11/10/2014 7003394N

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**

						basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mu
	ublic comment 30 days prior to	application approval. Th	nree allowed reason	s for grantin	ng an exception a	are shown in Section IV.
I. Are you a Med						
	Answer Yes				•	You have chosen the following VAP Exception: ii
II. Appeal Applie	cant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organizatio	ion Name:					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Jo	oined PPS: Mount Sinai Hospitals Grou	n			-	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:
	otion is evaluated in the context of		you are joining more	than one PP	1000	,
	g for the VAP Exception in that P					a. A description of the applicant's niche services that would enhance the network of services for the PPS.
	ee Section II and VII of the instruc					b. A financial viability analysis (attach as PDF in the email when submitting)
Prov	vider Type: Nursing Home					c. An identification of and description of how the applicant's relationships within the community that would enhance
	ritarsing Fronte					PPS' success.
Provider Typ				1		d. Demonstration of past success in reducing avoidable hospital use
	Operating Certi	ficate/License #	MMIS*		NPI*	e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique l	Identifiers: 7003	394N		163	39177272	9,
	ency Code:					
Billing	g Entity ID:					Character Count: 0
	Add		City	State	Zip	
<u> </u>	Address 71-44 Yellowstone Blv	d. Fores	st Hills	NY	11375	
	t -f Ctt				* REQUIRED	
III. Appeal Point						
Contact Per						
	Title Administrator hone (718) 544-2567		Extension	1	102	
Contact Ph	mail alan@foresthillsnh.com		Extension		102	
IV. Please choos	se the following VAP Exceptio	n:				
Any hos commu Any star When choosing V indicate what PPS Information – Sec When choosing V Care Managemen CMS approval. If y approval and do r safety net list, you another approved complete this for r For S	ing the community. spital is uniquely qualified to servanity, and/or clear track record of the designated health home or grown and the designated health home or grown and the designated health home or grown and the designation of the design	success in reducing avoidate out of health homes. ** ate what Performing Provice be denied. Please indicate to PPSs, see section VII tab. It has submitted a draft list addy been approved as safet to see the proving approval, yet organization operating yet. If your organization does organization believes that rebsite.	der System (PPS) you p the name of the PPS i of State Designated H ty net providers as wel you will be granted a V our Health Home/CM/ not appear on the dra it should qualify as a l	plan on joining the "Apperent of the sealth Homes III as those the Already appet the Health Homes III homes."	ng. If you do not al Applicant and Network at are pending n pending CMS pears on another me list or on e, please	
V. Percentage of	Medicaid & Uninsured members	that your facility serves				
	Medicaid (FFS & MC)	Uninsure	ed	Data Soul	rce Year	
Percentage	97%	3%			2014	
understand appeal. Name Title	Adm	oject to audit and I may be an Bash inistrator	Ansv	wer	-	
	Only appeals from the CEO, C	FO or comparable will be	e accepted			

11/10/2014 Grand Manor Nursing and Rehabilitation Center

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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 or	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 comi	ment 30 days prior to appli	ication approval. Three	allowed reaso	ns for grantir	g an exception	are shown in Section IV.
I. Are you a M	ledicaid Pro	vider					
	Answer	Yes				~	You have chosen the following VAP Exception: iii
II. Appeal App	olicant Infor	rmation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	Grand Manor Nursing and Re	ehabilitation Center				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Bronx-Lebanon Hospital Center				-	You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In
		luated in the context of the P					the space below, please include:
	-	/AP Exception in that PPS as v		see the "VII_Ad	ditional PPSs"	tab to select	
		II and VII of the instructions for	or further clarification!				a. A description of your entity in specific relation to being a Health Home.
Pro	ovider Type:	Nursing Home				~	Diagon do not submit this form if you are already on the draft Health Home List
Provider T	Type - Other:						Please do not submit this form if you are already on the draft Health Home List.
		Operating Certificate/	License #	MMIS*		NPI*	
Unique	e Identifiers:	7000361N		00358021	158	8667125	
	gency Code:						
Billi	ing Entity ID:		<u> </u>				Character Count: 557
	Address	Address 700 White Plains Road	Bronx	City	State NY	Zip 10473	Grand Manor Nursing and Rehabilitation Center is considered a safety net provider in accordance with the Department of Health definition which states that "non-hospital based providers, not participating as part of a state-designated health home, must have at least 35% of all patient
	Address	700 White Plains Road	Bronx		NY	* REQUIRED	volume in their primary lines of business and must be associated with Medicaid, uninsured and Dual Eligible individuals". According to the
III. Appeal Poi	int of Conta	ict				domes	Department of Health data, Grand Manor currenlty has 94.44% medicaid, dual elegible or uninsured patients. Therefore, Grand Manor
Contact F	Person Anth	ony J. Restaino					
		inistrator					
	Phone (718			Extension		810	
		taino@grandmanor.org					
IV. Please cho	ose the foll	lowing VAP Exception:					
O i A cor	mmunity will	I not be served without grant	ing the exception because	e no other eligibl	e provider is v	villing or capable	
of ser	rving the con	nmunity.					
O ii Any h	ocnital ic un	iquely qualified to serve base	nd on corvices provided f	inancial viability	rolationships	within the]
		or clear track record of succes			relationships	within the	
_	,,,						
iii Any s	tate-designa	ted health home or group of	health homes. **				
When choosing	VAP Except	ion i & ii – Please indicate wh	nat Performing Provider	System (PPS) you	plan on joinir	g. If you do not	
indicate what P	PS you inten	d to join, then you will be de	nied. Please indicate the	name of the PPS	in the "Appea	al Applicant	
		you are part of multiple PPSs					
_		ion iii – The Department has s		-			
_	_	s (CMAs) that have already be h Home appears on this list a:					
		o submit this form. If the orga					
		eed to submit this form. If yo					
another approv	ed safety ne	t provider list, but your organ	nization believes that it sl	nould qualify as a	Health Home	, please	
•		vailable on the DSRIP website					
~ For	r Section IV,	if you are joining more than	one PPS, use second tab	(Section VII) to a	add additional	PPSs.	
V. Percentage o	of Medicaid	& Uninsured members that y	our facility serves				
Г							
	Me	edicaid (FFS & MC)	Uninsured		Data Sour	ce Year	
Percentage		94%	0%		DOH	2014	
	-	he information and data pro				-	1
	nd that this i	nformation may be subject to	o audit and I may be ask	ed to provide do	cumentation i	n support of this	
appeal.				Δno	swer		
Nam	ne	Anthony J. Re	estaino	(i) Yes			
Titl	le	Administra	ntor				
	Only app	eals from the CEO, CFO or	comparable will be ac	cepted			

