



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 8, 2016

██████████
Oak Hollow Nursing Center
29 Oakcrest Avenue
Middle Island, New York 11953

Re: MDS Final Audit Report
Audit #: 13-4463
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 Oak Hollow Nursing 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.

Since you did not respond to our draft audit report dated May 5, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$118,083.90 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.

You have the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. 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." You may only request a hearing to challenge specific audit adjustments which you challenged in a response to the draft audit report.

If you wish 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, New York 12204

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

Pursuant to 18 NYCRR §519.18, at the hearing you have the right to:

- (a) request the department to reschedule the hearing (adjournment);
- (b) be represented by an attorney, or other representative, or to represent himself/herself;
- (c) have an interpreter, at no charge, if the appellant does not speak English or is deaf and cannot afford one (the appellant must advise the department prior to the hearing if an interpreter will be needed);
- (d) produce witnesses and present written and/or oral evidence to explain why the action taken was wrong;
- (e) cross-examine witnesses of the department.

Should you have any questions regarding the above, please contact [REDACTED].

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
OAK HOLLOW NURSING CENTER
AUDIT 13-4463
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$5.05	21,558	\$108,867.90
Non-Medicare/Part D Eligible	\$5.12	1,800	\$9,216.00
Total			<u>\$118,083.90</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
 OAK HOLLOW NURSING CENTER
 AUDIT #13-4463
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS									
					DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW BED MOBILITY SUPPORT PROVIDED	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SWALLOWING/NUTRITIONAL STATUS	DISALLOW PHYSICAL THERAPY		
1	IA1	IA1	0.61	0.61										
2	RMX	RMA	1.96	1.17	1	1	1	1		1	1	1		
3	CA1	CA1	0.77	0.77			1	1		1	1	1		
4	PE1	PE1	0.79	0.79										
5	RMA	PA1	1.17	0.46									1	
6	PD1	PD1	0.72	0.72										
7	RMC	CB1	1.27	0.86										1
8	PE1	IA1	0.79	0.61	1	1	1	1	1	1	1			
9	SSC	SSA	1.12	1.03	1		1		1	1				
10	RMC	IB1	1.27	0.78	1				1	1				1
11	PE1	PE1	0.79	0.79										
12	PC1	PA1	0.66	0.46	1		1			1				
13	RMA	CA1	1.17	0.77										1
14	RMA	CA1	1.17	0.77										1
15	RMA	RMA	1.17	1.17										1
16	SSA	CA1	1.03	0.77	1	1				1	1			
17	CC1	IB1	0.98	0.78	1	1	1	1	1	1	1			

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18	PB1	PA1	0.58	0.46						1	1		
19	PB1	PA1	0.58	0.46						1			
20	BA1	BA1	0.47	0.47									
21	PD1	PA1	0.72	0.46	1	1	1	1		1	1		
22	SSB	SSB	1.06	1.06			1			1			
TOTALS					8	5	8	5	4	12	7	2	6

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
OAK HOLLOW NURSING CENTER
AUDIT #13-4463
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.	9, 17
In 4 instances, documentation did not support resident required weight bearing assist three or more times.	2, 8, 10, 16
In 2 instances, documentation did not support resident required non weight bearing assist three or more times.	12, 21

Bed Mobility Support Provided

In 3 instances, documentation did not support resident was a 2+ person physical help at least once.	2, 8, 17
In 2 instances, documentation did not support resident was a one person physical help at least once.	16, 21

Transfer Self-Performance

In 3 instances, documentation did not support resident required total assist every time.	2, 9, 22
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In 3 instances, documentation did not support resident required weight bearing assist three or more times.	3, 8, 17
In 2 instances, documentation did not support resident required non weight bearing assist three or more times.	12, 21
<u>Transfer Support Provided</u>	
In 3 instances, documentation did not support resident was a 2+ person physical help at least once.	2, 8, 17
In 2 instances, documentation did not support resident was a one (1) person physical help at least once.	3, 21
<u>Eating Self-Performance</u>	
In 3 instances, documentation did not support resident required total assist every time.	9, 10, 17
In 1 instance, documentation did not support resident required supervision one or more times.	8
<u>Toilet Use Self-Performance</u>	
In 6 instances, documentation did not support resident required total assist every time.	2, 9, 10, 17, 21, 22
In 3 instances, documentation did not support resident required weight bearing assist three or more times.	3, 8, 16
In 3 instances, documentation did not support resident required non weight bearing assist three or more times.	12, 18, 19
<u>Toilet Use Support Provided</u>	
In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	8
In 6 instances, documentation did not support resident was a one person physical help at least once.	2, 3, 16, 17, 18, 21

Swallowing/Nutritional Status

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 of conditions that could affect the residents' ability to maintain adequate nutrition and hydration. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual K0100-0700

In 2 instances, documentation did not support a resident height. 2, 3

In 2 instances, documentation did not support a resident weight in the past 30 days. 2, 3

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 O0400-0500

Physical Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 13

In 1 instance, documentation reflected incorrect days. 13

In 6 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition.

5, 7, 10, 13, 14, 15

RUGS-II Classifications Overturned

In 14 instances, the RUG classifications were overturned.

2, 5, 7, 8, 9, 10, 12, 13, 14, 16, 17, 18, 19, 21

10 NYCRR §86-2.10, Volume A-2