11/10/2014 Bayoumi Medical, PLLC

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

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



Vital Access	Provider Exception: The	e state will consider excep	tions to the safety ne	t definition o	on a case-by-case b	asis 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 pr	ior to application approval	. Three allowed reaso	ns for grant	ing an exception a	re shown in Section IV.		
I. Are you a M	ledicaid Provider							
	Answer Yes				•	You have chosen the following VAP Exception: i		
II. Appeal App	olicant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!		
Organiza	ation Name: Bayoumi Medica	il, PLLC				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~		
	Joined PPS: Finger Lakes PPS				-	You chose the qualification i, in the space below please include:		
^^ The VAP Exc	eption is evaluated in the con	text of the PPS you are joinin	g. If you are joining mor	e than one P	PS, you have the			
	ing for the VAP Exception in t			Iditional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to		
multiple PPS's.	See <u>Section II and VII</u> of the in	structions for further clarifica	ition!			include descriptions of the geographic area, the population, and how the services in this community are insufficient		
Pr	ovider Type: Adult Care Facility				•	without your organization's involvement given the PPS current configuration of network providers.		
Provider T	Type - Other:					b. A description of the applicant's organization, the services provided, and how the services will enhance the network		
	Operating	Certificate/License #	MMIS*		NPI*	of services for the PPS in this community (ies).		
Unique	e Identifiers:	210742	2833109	17	750389797	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)		
	gency Code:	220712	2033203		30303737			
	ing Entity ID:					Character Count: 1152		
		Address	City	State	Zip	Our community of Warsaw, New York and the surrounding areas in Wyoming County is a small populated and isolated area that would not be		
	Address					served by the selected PPS. The services in this community would be insufficient without our orginization's involvement because of being a small		
					* REQUIRED	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		
III. Appeal Poi						the PPS current configuration of network providers. Being able to care for such patients locally helps by reducing the amount of frequent		
Contact	Person Amanda Treat Title Office Manager					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		
Contact	Phone (585) 786-2290		Extension			PPS in this community of Warsaw, New York, Wyoming County and surrounding areas, by committing to optimize health outcomes and quality of		
	t Email amandatr84@yahoo.o	com				life for the most complex patients/individuals in our community and to help improve healthcare and reduce hospitalizations for such		
	ose the following VAP Exce					patients/individuals.		
of ser Any h comm iii Any s When choosing indicate what P Information – S When choosing care Managem CMS approval. approval and do safety net list, y another approvocomplete this for the series of the serie	mmunity will not be served wirring the community. nospital is uniquely qualified to munity, and/or clear track reconstate-designated health home as VAP Exception i & ii — Please PS you intend to join, then you section II". If you are part of mis VAP Exception iii— The Deparent Agencies (CMAs) that have lif your Health Home appears to not need to submit this form you do not need to submit this yed safety net provider list, bu orm. List is available on the DS or Section IV, if you are joining of Medicaid & Uninsured mer	o serve based on services pro ord of success in reducing avo or group of health homes. ** indicate what Performing Pr u will be denied. Please indic ultiple PPSs, see section VII to trement has submitted a draft e already been approved as s on this list as pending approv n. If the organization operatir s form. If your organization of t your organization believes to SRIP website. more than one PPS, use seconders that your facility serve	vided, financial viability idable hospital use. ovider System (PPS) you ate the name of the PP ab. list of State Designated afety net providers as wal, you will be granted a g your Health Home/Cloes not appear on the dhat it should qualify as ond tab (Section VII) to	, relationship J plan on join S in the "App Health Home rell as those ti VAP Exceptie MA already ap raft Health Hom	ing. If you do not eal Applicant es and Network hat are pending on pending CMS opears on another ome list or on le, please al PPSs.			
Percentage	12%		%		2013			
-	Certify that the information a nd that this information may l	•	be asked to provide do		-			
Tit	le	CEO. Owner						

10/30/2014 Family Service of Rochester, Inc.(1)

