



Hamaspik

MANAGED CARE

**HAMASPIK MEDICARE
SELECT (HMO- D-SNP) &
HAMASPIK MEDICARE
CHOICE (MAP)**

**MODEL OF CARE
TRAINING**

2021-2022



Model of Care Training Objectives

Illustrate

- D-SNP Program

Explain

- Dual Eligible Special Needs Plans (D-SNPs) & Eligibility

Share

- What D-SNPs offer
- Our Supplemental Benefits

Review

- Our Model of Care Clinical Guidelines and Workflows

Clarify

- Coordination of Medicare & Medicaid Benefits



Training Objectives

- Communicate Employee & Provider Training Requirements and Responsibilities

- Provide Information on D-SNP Resources

- Review Quality Outcomes & Measures
+
Describe Roles & Responsibilities

- Attendee Model of Care Training Attestation



Our Story

NYSHA

**The New York State
Hamaspik Association**

**A non-profit network
of member agencies
and affiliates providing
essential health and
human services for
people in need and
their families.**

Founded as a local community-based organization serving people with developmental and intellectual disabilities, Hamaspik. has delivered free and affordable healthcare services for over two decades. The organization's initial goal was to establish an IFC (Intermediate Care Facility) residence in Monroe, New York. Since then, we have grown exponentially, expanding our services with branches in numerous counties.

Hamaspik Medicare Select is the latest initiative in our aim to provide quality, affordable assistance to the communities we serve. A member of NYSHA (the New York State Hamaspik Association), Hamaspik Medicare Select and its sister companies provide care management and managed care services to a broad range of individuals and their families.



What is Hamaspik Medicare Select (HMO D-SNP)?

- Hamaspik Medicare Select Dual Special Needs Plan began serving members in 2020.

- HMS is a Medicare Advantage (MA-PD) Coordinated Care Plan (CCP) specifically designed to provide targeted care and limit enrollment to special needs individuals.

- Hamaspik Medicare Select services members who reside in 19 targeted counties in New York State.

- Our D-SNP program is designed to improve the lives of our aging, chronically ill, and vulnerable members by offering high quality, cost effective healthcare services.



Hamaspik Medicare Choice

Hamaspik Medicare Choice is an HMO-DSNP Medicaid Advantage Plus plan (MAP FIDE-SNP), which opened in 2021.

Covers everything Original Medicare covers

- + Medicaid benefits
- + Supplemental benefits
- + MLTC benefits

Hamaspik Medicare Choice services members who reside in 13 targeted counties in New York State.

Hamaspik Medicare Choice is a Fully Dual-Integrated plan, enabling streamlined care coordination for both Medicare and Medicaid services and benefits.



Benefits

Through the vast network of highly skilled providers, members of Hamaspik Medicare Plans (HMO D-SNP) are entitled to everything Medicare offers and more:

- ✓ Visits to your primary care physician
- ✓ Visits to specialists
- ✓ Inpatient and outpatient hospital care
- ✓ Emergency & urgent care
- ✓ Ambulance services
- ✓ Home health services
- ✓ Durable medical equipment
- ✓ Mental health services (inpatient & outpatient)
- ✓ 24-hour nurse hotline
- ✓ Outpatient diagnostic tests & therapeutic services/ supplies
- ✓ Physical therapy, occupational therapy, and speech/language pathology
- ✓ Over-the-counter health items
- ✓ Part D prescription drugs
- ✓ Vision benefits including eye exams and eyeglasses
- ✓ Fitness benefits (DSNP ONLY)
- ✓ Acupuncture
- ✓ And more! (LTC FOR MAP)

More for you, less from you:



