



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

July 29, 2016

[REDACTED]  
Briarcliff Manor Center for Rehabilitation and Nursing Care  
(aka Elant at Brandywine)  
620 Sleepy Hollow Road  
Briarcliff Manor, New York 10510

Re: MDS Final Audit Report  
Audit #: 13-6352  
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 Briarcliff Manor Center for Rehabilitation and Nursing Care (aka Elant at Brandywine) 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 February 22, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$140,092.16 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  
BRIARCLIFF MANOR CENTER FOR REHABILITATION AND NURSING CARE  
AUDIT 13-6352  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$9.10	12,928	\$117,644.80
Non-Medicare/Part D Eligible	\$9.23	2,432	\$22,447.36
Total			<u>\$140,092.16</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  
BRIARCLIFF MANOR CENTER FOR REHABILITATION AND NURSING CARE  
AUDIT #13-6352  
MDS DETAILED FINDINGS**

**MDS FINDINGS****SAMPLE SELECTION****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 2 instances, documentation did not support the presence of delusions. 12, 31

In 1 instance, documentation did not support the presence of hallucinations. 31

**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 1 instance, documentation did not support resident required weight bearing assist three or more times. 8

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 33

In 1 instance, documentation did not support resident was a one person physical help at least once. 8

In 1 instance, documentation did not support resident was setup at least once. 15

Transfer Self-Performance

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

In 1 instance, documentation did not support resident required supervision one or more times. 24

Transfer Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 10

In 1 instance, documentation did not support resident was a one (1) person physical help at least once. 24

Eating Self-Performance

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 28

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required supervision one or more times. 24

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a one person physical help at least once. 24

In 1 instance, documentation did not support resident was set up at least once. 15

**Active Disease Diagnosis**

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 the diseases coded relate to the resident's functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)*  
*MDS Manual 3.0 I0100-18000*

In 1 instance, documentation did not support dementia as a physician documented diagnosis in the past 60 days. 12

In 1 instance, documentation did not support Multiple Sclerosis as physician documented active diagnosis during the 7 day look back. 14

**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 5 instances, documentation did not support a resident height. 1, 14, 27, 31, 32

In 5 instances, documentation did not support a resident weight in the past 30 days. 1, 14, 27, 31, 32

**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 2 instances, documentation did not support the number of days with MD exams during the look back period. 2, 22

In 2 instances, documentation did not support the number of days with MD orders during the look back period. 2, 22

**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 O0400-0700*

**Speech-Language Pathology**

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 34

In 1 instance, documentation reflected incorrect days. 34

In 1 instance, documentation did not support an order for therapy. 34

Occupational Therapy

In 1 instance, documentation did not support an order for therapy. 29

In 3 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 23, 25, 32

Physical Therapy

In 1 instances, documentation reflected incorrect individual/concurrent/group minutes. 34

In 1 instance, documentation reflected incorrect days. 34

In 1 instance, documentation did not support evaluation/reassessment for therapy. 34

In 3 instances, documentation did not support an order for therapy. 15, 30, 34

In 5 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 1, 11, 13, 17, 34

RUGS-II Classifications Overturned

In 19 instances, the RUG classifications were overturned. 1, 2, 8, 11, 12, 13, 14, 15, 17, 22, 23, 25, 28, 29, 30, 31, 32, 33, 34

10 NYCRR §86-2.10, Volume A-2