life in the community rather than in an institutional setting.

VillageCare's mission is to promote healing, better health and well-being to the fullest extent possible.

The organization achieves this by offering a comprehensive array of community and residential programs for persons in need of rehabilitation, long-term care and medical services and for those living with HIV/AIDS.

Moreover, VillageCare has gained a great deal of experience from its many years of helping people face the physical, emotional and spiritual challenges associated with illness, aging, disability and death.

The organization offers care, services and assistance in a partnership with those being served – as well as with families, loved ones and friends – so that they can confront chronic care needs and intermittent or persistent frailty as successfully as possible.

By offering a supportive environment, VillageCare's programs encourage the people it serves to continue to embrace community living whenever possible and promotes continued independence. With interactive and integrated services, VillageCare helps its patients, clients and residents to control many aspects of their own care.



VillageCareMAX is the first new MLTC approved by the State in a new initiative by the Department of Health to expand managed care resources for Medicaid recipients.

Managed Long-Term Care

VillageCareMAX began enrolling members on June 15, 2012.

It was the first new MLTC approved by the State in many years, and the first in a new initiative by the Department of Health to expand managed care resources for Medicaid recipients.

At year's end, more than 900 individuals were members of the new Managed Long-Term Care plan.

The MLTC creates an important source of a considerable number of referrals in addition to those received from other managed care organizations. VillageCareMAX provides clients and patients directly to VillageCare's program array.

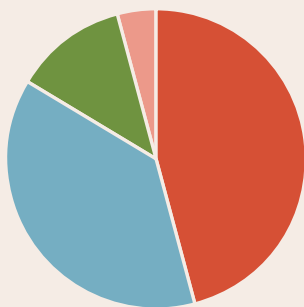
Managed care has been penetrating VillageCare's service system since the middle of the previous decade and had already risen to 16 percent of those served by 2009. With New York State's mandate to place those receiving Medicaid into managed long-term care, and through the establishment of VillageCare's own MLTC, the managed care patients and clients reached 34 percent by the end of 2012.

By making sure that it has a key role in managed care, VillageCare can preserve its long-held commitment to serve the care needs of poor and underserved individuals and communities.

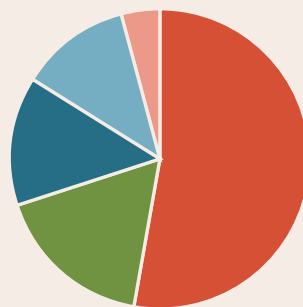
VillageCareMAX is a managed long-term care plan established by a care provider rather than an insurance company. VillageCare has a long history and considerable experience in understanding individual needs and in providing the appropriate care and services at the right time and in the right place. By carefully coordinating these services for adults who are chronically ill, VillageCare's MLTC can help them remain at home for as long as possible, and do so in a cost-effective way.

The New York State Health Department has notified the organization that VillageCareMAX has been selected to participate in an initiative to establish a second managed care entity, known as a Fully Integrated Dual Advantage (FIDA) program. New York is one of 12 states selected by the federal Centers for Medicare and Medicaid Services (CMS) to create such a program in order to address the needs of dual eligibles. As members of a FIDA plan, dual eligibles – those who are receiving both Medicaid and Medicare – would see their benefits from both those programs put together in a single managed long-term care plan.

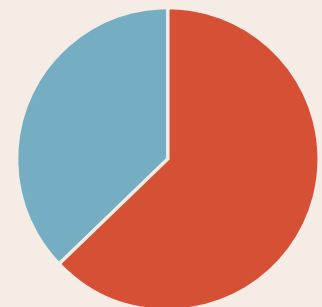
VillageCareMAX Members







AGE










ETHNICITY



GENDER

	Under 40	2%
	40-59	12%
	60-79	47%
	80 and over	39%

	Asian	53%
	White	14%
	Hispanic	17%
	Black	12%
	Other	4%

	Women	63%
	Men	37%



VillageCare Rehabilitation and Nursing Center was again named as one of the nation's "Best Nursing Homes" by U.S. World News and World report for the second year in a row.

Residential Care

By providing an array of residential services, VillageCare makes an important contribution to a growing community need, for which there are currently insufficient options.