plan
premiums



doctor's
copay



preventive
health



outpatient
services



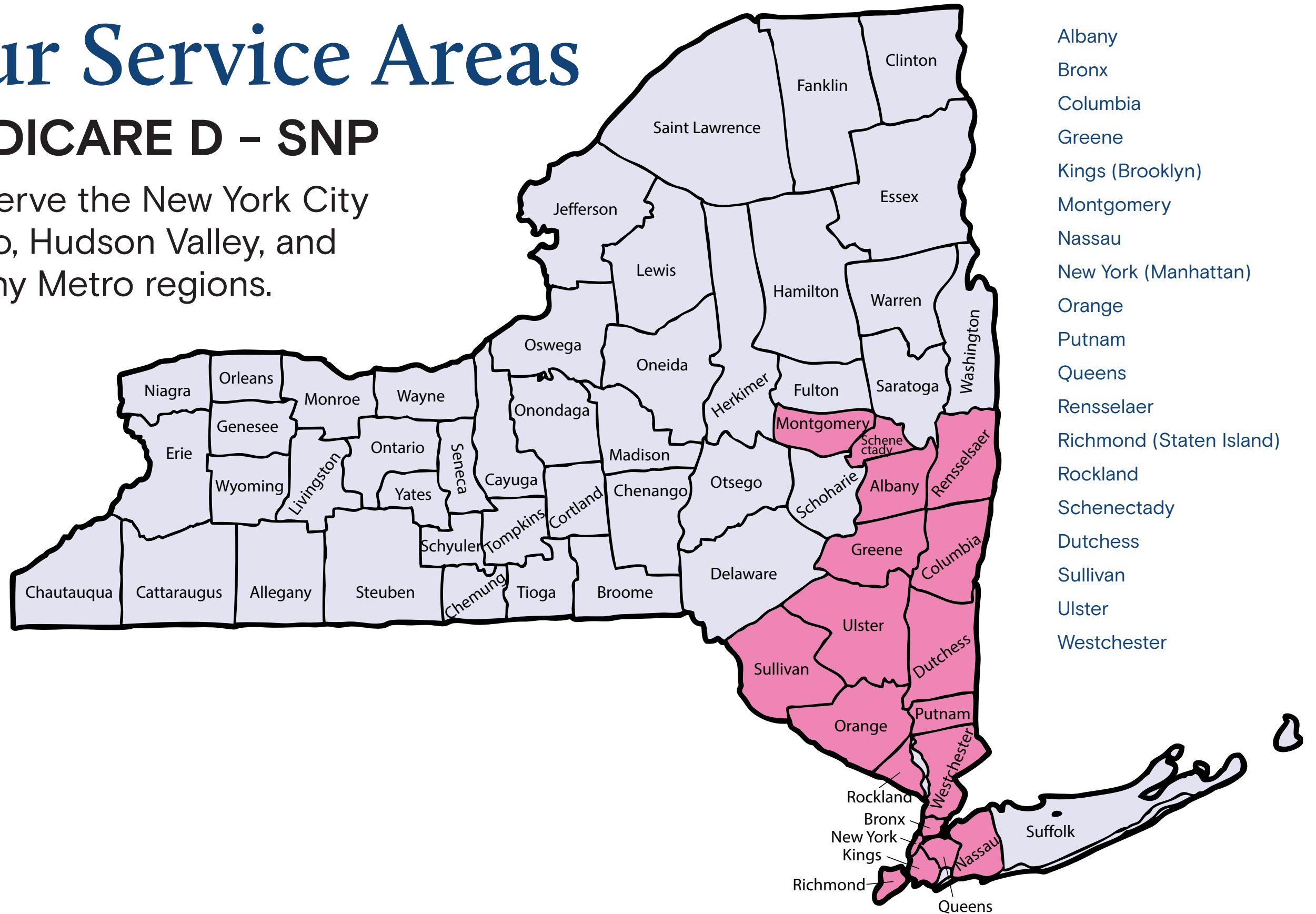
emergency
care



Our Service Areas

MEDICARE D – SNP

We serve the New York City Metro, Hudson Valley, and Albany Metro regions.

