

CALENDAR YEAR 2022 CERTIFICATION OF COMPLIANCE SECTION 6032 OF THE FEDERAL DEFICIT REDUCTION ACT OF 2005, 42 U.S.C. §1396a(a)(68)

NORTH HUDSON COMMUNITY ACTIOM CORPORATION

Date: 2/3/22
DEFINITIONS
(For purposes of this certification, the following definitions apply.)
Entity: Provider that received or made payments of \$5 million or more (aggregate) in Title XIX funds during the previou
federal fiscal year.
Parent Entity: Entity certifying on behalf of related entities that follow the same policies and procedures.
Section 6032 Policies: Written policies and procedures regarding prevention and detection of fraud, waste and abuse i
federal healthcare programs in compliance with Section 6032 of the Deficit Reduction Act.
Contractor: Any vendor, subcontractor, agent or other person who, on behalf of the entity or parent entity, furnished
or otherwise authorizes the furnishing of Medicaid health care items or services, performs billing or coding functions, or
is involved in monitoring of health care provided by the entity.
CERTIFICATION QUESTIONNAIRE
1. Please indicate whether the entity's Section 6032 Policies include:
a. Detailed information about the role of the following federal and state statutes in preventing and detecting
fraud, waste and abuse in Medicaid (and other federally funded programs,) including the statutes' penaltic
and whistleblower protections.
i. Federal False Claims Act, 31 U.S.C. § 3729 – 3733;
Yes No No
ii. Federal Program Fraud Civil Remedies Act, 31 U.S.C. § 3801 – 3812;
Yes No No
iii. New Jersey Medical Assistance and Health Services Act – Criminal Penalties, N.J.S.A. 30:4D-17(a
(d); Voc • No

iv. New Jersey Medical Assistance and Health Services Act - Civil Remedies, N.J.S.A. 30:4D-7.h.;	
N.J.S.A. 30:4D-17(e) – (i); N.J.S.A. 30:4D-17.1.a;	
Yes No No	
v. New Jersey Health Care Claims Fraud Act, N.J.S.A. 2C:21-4.2 and 4.3; N.J.S. 2C:51-5; Yes No	
vi. New Jersey Conscientious Employee Protection Act, N.J.S.A. 34:19-1 et seq;	
Yes No No	
vii. New Jersey False Claims Act, N.J.S.A. 2A:32C-1 et seq; and	
Yes No No	
viii. New Jersey Insurance Fraud Prevention Act, N.J.S.A 17:33A-1 et seq. (New in 2021.) Yes No	
b. Detailed provisions regarding the entity's policies and procedures for detecting, preventing and reporting	ŗ
fraud, waste and abuse. (Additional reporting methods must include the New Jersey Medicaid Fraud Division	ì
at 888-937-2835 or https://www.nj.gov/comptroller/about/work/medicaid/complaint.shtml (updated 2021)	}
and the New Jersey Insurance Fraud Prosecutor Hotline at 877-55-FRAUD o	•
https://njinsurancefraud2.org/#report.)	
Yes No No	
c. Monthly Background Checks, using the following databases, as outlined in the New Jersey Division of Medica	l
Assistance and Health Services Newsletter Volume 26, Number 14:	
i. State of New Jersey debarment list (mandatory):	
https://www.nj.gov/comptroller/doc/nj debarment list.pdf (updated 2021);	
Yes No No	
ii. Federal exclusions database (mandatory): https://exclusions.oig.hhs.gov/ ;	
Yes No No	
iii. N.J. Treasurer's exclusions database (mandatory):	
http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml;	
Yes No No	
iv. N.J. Division of Consumer Affairs licensure databases (mandatory, if applicable):	
http://www.njconsumeraffairs.gov/Pages/verification.aspx; Yes No Not Applicable	
v. N.J. Department of Health licensure and certification database, including: Nursing Hom	е
Administrators, Certified Assisted Living Administrators, Certified Nurse Aides/Personal Car	e
NOOTH IN DOOM OO HANDITY A OTION CODDOCATION	
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			Assistants,	and	Certified	Medication	Aides	(mandatory,	if	applicable):
			http://nina.r	ssiexams.i	com/search.	<u>sp</u> ;	_			
			Yes <u> </u>	N	$_{\circ}$	Not Applicable	<u> </u>			
		vi.	Federal excl	usions and	d licensure d	atabase (optional	and fee-ba	sed):		
			https://wwv	v.npdb.hr	sa.gov/hcorg	/pds.jsp.	$\overline{}$			
			Yes <u> </u>	N	<u>.O</u>	Not Applicable	<u> </u>			
2.	Are the	entity'	s contractors	(including	the contract	ors' employees) r	equired to	comply with the	entity's	Section 6032,
	either b	y conti	act or otherw							
	Yes	_	No <u>U</u>	N	lot Applicable	e (There are no co	ntractors.)	<u> </u>		
										- 4:
3.		the last	twelve (12) n	nonths, ha	ave the entity	s Section 6032 po	olicies beei	i disseminated ar	ia eauc	ation provided
	to:						* l-1 - ·	ı		
	a.		tity employee:		ers, and board	d members, if app	licable; an	a		
	i	Yes	<u></u>	No.		مرامين ما		rr' amplayaasl2		
	b.		ntractors, ven			licable, (including				
		Yes <u></u>	<u></u>	No <u> </u>	Not A	pplicable (There a	are no com	ractors.)	_	
4.	Has the	o entitu	r's Employee I	Handhook	heen disser	ninated to emplo	vees and d	oes it include sp	ecific di	scussion of the
т.	followi		3 Employee	nanaboo.	C DCCIII GIOSCI	imiatad to empio	,			
	а.	_	tatutes listed i	in Questic	on 1a(i) throu	gh 1a(viii) above;			_	
		Yes		No		Applicable (There		oyee Handbook.)	<u>O_</u>	
	b.	Emple	 oyees' rights t	o whistlel	blower prote	ctions; and			_	
		Yes C	<u></u>	No	Not A	Applicable (There	is no Emple	oyee Handbook.)	O_{-}	
	c.			s and prce	dures for pre	eventing, detecting	g and repo	rting fraud, waste	and ab	ouse?
		Yes C	<u>) </u>	N_0	Not A	Applicable (There	is no Empl	oyee Handbook.)	\bigcirc	
	-					it a Corrective Act	tion Plan o	utlining how and	when	you will be fully
CC	mpuant	With 5	ection 6032 o	i tile Deli	cit Reduction	s Act.				•
				NON 001		ACTION COD)NI		
F	ntity Nan	ne: NO	KIHHUDS	ON CO	MINIONITY	ACTION COR	FURATIC	ΛΙΝ		Page 3 of 4

