



New York State Office of the Medicaid Inspector General  
Compliance Confirmation Confirmation

Date Submitted: 2011-12-01\_10:29:45  
Confirmation Number: NYSOMIG-110000005904  
Form: NYS OMIG CCDRA2012 (Revised: 12/01/2011)

### **Certification of Compliance with the Federal Deficit Reduction Act of 2005.**

This form must be used by New York State Medicaid providers who must certify that they are in compliance with the requirements of the Federal Deficit Reduction Act of 2005 as it relates to the False Claims Act.

This form **CANNOT** be used to certify that Medicaid providers have an effective compliance program as required by NYS Social Services Law §363-d and 18 NYCRR Part 521. To determine if you must certify under §363-d and Part 521, please see the material on the NYS Mandatory Provider Compliance Programs by going to [www.omig.ny.gov](http://www.omig.ny.gov), clicking on the Compliance tab on the home page and clicking on the Certification sub tab and looking for the NYS Mandatory Provider Compliance Programs material.

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#### Corporation/Provider Information

Federal Employer Identification Number (FEIN) (SSN IF 1099): **611605910**

Corporation/Provider Name: **Wheels of Progress Inc.**, hereinafter "Provider"

Address1: **1325 5th Ave Suite 4B** Address2:

City: **New York** State: **NY** Zip Code: **10029**

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#### Compliance Officer Information

First Name: **Dr. Rosemarie** Middle Initial: Last Name: **Murray** Suffix: Title: **V.P.**

Phone Number: **(914) 498-1341** Email Address: **Dr.rmurray@wheelsofprogress.org**

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#### Person Certifying

First Name: **George** Middle Initial: Last Name: **Gallego** Suffix: Title: **CEO**

Phone Number: **(347) 645-3265** Email Address: **g.gallego@wheelsofprogress.org**

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## Certification

Provider certifies that the provider and its affiliates have established and maintain written policies in accordance with 42 USC §1396a(a)(68), and include such policies in any existing employee handbook if maintained by the provider and/or its affiliates, and that they have been properly adopted and published by the provider and/or its affiliates, and disseminated among employees, contractors and agents, and that 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.

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