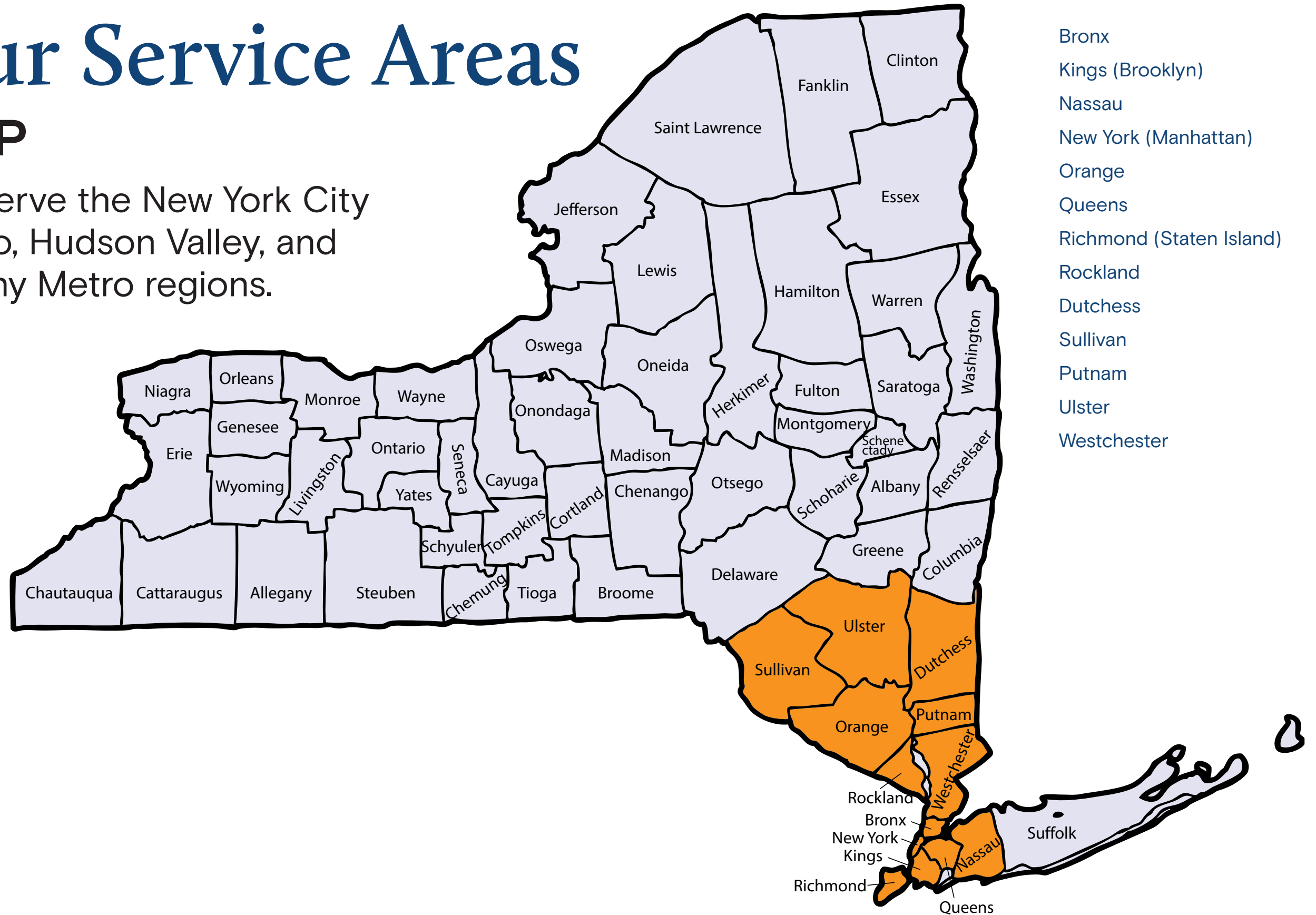




Our Service Areas

MAP

We serve the New York City Metro, Hudson Valley, and Albany Metro regions.





Our Mission

Hamaspik Managed Care is committed to excellence in providing access to quality-driven health care coverage in a culturally-sensitive, timely and responsible manner.

Hamaspik Inc. is New York's premier patient advocate—committed to bringing superior care and services to people and families across the State. At Hamaspik Inc., we work tirelessly to **empower** eligible individuals with the **freedom** to select the **best** available federal and state funded health plans, providing enrollees with comprehensive coverage, wide-ranging services, and a vast provider network.

As a **proud** division of the trusted Hamaspik brand, we've made it our **mission** to **get care covered** in a way that's compatible with each patient's individual health needs, financial status, and geographic location. In our future, we see a **stronger, healthier** New York—one where everyone has the medical support needed to live their **best life**.



Overview of Special Needs Plan

Enrollment is limited to beneficiaries within the target SNP population

Benefit plans are custom designed to meet the needs of the target population

Additional special election periods throughout the year during which members may change their plan

Care Management ensures coordination of care and access to services



Overview of Special Needs Plan

Three types of SNPs are designed for specific groups of members with special health care needs:

1

**Individuals
dually eligible
for Medicare
and Medicaid
(D-SNP)**

2

**Individuals
with chronic
conditions
(C-SNP)**

3

**Individuals
who are
institutionalized
or eligible for
nursing home
care (I-SNP)**

Dual Special Needs Plans (D-SNPs)

Dual Eligible Special Needs Plans (D-SNPs) enroll individuals who are entitled to both **Medicare** (title XVIII) and medical assistance from a state plan under **Medicaid** (title XIX).

States cover some of the member's cost sharing responsibilities based on their eligibility.





Hamaspik Medicare Select D-SNP Plans

Medicare Plans built around YOU

Hamaspik Medicare Plans are Medicare Advantage Special Needs plans that serve dual eligible members.

Our plans include care managers, nurses, and member service representatives who provide comprehensive support around the clock.

Our plans covers everything that Medicare covers, including Part D prescription drugs, and over-the-counter health products.



Hamaspik Medicare D-Snp Plans

Hamaspik Medicare plan benefits: HMO-D-SNP & MAP

Hospital care	Outpatient hospital services	Ambulatory surgical center	Physician visits	Specialty care	Wellness visits/ Preventative care
Emergency and Urgent care	Lab tests and Diagnostic testing	Mental health and Behavioral health services	Therapy (OT/PT/ST) services	Non-Emergency Transportation Services DSNP- AMBULANCE MAP- COMPREHENSIVE	Part B and D prescription drug services
DME and medical supplies	Podiatry services	Home Health care	Chiropractic services	Skilled nursing facility – Post Acute + LTC (Dependent on plan)	Nurse hotline
Worldwide Emergency Coverage	Outpatient Blood Services	Acupuncture	OTC Health Products	Eyewear \$200/2 years	



Hamaspik Medicare D-Snp Plans

Unique Benefits by plan:

Medicaid Advantage Plus (MAP)

Hamaspik Medicare Choice (MAP) only:

- PCA and CDPAS
- Non-emergency comprehensive medical transportation services
- Social and Adult day health care services
- Comprehensive Dental
- Audiology and hearing aids
- Comprehensive vision benefit

Medicare Dual Special Needs Plan (D-SNP)

Hamaspik Medicare Select (HMO-DSNP) Only:

- Fitness Benefit

Sample of our Quick Reference Guide

Available for All Providers

QuickReference Guide



Services Requiring Prior Authorization

When calling for prior authorization, please specify ICD-10 Diagnosis Codes and proposed HCPCS/CPT service codes.

