



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

FRANK T. WALSH, JR.
Acting Medicaid Inspector

May 25, 2021

[REDACTED]
North Country Transitional Living Services, Inc.
482 Black River Parkway
Watertown, New York 13601

Re: Audit Summation
Audit #: 20-5775
Provider #: 02996087

Dear [REDACTED]

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.

An audit of office of mental health community rehabilitation services for adults claims paid by Medicaid to North Country Transitional Living Services, Inc. (Provider) from January 1, 2015 through December 31, 2017, was completed. The objective of the audit was to assess the Provider's adherence to applicable laws, regulations, rules and policies governing the New York State Medicaid program and to verify that: Medicaid reimbursable services were rendered for the dates billed; appropriate rate codes were billed for services rendered; resident related records contained the documentation required by the regulations; and, claims for payment were submitted in accordance with applicable rules and requirements. Our audit revealed that, for the period and scope reviewed, the Provider generally adhered to applicable Medicaid billing rules and regulations.

Please be advised that pursuant to 18 NYCRR Section 517.3(h) OMIG hereby concludes its review related to the above-referenced audit objective and scope. OMIG has determined that no further action is warranted. 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].

Certified Mail #: 7011-2970-0002-2621-2651