



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 31, 2016

██████████
Little Neck Care Center
(aka Little Neck Nursing Home)
260-19 Nassau Boulevard
Little Neck, New York 11362

Re: MDS Final Audit Report
Audit #: 13-4457
Provider ID#: ██████████

Dear ██████████

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 Little Neck Care Center (aka Little Neck Nursing Home) 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 April 19, 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 \$55,179.36 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 [REDACTED]
[REDACTED]

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
LITTLE NECK CARE CENTER
AUDIT 13-4457
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$3.91	13,212	\$51,658.92
Non-Medicare/Part D Eligible	\$3.96	889	\$3,520.44
Total			<u>\$55,179.36</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
 LITTLE NECK CARE CENTER
 AUDIT #13-4457
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS				
					DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SPEECH THERAPY	DISALLOW OCCUPATION THERAPY
1	RMB	CA1	1.22	0.77				1	
2	CC1	CC1	0.98	0.98	1	1	1		
3	RMA	PA1	1.17	0.46				1	
4	IB1	IB1	0.78	0.78					
5	RMA	CA1	1.17	0.77				1	
6	RVC	RVC	1.53	1.53					1
7	RHC	RMB	1.40	1.22				1	
8	CB1	CB1	0.86	0.86					
9	CB1	CB1	0.86	0.86					
10	RMC	PD2	1.27	0.73				1	
11	RMA	CA1	1.17	0.77				1	
12	CC1	CC1	0.98	0.98					
13	PC1	PC1	0.66	0.66					
14	CB1	CB1	0.86	0.86					
15	RHC	RHC	1.40	1.40					
16	RMB	IB1	1.22	0.78				1	
17	RHC	RHC	1.40	1.40					
18	CC1	CC1	0.98	0.98	1	1			
TOTALS					2	2	1	7	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
LITTLE NECK CARE CENTER
AUDIT #13-4457
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 2 instances, documentation did not support resident required total assist every time. 2, 18

Transfer Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 2, 18

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 2

Skilled Therapy

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.

The qualified therapist, in conjunction with the physician and nursing staff, is responsible for determining the necessity for and the frequency and

duration of the therapy provided to residents. Rehabilitation (i.e., via Speech-Language Services, and Occupational and Physical Therapies) and respiratory, psychological, and recreational therapy helps the residents to attain or maintain their highest level of well-being and improve their quality of life. MDS 3.0 manual guidelines will be followed when reviewing the documentation provided by the facility.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual 00400-0500

Speech-Language Pathology

In 7 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 1, 3, 5, 7, 10, 11, 16

Occupational Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 6

RUGS-II Classifications Overturned

In 7 instances, the RUG classifications were overturned. 1, 3, 5, 7, 10, 11, 16

10 NYCRR §86-2.10, Volume A-2

OFFICE OF MEDICAID INSPECTOR GENERAL
LITTLE NECK CARE CENTER
AUDIT #13-4457

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.

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Sample #1

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

Item# 00400A Speech Therapy

Facility Comment: "Licensed health care professionals were involved in the identification of candidates, referrals and treatment for each case. A licensed physician ordered the therapy services. A plan of care was developed and the licensed speech pathologist after assessment, initiated a program of cognitive linguistic training focusing on goals related to memory, reasoning, sequencing, orientation and problem solving as per each beneficiary individual needs.

Documentation submitted and reviewed:

- Nurses Notes dated 5/14 thru 6/4/12.
- Reassessment: Mental Health Treatment Plan, dated 5/15/12.
- Psychological Service note dated 5/18/12, 5/25/12.

OMIG Response:

The MDS Assessment Reference Date (ARD) is 5/27/12.

The 7-day look back period is 5/21/12 – 5/27/12.

The MDS claimed 5 days, 156 minutes of Speech Therapy.

Resident received speech therapy for decreased cognition and to improve orientation, memory skills and attention to tasks. Evaluation and treatment for therapy was started on 5/21/12, first day of the look back period.

There is no interdisciplinary documentation to indicate there was a change in cognition. The facility documentation does not support the medical need for Skilled Therapy services.