The following timeframe standards apply to all services requiring prior authorization:

- **Elective Services** – 14 days prior to the scheduled elective service. If contact cannot be made 14 days prior to the scheduled service, it should be made as soon as medically possible prior to the scheduled service.
- **Urgent Services** – Anytime prior to urgent services being rendered. If contact cannot be made prior to an urgent service, then contact must occur within one business day of the service.
- **Emergent Services** – Notification within one business day of emergent services.

Contact Member Services to obtain prior authorization for the following service categories: (for a more detailed list of services that require prior authorization please see the Provider Manual.)

- Diagnostic Tests Procedures -- Authorization is required for certain diagnostic procedures, non-lab tests and genetic testing procedures. Routine lab tests do not require prior authorization.
- All Inpatient Admissions, including inpatient Mental Health Services
- Skilled Nursing Facility
- Physical, Occupational or Speech Therapy
- Hearing Exam to diagnosis and treat hearing and balance issues
- Dental Services
- Cardiac, Rehabilitation, Pulmonary Rehabilitation and Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services
- Ambulance for non-emergencies

- Medicare Part B drugs
- Observation Stay
- Organ Transplants and Transplant Evaluations
- Reconstructive procedures that may be considered cosmetic
- Selected DME
- Oxygen
- Wheelchairs/Power Wheelchairs
- MRA & PET scans
- Sleep Disorders
- All Home Health Care
- All Out of Network Referrals
- Experimental/Investigational Services
- Medical Nutritional Therapy
- Radiation Therapy
- Nuclear Medicine

Admissions

To obtain pre-authorization for all admissions, contact Member Services within the following timeframes:

- **Elective Admission** – 14 days prior to a scheduled elective admission. If contact cannot be made 14 days prior to the admission, it should be made as soon as medically possible prior to the scheduled service.
- **Urgent Admission** – Any time prior to the urgent admission. If contact cannot be made prior to an urgent admission, then contact must occur within one business day of the admission.
- **Emergent Admission** – Notification within one business day of the emergent admission.

Care Coordination

Call Hamaspik Care Management for assistance with:

- Locating /contacting a member
- Referrals to Care Management Programs or assistance with supportive/social services.

Laboratory Services

Any laboratory services that are not performed in the provider office must be referred to a participating laboratory or labs in participating hospitals.

Participating labs include:
LabCorp, BioReference Laboratories, Sunrise Medical Laboratories, Empire City Laboratories, Lenco Diagnostic Lab

If you have questions...

Please call or email the Provider Relations Department (contact info on the front of this card).

QuickReference Guide



SERVICE	HOURS OF OPERATION	CONTACT INFO
Member Eligibility Verification	October 1 thru March 31: 8:00 am to 8:00 pm 7 days per week	Tel: 1-888-HAMASPIK or 1-888-426-2774, select "Provider" then option 1
Member Services	April 1 thru September 30: 8:00 am to 8:00 pm Monday thru Friday	Tel: 1-888-HAMASPIK or 1-888-426-2774 select "Provider" then option 1 TTY users should call 711
Care Management triage thru Member Services Referrals, Authorizations (Please see notes on reverse side)	Mon. – Fri. 9 a.m. – 5 p.m.	Tel: 1-888-HAMASPIK or 1-888-426-2774 select "Provider" then option 1 Fax: 1-845-503-1911
Behavioral Health Services Beacon Health Options (Includes Pre-Authorizations for Mental Health and Substance Abuse Services)	24 hours/7 days a week	Tel: 1-866-201-1401
Pharmacy Services MagellanRx	24 hours/7 days a week	Tel: 1-800-424-4437
Claims	Mon. – Fri. 9 a.m. – 5 p.m.	Tel: 1-888-HAMASPIK or 1-888-426-2774 select "Provider" then option 2
	Mail Paper Claims to: Hamaspik Medicare Select Attn: Claims 58 Route 59, Suite 1 Monsey, NY 10952	Electronic Submissions: Change Healthcare (Clearinghouse) Tel: 1-866-371-9066 Hamaspik payer ID #47738
Provider Relations	Mon. – Fri. 9 a.m. – 5 p.m.	Tel: 1-888-HAMASPIK or 1-888-426-2774 select "Provider" then option 4 Email: providerrelations@hamaspikchoice.org



Our Supplemental Benefits

World Wide
Emergency
& Urgent
Coverage



Acupuncture
Services



Over-the-Counter
Medicine

\$158 DSNP
\$173 MAP
(Chronic Condition allocation of \$40
Healthy Food Benefit)



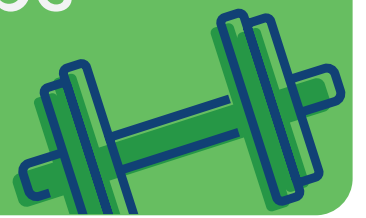
Telehealth
Services



24-hour
Nurse
Hotline



Fitness
Memberships
(D-SNP)



Model of Care Requirements – CMS

As per the Centers for Medicare and Medicaid, and under section 1859(f)(7) of the Social Security Act, every SNP must have a Model of Care (MOC) approved by the National Committee for Quality Assurance (NCQA).

