



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

May 27, 2016

[REDACTED]  
Jewish Home Lifecare, Harry and Jeanette Weinberg Campus, Bronx  
(aka Jewish Home and Hospital Bronx Division)  
100 West Kingsbridge Road  
Bronx, New York 10468

Re: MDS Final Audit Report  
Audit #: 13-1241  
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 Jewish Home Lifecare, Harry and Jeanette Weinberg Campus, Bronx (aka Jewish Home and Hospital Bronx Division) for the census period ending January 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 September 28, 2015 the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$145,428.90 was calculated using the number of Medicaid days paid for the rate period July 1, 2012 through December 31, 2012 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]

[REDACTED]

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
JEWISH HOME LIFECARE, HARRY AND JEANETTE WEINBURG CAMPUS, BRONX  
AUDIT # 13-1241  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$1.38	94,865	\$130,913.70
Non-Medicare/Part D Eligible	\$1.40	10,368	\$14,515.20
Total			<u>\$145,428.90</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  
 JEWISH HOME LIFECARE, HARRY AND JEANETTE WEINBURG CAMPUS, BRONX  
 AUDIT #13-1241  
 DISALLOWANCE BY SAMPLE NUMBER

Sample #	DOB	Name	ARD	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DISALLOWANCE REASONS												
								1	2	3	4	5	6	7	8	9	10			
199				PD2	PD2	0.73	0.73													
200				RMA	RMA	1.17	1.17													
201				SSC	SSC	1.12	1.12													
202				PB1	PB1	0.58	0.58													
203				CC2	CC2	1.12	1.12													
204				RMC	RMC	1.27	1.27													
205				CC1	CC1	0.98	0.98													
<b>TOTALS</b>									3	1	1	2	5	2	1	1	1	3	3	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
JEWISH HOME LIFECARE, HARRY AND JEANNETTE WEINBURG CAMPUS,  
BRONX  
AUDIT #13-1241  
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. 73, 103

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 44

**Bed Mobility Support Provided**

In 1 instance, documentation did not support resident was a one person physical help at least once. 44

**Transfer Self-Performance**

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 44

**Transfer Support Provided**

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 153

In 1 instance, documentation did not support resident was a one person physical help at least once. 44

Eating Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 24, 128

In 2 instances, documentation did not support resident required weight bearing assist three or more times. 62, 122

In 1 instance, documentation did not support resident required supervision one or more times.. 44

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 81

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 44

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a one person physical help at least once. 44

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 hemiplegia as a physician documented diagnosis in the past 60 days. 69

**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 correct stage of ulcer(s). 4

**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 3 instances, documentation reflected incorrect individual/concurrent/group minutes. 126, 153

In 2 instances, documentation reflected incorrect days. 153

In 1 instance, documentation did not support resident received physical therapy during the 7 day look back. 49

**Nursing Rehabilitation**

In 3 instances, documentation did not support resident participated in a nursing rehabilitation program. 19, 31, 44

**RUGS-II Classifications Overturned**

In 10 instances, the RUG classifications were overturned. 4, 19, 24, 31, 44, 49, 62, 69, 122, 153

*10 NYCRR §86-2.10, Volume A-2*