ASSESSMENT:

Documentation provided does not support the MDS Manual, Section O:

The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for, and the frequency and duration of the therapy services provided to residents. The services must be provided with the expectation that the condition of the patient will improve materially in a reasonable and predictable period of time.

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

Sample #3

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

Item# O0400A Speech Therapy

Facility Comment: "Licensed health care professionals were involved in the identification of candidates, referrals and treatment for each case. A licensed physician ordered the therapy services. A plan of care was developed and the licensed speech pathologist after assessment, initiated a program of cognitive linguistic training focusing on goals related to memory, reasoning, sequencing, orientation and problem solving as per each beneficiary individual needs.

Documentation submitted and reviewed:

Psychological Service note dated 4/30/12, 5/9/12.

OMIG Response:

The MDS Assessment Reference Date (ARD) is 5/14/12.

The 7-day look back period is 5/08/12 – 5/14/12.

The MDS claimed 5 days, 152 minutes of Speech Therapy.

Resident received speech therapy for presenting with mild deficits in short term memory, long term memory, reasoning, and attention.

Therapy was given to improve cognitive-linguistic skills. Resident has a history of dementia and schizophrenia. Evaluation and treatment for therapy was started on 5/8/12, the first day of the look back period. There is no interdisciplinary documentation to indicate there was a change in cognition. The facility documentation does not support the medical need for Skilled Therapy services.

ASSESSMENT:

Documentation provided does not support the MDS Manual, Section O:

The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for, and the frequency and duration of the therapy services provided to residents. The services must be reasonable and necessary for the treatment of the resident's condition.

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

Sample #5

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

Item# O0400A Speech Therapy

Facility Comment: "Licensed health care professionals were involved in the identification of candidates, referrals and treatment for each case. A licensed physician ordered the therapy services. A plan of care was developed and the licensed speech pathologist after assessment, initiated a program of cognitive linguistic training focusing on goals related to memory, reasoning, sequencing, orientation and problem solving as per each beneficiary individual needs.

Documentation submitted and reviewed:

Psychological Service note dated 6/6/12, 6/15/12.

OMIG Response:

The MDS Assessment Reference Date (ARD) is 6/8/12.

The 7-day look back period is 6/2/12 – 6/8/12.

The MDS claimed 5 days, 150 minutes of Speech Therapy.

Resident received speech therapy for presenting with mild deficits in short term memory, long term memory, reasoning, and attention.

Therapy was given to improve cognitive-linguistic skills. Resident has a history of dementia and schizophrenia. Evaluation and treatment for therapy was started on 5/8/12, the first day of the look back period. There is no interdisciplinary documentation to indicate there was a change in cognition. The facility documentation does not support the medical need for Skilled Therapy services.

ASSESSMENT:

Documentation provided does not support the MDS Manual, Section O:

The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for, and the frequency and duration of the therapy services provided to residents. The services must be reasonable and necessary for the treatment of the resident's condition.

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

Sample #7

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

Item# O0400A Speech Therapy

Facility Comment: "Licensed health care professionals were involved in the identification of candidates, referrals and treatment for each case. A licensed physician ordered the therapy services. A plan of care was developed and the licensed speech pathologist after assessment, initiated a program of cognitive linguistic training focusing on goals related to memory, reasoning, sequencing, orientation and problem solving as per each beneficiary individual needs.

Documentation submitted and reviewed:

No additional documentation was submitted by the facility.

OMIG Response:

The MDS Assessment Reference Date (ARD) is 6/17/12.

The 7-day look back period is 6/11/12 – 6/17/12.

The MDS claimed 5 days, 154 minutes of Speech Therapy.

Resident received speech therapy for presenting with changed memory. Therapy was given to improve cognitive-linguistic skills. Resident has a history of dementia. Evaluation and treatment for therapy was started on 6/11/12, the first day of the look back period. There is no interdisciplinary documentation to indicate there was a change in memory. The facility documentation does not support the medical need for Skilled Therapy services.

