

Betsy Copps

From: nysomig@server.hdgwebhost.com on behalf of compliancecert@ny.omig.gov
Sent: Thursday, December 06, 2018 3:35 PM
To: Mike Scaries; Betsy Copps
Cc: compliancecert@omig.ny.gov
Subject: NYS OMIG Compliance Certification (SSL)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



New York State Office of the Medicaid Inspector General
Form: NYS OMIG Social Services Law 2018
Certification Period: 2018
Date Submitted: 2018-12-06_15:35:27
Certification Category: December Annual Certification
Certification Status: Accepted

Provider Information

Provider Name	Provider ID	FEIN	NPI	Confirmation Number
Oswego County 1. Opportunities, Inc.	****7217	*****9876	*****6324	NYSOMIG-2018120615352782225

Compliance Officer Information

First Name: Michael Middle Initial: S
Last Name: Scaries Suffix:
Title: Corporate Compliance Officer
Phone Number: (315) 598-4717
Email Address: mscaries@oco.org
Address Line 1: 239 Oneida Street
Address Line 2:
City: Fulton
State: NY
Zip Code: 13069

Certifying Official Information

First Name: Elizabeth Middle Initial: A
Last Name: Copps Suffix:
Title: Senior Director of Operations
Phone Number: (315) 598-4717
Email Address: bcopps@oco.org
Address Line 1: 239 Oneida Street
Address Line 2:
City: Fulton
State: NY
Zip Code: 13069

Certification

IMPORTANT: Making a false statement in this certification may subject you to criminal prosecution for a misdemeanor or felony under the New York State Penal Law.

The person selecting the button below declares, affirms and certifies (hereinafter certification) that the information entered as part of this form is true and that:

1. I am the Certifying Official whose name and contact information appears above;
2. the Provider acknowledges and agrees that as the Certifying Official, I have authority to bind the Provider and to complete this certification on behalf of the Provider(s) listed on this form;
3. as the Certifying Official, I have undertaken due diligence and conducted all reasonable inquiry prior to making any of the statements in this certification and have sufficient knowledge to complete this form;
4. the Provider; all its operations that bill, order, or provide services under the NYS Medicaid program listed above have adopted, implemented and maintain a compliance program that meets the requirements of SSL § 363-d and Part 521 and shall remain in place until the next December certification period;
5. the Provider understands that adopting, implementing and maintaining an effective compliance program that meets the requirements of SSL § 363-d and Part 521 is a requirement for the Provider to be eligible to receive medical assistance payments for care, services, or supplies, or to be eligible to submit claims for care, services, or supplies for or on behalf of another person;
6. this certification remains in effect until the next December certification period; and
7. the Certifying Official and the Provider acknowledge that this certification is being made to comply with the requirements of SSL § 363-d subsection 3, or 18 NYCRR § 521.3(b), or both.

(X) I agree.