



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 8, 2016

[REDACTED]
New Carlton Rehabilitation and Nursing Center, LLC
405 Carlton Avenue
Brooklyn, New York 11238

Re: MDS Final Audit Report
Audit #: 14-1138
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 New Carlton Rehabilitation and Nursing Center, LLC 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 April 21, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$138,519.18 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].

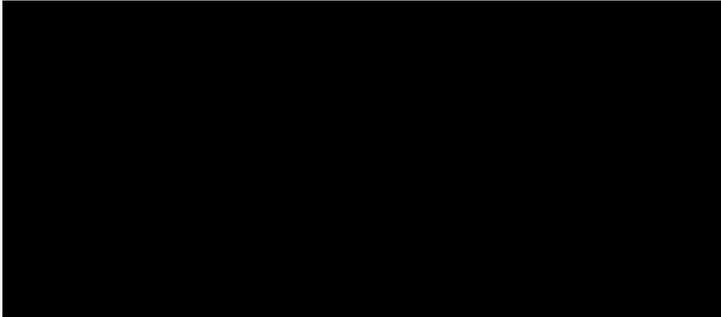
Pursuant to 18 NYCRR §519.18, at the hearing you have the right to:

- (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].



Division of Medicaid Audit
Office of the Medicaid Inspector General



OFFICE OF THE MEDICAID INSPECTOR GENERAL
NEW CARLTON REHABILITATION AND NURSING CENTER
AUDIT 14-1138
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$6.21	14,128	\$87,734.88
Non-Medicare/Part D Eligible	\$6.30	8,061	\$50,784.30
Total			<u>\$138,519.18</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
 NEW CARLTON REHABILITATION AND NURSING CENTER
 AUDIT #14-1138
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS												
					DISALLOW MOOD	DISALLOW BEHAVIOR	DISALLOW BED MOBILITY	DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TRANSFER SELF SUPPORT PROVIDED	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SELF SUPPORT PROVIDED	DISALLOW SPECIAL TREATMENTS PROCEDURES	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY	
1	RMX	RMA	1.96	1.17			1	1			1						
2	RVC	RMA	1.53	1.17			1	1		1	1						
3	RMA	RMA	1.17	1.17													
4	RHC	RHC	1.40	1.40													
5	CC2	IA1	1.12	0.61			1	1	1		1	1	1	1			
6	RHC	RHC	1.40	1.40													
7	CB2	CA2	0.91	0.84	1		1	1	1	1	1	1					
8	PD1	PD1	0.72	0.72													
9	CB1	CA1	0.86	0.77			1	1				1					
10	PE1	IA1	0.79	0.61			1		1		1	1	1				
11	PE1	PA1	0.79	0.46			1		1		1	1					
12	CC2	IA2	1.12	0.65			1	1	1		1	1	1				
13	RUA	RUA	1.37	1.37													
14	PE1	BB1	0.79	0.66			1	1	1			1	1				
15	RUA	RUA	1.37	1.37													
16	CA2	PB1	0.84	0.58			1	1	1	1							
17	CA2	CA2	0.84	0.84	1				1		1	1					
18	RHB	RMA	1.27	1.17			1	1				1	1	1			
19	RUA	RUA	1.37	1.37			1	1				1	1	1			
20	CC2	IB1	1.12	0.78	1		1	1	1			1	1	1			
21	RHB	RMA	1.27	1.17			1		1			1					
22	CA2	CA2	0.84	0.84			1	1	1	1		1	1	1			
23	PC1	PA1	0.66	0.46			1					1					
24	PB1	PA1	0.58	0.46					1			1					