ASSESSMENT:

Documentation provided does not support the MDS Manual, Section O:

The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for, and the frequency and duration of the therapy services provided to residents. The services must be reasonable and necessary for the treatment of the resident's condition.

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

Sample #10

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

Item# O0400A Speech Therapy

Facility Comment: "Licensed health care professionals were involved in the identification of candidates, referrals and treatment for each case. A licensed physician ordered the therapy services. A plan of care was developed and the licensed speech pathologist after assessment, initiated a program of cognitive linguistic training focusing on goals related to memory, reasoning, sequencing, orientation and problem solving as per each beneficiary individual needs.

Documentation submitted and reviewed:

No additional documentation was submitted by the facility.

OMIG Response:

The MDS Assessment Reference Date (ARD) is 7/20/2012.

The 7-day look back period is 7/14/12 – 7/20/12.

The MDS claimed 5 days, 153 minutes of Speech Therapy.

Resident received speech therapy for presenting with impaired cognition throughout. Therapy was given to improve cognitive-linguistic skills.

Resident has a history of dementia. Evaluation and treatment for therapy was started on 7/13/12, a day before the look back period. There is no interdisciplinary documentation to indicate there was a change in cognition. The facility documentation does not support the medical need for Skilled Therapy services.

ASSESSMENT:

Documentation provided does not support the MDS Manual, Section O:

The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for, and the frequency and duration of the therapy services provided to residents. The services must be reasonable and necessary for the treatment of the resident's condition.

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

Sample #11

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

Item# O0400A Speech Therapy

Facility Comment: "Licensed health care professionals were involved in the identification of candidates, referrals and treatment for each case. A licensed physician ordered the therapy services. A plan of care was developed and the licensed speech pathologist after assessment, initiated a program of cognitive linguistic training focusing on goals related to memory, reasoning, sequencing, orientation and problem solving as per each beneficiary individual needs.

Documentation submitted and reviewed:

No additional documentation was submitted by the facility.

OMIG Response:

The MDS Assessment Reference Date (ARD) is 4/27/2012.

The 7-day look back period is 4/21/12 – 4/27/12.

The MDS claimed 5 days, 152 minutes of Speech Therapy.

Resident received speech therapy for presenting with deficits in short term and long term memory. Therapy was given to improve cognitive skills. Resident has a history of dementia. Evaluation and treatment for therapy was started on 4/20/12, a day before the look back period. There is no interdisciplinary documentation to indicate there was a change in cognition. The facility documentation does not support the medical need for Skilled Therapy services.

ASSESSMENT:

Documentation provided does not support the MDS Manual, Section O:

The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for, and the frequency and duration of the therapy services provided to residents. The services must be reasonable and necessary for the treatment of the resident's condition.

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

Sample #16

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

Item# O0400A Speech Therapy

Facility Comment: "Licensed health care professionals were involved in the identification of candidates, referrals and treatment for each case. A licensed physician ordered the therapy services. A plan of care was developed and the licensed speech pathologist after assessment, initiated a program of cognitive linguistic training focusing on goals related to memory, reasoning, sequencing, orientation and problem solving as per each beneficiary individual needs.

Documentation submitted and reviewed:

- Speech/language/dysphagia screening (initial/annual).
- Social work evaluation and plan.

OMIG Response:

The MDS Assessment Reference Date (ARD) is 5/14/2012.

The 7-day look back period is 5/8/12 – 5/14/12.

The MDS claimed 5 days, 152 minutes of Speech Therapy.

Resident received speech therapy for presenting with impaired cognition throughout.

Therapy was given to improve cognitive-linguistic skills. Resident has a history of dementia. Evaluation and treatment for therapy was started on 5/8/12, the first day of the look back period. There is no interdisciplinary documentation to indicate there was a change in cognition. The facility documentation does not support the medical need for Skilled Therapy services.

ASSESSMENT:

Documentation provided does not support the MDS Manual, Section O:

The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for, and the frequency and duration of the therapy

services provided to residents. The services must be reasonable and necessary for the treatment of the resident's condition.

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