The MOC provides the basic framework under which the SNP will meet the needs of each of its enrollees.

The MOC is a vital quality improvement tool and integral component for ensuring that the unique needs of each enrollee are identified by the SNP and addressed through the plan's care management practices. The MOC provides the foundation for promoting SNP quality, care management, and care coordination processes.



Model of Care Design

The Model of Care is designed to optimize the health and well being of Members, particularly our aging, vulnerable, and chronically ill through:



Stratifying care management outreach and interactions with members based on their needs in their current state of health



Identifying care needs through a comprehensive initial and annual Health Risk Assessment Tool



Developing an Individualized Care Plan(ICP) with goals and measurable outcomes specially tailored to meet the needs and self-management goals of the member



Utilizing an Interdisciplinary Care Team (ICT) to address and meet each member's needs



Ensuring Providers are involved in care decisions and transitions of care



Effectively managing utilization



Improving access to affordable medical, mental health, social, and other community-based services

Model of Care Overview

**Description of the
SNP Population**

**Sub-Population:
Most Vulnerable
Beneficiaries**

**SNP Staff
Structure**

**Care
Coordination**

**Health Risk
Assessment Tool
(HRAT)**

**Individualized
Care Plan (ICP)**

**Interdisciplinary
Care Team (ICT)**

**Care Transitions
Protocols**

**SNP Provider
Network**

**Specialized
Expertise**

**Use of Clinical
Practice
Guidelines &
Care Transitions
Protocols**

Model of Care Overview



D-SNP Population

Hamaspik Medicare Plans are specifically designed to provide targeted care and limit enrollment to special needs individuals who meet specific criteria.

Enrollees must be:

- Dual eligible
- Live in our plan's service area
- Be US citizens or legal residents
- Entitled to Medicare Part A
- Enrolled in Medicare Part B
- Have New York State Medicaid
 - Full New York Medicaid coverage
 - Qualified Medicare Beneficiaries without other Medicaid (QMB Only)
 - QMB Plus
 - Specified Low-Income Medicare Beneficiaries without other Medicaid (SLMB Only)
 - SLMB Plus
 - Qualifying Individuals (QI)
 - Qualified Disabled and Working Individuals (QDWI).



D-SNP Population

Eligibility Criteria per plan:

Plan Name	Hamaspik Medicare Select (HMS) (HMO – D-SNP)	Hamaspik Medicare Choice (HMC) (MA-PD – MAP)
Eligibility Requirements	Eligible for both Medicare and Medicaid Live in NYS Service Area	<ul style="list-style-type: none">• Eligible for both Medicaid and Medicare• Live in NYS service Area• Have a chronic illness or disability, based on an assessment, clinically eligible for enrollment.• Eligible for nursing home level of care at the time of enrollment• Have a chronic illness or disability eligible for services often provided in a nursing home• Are able to stay safely at home at the time of enrollment• Are expected to need one or more of the community-based following services for at least 120 consecutive days from enrollment date:<ul style="list-style-type: none">• Nursing services in the home including Private Duty Nursing• Therapies in the home• Home health aide services• Personal care services in the home or Consumer Directed Personal Assistance Services• Adult day health care
Age	(65 for Medicare/ or 18+ SSI/Disability)	18+



Sub-Population: Most Vulnerable Beneficiaries

Hamaspik Medicare identifies the most vulnerable beneficiaries via the Health Risk Assessment Tool (HRAT), as individuals who meet specific criteria:

Age: 65+ with chronic conditions or 75+

Language Barrier (LEP)

Racial Minority

Gender

Education

Barriers



Sub-Population: Most Vulnerable Beneficiaries

Living Situation: a) Individuals who:

- Report Environmental Hazards/Risks
- Do not have access to proper meals

Mobility: individuals with limited mobility

Durable Medical Equipment (DME) utilization:

Transport
Chair

Wheelchair

Scooter

Hospital
Bed

Oxygen

Ventilator

Hoyer Lift

Stair Lift

Feeding
Pump

IV
Equipment

Sub-Population: Most Vulnerable Beneficiaries

Functional Status Activities of Daily Living (ADLs) & Instrumental activities of daily living (IADLs)

- Individuals who require extensive/max/total (mobility impairments) assistance with ADLs & IADLs
- Individuals at risk for being unable to evacuate residence without assistance/support

History of Falls:

- Individuals who have sustained 3 or more falls without injury in the past 90 days
- Individuals who have sustained 1 or more falls with injury in the past 90 days



Sub-Population: Most Vulnerable Beneficiaries

Chronic Conditions: individuals with three or more chronic conditions

Alcohol
Abuse

Alzheimer's
Disease /
Related
Dementia

Arthritis
(Osteoarthritis
and
Rheumatoid)

Asthma

Atrial
Fibrillation

Autism
Spectrum
Disorders

Cancer
(Breast,
Colorectal, Lung,
and Prostate)

Chronic Kidney
Disease

Chronic
Obstructive
Pulmonary
Disease

Depression

Diabetes

Drug Abuse/
Substance
Abuse

Heart Failure

Hepatitis
(Chronic Viral
B & C)

