



New York State Office of the Medicaid Inspector General
Form: Federal Deficit Reduction Act of 2005 (DRA) Certification
Certification Period: 2019
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Confirmation Number: NYSOMIG-2019122614275253345
Certification Status: Accepted

Corporation/Provider Information

Federal Employer Identification Number (FEIN) (SSN IF 1099): *******9876**
Corporation/Provider Name: **Oswego County Opportunities, Inc.**, hereinafter "Provider"
Address1: **239 Oneida Street** Address2:
City: **Fulton** State: **NY** Zip Code: **13069**

Compliance Officer Information

First Name: **Michael** Middle Initial: **S** Last Name: **Scaries** Suffix: Title: **Corporate Compliance Officer**
Phone Number: **(315) 598-4717** Email Address: **mscarries@oco.org**

Certifying Official

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**

DRA Questions

In order to assist you as you complete the certification form, OMIG offers the following summary questions related to the requirements of the DRA. The summary questions are derived from 42 USC §1396a (a)(68). Once you respond to each of the following questions, the certification portion of the form will be enabled to allow you to complete the certification. Please consider each question fully and if necessary, please consult DRA authorities that are included on the OMIG website which includes links to federal websites, for more details.

1. Does your entity have written policies for all employees, including management, and any contractor or agent of the entity, that provide detailed information about, the Federal False Claims Act, remedies for false claims and statements, and state laws pertaining to civil or criminal penalties for false claims and statements?**Yes**
 2. Do your written policies referred to in question 1 address whistleblower protections under the Federal False Claims Act and state laws?**Yes**
 3. Do your written policies referred to in question 1 address the role of the Federal False Claims Act and state laws in preventing and detecting fraud, waste, and abuse in Federal health care programs?**Yes**
 4. Do your written policies referred to in question 1 include detailed provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste, and abuse?**Yes**
 5. Does your entity have an employee handbook?**Yes**
 6. Does the employee handbook include a specific discussion of the state and federal laws referenced above?**Yes**
 7. Does the employee handbook include a specific discussion of the rights of employees to be protected as whistleblowers?**Yes**
 8. Does the employee handbook include a specific discussion of the entity's policies and procedures for detecting fraud, waste, and abuse?**Yes**
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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 or federal laws and regulations.

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. he/she is the certifying official whose name and contact information appears above;
2. the certifying official has undertaken due diligence and conducted all reasonable inquiry prior to making any of the statements in this certification and has sufficient knowledge to complete this form; and
3. the certifying official on his/her own behalf and on behalf of the entity certifies that:
 1. the entity and its affiliates have established and maintain written policies, and any employee handbook, required in accordance with 42 USC §1396a(a)(68); and
 2. that the written policies and any employee handbook, required in accordance with 42 USC §1396a(a)(68) have been properly adopted and published by the entity and/or its affiliates, and disseminated among employees, contractors and agents; and
 3. the written policies and any employee handbook shall be retained for a period of six years from the latter of the due date or the actual date of submission of this certification.

I agree.