State of New Jersey

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CERTIFICATION FORM

NORTH I certify on behalf of	HUDSON COMM	MUNITY ACTION CORPORATION that t	he foregoing				
answers are true and correct to the best of my knowledge. I further certify that the documents, which substantiate those							
answers, will be submitted for review by the State immediately, upon request. I understand that, if this certification is							
alse or fraudulent, or if the entity that I represent fails to comply with Section 6032 of the federal Deficit Reduction Act							
of 2005, 42 U.S.C. §1396a(a)(68), I and the entity that I represent may be subject to any applicable civil, administrative							
and/or criminal sanctions provided by law.							
Certification		/					
Signature							
Print Name and Title DAWN M. CAS Date of Certification 2/3/22		ELLA					
Entity Information	Entity Information						
Medicaid Provider Identificat	tion Number(s)	SEE ATTACHED					
National Provider Identifier (NPI) Number(s)	SEE ATTACHED					
Tax Identification Number(s)	***************************************	221818699					
Contact Information							
Provider or Parent Entity con	tact person	DAWN M. CASTELLA					
Telephone number		(201) 366-8454					
E-mail address		DACASTELLA@NHCAC.ORG					

If you are certifying on behalf of multiple entities under the same parent entity and cannot fit all of the information on this sheet, you may include a separate sheet listing the Name, Medicaid ID, NPI and Tax ID of each entity.

Please email completed forms to Section6032@osc.nj.gov.

NORTH HUDSON COMMUNITY ACTION CORPORATION TAX ID 1221818699

SITE	ADDRESS/PHONE/FAX	SITE ID #s	PE ID#	ID SUFFIX
WEST NEW YORK	5301 Broadway West New York, NJ 07093	MEDICARE: 311829 MEDICAID: 0022705 NPI: 1659323442	OB-075 FC-501	ECWO
JERSEY CITY	324 Palisade Avenue Jersey City, NJ 07307	MEDICARE: 311848 MEDICAID: 0022730 NPI: 1134374143	OB-177 FC-613	ECWC
UNION CITY	714-31st Street Union City, NJ 07087	MEDICARE: 311849 MEDICAID: 7770103 NPI: 1851546865	OB-112 FC-558	ECWF
HARRISON	326 Harrison Avenue Harrison, NJ 07029	MEDICARE: 311931 MEDICAID: 0553221 NPI: 1548626005	FC-869	ECWB
PASSAIC 220	220 Passaic Street Passaic, NJ 07055	MEDICARE: 311882 MEDICAID: 0168343 NPI: 1124272232	OB-128 FC-698	ECWH
GARFIELD	535 Midland Avenue Garfield, NJ 07026	MEDICARE: 311868 MEDICAID: 0106933 NPI: 1346494788	OB-138 FC-733	ECWA
HACKENSACK	25 East Salem Street, 6th Floor Hackensack, NJ 07601	MEDICARE: 311886 MEDICAID: 0175081 NPI: 1306090741	OB-150 FC-754	1 FCWG
UNION CITY HIGH SCHOOL	2500 Kennedy Boulevard Union City, NJ 07087	MEDICARE: N/A MEDICAID: 0235784 NPI: 1427362078	FC-722	ECWI
ENGLEWOOD 197 South Van Brunt Str Englewood, NJ 0763		MEDICARE: 311901 MEDICAID: 0329991 NPI: 1902167463	108-785	1 FCW1