



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 29, 2016

[REDACTED]
Glengariff Health Care Center
141 Dosoris Lane
Glen Cove, New York 11542

Re: MDS Final Audit Report
Audit #: 13-4377
Provider ID#: [REDACTED]

Dear [REDACTED]

This is the final audit report of findings with regard to the Office of the Medicaid Inspector General's (OMIG) Minimum Data Set (MDS) audit of Glengariff Health Care Center for the census period ending July 25, 2012. In accordance with 18 NYCRR §517.6, this final audit report represents the OMIG's final determination on issues found during OMIG's review.

We received your response to our draft audit report dated March 31, 2016. Your comments have been considered (see Attachment D) and the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$28,898.70 was calculated using the number of Medicaid days paid for the rate period January 1, 2013 through June 30, 2013 and the change in the direct component of your Medicaid rate as calculated by the Department of Health's Bureau of Long Term Care Reimbursement (BLTCR). The calculation of this overpayment is detailed in Attachment A. BLTCR will adjust your Medicaid rates for the relevant rate period to reflect the change in the direct component. The findings explanation, regulatory references, and applicable adjustment can be found in the attachments following Attachment A.

The Provider has the right to challenge this action and determination by requesting an administrative hearing within 60 days of the date of this notice. If the Provider wishes to request a hearing, the request must be submitted in writing to:

General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, NY 12204

Questions regarding the request for a hearing should be directed to Office of Counsel, at [REDACTED].

In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered by the department upon submission of objections to a draft audit or notice of proposed agency action."

If a hearing is held, you may have a person represent you or you may represent yourself. If you choose to be represented by someone other than an attorney, you must supply along with your hearing request a signed authorization permitting that person to represent you at the hearing; you may call witnesses and present documentary evidence on your behalf.

For a full listing of hearing rights please see 18 NYCRR Part 519.

Should you have any questions regarding the above, please contact

Division of Medicaid Audit
Office of the Medicaid Inspector General

OFFICE OF THE MEDICAID INSPECTOR GENERAL
GLENGARIFF HEALTH CARE CENTER
AUDIT 13-4377
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.29	20,550	\$26,509.50
Non-Medicare/Part D Eligible	\$1.32	1,810	\$2,389.20
Total			<u>\$28,898.70</u>

*Rounded to nearest 1/100th New York State Department of Health Bureau of Managed Long Term
Care Rate Setting / FFS

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 GLENGARIFF HEALTH CARE CENTER
 AUDIT #13-4377
 FINDINGS BY SAMPLE NUMBER

Sample #		Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW BED MOBILITY SUPPORT PROVIDED	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW EATING SELF PERFORMANCE
1		CC2	CC2	1.12	1.12					
2		RVB	RMA	1.39	1.17	1	1	1	1	
3		RHB	RHB	1.27	1.27					
4		CC1	CC1	0.98	0.98					
5		CC1	CC1	0.98	0.98					
6		RMC	RMC	1.27	1.27					
7		RHC	RHC	1.40	1.40					
8		CC1	CC1	0.98	0.98					
9		SSC	SSC	1.12	1.12					
10		RMC	RMC	1.27	1.27					
11		CC2	CC2	1.12	1.12					
12		RVC	RVC	1.53	1.53					
13		RVC	RVC	1.53	1.53					
14		RMC	RMC	1.27	1.27					
15		CC2	CC2	1.12	1.12					

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16	CC1	CC1	0.98	0.98					
17	CC2	CC2	1.12	1.12					
18	CB2	CB2	0.91	0.91					
19	RMC	RMC	1.27	1.27					
20	RMA	RMA	1.17	1.17					
21	CC2	CC2	1.12	1.12					
22	SSC	SSC	1.12	1.12					
23	CC2	CB2	1.12	0.91					1
TOTALS					1	1	1	1	1

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 GLENGARIFF HEALTH CARE CENTER
 AUDIT #13-4377
 MDS DETAILED FINDINGS

MDS FINDINGS

SAMPLE SELECTION

Functional Status-ADL Self-Performance and Support

If the provider is unable to produce the supporting documentation for the patient, the service will be disallowed and the Case Mix will be adjusted. A repayment schedule will be developed.

Documentation must indicate an assessment was done to evaluate the need for assistance with activities of daily living (ADL's), altered gait and balance, and decreased range of motion (ROM). MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS Manual 3.0 G0100-0900

Bed Mobility Self-Performance

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 2

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 2

Transfer Self-Performance

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 2

Transfer Support Provided

In 1 instance, documentation did not support resident was a one (1) person physical help at least once. 2

Eating Self-Performance

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 23

RUGS-II Classifications Overturned

In 2 instances, the RUG classifications were 2, 23
overturned.

10 NYCRR §86-2.10, Volume A-2

OFFICE OF THE MEDICAID INSPECTOR GENERAL

GLENGARIFF HEALTH CARE CENTER

AUDIT #: 13-4377

All OMIG disallowances were accepted by the Facility except for those shown below. The following details the disposition of the draft report disallowances after consideration of the Facility's draft audit report response comments.

Sample #2

Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:

Contested MDS Coding Issues:

Item #G0110Aa, G0110Ab, G0110Ba, G0110Bb: ADL self-performance/support-provided for Bed Mobility and Transfer not supported by documentation.

Facility Comment:

See attached MDS, PT Progress note, RN assessment CCP for reference and validation as supporting documentation.

OMIG Response:

MDS Assessment Reference Date (ARD) is 6/28/2012.

The 7-day look back period is 6/22/2012 – 6/28/2012.

ADL support provided Levels: The MDS claimed Level 3/3 – Extensive assist with two+ person physical help for Bed Mobility and Level 2/2 – Limited assistance/one person physical help for transfer.

Documentation submitted and reviewed:

Submitted progress report dated 6/15/2012 - indicated that the resident now "requires CG/Min (A)", for transfers.

The ADL Self-Performance documentation does not support the MDS Manual 3.0 coding criteria §G0100-0900 as follows:

- Documentation for ADL Self-Performance must record what the resident **actually did**, not what he or she might be capable of doing, within each ADL category

Disposition: The draft report finding is unchanged and will be included in the final report.

Sample #23

Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:

Contested MDS Coding Issues:

Item #G0110H: Eating not supported by documentation.

Facility Comment:

See attached MDS, CCP for reference and validation as supporting documentation.

OMIG Response:

MDS Assessment Reference Date (ARD) is 7/2/2012

The 7-day look back period is 6/26/2012 – 7/2/2012.

ADL support provided Levels: The MDS claimed Level 2/ limited assistance for eating.

Documentation submitted and reviewed:

Submitted care plan activity report.

The ADL Self-Performance documentation does not support the MDS Manual 3.0 coding criteria §G0100-0900 as follows:

- Documentation for ADL Self-Performance must record what the resident **actually did**, not what he or she might be capable of doing, within each ADL category

Disposition: The draft report finding is unchanged and will be included in the final report.