

KATHY HOCHUL Governor WILLOW BAER Acting Commissioner

October 10, 2024

UNITED CEREBRAL PALSY OF NEW YORK CITY, INC. 80 MAIDEN LANE 8TH FLOOR NEW YORK, NY 10038

RE: Group Recertification

HCBS WAIVER SERVICES Effective Date: 10/01/2024 Expiration Date: 08/30/2027

## Dear Executive Director:

In accordance with Article 16 of the Mental Hygiene Law, this letter confirms the issuance of the operating certificates for Services for the period 10/01/2024 to 08/30/2027. Each service is still considered to be separately certified, but for administrative efficiency this one letter provides notice of the recertification for all the individual operating certificates listed in the attachment to this letter. Please review the attached list of certified services and keep this letter on file as proof of the certification status of each service. This letter shall be shown to anyone requesting to see it.

If a Statement of Deficiencies was issued for any service on the attached list, all deficiencies identified have been adequately addressed in the agency's Plan of Correction. These documents are a matter of public record and are available to individuals requesting them under the Freedom of Information Law.

Sincerely,

Brian O'Donnell Statewide Director

Bureau of Program Certification Division of Quality Improvement

## **ATTACHMENT**

cc: Megan O'Connor-Hebert, Deputy Commissioner
Gary Geresi, President of Governing Body
Delia M Tucker, Regional Office 4 (Bernard Fineson, Brooklyn, Metro, Staten Island)
Division of Fiscal Policy and Management

## UNITED CEREBRAL PALSY OF NEW YORK CITY, INC.

## **HCBS SERVICES**

OC Number: 61240AT1

Service: Adaptive Technologies

**OC Number:** 61240CH1

Service: Community Habilitation

**Delegated Nursing Service: Providing** 

OC Number: 61240DH1

Service: Day Habilitation

**Delegated Nursing Service: Providing** 

OC Number: 61240EM1

Service: Environmental Modification

OC Number: 61240FE1

Service: Family Education and Training

OC Number: 61240PE1

**Service:** Pathway to Employment

**Delegated Nursing Service: Not Providing** 

**OC Number:** 61240PV1

Service: Prevocational Services

**Delegated Nursing Service: Providing** 

**OC Number:** 61240RH1

Service: Residential Habilitation

OC Number: 61240RE1

Service: Respite

**Delegated Nursing Service: Providing** 

OC Number: 61240SE1

Service: Supported Employment

**Delegated Nursing Service:** Not Providing