



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 21, 2016

[REDACTED]
St. Luke Residential Health Care Facility
299 East River Road
Oswego, New York 13126

Re: MDS Final Audit Report
Audit #: 14-4779
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 St. Luke Residential Health 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 17, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$20,742.04 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]

[REDACTED]

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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 [REDACTED]
[REDACTED].

[REDACTED]

DIVISION OF MEDICAID AUDIT
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
ST. LUKE RESIDENTIAL HEALTH CARE FACILITY
AUDIT 14-4779
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$0.94	22,066	\$20,742.04
Non-Medicare/Part D Eligible	\$0.96	0	\$0.00
Total			<u>\$20,742.04</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
 ST LUKE RESIDENTIAL HEALTH CARE FACILITY
 AUDIT #14-4779
 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 occupation therapy	Disallow physical therapy
1	RVC	RVC	1.53	1.53			1	1			
2	PE1	PE1	0.79	0.79							
3	PC2	PC2	0.67	0.67			1				
4	PE1	PE1	0.79	0.79			1	1			
5	PE1	PE1	0.79	0.79			1				
6	CB1	CA1	0.86	0.77	1		1	1			
7	CC1	CC1	0.98	0.98							
8	PE1	PE1	0.79	0.79							
9	CA1	CA1	0.77	0.77			1				
10	RMA	CA2	1.17	0.84	1		1	1	1	1	
11	CB1	CB1	0.86	0.86							
12	CB1	CB1	0.86	0.86							
13	RHC	RHB	1.4	1.27			1	1			
14	RMC	RMC	1.27	1.27							
15	PE1	PE1	0.79	0.79							
16	PD1	PD1	0.72	0.72							
17	RLB	RLB	1.15	1.15				1			
18	PE1	PE1	0.79	0.79							

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 ST LUKE RESIDENTIAL HEALTH CARE FACILITY
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19	RMB	RMB	1.22	1.22			1				
20	IB1	IB1	0.78	0.78	1	1	1		1		
21	PE1	PD1	0.79	0.72				1			
22	PE1	PE1	0.79	0.79					1		
23	CC1	CC1	0.98	0.98	1		1		1		
24	CC1	CC1	0.98	0.98	1				1		
25	CA2	CA2	0.84	0.84							
26	CC1	CC1	0.98	0.98							
Totals					5	1	11	2	9	1	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
ST LUKE RESIDENTIAL HEALTH CARE FACILITY
AUDIT #14-4779
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. 23, 24

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 6

In 2 instances, documentation did not support resident required supervision one or more times. 10, 20

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a one person physical help at least once. 20

Transfer Self-Performance

In 4 instances, documentation did not support resident required total assist every time. 1, 4, 5, 23

In 5 instances, documentation did not support resident required weight bearing assist three or more times. 3, 6, 9, 13, 20

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 19

In 1 instance, documentation did not support resident required supervision one or more times. 10

Transfer Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 17, 21

Toilet Use Self-Performance

In 5 instances, documentation did not support resident required total assist every time. 1, 4, 22, 23, 24

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 6, 13, 20

In 1 instance, documentation did not support resident required supervision one or more times. 10

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*

Occupational Therapy

In 1 instance, documentation did not support resident received occupational therapy during the 7 day look back. 10

Physical Therapy

In 1 instance, documentation did not support resident received physical therapy during the 7 day look back. 10

RUGS-II Classifications Overturned

In 4 instances, the RUG classifications were overturned. 6, 10, 13, 21

10 NYCRR §86-2.10, Volume A-2