STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
445 Hamilton Avenue, Suite # 506
White Plains, New York 10601

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

October 23, 2014

[redacted]
Cerebral Palsy of Westchester, Inc.
1186 King Street
Rye Brook, New York 10573

RE: AUDIT SUMMATION
Provider [redacted]
Audit #13-5675

Dear [redacted]

The New York State Department of Health (Department) is the single state agency responsible for the administration of the medical assistance (Medicaid) program. The Office of the Medicaid Inspector General (OMIG) is an independent office within the Department responsible for a variety of Medicaid program integrity functions. As part of its responsibilities, the 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 the Department of Health and the Department of Mental Hygiene (Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York) and the Department's Medicaid Managed Care Model Contract, Medicaid Management Information System (MMIS) Provider Manuals and *Medicaid Update* publications.

A review of payments to Cerebral Palsy of Westchester, Inc. (the Provider) for Office for People with Developmental Disabilities (OPWDD) day habilitation services paid by Medicaid from January 1, 2009, through December 31, 2011, was recently completed. During the audit period, $9,151,084.04 was paid for 62,268 claims reimbursed. This review consisted of a random sample of 100 claims with Medicaid payments of $14,445.79. The purpose of the audit was to determine whether: Medicaid reimbursable services were rendered for the dates billed; appropriate rate, procedure, or formulary codes were billed for services rendered; recipient related records contained the documentation required by the regulations; and, claims for payment were submitted in accordance with regulations and the appropriate Provider Manuals. 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 517.3(h) the OMIG hereby concludes its review related to the above-referenced audit objective and scope. The OMIG has determined that no further action is warranted. We thank you for your continued interest and participation in the Medicaid program.

The 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 or by email at Thank you for your cooperation.

Sincerely,

Division of Medicaid Audit, White Plains
Office of the Medicaid Inspector General

CERTIFIED MAIL
RETURN RECEIPT REQUESTED