



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 19, 2016

[REDACTED]
Groton Community Health Care Center
Residential Care Facility
120 Sykes Street
Groton, New York 13073

Re: MDS Final Audit Report
Audit #: 14-4759
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 Groton Community Health Care Center Residential Care Facility for the census period ending July 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.

Since you did not respond to our draft audit report dated August 12, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$27,686.88 was calculated using the number of Medicaid days paid for the rate period January 1, 2014 through June 30, 2014 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 [REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
GROTON COMMUNITY HEALTH CARE CENTER RESIDENTIAL CARE FACILITY
AUDIT 14-4759
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$2.61	10,608	\$27,686.88
Non-Medicare/Part D Eligible	\$2.64	0	\$0.00
Total			<u>\$27,686.88</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
 GROTON COMMUNITY HEALTH CARE CENTER RESIDENTIAL CARE FACILITY
 AUDIT #14-4759
 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 toilet use self performance	Disallow active disease provided	Disallow Dementia Add On
1	PC1	PA1	0.66	0.46			1		1		1
2	PE1	IA1	0.79	0.61	1			1			
3	RMA	RMA	1.17	1.17							
4	PD1	IA1	0.72	0.61	1	1			1	1	
5	IA1	IA1	0.61	0.61							
6	PE1	PA1	0.79	0.46	1	1	1		1	1	
7	PE1	PA1	0.79	0.46	1		1		1	1	
8	PE1	PA1	0.79	0.46	1		1		1	1	
9	PE1	IA1	0.79	0.61	1		1		1	1	
10	PC1	PB1	0.66	0.58	1				1		
11	RMB	RMA	1.22	1.17			1	1	1	1	
12	IA1	IA1	0.61	0.61							
Totals					7	2	7	1	9	6	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
GROTON COMMUNITY HEALTH CARE CENTER RESIDENTIAL CARE FACILITY
AUDIT #14-4759
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 6 instances, documentation did not support resident required weight bearing assist three or more times. 2, 4, 6, 7, 8, 9

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 10

Bed Mobility Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 4, 6

Transfer Self-Performance

In 3 instances, documentation did not support resident required total assist every time. 2, 6, 8

In 4 instances, documentation did not support resident required weight bearing assist three or more times. 1, 7, 9, 11

Transfer Support Provided

In 1 instance, documentation did not support resident was a one (1) person physical help at least once. 11

Toilet Use Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 2, 8

In 6 instances, documentation did not support resident required w eight bearing assist three or more times. 1, 4, 6, 7, 9, 11

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 10

Toilet Use Support Provided

In 4 instances, documentation did not support resident was a 2+ person physical help at least once. 6, 7, 8, 9

In 2 instances, documentation did not support resident was a one person physical help at least once. 4, 11

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 Dementia as a physician documented diagnosis in the past 60 days. 1

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

Dementia Add-on

In 1 instance, documentation did not support the diagnosis of Alzheimer's/dementia required for the add-on. 1

10 NYCRR §86-2.40 (z)(1)

RUGS-II Classifications Overturned

In 9 instances, the RUG classifications were overturned. 1, 2, 4, 6, 7, 8, 9, 10, 11

10 NYCRR §86-2.10, Volume A-2