



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 12, 2016

[REDACTED]
Vestal Park Rehabilitation and Nursing Center
105 West Sheedy Road
Vestal, New York 13850

Re: MDS Final Audit Report
Audit #: 13-4796
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 May 4, 2016 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 4, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$12,792.27 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

[REDACTED]

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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]
[REDACTED]

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
VESTAL PARK REHABILITATION AND NURSING CENTER
AUDIT 13-4796
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$0.92	13,845	\$12,737.40
Non-Medicare/Part D Eligible	\$0.93	59	\$54.87
Total			<u>\$12,792.27</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
 VESTAL PARK REHABILITATION AND NURSING CENTER
 AUDIT #13-4796
 FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS			
						DISALLOW BED MOBILITY	DISALLOW TRANSFER	DISALLOW EATING	DISALLOW SKIN CONDITIONS
1	[REDACTED]	SSC	SSC	1.12	1.12			1	
2	[REDACTED]	PE1	PE1	0.79	0.79				
3	[REDACTED]	IB1	IB1	0.78	0.78				
4	[REDACTED]	CC2	CC2	1.12	1.12				
5	[REDACTED]	SSC	PE1	1.12	0.79				1
6	[REDACTED]	PE1	PE1	0.79	0.79				
7	[REDACTED]	PE1	PE1	0.79	0.79	1	1		
8	[REDACTED]	BB1	BB1	0.66	0.66				
9	[REDACTED]	CA2	CA2	0.84	0.84				
10	[REDACTED]	CC1	CC1	0.98	0.98	1	1	1	
11	[REDACTED]	IB1	IB1	0.78	0.78				
12	[REDACTED]	PE1	PE1	0.79	0.79				
TOTALS						2	2	2	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
 VESTAL PARK REHABILITATION AND NURSING CENTER
 AUDIT #13-4796
 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. 7, 10

Transfer Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 7, 10

Eating Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 1, 10

Skin Conditions

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 the documented risk, presence, appearance and change of pressure ulcers. This section also notes other skin ulcers, wounds, or lesions, and documents treatment categories related to skin injury or avoiding injury. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual M0100-1200

In 1 instance, documentation did not support the application of dressing and ointments/medications. 5

RUGS-II Classifications Overturned

In 1 instance, the RUG classification was overturned. 5

10 NYCRR §86-2.10, Volume A-2