



**Office of the  
Medicaid Inspector  
General**

**ANDREW M. CUOMO**  
Governor

**DENNIS ROSEN**  
Medicaid Inspector General

May 29, 2019

[REDACTED]  
Putnam Family & Community Services  
[REDACTED]

1808 Route 6  
Carmel, New York 10512

Re: Final Audit Report  
CSP Recoveries  
January 1, 2009 – December 31, 2009  
Audit #: 15-6554  
Provider #: 01755715

Dear [REDACTED]

This is the Office of the Medicaid Inspector General's (OMIG) Final Audit Report for Putnam Family & Community Services (Provider).

The New York State Department of Health (DOH) is the single state agency responsible for the administration of the Medicaid program. As part of its responsibility as an independent entity within DOH, the Office of the Medicaid Inspector General (OMIG) conducts audits and reviews of various providers of Medicaid reimbursable services, equipment, and supplies. These audits and reviews are directed at assessing provider compliance with applicable laws, regulations, rules, and policies of the Medicaid program as set forth in New York Public Health Law, New York Social Services Law, the regulations of DOH (Titles 10 and 18 of the New York Codes Rules and Regulations), the regulations of the Department of Mental Hygiene (Title 14 of the New York Codes Rules and Regulations), DOH's Medicaid Provider Manuals and *Medicaid Update* publications.

Pursuant to Section 517.3(g) of Title 18 of the Official Compilation of Codes, Rules and Regulations of the state of New York (NYCRR), the New York State Office of the Medicaid Inspector General (OMIG) and the New York State Office of Mental Health (OMH) performed a joint review of the Provider's supplemental payments for the following categories:

- Community Support Programs (CSP) for the period January 1, 2009, through December 31, 2009.

Service dates prior to January 1, 2010 have been removed from this reconciliation. For any remaining service dates, OMIG and OMH have determined that there were no CSP overpayments to the Provider. OMIG has concluded that no further action is required pertaining to this audit.

Please note that this Final Audit Report addresses only the above periods and payments. The State reserves the right to reconcile supplemental payments for any services dates included in the Draft Audit Report, but excluded from the above time periods, through separate, future notices or reports.

OMIG reserves the right to conduct further reviews of your participation in the Medicaid program, take action where appropriate, and recover any associated overpayments. If you have any questions regarding the above, please contact [REDACTED] or through email at [REDACTED]. Thank you for your cooperation.

[REDACTED]  
Division of Medicaid Audit  
Office of the Medicaid Inspector General

[REDACTED]  
CERTIFIED MAIL #7018-1130-0001-2505-6604  
RETURN RECEIPT REQUEST