VillageCare continued with its innovation in addressing residential care needs with the opening of the VillageCare Rehabilitation and Nursing Center in late 2010. The state-of-the-art facility has established itself as a leader in residential rehabilitation care in New York City and the facility sees high demand for its short-stay program. For the second year in a row, U.S. News and World Report named the Center as one of the nation's "Best Nursing Homes".

For older adults, a Medicaid Assisted Living Program (ALP) is offered at VillageCare at 46 & Ten, which has been serving community residential needs since 2001. The residence is a response to the desires of seniors to continue to live in the community and to delay, or even avoid, nursing home placement. The VillageCare ALP supports low-income and needy older New Yorkers in meeting their health care requirements and providing an alternative to more restrictive and more costly care.

Rivington House – the Nicholas A. Rango Health Care Facility has been the premier residential AIDS skilled nursing facility in New York City since it opened in 1995.

Demand for specialized AIDS residential nursing care is declining, however, and VillageCare is engaged in an effort to develop new options and a long-term strategy for Rivington House in the face of today's realities in the AIDS epidemic and to fit the broader VillageCare strategy and vision.





The VillageCare Adult Day Health Center offers a wide range of community care services, including physical therapy.

Community Care

Over the past 25 years, VillageCare has responded to increasing demands to expand the community care opportunities of those with chronic care requirements and those living with disabilities.

The array of services created by VillageCare addresses wide-ranging issues – from adult day health care and AIDS day treatment to primary health care to a nutrition and meal program for HIV-positive persons and their families to an Adult Protective Services (APS) program for the City of New York.

VillageCare's Home Care and a Health Home program are two vital services that are part of the community program complement, bringing assistance that allows persons to continue to live at home. In addition, the two programs are important to New York's managed care initiatives for those who are Medicaid recipients.

VillageCare's Certified Home Health Agency has operated since the height of the AIDS epidemic when it was designated as an AIDS-specific CHHA. The State has approved the transition of the program to a generic CHHA, no longer requiring that the home health care program primarily serve a specialized population.

The organization's Health Home program combines the efforts of Community Care Management and the VillageCare Health Center to help steady the health and lives of chronically ill persons and to prevent hospitalizations/re-hospitalizations.

Care managers continue to reach out to poorly served communities and to individuals who are needy and who have not received any help in addressing either their HIV infection or their life's situation. This traditional undertaking remains a significant mission of the program.



A Commitment to Quality and Leadership



Providing high quality care has always been a hallmark of VillageCare.

An intensive and ongoing Quality Improvement initiative sets overall goals for the organization in general and for each program. Quality Improvement uses data collected by VillageCare to determine successful actions and to identify those areas that need attention.

Patient/client/resident surveys, employee satisfaction surveys, internal program reviews and assessments and information provided by outside program reviews, such as those from the state Health Department and CMS, are among the areas where Quality Improvement gathers its data.

VillageCare's staff is committed to the Quality Improvement process. The organization's workers are skilled and compassionate, and work hard to make care the best that it can be.

The organization has traditionally taken a leadership role in urging that government programs respond to the health care needs of those VillageCare serves. Senior staff members are active in participating in key discussions with government and political leaders at the New York City, State and Federal government levels. VillageCare also fully participates with statewide advocacy associations, particularly the New York City-based Continuing Care Leadership Coalition (CCLC), which it helped found over a decade ago.

Financial Highlights

	2012	2011
Balance Sheet		
Total Assets	\$ 175,383,404	\$ 167,063,719
Total Liabilities	104,963,576	98,162,194
Total Net Assets	70,419,828	68,901,525
Total Liabilities and Net Assets	175,383,404	167,063,719
Statement of Activities		
Total Revenue, Gains and Other Support	\$ 120,380,013	\$ 146,926,202
Total Expenses	118,861,710	126,233,714
Change in Net Assets	1,518,303	20,692,488
Net Assets – End of Year	70,419,828	68,901,525



Community Benefit Activities

	Net Community Benefit Expenditure
AIDS Day Treatment	\$ 65,426
Community Care Management	113,892
Certified Home Health Agency	422,642
Rivington House	69,343
VillageCare at 46 & Ten	79,801
VillageCare Rehabilitation and Nursing Center (Medicaid Shortfall)	258,919
Total:	\$ 1,010,023

VillageCare directs significant resources toward community activities as part of the organization's charitable mission of social responsibility.