HIV/AIDS

Hyperlip
-idemia
(High
cholesterol)

Hypertension
(High blood
pressure)

Ischemic
Heart Disease

Osteoporosis

Schizophrenia
and Other
Psychotic
Disorders

Stroke



Sub-Population: Most Vulnerable Beneficiaries

History of Inpatient Admissions:

- Inpatient Admissions: 2+ admissions in the past 90 days

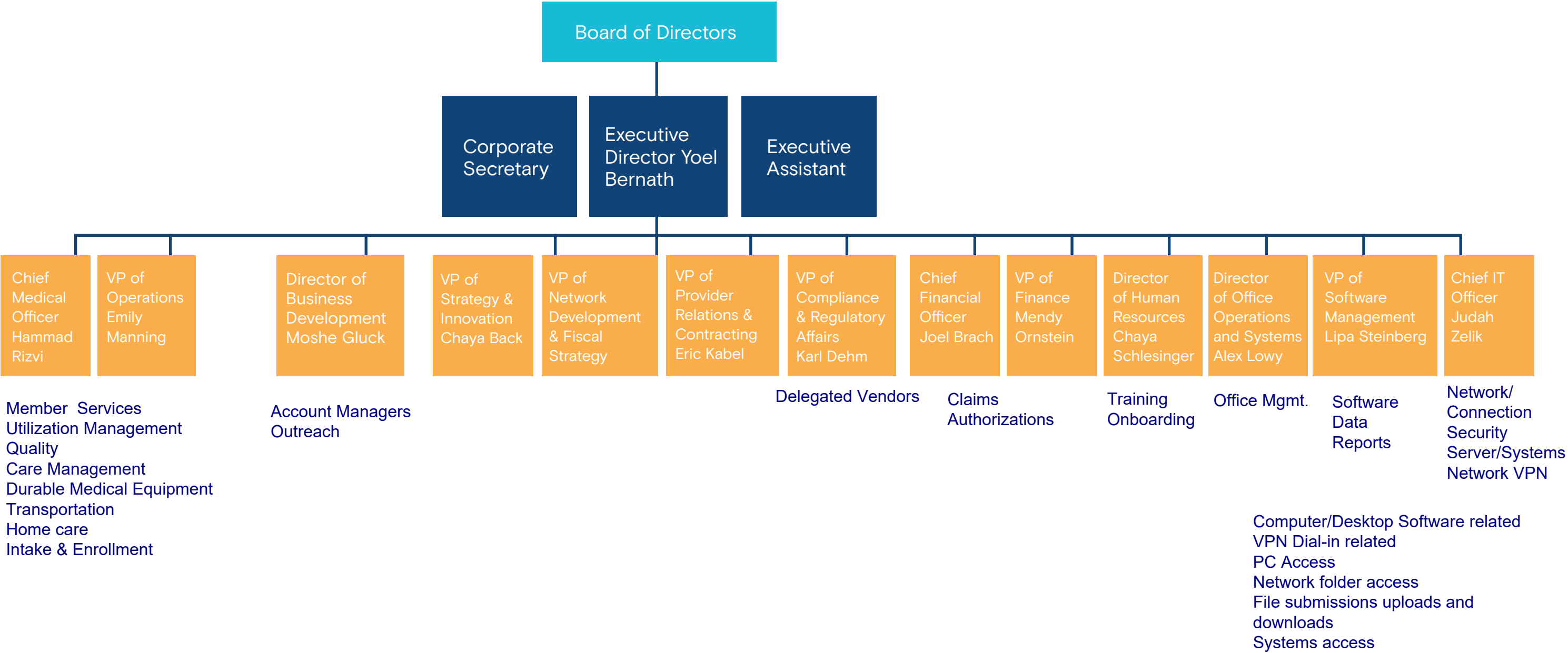
Medical Costs:

- \$4000+/month in medical costs

Medications:

- 5+ prescribed medications
- Need help managing medications

Our Team





Care Coordination

Hamaspik Medicare Plans integrate and coordinate care for D-SNP members across the care continuum utilizing the Care Manager as the central point of contact with support from the Member Services, Home care, Utilization Management, and Quality Departments.

Health Risk
Assessment Tool
(HRAT)

Chronic Care
Improvement
Program
treatment
coordination

Coordinate
services and
benefits

Coordination
of admissions,
discharges, and
transfers to and
from facilities

Interdisciplinary
Care Plan

Medication
Reconciliations

Disease
management
education

Outreach to
members

Health Risk Assessment Tool

For all individuals enrolled in the Hamaspik Medicare Plans,
Care managers will complete a Health Risk Assessment Tool (HRAT)

- within 90 days of enrollment
- annually
- when there is a change in a member's condition
- when there is a transition in their care

In some instances, a member may disenroll from Hamaspik Medicare prior to the completion of the HRAT, if the disenrollment occurs before the ninetieth day of enrollment in the plan



Health Risk Assessment Tool

The HRAT is a comprehensive assessment of the member includes the following information:

Health Status

Clinical History

Level of
Functioning

Mental Health

Specialty Tailored
Services and
Preferences

Support Systems

Covered Benefits

Life Planning

Barriers to Care

Social
Determinants
of Health

Visual, Audio and
Linguistic Needs



Risk Stratification

Information gathered by the HRAT and other data sources when available, will be stratified into three levels of risk that drive the intensity of care coordination and frequency of member outreach required. The risk level is based on the member's overall health status and stability, complexity of illness, treatment and medication regimen and ability to self-manage disease. [MAP members receive monthly outreach].