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



Vital Access	<u>Provider</u>	Exception: The state will	consider exceptions	s to the safety ne	et definition of	on a case-by-case	e 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 p	public com	ment 30 days prior to appli	ication approval. The	ree allowed reas	ons for grant	ing an exception	are shown in Section IV.
I. Are you a M	edicaid Pro	vider					<u></u>
	Answer	No				•	You have chosen the following VAP Exception: i
II. Appeal App	licant Infor	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	tion Name:	Family Service of Rochester,	Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
_	Joined PPS:	Finger Lakes PPS					You chose the qualification i, in the space below please include:
^^ The VAP Exce	eption is eva	luated in the context of the P	PPS you are joining. If	ou are joining mo	re than one P	PS, you have the	-
option of applyi	ng for the \	'AP Exception in that PPS as v	vell (if applicable). Ple	ase see the "VII_A	dditional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's. S	See <u>Section</u> I	I and VII of the instructions for	or further clarification	!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	Adult Care Facility				-	without your organization's involvement given the PPS current configuration of network providers.
Provider T	vpe - Other:						b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	//	Operating Certificate/	License #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unique	Identifiers:	Operating Certificate/License # 370-S-191		IVIIVII3		1817936	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:	370-3-191				101/930	d
	ng Entity ID:	Family Service of Rochester,	Inc FHP#3 Hudson	Ridge Tower			Character Count: 1033
5,,,,	ig Entity io.	Address		City	State	Zip	Family Service of Rochester, Inc., Enriched Housing Program #3, located at Hudson Ridge Tower, is located in the Northern section of the City of
	Address	401 Seneca Manor Drive	Roche		NY	14621	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
						* REQUIRE	which property. This program has been operating in this location since 1988. The residents served by the program are age 50+, and as submitted
III. Appeal Poi							on the NYSDOH 2013 Annual Census: 97% receive the SSI Congregate Care Level III, which entitles them to Medicaid. The residents per this
Contact P		a Harrington					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
	Title CEO						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
Contact F		377-1810		Extension		24	lalso operated by Family Service of Rochester. The residents are referred to the program by the two co-leaders of the Finger Lakes PPS: URMC and
	•	rington@fsr.org owing VAP Exception:					Rochester Regional Health System.
of service	ving the con- ospital is un nunity, and/o tate-designa VAP Except PS you intene cettion II". If VAP Except ent Agencies f your Healt n not need to out do not no ed safety ne orm. List is a	not be served without grant munity. iquely qualified to serve base or clear track record of succes ted health home or group of ion i & ii – Please indicate wh d to join, then you will be der you are part of multiple PPSs, ion iii—The Department has s (CMAs) that have already be h Home appears on this list are o submit this form. If the orga- peed to submit this form. If yot t provider list, but your orgar variable on the DSRIP website if you are joining more than	ed on services provided significant for the services in reducing avoidably the services are reducing avoidably the services are reducing the services are reducing to the services are reducing approved as safety as pending approval, you roganization operating your organization does reducing the services are reducing to the services are reducing the servic	d, financial viabilitie hospital use. er System (PPS) yche name of the Plof State Designated net providers as you will be granted ur Health Home/Cot appear on the t should qualify as	y, relationship ou plan on join 25 in the "App d Health Home well as those t a VAP Excepti MA already a draft Health Hon a Health Hon	os within the ning. If you do not eal Applicant es and Network that are pending on pending CMS opears on another lome list or on ne, please	
V. Percentage o	f Medicaid	& Uninsured members that y	our facility serves			•	
	Me	edicaid (FFS & MC)	Uninsure	d	Data So	urce Year	
Percentage		97%	0%		DOH Annı	ual Cer 201	3
	d that this i	he information and data pro information may be subject to Gloria Harrin CEO reals from the CEO, CFO or	o audit and I may be a	sked to provide d			

10/30/2014 Family Service of Rochester, Inc.