This "giving back" is an important contribution to the community's health and well-being, and it often provides services that individuals would otherwise not receive. It also confronts health care needs that are not being fully met

In 2012, VillageCare's unreimbursed community benefit activities totaled more than \$1.01 million. "Bad debt" added more than \$1.1 million.

The most significant contribution comes from the operation of the VillageCare Certified Home Health Agency, which sets aside two per cent of its budget annually to provide "charity care." Charity care gives services to those who lack resources of their own but who do not qualify for governmental service or are uninsured.

VillageCare also has a significant Medicaid shortfall each year because government programs rarely provide sufficient funds to cover the cost of care of the quality provided by VillageCare. By making up the difference in these costs on its own, the organization is able to continue to provide high quality services while contributing to efforts to keep the social care safety net intact.

Community benefit activities help meet the needs of individuals who are unserved or underserved, and to address gaps in services. Other VillageCare community benefit activities include:

- VillageCare at 46 & Ten provides subsidies to support Enriched Housing residents.
- Community Care Management provides pro-bono services for persons with HIV/AIDS who do not meet the criteria for program eligibility.
- The VillageCare AIDS Day Treatment Program on 20th Street supports a peer training and internship program that helps participants develop vocational and leadership skills so they can do peer education and outreach. This program is also provided at the AIDS day program at Rivington House
- Rivington House offers a number of community services ranging from social therapeutic recreational activities to AIDS education for youth to condom distribution.

Supporting VillageCare

Contributions to the organization made by donors – individuals, foundations and corporations – are an important source of funds that enable VillageCare to reach out to frail New Yorkers to provide care and services for which there is no other financing.

In 2012, the VillageCare Foundation received a most generous gift from the estate of Harold Leeds and his partner of nearly 60 years, Wheaton Galentine. Mr. Leeds was a long-time board member who always encouraged the organization to create the best and most comprehensive services for persons living with HIV/AIDS and for frail older adults.

Giving is a matter of personal values, and VillageCare is honored to have so many donors whose generosity and encouragement recognize the value of the work the organization does in fulfilling its mission of helping individuals achieve better health and well-being.

Donors

Giving Level

\$4 million +

Estate of Harold E. Leeds

\$150,000+

Estate of Edward B. Gold

\$50,000+

The MAC AIDS Foundation

\$20,000-\$49,999

BlackRock

The Camps Group

Rev. James J. Gardiner S.A.

Public Health Solutions

David H. Sidwell

J. T. Tai & Company Foundation, Inc

\$10,000-\$19,999

Broadway Cares/Equity Fights AIDS

John W. Behre Jr. and Michael E. Danchise

Collegiate Church Corp.

Gay Men's Health Crisis, Inc.

Barbara and Milton Gottlieb

Roberta and Peter Gottlieb and family

Heart to Heart Home Care

Theradynamics Rehab Management

Richard S. Wallgren

\$5,000-\$9,999

1199 SEIU United Healthcare Workers East

Accentcare of New York, Inc.

Amida Care Inc.

Kathleen S. Andersen and Daniel M. Fox

Continuum Health Partners

East Neck Nursing and Rehab Center

Employee Benefit Solutions, Inc./ Difference Card

Joanne D. Flanagan

Jessie Gruman and Richard Sloan

LI Script LLC

Match One Staffing

Med World Pharmacy an Omnicare Company

Newmark Knight Frank

New York University Office of Government

and Community Affairs

North Shore - LIJ Health System

Oxford Coverage

PerfectChoice Staffing

Pharmaceutical Research and Manufacturers of America

Professional Placement Associates, Inc.