Intensive Care Management (ICM)

- Members have complex needs
- At risk for hospitalization
- Require at least monthly outreach

Standard Care Management (SCM)

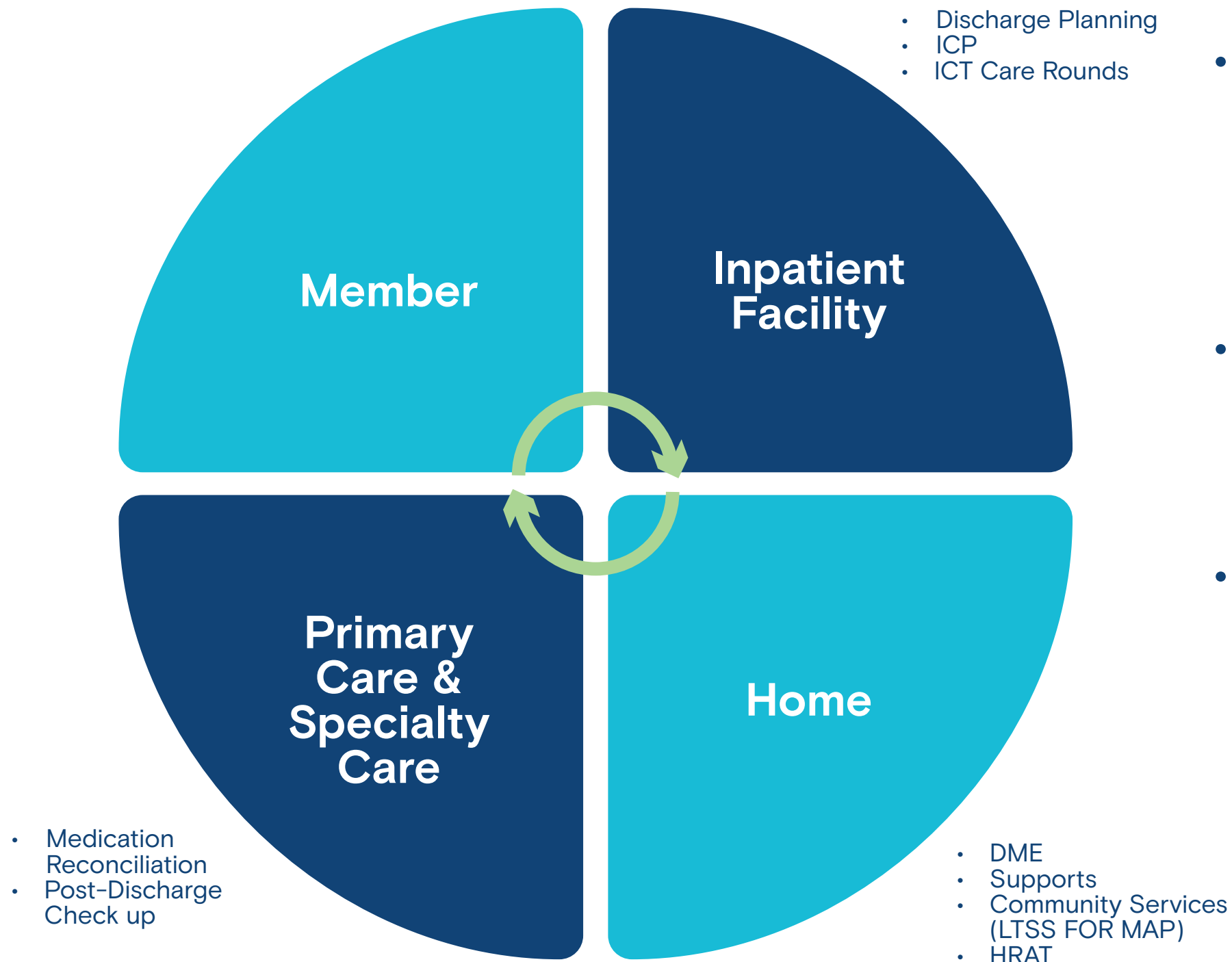
- Members are stable
- May be categorized as a rising risk
- Require at least quarterly outreach

Episodic Care Management (ECM)

- Members have minimal complexity and are independent in self-management with or without caregiver supports
- Require outreach every six months



Transitional Care Management



- **Members who are admitted, transferred, and discharged from an inpatient acute care facility, SNF, or Long -Term Service Facility are some of those who are most vulnerable**
- **Hamaspik mitigates this risk by assigning a ‘transitions’ care manager to the member during the first 30 days of discharge.**
- **The care manager will ensure information is transferred and the member receives appropriate services and care + HRAT completion and updated ICP.**



Interdisciplinary Care Team

Every member is managed by an Interdisciplinary Care Team (ICT) comprised of the member, their service coordinators, care management team, clinical team members, relatives, designated representatives, and providers

Participants are based on the member's needs

Care managers will keep the team updated with information involving the member's Interdisciplinary Care Plan

The ICT meets weekly for ICT Care Rounds

Each member and their full Interdisciplinary Care Team members are invited to Care Rounds



Interdisciplinary Care Team

- The ICT is person-in-environment based, multi-disciplinary, and includes: the member, their primary caregiver, designated representative(s), and primary care physicians, provider(s), in addition to the health plan team members.





