NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

May 24, 2016

[redacted]
Cobble Hill Health Center, Inc.
380 Henry Street
Brooklyn, New York 11201

Re: MDS Final Audit Report
Audit #: 13-1262
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 Cobble Hill Health Center, Inc. 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 February 11, 2015 the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of $58,289.99 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

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 .

Division of Medicaid Audit
Office of the Medicaid Inspector General

ATTACHMENT A

OFFICE OF THE MEDICAID INSPECTOR GENERAL
COBBLE HILL HEALTH CENTER, INC.
AUDIT # 13-1262
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	$1.31	40,029	$52,437.99
Non-Medicare/Part D Eligible	$1.33	4,400	$5,852.00
Total			$58,289.99

*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
COBBLE HILL HEALTH CENTER, INC.
AUDIT #13-1262
DISALLOWANCE BY SAMPLE NUMBER

Sample #	DOB	Name	ARD	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS: Disallow bed mobility self preformance	Disallow bed mobility support provided	Disallow transfer self preformance	Disallow transfer support provided	Disallow eating self preformance	Disallow toilet use self-performance	Disallow toilet use support provided	Disallow special treatments, procedures	Disallow occupational therapy
1	[redacted]			PE2	PD2	0.8	0.73			1	1					
2				SSC	SSC	1.12	1.12									
3				BA1	BA1	0.47	0.47									
4				CB1	CB1	0.86	0.86									
5				RLA	RLA	0.91	0.91									
6				RMB	RMB	1.22	1.22									
7				PE1	PE1	0.79	0.79						1			
8				CC2	PE1	1.12	0.79									
9				IA1	IA1	0.61	0.61									
10				CC1	CC1	0.98	0.98									
11				CB1	CB1	0.86	0.86									
12				SSC	SSC	1.12	1.12									
13				RMC	RMC	1.27	1.27									
14				RMA	RMA	1.17	1.17									
15				SSA	SSA	1.03	1.03						1			
16				SSC	SSB	1.12	1.06									
17				IA1	IA1	0.61	0.61									
18				PD1	PD1	0.72	0.72									
19				RMA	RMA	1.17	1.17									
20				RMC	RMC	1.27	1.27									
21				PE1	PE1	0.79	0.79									
22				BA1	BA1	0.47	0.47									
23				PD2	PD2	0.73	0.73									
24				CA1	CA1	0.77	0.77									
25				PC2	PC2	0.67	0.67									

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Sample #	DOB	Name	ARD	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS: Disallow bed mobility self preformance	Disallow bed mobility support provided	Disallow transfer self preformance	Disallow transfer support provided	Disallow eating self preformance	Disallow toilet use self-performance	Disallow toilet use support provided	Disallow special treatments, procedures	Disallow occupational therapy
26	[redacted]			CC2	CC2	1.12	1.12									
27				RMA	RMA	1.17	1.17									
28				SSC	SSC	1.12	1.12									
29				IA1	IA1	0.61	0.61									
30				CB2	PD1	0.91	0.72	1						1		
31				CA1	CA1	0.77	0.77									
32				SSC	SSC	1.12	1.12									
33				PE1	PE1	0.79	0.79									
34				CB1	CB1	0.86	0.86									
35				CC1	CC1	0.98	0.98									
36				PE2	PD2	0.8	0.73	1	1	1		1				
37				RLB	RLB	1.15	1.15									
38				CC2	CC2	1.12	1.12									
39				CC2	CC2	1.12	1.12									
40				IA1	IA1	0.61	0.61									
41				SSC	SSC	1.12	1.12									
42				RML	SE2	1.74	1.37								1	
43				CA1	CA1	0.77	0.77									
44				RMA	RMA	1.17	1.17									
45				PD1	PD1	0.72	0.72									
46				CA1	CA1	0.77	0.77									
47				SSB	SSB	1.06	1.06									
48				CC1	CC1	0.98	0.98									
49				PE2	PE2	0.8	0.8									
50				SSB	SSB	1.06	1.06									

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COBBLE HILL HEALTH CENTER, INC.
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DISALLOWANCE BY SAMPLE NUMBER

DETAILED FINDINGS

Sample #	DOB	Name	ARD	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow bed mobility self preformance	Disallow bed mobility support provided	Disallow transfer self preformance	Disallow transfer support provided	Disallow eating self preformance	Disallow toilet use self-performance	Disallow toilet use support provided	Disallow special treatments, procedures	Disallow occupational therapy
51	[redacted]			CC2	CC2	1.12	1.12									
52				BA1	BA1	0.47	0.47									
53				PD2	PD2	0.73	0.73									
54				IA1	IA1	0.61	0.61									
55				IB2	IB2	0.8	0.8									
56				PE1	PE1	0.79	0.79									
57				RMX	RMX	1.96	1.96	1		1		1	1			
58				CB1	CA1	0.86	0.77			1						
59				PD2	PD2	0.73	0.73									
60				SSC	SSC	1.12	1.12									
61				IA1	IA1	0.61	0.61									
62				CC2	CC2	1.12	1.12									
63				SSC	SSC	1.12	1.12									
64				PD1	PD1	0.72	0.72									
65				SSC	SSC	1.12	1.12									
66				SSC	SSC	1.12	1.12									
67				CC2	CC2	1.12	1.12									
68				RMC	RMC	1.27	1.27									
69				CC1	CC1	0.98	0.98									
70				PD2	PD2	0.73	0.73									
TOTALS								3	1	4	1	2	1	1	2	1

OFFICE OF THE MEDICAID INSPECTOR GENERAL
COBBLE HILL HEALTH CENTER, INC.
AUDIT #13-1262
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.	36, 57
In 1 instance, documentation did not support resident required weight bearing assist three or more times.	30
Bed Mobility Support Provided	
In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	36
Transfer Self-Performance	
In 3 instances, documentation did not support resident required total assist every time.	1, 36, 57
In 1 instance, documentation did not support resident required weight bearing assist three or more times.	58

Transfer Support Provided

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

Eating Self-Performance

In 2 instances, documentation did not support resident required total assist every time.	36, 57

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time.	57

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	16

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

In 2 instances, documentation did not support the number of days with MD orders during the look back period.	8, 30

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

Occupational Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes.	42
In 1 instance, documentation reflected incorrect days.	42
In 1 instance, documentation did not support evaluation/reassessment for therapy.	42
In 1 instance, documentation did not support medical necessity for therapy.	42
In 1 instance, documentation did not support therapy reasonable for resident's condition.	42

RUGS-II Classifications Overturned

In 7 instances, the RUG classifications were overturned.	1, 8, 16, 30, 36, 42, 58

10 NYCRR §86-2.10, Volume A-2