Social & Activities Concepts

Workmen's Circle Multicare Center

X-Treme Care

Supporting VillageCare

\$2,500-\$4,999

Advanced Care Staffing
Eleanor S. Applewhaite
Clearview Festival Production
Emma and Robert DeVito
Integrated Care Management, Inc.
Seymour Klausner and Margaret McCarthy
Loeb & Troper C.P.A.
Massey Knakal Realty of Manhattan, LLC
The Memton Fund, Inc.
MetLife Foundation
Leroy R. Sharer M.D.
Kenneth-Kazimieras J. Stewart
Zimmet HealthCare Services Group, LLC

\$1,500-\$2,499

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Driscoll Foods
Hirschen, Singer & Epstein LLP
The Fifth Avenue Presbyterian Church
Kathleen and Richard Kearns
NYU Community Fund Committee
Charles and Caroline Persell
Perkins Eastman Architects, P.C.
Unitex Textile Rental Services
Waldman Foundation
Phil Zwickler Charitable and Memorial Foundation Trust

\$1,000-\$1,499

Apex Therapeutic Services LLC
Bedford Barrow Commerce Block Association
Mary Caracappa
Cleantex Services
Continuing Care Leadership Coalition
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M & M Sanitation Services
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\$500-\$999

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\$100-\$499

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Dana Zappetti
Dawn M. Zappetti
Janet Zheng
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Jerald R. Zimmerman

Organizations Matching Individual Gifts

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Church Pension Group
VM Ware Foundation
IBM Corporation Matching Grants Program
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Vice President
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Administrator
VillageCare at 46 & Ten

Sandy D. Freeland
Administrator
Rivington House

Robert Goldman
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Corporate Communications

Suzanne Haber
Compliance Officer
Corporate Internal Auditor

Ingrid Jimenez
Vice President
Community Care

Matthew Lesieur
Director
Public Policy

Lauren Logan
Director
Development

Patricia McGrann
Administrator
VillageCare Rehabilitation
and Nursing Center

Clara Minch
Vice President/Controller
Finance

Michael Monson
Chief Administrative Officer/
Vice President
Residential Services

Jennifer Oca
Director
Quality Management

Nicolas Rossetti
Administrator
VillageCare Health Center/
Employee Health Services

Ricardo Santiago
Director
Information Technology

Nancy Schwartz-Weinstock
General Counsel
Vice President, Legal Affairs

Ken Stewart
Administrator
Health Home/
Community Care Management
and Adult Protective Services

Jan Zimmerman
Administrator
Community Services

Locations

Residential Care

Rivington House
The Nicholas A. Rango
Health Care Facility
45 Rivington Street
New York, New York 10002
Tel: 212.477.3100
Fax: 212.477.3121

VillageCare at 46 & Ten
510 West 46th Street
New York, New York 10036
Tel: 212.977.4600
Fax: 212.977.4848
www.46and10village.org

VillageCare Rehabilitation
and Nursing Center
214 W. Houston Street
New York, New York 10014
Tel: 212.337.9400
Fax: 212.255.9459

Managed Long-Term Care

VillageCareMAX
112 Charles Street
New York, New York 10014
Tel: 800.4mymaxcare (800.367.6922)
www.villagecaremax.org

Community Care

Adult Day Health Center
121A West 20th Street
New York, New York 10011
Tel: 212.337.5870
Fax: 212.337.5899

Adult Protective Services
220 West 26th Street
New York, New York 10001
212.337.5741

AIDS Day Treatment
121B West 20th Street
New York, New York 10011
Tel: 212.337.9220
Fax: 212.633.6587

45 Rivington Street
New York, New York 10002
Tel: 212.539.6450
Fax: 212.539.6455

Certified Home Health Agency
112 Charles Street
New York, New York 10014
Tel: 212.337.5611
Fax: 212.366.5317

Health Home/
Community Care Management
154 Christopher Street
New York, New York 10014
Tel: 212.337.5705
Fax: 212.337.5759

The Momentum Project
154 Christopher Street
New York, New York 10014
Tel: 212.691.8100
Fax: 212.691.2960
www.themomentumproject.org

Village Care Plus, Inc
Licensed Home Care
154 Christopher Street
New York, New York 10014
Tel: 212.337.5730
Fax: 212.366.1177

VillageCare Health Center
121A West 20th Street
New York, New York 10011
Tel: 212.337.9290
Fax: 212.337.9275

Administrative Locations

Corporate Office
154 Christopher Street, 1st Fl.
New York, New York 10014
Tel: 212.337.5600
Fax: 212.366.5528

The VillageCare Foundation
154 Christopher Street
New York, New York 10014
Tel: 212.337.5743
Fax: 212.337.5759

Web: www.villagecare.org

E-mail: info@villagecare.org



VillageCare provides a caring and supportive environment.



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FOR BETTER HEALTH AND WELL-BEING