NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

May 24, 2016

[redacted]
Golden Gate Rehabilitation and Health Care Center
191 Bradley Avenue
Staten Island, New York 10314

Re: MDS Final Audit Report
Audit #: 13-1276
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 Golden Gate Rehabilitation and Health Care Center 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 5, 2015 the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of $43,558.92 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
GOLDEN GATE REHABILITATION AND HEALTH CARE CENTER
AUDIT # 13-1276
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	$1.22	28,758	$35,084.76
Non-Medicare/Part D Eligible	$1.24	6,834	$8,474.16
Total			$43,558.92

*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
GOLDEN GATE REHABILITATION AND HEALTH CARE CENTER
AUDIT #13-1276
DISALLOWANCE BY SAMPLE NUMBER

Sample #	DOB	Name	ARD	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS: DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW BED MOBILITY SUPPORT PROVIDED	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SPECIAL TREATMENTS/PROCEDURES	DISALLOW OCCUPATIONAL THERAPY	DISALLOW PHYSICAL THERAPY
1	[redacted]			RMA	RMA	1.17	1.17								
2				RMC	RMB	1.27	1.22		1			1			
3				RMA	RMA	1.17	1.17								
4				RMB	RMB	1.22	1.22								
5				IA1	IA1	0.61	0.61								
6				IB1	PD1	0.78	0.72	1	1						
7				PE1	PE1	0.79	0.79	1				1			
8				CC2	CC2	1.12	1.12								
9				RMA	RMA	1.17	1.17								
10				RMC	RMC	1.27	1.27								
11				BA1	BA1	0.47	0.47								
12				IA1	IA1	0.61	0.61								
13				RMA	RMA	1.17	1.17								
14				IA1	IA1	0.61	0.61								
15				RHC	RHC	1.4	1.4								
16				CB1	CB1	0.86	0.86								
17				RHC	RHC	1.4	1.4								

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18	[redacted]			RMB	RMB	1.22	1.22								
19				IA1	IA1	0.61	0.61								
20				SSB	SSB	1.06	1.06								
21				SE2	SE2	1.37	1.37								
22				PC1	PC1	0.66	0.66								
23				RMX	CB2	1.96	0.91						1	1	1
24				RMA	RMA	1.17	1.17								
25				RMC	RMC	1.27	1.27								
26				CC1	CC1	0.98	0.98								
27				RMC	RMC	1.27	1.27					1			
28				RHC	RHC	1.4	1.4								
29				CC1	CB1	0.98	0.86	1							
30				RMA	RMA	1.17	1.17								
31				PD1	PD1	0.72	0.72								
32				IA1	IA1	0.61	0.61								
33				RHC	RHC	1.4	1.4								
34				RMA	RMA	1.17	1.17								

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35	[redacted]			RHB	RHB	1.27	1.27								
36				RMC	RMC	1.27	1.27								
37				CC1	CC1	0.98	0.98								
38				PE1	PE1	0.79	0.79	1			1				
39				CA1	CA1	0.77	0.77								
40				SSC	SSC	1.12	1.12	1		1	1	1			
41				SSB	SSB	1.06	1.06								
42				SSB	SSB	1.06	1.06			1					
43				RHB	RHB	1.27	1.27								
TOTALS								5	2	2	2	4	1	1	1

OFFICE OF THE MEDICAID INSPECTOR GENERAL
GOLDEN GATE REHABILITATION AND HEALTH CARE CENTER
AUDIT #13-1276
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 3 instances, documentation did not support resident required total assist every time.	7, 38, 40
In 1 instance, documentation did not support resident required weight bearing assist three or more times.	29
In 1 instance, documentation did support resident required non weight bearing assist three or more times.	6
Bed Mobility Support Provided	
In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	2
In 1 instance, documentation did not support resident was setup help at least once.	6
Transfer Self-Performance	
In 2 instances, documentation did not support resident required total assist every time.	40, 42

Eating Self-Performance

In 1 instance, documentation did not support the activity was performed.	40
In 1 instance, documentation did not support resident required total assist every time.	38

Toilet Use Self-Performance

In 4 instances, documentation did not support resident required total assist every time.	2, 7, 27, 40

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 1 instance, documentation did not support a drug or biological given by intravenous push, epidural pump, or drip through a central line or peripheral port during the look back period.	23

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.	23
In 1 instance, documentation reflected incorrect days.	23

Physical Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes.	23
In 1 instance, documentation reflected incorrect days.	23

RUGS-II Classifications Overturned

In 4 instances, the RUG classifications were overturned.	2, 6, 23, 29

10 NYCRR §86-2.10, Volume A-2