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



Vital Access	<u>Provider</u>	Exception: The state will	consider exceptions to	the safety net	definition o	n 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 com	ment 30 days prior to appl	ication approval. Three	allowed reason	ns for granti	ng an exception	are shown in Section IV.
I. Are you a N	/ledicaid Pro	ovider					
	Answer	No				▼	You have chosen the following VAP Exception:
II. Appeal App	plicant Info	rmation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	Family Service of Rochester,	Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:					-	You chose the qualification i, in the space below please include:
		aluated in the context of the F					
	-	VAP Exception in that PPS as v		see the "VII_Ad	ditional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		II and VII of the instructions for	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
	rovider Type:					•	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
Provider 1	Type - Other:	Adult Care Facility (enriched	housing)			NPI*	of services for the PPS in this community (ies).
		Operating Certificate/	Operating Certificate/License #		MMIS*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:	370-S-051			19	98284702	
	Agency Code:	5 11 6 1 6 5 1 1					Character Court Court
Billi	ing Entity ID:	Family Service of Rochester, Address	Inc.	C:t.	Ct-t-	7:	Character Count: 966 Family Service of Rochester, Inc., enriched housing is located in the inner city of Rochester, this community is the only ACF, enriched housing
	Address	4560 Nine Mile Pt. Road	Fairport	City	State NY	Zip 14450	program which operates in the inner city and accepts SSI Congregate Care Level III which entitles the individual residents to Medicaid. This
	Address	4500 Mile Mile Ft. Rodu	Ji ali port		INI	* REQUIRED	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:
III. Appeal Poi	int of Conta	act					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
Contact		ia Harrington					Lakes PPS: URMC and Rochester Regional Health Systems. Family Service of Rochester, has been operating the EHP since 1975, and provides the
	Title CEO			T	1	2.	following services to residents: apartment, 3 meals per day, weekly housekeeping and laundry, case management, personal care, case
	Phone 585	rington@fsr.org		Extension		24	management, recreation, financial management including SSA representative payee services to residents needing such services.
		lowing VAP Exception:					
of set Any M comm iii Any S When choosing indicate what P Information – S When choosing indicate what P Information and care Managem CMS approval approval and disafety net list, y another approv complete this fo	hospital is un munity, and/ state-designa g VAP Except PPS you inter Section II". If g VAP Except nent Agencies If your Healt lo not need t you do not n ved safety ne form. List is a or Section IV,	Il not be served without grant muunity. Iniquely qualified to serve base or clear track record of succe at the health home or group of tion i & ii – Please indicate who to join, then you will be deyou are part of multiple PPSs tion iii—The Department has is (CMAs) that have already be the Home appears on this list a oo submit this form. If the organised to submit this form. If the organised to submit this form. If you tryou'der list, but your organivailable on the DSRIP website if you are joining more than & Uninsured members that your organivailable.	ed on services provided, f ss in reducing avoidable I health homes. ** hat Performing Provider nied. Please indicate the , see section VII tab. submitted a draft list of S een approved as safety ne s pending approval, you unization operating your ur organization does not nization believes that it sl e. one PPS, use second tab	inancial viability, nospital use. System (PPS) you name of the PPS tate Designated I t t providers as we will be granted a Health Home/CM appear on the droudl qualify as a	relationships plan on joini in the "Appe Health Home ell as those th VAP Exceptic 1A already ap raft Health Hom	ng. If you do not all Applicant s and Network lat are pending on pending CMS pears on another ome list or on e, please	
	Me	edicaid (FFS & MC)	Uninsured		Data Sou	rce Year	
Percentage		93%	0%		Annual Ce	nsus 2013	
-	nd that this i	the information and data pro information may be subject t Gloria Harrir CEO peals from the CEO, CFO or	o audit and I may be ask	Ans	cumentation swer		

10/30/2014 St. Dominic's Home

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i. Are you a Me	edicaid Provider Answer Yes				▼	Vari have abores the fallowing VAD Everytion.
					•	You have chosen the following VAP Exception:
	icant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	tion Name: St. Dominic's Home				-1-0	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Westchester Medical Center	DC is in in a life			▼	You chose the qualification i, in the space below please include:
	ption is evaluated in the context of the Fing for the VAP Exception in that PPS as v					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
	ee Section II and VII of the instructions for		ee the VII_Aut	uitional PPS	s tab to select	include descriptions of the geographic area, the population, and how the services in this community are insufficient
	vider Type: Adult Care Facility				~	without your organization's involvement given the PPS current configuration of network providers.
Provider Ty					15.70	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Flovider Ty		"	MMIS*	Т	NPI*	of services for the PPS in this community (ies).
	Operating Certificate/					c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Identifiers: 7159430 gency Code: 22280]	310012	1	235197047	
	ng Entity ID: E0168933					Character Count: 2523
	Address		City	State	Zip	This is a Mental Health Community residential program that services individual mental health diagnosis such as: schizophrenia, bi polar disorder
	Address 38-40 Bridge Street	Garnervill		NY	10923	and other psychosis listed in the DSM V. The residence is located in Hudson Valley, Rockland County and there are very few agencies working wi
					* REQUIRED	the mentally challenged population in this geographic area.Our Mission
III. Appeal Poir						Saint Dominic's Home is a Catholic agency dedicated to meet the educational, physical, social, emotional, medical, vocational and spiritual needs
Contact P	erson Reginald Marra Title Associate Executive Director					of individuals and families of all backgrounds who are developmentally disabled, socially disadvantaged and or vocationally challenged. Through broad spectrum of programs, comprehensive services are provided to children, adolescents, adults and families who have special needs and
Contact F	Phone (845) 359-3400		Extension		336	challenges so that their full potential may be achieved. These services reflect each individual's and family's right to self-determination and
	Email rmarra@sdomhome.org					participation in the wider community. Saint Dominic's Home cares for those most in need. Every day, professional care and compassion is
IV. Please choo	ose the following VAP Exception:					provided to a diverse population of more than 1800 children, adolescents, adults and families in need throughout the Bronx and the lower
of serving the community. 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. 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						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 ne 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: Toward 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.
	Medicaid (FFS & MC)	Uninsured		Data So	ource Year	
Percentage	90%	10%		agen	cy 2013	
	ertify that the information and data pro d that this information may be subject t Reginald M	o audit and I may be asked	to provide dod			

