



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: Bayoumi Medical, PLLC
 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: Adult Care Facility
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 210742 2833109 1750389797
 Agency Code:
 Billing Entity ID:
 Address City State Zip

III. Appeal Point of Contact

Contact Person: Amanda Treat
 Title: Office Manager
 Contact Phone: (585) 786-2290 Extension
 Contact Email: amandatr84@yahoo.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	12%	4%		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: Ahmed Bayoumi
 Title: CEO, Owner
 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: 1152

Our community of Warsaw, New York and the surrounding areas in Wyoming County is a small populated and isolated area that would not be served by the selected PPS. The services in this community would be insufficient without our organization's involvement because of being a small isolated area and lack of other physicians in the area to care for such patients/individuals and also the distance to get to an area that is given for the PPS current configuration of network providers. Being able to care for such patients locally helps by reducing the amount of frequent hospitalizations which results in better healthcare and improvement of health for the patients/individuals. We are a privately owned primary care physician office of Internal Medicine that provides outpatient care adult services. The services will enhance the network of services for the PPS in this community of Warsaw, New York, Wyoming County and surrounding areas, by committing to optimize health outcomes and quality of life for the most complex patients/individuals in our community and to help improve healthcare and reduce hospitalizations for such patients/individuals.



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I. Are you a Medicaid Provider

Answer No Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Family Service of Rochester, Inc.
 Joined PPS: Finger Lakes PPS

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

Provider Type: Adult Care Facility
 Provider Type - Other: _____
 Operating Certificate/License # _____ MMIS* _____ NPI* _____
 Unique Identifiers: 370-S-191 _____ 1817936
 Agency Code: _____
 Billing Entity ID: Family Service of Rochester, Inc., EHP# 3, Hudson Ridge Tower
 Address 401 Seneca Manor Drive City Rochester State NY Zip 14621
 *REQUIRED

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

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

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Character Count: 1033

Family Service of Rochester, Inc., Enriched Housing Program #3, located at Hudson Ridge Tower, is located in the Northern section of the City of Rochester, Inc., it has one of the highest % of poverty in the inner city of Rochester. This EHP is located within a Rochester Housing Authority owned property. This program has been operating in this location since 1988. The residents served by the program are age 50+, and as submitted on the NYSDOH 2013 Annual Census: 97% receive the SSI Congregate Care Level III, which entitles them to Medicaid. The residents per this report: 11 male and 25 female. Age ranges were: 50-55:4; 56-65:20; 66-80: 12. Twelve of the 36 residents had a mental health diagnosis. This EHP is the only one located within the City of Rochester, other than the other 2 EHP (Jonathan Child ALP & EHP, and Danforth Tower) which are also operated by Family Service of Rochester. The residents are referred to the program by the two co-leaders of the Finger Lakes PPS: URMIC and Rochester Regional Health System.

III. Appeal Point of Contact

Contact Person: Gloria Harrington
 Title: CEO
 Contact Phone: 585-377-1810 Extension: 24
 Contact Email: gharrington@fsr.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%	0%	DOH Annual Cer	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: Gloria Harrington
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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I. Are you a Medicaid Provider

Answer No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Family Service of Rochester, Inc.
 Joined PPS: Finger Lakes PPS

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Provider Type: Select One
 Provider Type - Other: Adult Care Facility (enriched housing)
 Operating Certificate/License #: 370-S-051
 MMIS*:
 NPI*: 198284702
 Unique Identifiers:
 Agency Code:
 Billing Entity ID: Family Service of Rochester, Inc.
 Address: 4560 Nine Mile Pt. Road, Fairport, NY 14450

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: 966

III. Appeal Point of Contact

Contact Person: Gloria Harrington
 Title: CEO
 Contact Phone: 585-377-1810, Extension: 24
 Contact Email: gharrington@fsr.org

IV. Please choose the following VAP Exception:

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	93%	0%	Annual Census	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: Gloria Harrington
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

Family Service of Rochester, Inc., enriched housing is located in the inner city of Rochester, this community is the only ACF, enriched housing program which operates in the inner city and accepts SSI Congregate Care Level III which entitles the individual residents to Medicaid. This program serves 28 individuals, per the 2013 Annual DOH Census, 15 males, 13 females. Age ranges were as follows: 50-54: 4, 55-65: 12; 65-79: 11, 80+:1. As noted elsewhere 93% of the residents are receiving Medicaid. Residents are referred for admission by the co-leaders of the Finger Lakes PPS: URM and Rochester Regional Health Systems. Family Service of Rochester, has been operating the EHP since 1975, and provides the following services to residents: apartment, 3 meals per day, weekly housekeeping and laundry, case management, personal care, case management, recreation, financial management including SSA representative payee services to residents needing such services.



