



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 17, 2016

██████████
Ideal Senior Living Center
601 High Avenue
Endicott, New York 13760

Re: MDS Final Audit Report
Audit #: 14-4746
Provider ID#: ██████████

Dear ██████████

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 Ideal Senior Living Center for the census period ending January 25, 2013. In accordance with 18 NYCRR §517.6, this final audit report represents the OMIG's final determination on issues found during OMIG's review.

We received your response to our draft audit report dated August 26, 2016. Your comments have been considered (see Attachment D) and the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$37,373.68 was calculated using the number of Medicaid days paid for the rate period July 1, 2013 through December 31, 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.

The Provider has the right to challenge this action and determination by requesting an administrative hearing within 60 days of the date of this notice. If the Provider wishes 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, NY 12204

Questions regarding the request for a hearing should be directed to Office of Counsel, at ██████████

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."

If a hearing is held, you may have a person represent you or you may represent yourself. If you choose to be represented by someone other than an attorney, you must supply along with your hearing request a signed authorization permitting that person to represent you at the hearing; you may call witnesses and present documentary evidence on your behalf.

For a full listing of hearing rights please see 18 NYCRR Part 519.

Should you have any questions regarding the above, please contact (b) (6)

Division of Medicaid Audit
Office of the Medicaid Inspector General

OFFICE OF THE MEDICAID INSPECTOR GENERAL
IDEAL SENIOR LIVING CENTER
AUDIT 14-4746
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.85	20,016	\$37,029.60
Non-Medicare/Part D Eligible	\$1.87	184	\$344.08
Total			<u>\$37,373.68</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
 IDEAL SENIOR LIVING CENTER
 AUDIT #14-4746
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow bed mobility self performance	Disallow bed mobility support provided	Disallow transfer self performance	Disallow transfer support provided	Disallow eating self performance	Disallow toilet use self performance	Disallow active disease diagnosis	Disallow health conditions	Disallow speech therapy
1	SSC	CC1	1.12	0.98				1		1	1		
2	SSC	PE1	1.12	0.79							1		
3	IA1	IA1	0.61	0.61									
4	RMA	RMA	1.17	1.17									
5	SSB	SSB	1.06	1.06									
6	IA1	IA1	0.61	0.61									
7	SSC	SSC	1.12	1.12					1				
8	SSC	CC1	1.12	0.98	1			1	1		1		
9	SSB	PD1	1.12	0.72							1		
10	CC1	PE1	0.98	0.79	1	1		1	1	1			
11	IA1	IA1	0.61	0.61									
12	PB1	PB1	0.58	0.58									
13	SSC	CC1	1.12	0.98							1		
14	SSB	PD1	1.06	0.72							1		
15	SSC	SSC	1.12	1.12									
16	CB1	CA1	0.86	0.77	1	1	1	1					
17	PE1	PE1	0.79	0.79	1				1	1			
18	PE1	PE1	0.79	0.79	1				1				

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 IDEAL SENIOR LIVING CENTER
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19	PD1	PD1	0.72	0.72									
20	RMC	PD1	1.27	0.72				1					1
21	RMC	RMB	1.27	1.22		1							
22	PD1	PD1	0.72	0.72									
23	CC1	CC1	0.98	0.98	1		1		1				
24	CC1	CC1	0.98	0.98					1				
					6	2	3	1	6	6	2	6	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
IDEAL SENIOR LIVING CENTER
AUDIT #14-4746
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 5 instances, documentation did not support resident required total assist every time. 8, 10, 17, 18, 23

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 16

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 21

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

Transfer Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 10, 23

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 16

Transfer Support Provided

In 1 instance, documentation did not support resident was a one (1) person physical help at least once. 16

Eating Self-Performance

In 5 instances, documentation did not support resident required total assist every time. 1, 8, 10, 17, 18

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 20

Toilet Use Self-Performance

In 6 instances, documentation did not support resident required total assist every time. 7, 8, 10, 17, 23, 24

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-I8000

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

In 1 instance, documentation did not support hemiplegia as a physician documented diagnosis in the past 60 days. 10

In 1 instance, documentation did not support Pneumonia as an active diagnosis during the 7 day look back. 1

In 1 instance, documentation did not support hemiplegia as an active diagnosis during the 7 day look back. 10

Health 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 health conditions that impact the resident's functional status and quality of life. MDS 3.0 manual guidelines will be followed when examining the medical records

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual J0100-1900

In 6 instances, documentation did not support fever during the look back period. 1, 2, 8, 9, 13, 14

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

Speech-Language Pathology

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 20

RUGS-II Classifications Overturned

In 10 instances, the RUG classifications were overturned. 1, 2, 8, 9, 10, 13, 14, 16, 20, 21

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
IDEAL SENIOR LIVING CENTER
AUDIT #14-4746
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
Sample #2	Item #J0100-1900 Health Conditions Fever	<ul style="list-style-type: none"> • Progress Notes • Face sheet • MDS sections G and J • ADL Summary 	Denied	<p>The MDS with an ARD of 01/25/13 claims Fever with vomiting. The facility documentation provided does not support the MDS definition of fever – as a temperature 2.4* higher than baseline temperature established prior to ARD. The Facility has no baseline temperature.</p> <p>See MDS Manual – Section J</p>
Sample #13	Item #J0100-1900 Health Conditions Fever	<ul style="list-style-type: none"> • Progress Notes • Face sheet • MDS sections G and J • ADL Summary 	Denied	<p>The MDS with an ARD of 01/29/13 claims Fever with vomiting. The facility documentation provided does not support the MDS definition of fever – as a temperature 2.4* higher than baseline temperature established prior to ARD. The Facility has no baseline temperature.</p> <p>See MDS Manual – Section J</p>
Sample #20	Item #O0400A Speech Therapy	<ul style="list-style-type: none"> • Face sheet • MDS sections G, I and O • Progress Notes • Speech Therapy • visit log • Speech Therapy Referral Form and Evaluation 	Denied	<p>The MDS with an ARD of 01/16/13 claims Speech Therapy. The facility documentation provided does not support the medical need for Speech Therapy services. Services provided at the request of the Resident or the Residents family That are not medically necessary shall not be counted.</p> <p>See MDS Manual – Section O</p>