11/10/2014 Western New York Physicians, PLLC

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Vital Access Provide	er 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 co	mment 30 days prior to appli	ication approval. Three a	allowed reasor	ns for granting	an exception	are shown in Section IV.		
I. Are you a Medicaid F	Provider							
Answe	er Yes				~	You have chosen the following VAP Exception: i		
II. Appeal Applicant Inf	formation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>		
Organization Nam	e: Western New York Physician:	is, PLLC				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~		
Joined PF	S: Finger Lakes PPS				-	You chose the qualification i, in the space below please include:		
^^ The VAP Exception is e	valuated in the context of the P	PPS you are joining. If you a	re joining more	than one PPS, y	you have the			
option of applying for the	VAP Exception in that PPS as w	vell (if applicable). Please s	ee the "VII_Ado	ditional PPSs" ta	b to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to		
multiple PPS's. See Section	n II and VII of the instructions fo	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient		
Provider Typ	e: Adult Care Facility				-	without your organization's involvement given the PPS current configuration of network providers.		
Provider Type - Oth	er:					b. A description of the applicant's organization, the services provided, and how the services will enhance the network		
	Operating Certificate/I	License #	MMIS*	N	PI*	of services for the PPS in this community (ies).		
Unique Identifie			441861		088197	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)		
Agency Cod			441001	10530	700137			
Billing Entity I						Character Count: 1126		
Simily Entiry	Address		City	State	Zip	Our community of Warsaw, New York and the surrounding areas in Wyoming County is a small populated and isolated area that would not be		
Addres			,			served by the selected PPS. The services in this community would be insufficient without our orginization's involvement because of being a small		
	-	•			* REQUIRED	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		
III. Appeal Point of Cor	ntact					current configuration of network providers. Being able to care for such patients locally helps by reducing the amount of frequent hospitalization		
Contact Person Ar						which results in better healthcare and improvement of health for the patient/individual. We are a hospitalist group that provides 24 hours, 7		
	fice Manager					days a week provider services for inpatient care. Also providing outpatient care services in an office setting as a primary care physician base. The		
Contact Phone (5	•		Extension			services will enhance the network of services for the PPS in this community of Warsaw, New York, Wyoming County and surrounding areas, by		
-	eres32@hotmail.com					committing to optimize health outcomes and quality of life for the most complex patients/individuals in our community.		
of serving the community, and Any hospital is community, and Any state-desig When choosing VAP Exceindicate what PPS you intended in the choosing VAP Exceindicate what PPS you intended in the choosing VAP Exceindicate what PPS you intended in the choosing VAP Exceindicate what PPS you intended in the choosing VAP Exceindicate which is the choosing VAP Exceindicate which is the community of the	uniquely qualified to serve based d/or clear track record of succes nated health home or group of I ption i & ii – Please indicate whend to join, then you will be der If you are part of multiple PPSs, ption iii – The Department has sies (CMAs) that have already be alth Home appears on this list as it to submit this form. If the organed to submit this form. If you net provider list, but your organ is available on the DSRIP website. V, if you are joining more than or	d on services provided, first in reducing avoidable has in reducing avoidable has health homes. ** at Performing Provider Synied. Please indicate the nance of the sees section VII tab. Submitted a draft list of Steen approved as safety net is pending approval, you wanization operating your Hur organization does not a nization believes that it show one PPS, use second tab (see a see a see a see a second tab (see a see a se	ancial viability, spital use. sstem (PPS) you ame of the PPS te Designated Hproviders as we ll be granted a balth Home/CM popear on the druld qualify as a	plan on joining. in the "Appeal / Health Homes ar Ill as those that in VAP Exception p A already appea aft Health Home, p	If you do not Applicant and Network are pending bending CMS ars on another e list or on olease			
_	id & Uninsured members that y	Uninsured		Data Source	Year			
Percentage	6%	2%			2013			
understand that thi appeal. Name Title	t the information and data prov s information may be subject to Ahmed Bayo CEO, Own ppeals from the CEO, CFO or	o audit and I may be asked oumi er	Ans Yes	cumentation in s				