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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: St. Dominic's Home
 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: Adult Care Facility
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 7159430 1310012 1235197047
 Agency Code: 22280
 Billing Entity ID: E0168933
 Address 38-40 Bridge Street City Garnerville State NY Zip 10923
 *REQUIRED

III. Appeal Point of Contact

Contact Person: Reginald Marra
 Title: Associate Executive Director
 Contact Phone: (845) 359-3400 Extension 336
 Contact Email: rmarra@cdomhome.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	90%	10%	agency	2013

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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: 2523

This is a Mental Health Community residential program that services individual mental health diagnosis such as: schizophrenia, bi polar disorder and other psychosis listed in the DSM V. The residence is located in Hudson Valley, Rockland County and there are very few agencies working with the mentally challenged population in this geographic area. Our Mission

Saint Dominic's Home is a Catholic agency dedicated to meet the educational, physical, social, emotional, medical, vocational and spiritual needs of individuals and families of all backgrounds who are developmentally disabled, socially disadvantaged and or vocationally challenged. Through a broad spectrum of programs, comprehensive services are provided to children, adolescents, adults and families who have special needs and challenges so that their full potential may be achieved. These services reflect each individual's and family's right to self-determination and participation in the wider community. Saint Dominic's Home cares for those most in need. Every day, professional care and compassion is provided to a diverse population of more than 1800 children, adolescents, adults and families in need throughout the Bronx and the lower Hudson Valley, regardless of race, religion or ethnicity.

This ranges from children with special needs born into families shattered by violence, neglect and abandonment, and the devastating effects of poverty to children and adults with a broad spectrum of developmental disabilities and adolescents at risk as well as children with severe emotional disabilities to adults with mental illness and preschoolers living in impoverished areas.

Saint Dominic's Home's has over 800 dedicated staff members work in various programs including foster boarding home, adoption, special needs education, pre-school therapeutic education, community based services and community residences for adults with mental illness or developmental disabilities.

All our programs and services are professional, yet personal and person-centered, and all are approved by one or more accrediting agencies: The New York City Department of Education, the New York City Administration for Children's Services, the New York City Department of Health, the New York State Department of Education, the New York State Office of Children and Family Services, the New York State Department of Mental Health, the New York State Office for People with Developmental Disabilities, and the New York State Office of Alcohol and Substance Abuse Services.

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

Name: Reginald Marra Yes No
 Title: Associate Executive Director
 Only appeals from the CEO, CFO or comparable will be accepted



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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Western New York Physicians, PLLC
 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: Adult Care Facility
 Provider Type - Other:
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 454548256 3441861 1093088197
 Agency Code:
 Billing Entity ID:
 Address City State Zip

III. Appeal Point of Contact

Contact Person: Amanda Treat
 Title: Office Manager
 Contact Phone: (585) 786-2290 Extension
 Contact Email: deres32@hotmail.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.
- iii Any state-designated health home or group of health homes. **

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	6%	2%		2013

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

Name: Ahmed Bayoumi
 Title: CEO, Owner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

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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: 1126

Our community of Warsaw, New York and the surrounding areas in Wyoming County is a small populated and isolated area that would not be served by the selected PPS. The services in this community would be insufficient without our organization's involvement because of being a small isolated area and lack of other physicians in the area to care for such patients and also the distance to get to an area that is given for the PPS current configuration of network providers. Being able to care for such patients locally helps by reducing the amount of frequent hospitalizations which results in better healthcare and improvement of health for the patient/individual. We are a hospitalist group that provides 24 hours, 7 days a week provider services for inpatient care. Also providing outpatient care services in an office setting as a primary care physician base. The services will enhance the network of services for the PPS in this community of Warsaw, New York, Wyoming County and surrounding areas, by committing to optimize health outcomes and quality of life for the most complex patients/individuals in our community.