



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

August 11, 2016

[REDACTED]  
Silver Lake Specialized Rehabilitation and Care Center  
275 Castleton Avenue  
Staten Island, New York 10301

Re: MDS Final Audit Report  
Audit #: 13-4746  
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 Silver Lake Specialized Rehabilitation and 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.

Since you did not respond to our draft audit report dated January 21, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$42,421.42 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. 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 the Provider wishes to request a hearing, the request must be submitted in writing to:

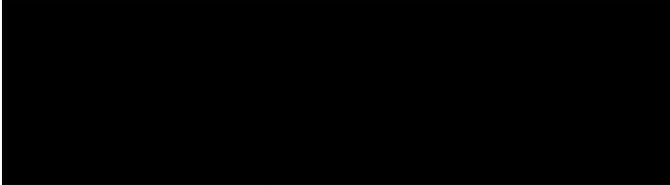
General Counsel  
New York State  
Office of the Medicaid Inspector General  
Office of Counsel  
800 North Pearl Street  
Albany, New York 12204

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

If a hearing is held, the Provider may have a person represent it or the Provider may represent itself. If the Provider chooses to be represented by someone other than an attorney, the Provider must supply along with its hearing request a signed authorization permitting that person to represent the Provider at the hearing; the Provider may call witnesses and present documentary evidence on its 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]



Division of Medicaid Audit  
Office of the Medicaid Inspector General



OFFICE OF THE MEDICAID INSPECTOR GENERAL  
SILVER LAKE SPECIALIZED REHABILITATION AND CARE CENTER  
AUDIT 13-4746  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.29	29,294	\$37,789.26
Non-Medicare/Part D Eligible	\$1.31	3,536	\$4,632.16
Total			<u>\$42,421.42</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  
 SILVER LAKE SPECIALIZED REHABILITATION AND CARE CENTER  
 AUDIT #13-4746  
 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 EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED	DISALLOW WEIGHT (POUNDS)	DISALLOW SPECIAL TREATMENTS PROCEDURES	DISALLOW PHYSICAL THERAPY	DISALLOW NURSING REHABILITATION CLAIMED						
36	RMC	RMC	1.27	1.27															
37	PC2	PC1	0.67	0.66															1
TOTALS					6	11	5	11	1	1	2	1	14						

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
SILVER LAKE SPECIALIZED REHABILITATION AND CARE CENTER  
AUDIT #13-4746  
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 6 instances, documentation did not support resident required total assist every time. 1, 3, 9, 21, 25, 31

**Transfer Self-Performance**

In 11 instances, documentation did not support resident required total assist every time. 1, 2, 3, 6, 9, 17, 18, 21, 25, 27, 31

**Eating Self-Performance**

In 3 instances, documentation did not support resident required total assist every time. 1, 18, 31

In 2 instances, documentation did not support resident required weight bearing assist three or more times. 3, 28

**Toilet Use Self-Performance**

In 10 instances, documentation did not support resident required total assist every time. 1, 6, 9, 15, 17, 18, 21, 25, 27, 31

In 1 instance, documentation did not support that the activity did not occur. 3

Toilet Use Support Provided

In 1 instance, documentation did not support that the activity did not occur. 3

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 1 instance, documentation reflected incorrect resident weight in the past 30 days. 16

Special Treatments, Procedures, and Programs

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 intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received during the specific time periods. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xv)  
MDS 3.0 Manual O0100-0300, O0600-0700*

In 1 instance, documentation did not support the number of days with MD exams during the look back period. 7

In 2 instances, documentation did not support the number of days with MD orders during the look back period. 7, 27

**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. 22

In 1 instance, documentation reflected incorrect days. 22

In 1 instance, documentation did not support evaluation/reassessment for therapy. 22

**Restorative Nursing Programs**

In 2 instances, documentation did not support resident participated in a nursing rehabilitation program. 4, 6

In 12 instances, documentation did not support measurable goals and/or periodic evaluation of the nursing rehabilitation program. 2, 5, 11, 17, 20, 23, 29, 31, 32, 34, 35, 37

**RUGS-II Classifications Overturned**

In 17 instances, the RUG classifications were overturned. 2, 3, 4, 5, 6, 11, 17, 20, 22, 23, 28, 29, 31, 32, 34, 35, 37

*10 NYCRR §86-2.10, Volume A-2*