Interdisciplinary Care Team:

Objectives:

Determine each member's self-management and overall goals, specially tailored services and needs

Coordinate member care: appointments, screenings, exams, transitions of care, services and benefits
- LTSS for MAP members

Identify & Anticipate Problems

- Prevent avoidable ER visits and Hospitalizations

Educate members about their conditions and medications

Coach members to use their individualized care plan



Interdisciplinary Care Plan

The Care Manager initiates the individualized care plan (ICP) in collaboration with the ICT.

The ICP will include:

**Health risk
assessment
results**

**Medical Record
/ Encounter /
Claims Data**

**Care manager
interactions**

**Member's
preferences
for care**

**Self – management
capabilities and
goals**

**Informal and
formal supports /
services
– LTSS for MAP
members**

**Barriers to
achieving optimal
outcomes**

**Opportunities, goals,
and interventions**

- Clinical Practice Guidelines incorporated into the ICP and modified based on additional criteria and social determinants.



Employee Roles & Responsibilities

What can you do to help D-SNP members?

1

Encourage members to:

- Adhere to treatment plans
- Complete the annual HRAT with their Care Manager
- Notify Care Manager of any ADTs or changes in status/ supports
- Collaborate with their ICT
- Attend Preventive Screenings, Exams, and Wellness Visits
- Obtain appropriate vaccines

2

Encourage PCPs and other providers to:

- Participate in the ICT
- Review the D-SNP member's ICP
- Send medical records
- Code claims appropriately
- Refer to the Quick Reference Guide
- Notify Care Manager of any ADTs
- Participate in Care Rounds



Provider Roles & Responsibilities

- Communicate with care managers, ICT members, members and caregivers
- Collaborate with our organization on the ICP
- Participate in the ICT including Care Rounds
- Review and respond to patient-specific communication
- Maintain ICP in member's medical record
- Remind member of the importance of the HRAT, which is essential in the development of the ICP
- Encourage the member to work with their ICT
- Send medical records
- Code claims appropriately
- Refer to the Quick Reference Guide
- Notify Care Manager of any ADTs
- Complete Medication Reconciliations post Discharges
- Complete Follow Up Appointments within 14 days of Discharges



Quality Outcomes & Measures

Outcome Measures

HEDIS Data

Gaps in Care

Risk stratification level of members

Sentinel events and Quality of Care issues

Preventive care screenings and immunization utilization

Process Measures

HRA completion rate

Care plan completion rate

Transitional care management

Call center measures – hold times, dropped calls

Clinical practice guideline compliance



Quality Outcomes & Measures

Utilization Measures

Annual
Wellness
Visits

ER visits/
Hospital
admissions /
readmissions

Length
of Stay

SNF
Admissions

Pharmacy
Data – Brand
vs. Generic,
Adherence
Rates

Behavioral
Health
Services

Out of
Network
Utilization

Medical Loss
Ratio (MLR)



Quality Outcomes & Measures

Satisfaction Measures

CAHPS survey results

Disenrollment data

Grievance Data

Administrative Measures

Provider
access /
appointment
availability
audit results

Claims
payment
timeliness
and
accuracy

Appeals
timeliness

MOC
training
completion
rate



D-SNP Resources

Visit www.hamaspik.com for resources including:

Toll-free customer service number; days and hours of operation	TTY number	Our Address	Plans'/Part D sponsors' rights and responsibilities upon disenrollment	Instructions on how to appoint a representative	Grievance, Organizational/coverage determination, and an appeal information
Quality assurance policies and procedures	Drug and/or utilization management information	Enrollment instructions and forms	Medication Therapy Management (MTM) program information	Summary of Benefits	Annual Notice of Change
Evidence of Coverage	Provider Directory	Pharmacy Directory	Formulary	CMS Star Ratings document-(TBD)	Privacy Notice under the HIPAA Privacy Rule
Exception Request Forms for physicians	Utilization Management Forms for physicians and enrollees	Prescription Drug Transition Policy	LIS Premium Summary Chart	Prior Authorization Forms for Physicians and Enrollees	Part D Model Coverage Determination and Redetermination Request Forms



Model of Care Training Attestation

Name Of Attendee	Representing Ipa/Clinic/ Group	Initial / Annual Training	Completion Date	Signature

Any
Questions?



Hamaspik

MANAGED CARE

1.888.Hamaspik 1.888.426.2774
TTY/TTD Users Call: 711

Hamaspik.com
58 Route 59, Suite 1, Monsey, NY 10952