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 NEW CARLTON REHABILITATION AND NURSING CENTER
 AUDIT #14-1138
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Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS																
					DISALLOW MOOD	DISALLOW BEHAVIOR	DISALLOW BED MOBILITY	DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED	DISALLOW SPECIAL TREATMENTS PROCEDURES	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY					
25	RMA	RMA	1.17	1.17																	
26	RVB	RMA	1.39	1.17			1		1				1								
27	CC2	CA2	1.12	0.84			1	1	1		1		1	1							
28	RUC	RUC	1.82	1.82					1				1								
29	CB2	CB2	0.91	0.91																	
30	RUB	RUB	1.53	1.53																	
31	RUB	RUA	1.53	1.37			1	1	1	1		1		1							
32	RMA	RMA	1.17	1.17					1					1							
33	RMA	RMA	1.17	1.17																	
34	RMA	PA1	1.17	0.46														1		1	
35	BA1	BA1	0.47	0.47		1		1		1				1							
36	CC2	CA2	1.12	0.84	1		1		1		1		1	1							
37	CB2	CB2	0.91	0.91																	
38	BB1	BA1	0.66	0.47			1		1				1								
39	RHC	RHC	1.40	1.40																	
40	RMB	RMA	1.22	1.17			1		1				1								
41	RHB	RHB	1.27	1.27																	
TOTALS					4	1	22	14	21	6	9	24	13	1	1	1					

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
NEW CARLTON REHABILITATION AND NURSING CENTER
AUDIT #14-1138
MDS DETAILED FINDINGS**

MDS FINDINGS**SAMPLE SELECTION****Mood**

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 mood distress. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual D0100-D0650*

In 4 instances, documentation did not support the frequency of depressive symptoms claimed.

7, 17, 20, 36

Behavior

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 behavioral symptoms in the last seven days, including those that are potentially harmful to the resident. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual E0100-E1100*

In 1 instance, documentation did not support the presence of hallucinations.

35

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 10 instances, documentation did not support resident required total assist every time. 1, 2, 5, 10, 11, 12, 14, 20, 27, 36

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 18

In 10 instances, documentation did not support resident required non weight bearing assist three or more times. 7, 9, 16, 21, 22, 23, 26, 31, 38, 40

In 1 instance, documentation did not support resident required supervision one or more times. 19

Bed Mobility Support Provided

In 11 instances, documentation did not support resident was a one person physical help at least once. 5, 7, 9, 12, 14, 16, 18, 20, 22, 27, 31

In 3 instances, documentation did not support resident was setup at least once. 19, 32, 35

Transfer Self-Performance

In 11 instances, documentation did not support resident required total assist every time. 1, 2, 5, 10, 11, 12, 14, 20, 27, 28, 36

In 10 instances, documentation did not support resident required non weight bearing assist three or more times. 7, 16, 17, 21, 22, 23, 26, 31, 38, 40

Transfer Support Provided

In 4 instances, documentation did not support resident was a one (1) person physical help at least once. 7, 16, 22, 31

In 2 instances, documentation did not support resident was set up at least once. 32, 35

Eating Self-Performance

- In 1 instance, documentation did not support resident required weight bearing assist three or more times. 17
- In 4 instances, documentation did not support resident required weight bearing assist three or more times. 5, 12, 27, 36
- In 4 instances, documentation did not support resident required non weight bearing assist three or more times. 2, 7, 10, 11

Toilet Use Self-Performance

- In 11 instances, documentation did not support resident required total assist every time. 1, 2, 5, 10, 11, 12, 14, 20, 27, 28, 36
- In 3 instances, documentation did not support resident required weight bearing assist three or more times. 7, 9, 18
- In 9 instances, documentation did not support resident required non weight bearing assist three or more times. 17, 21, 22, 23, 24, 26, 31, 38, 40
- In 1 instance, documentation did not support resident required supervision one or more times. 19

Toilet Use Support Provided

- In 7 instances, documentation did not support resident was a 2+ person physical help at least once. 5, 10, 12, 14, 20, 27, 36
- In 3 instances, documentation did not support resident was a one person physical help at least once. 18, 22, 31
- In 3 instances, documentation did not support resident was set up at least once. 19, 32, 35

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. 5

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

Occupational Therapy

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 34

Physical Therapy

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 34

RUGS-II Classifications Overturned

In 22 instances, the RUG classifications were overturned. 1, 2, 5, 7, 9, 10, 11, 12, 14, 16, 18, 20, 21, 23, 24, 26, 27, 31, 34, 36, 38, 40

10 NYCRR §86-2.10, Volume A-2