



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

August 11, 2016

██████████  
Port Chester Nursing and Rehabilitation Centre  
1000 High Street  
Port Chester, New York 10573

Re: MDS Final Audit Report  
Audit #: 13-4887  
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 Port Chester Nursing and Rehabilitation Centre 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 3, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$43,619.82 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]  
[REDACTED]

[REDACTED]  
Division of Medicaid Audit  
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 PORT CHESTER NURSING AND REHABILITATION CENTRE  
 AUDIT 13-4887  
 CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$2.25	19,190	\$43,177.50
Non-Medicare/Part D Eligible	\$2.28	194	\$442.32
Total			\$43,619.82

\*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  
 PORT CHESTER NURSING AND REHABILITATION CENTRE  
 AUDIT #13-4887  
 FINDINGS BY SAMPLE NUMBER

Sample #		Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS		
						DISALLOW BED MOBILITY	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY
1		RHC	RHC	1.40	1.40			
2		RMA	RMA	1.17	1.17			
3		RMB	RMB	1.22	1.22			
4		PE1	PE1	0.79	0.79			
5		RHC	PD1	1.40	0.72			1
6		CC1	CC1	0.98	0.98	1		
7		PE1	PE1	0.79	0.79			
8		PD1	PD1	0.72	0.72			
9		RHC	RHC	1.40	1.40			
10		RVB	RVB	1.39	1.39			
11		PC1	PC1	0.66	0.66			
12		RMC	RMC	1.27	1.27			
13		RMB	RMB	1.22	1.22			
14		CC1	CC1	0.98	0.98	1		
15		RHC	RHC	1.40	1.40			
16		RMC	RMC	1.27	1.27			
17		PE1	PE1	0.79	0.79			
18		CC1	CC1	0.98	0.98			

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 PORT CHESTER NURSING AND REHABILITATION CENTRE  
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 FINDINGS BY SAMPLE NUMBER

Sample #		Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS		
						DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY
19		CC1	CC1	0.98	0.98			
20		RMB	RMB	1.22	1.22			
21		RHC	RHC	1.40	1.40			
22		PE1	PE1	0.79	0.79			
23		RMA	PA1	1.17	0.46	1		
24		PE1	PE1	0.79	0.79			
25		PC1	PC1	0.66	0.66			
26		RMB	RMB	1.22	1.22			
27		IB1	IB1	0.78	0.78			
28		RUC	RUC	1.82	1.82			
29		IA1	IA1	0.61	0.61			
30		RHC	RMB	1.40	1.22	1		
31		RHC	RHC	1.40	1.40			
32		PD1	PD1	0.72	0.72			
33		RHC	RHC	1.40	1.40			
34		IB1	IB1	0.78	0.78			
35		RVC	RVC	1.53	1.53			
36		SSB	SSB	1.06	1.06			
37		PD1	PD1	0.72	0.72			

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
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 AUDIT #13-4887  
 FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS		
						DISALLOW BED MOBILITY	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY
38	[REDACTED]	PE1	PE1	0.79	0.79			
39	[REDACTED]	PE1	PE1	0.79	0.79			
40	[REDACTED]	RHC	RHC	1.40	1.40			
41	[REDACTED]	PC1	PC1	0.66	0.66			
<b>TOTALS</b>						<u>2</u>	<u>2</u>	<u>1</u>

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
PORT CHESTER NURSING AND REHABILITATION CENTRE  
AUDIT #13-4887  
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.

6, 14

**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*

Occupational Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 30

In 1 instance, documentation reflected incorrect days. 30

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 23

Physical Therapy

In 1 instance, documentation did not support resident received physical therapy during the 7 day look back. 5

RUGS-II Classifications Overturned

In 3 instances, the RUG classifications were overturned. 5, 23, 30

*10 NYCRR §86-2.10, Volume A-2*