11/10/2014 Westmount vap_exception_appeal_form

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

Are you a Medica						
	nswer Yes				▼	You have chosen the following VAP Exception:
. Appeal Applicant					1	VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organization N	Name: Westmount Health Facility				- Environ	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	ed PPS: Select PPS				-	You chose the qualification i, in the space below please include:
	n is evaluated in the context of the P					A walfe definition of the convenient for New York to wall at the convenient to the convenient to the convenient for the conveni
	r the VAP Exception in that PPS as we ection II and VII of the instructions for			itional PPSs" t	ab to select	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
Provider		rarener clarineación:			•	without your organization's involvement given the PPS current configuration of network providers.
	71				_	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider Type -						of services for the PPS in this community (ies).
	Operating Certificate/	License #	MMIS*	NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique Iden			473794	1528	152386	
Agency Billing Ent						Character Count: 75
Dilling Elli	Address		City	State	Zip	We are an 80 bed skilled nursing facility located and sponsored by Warren County. While we have the capability of providing short term
Ad	dress 42 Gurney Lane	Queen	Queensbury		12804	rehabilitation, our primary population is comprised of chronic care, long term residents. Many of our residents are placed here while the
	· · ·	1	,	NY	* REQUIRED	Medicaid pending. As a county facility we are often the only facility interested in admitting residents who lack a current payor source. We
I. Appeal Point of						close working relationship with our area hospitals. I believe we are a major component of the long term care safety net for our most vulne
Contact Person						community members. The ability to move people from the acute care setting to long term care on a timely basis is key to the efficient use
	Administrator 518-761-6540		Extension	-	548	health care resources.
	Cotel@warrencountyny.gov		Extension		1546	
	he following VAP Exception:					
of serving t Any hospite community Any state-d fren choosing VAP I dicate what PPS you formation – Section fren choosing VAP I are Management Ag MS approval. If your pproval and do not r fety net list, you do nother approved saf omplete this form. L ~ For Secti	with will not be served without grantiche community. al is uniquely qualified to serve base of and/or clear track record of success designated health home or group of Exception i & ii – Please indicate who united to join, then you will be denoted in II". If you are part of multiple PPSs, Exception iii.—The Department has so gencies (CMAs) that have already be related to submit this form. If the organ on the lost at eneed to submit this form. If you fety need to submit this form. If you fety it is available on the DSRIP website ion IV, if you are joining more than the community.	d on services provided is in reducing avoidable health homes. ** at Performing Provide hied. Please indicate the see section VII tab. ubmitted a draft list of en approved as safety is pending approval, you nization operating you are organization does not ization believes that it is one PPS, use second table in reducing a provide provide the second table is in reducing the provide	e hospital use. Per System (PPS) you pee name of the PPS if State Designated Henet providers as well u will be granted a Vur Health Home/CM. ot appear on the drashould qualify as a legal to the should also the should	elationships woll an on joining in the "Appeal ealth Homes a las those that 'AP Exception A already appe fit Health Home,	vithin the If you do not Applicant and Network are pending pending CMS cars on another he list or on please	
. Percentage of Med	dicaid & Uninsured members that y	•	. 1		T 1	
_	Medicaid (FFS & MC)	Uninsured	1	Data Sourc		
Percentage	78%	0%		Census	2014	
	y that the information and data pro t this information may be subject to Lloyd F. Co	audit and I may be as		umentation in	-	