NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 3, 2016

[redacted]
Belair Care Center, Inc.
2478 Jerusalem Avenue
North Bellmore, New York 11710

Re: MDS Final Audit Report
Audit #: 14-5285
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 Belair Care Center, Inc, 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.

Since you did not respond to our draft audit report dated August 10, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of $15,240.50 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 [redacted]

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 .

Division of Medicaid Audit
Office of the Medicaid Inspector General

ATTACHMENT A

OFFICE OF THE MEDICAID INSPECTOR GENERAL

BELAIR CARE CENTER

AUDIT 14-5285

CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	$3.74	4,075	$15,240.50
Non-Medicare/Part D Eligible	$3.79	0	$0.00
Total			$15,240.50

*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
BELAIR CARE CENTER
AUDIT #14-5285
ERRORS BY SAMPLE NUMBER

Sample #	[redacted]	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 toilet use support provided
1		RMC	RMC	1.27	1.27							
2		CC2	CB2	1.12	0.91	1		1		1	1	
3		SSC	SSC	1.12	1.12	1		1			1	
4		CC2	CB2	1.12	0.91		1	1			1	
5		IB1	IB1	0.78	0.78							
6		RMC	RMC	1.27	1.27							
7		SSB	SSA	1.06	1.03			1				
8		CC2	CC2	1.12	1.12	1		1		1	1	
9		CC2	CB2	1.12	0.91	1	1		1	1	1	
10		CC2	CA2	1.12	0.84	1	1	1	1	1		1
11		RMC	RMB	1.27	1.22			1				
12		RHC	RHC	1.4	1.4							
Totals						5	3	7	2	4	5	1

OFFICE OF THE MEDICAID INSPECTOR GENERAL
BELAIR CARE CENTER
AUDIT #14-5285
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.	2, 3, 8
In 2 instances, documentation did not support resident required weight bearing assist three or more times.	9, 10
Bed Mobility Support Provided	
In 3 instances, documentation did not support resident was a 2+ person physical help at least once.	4, 9, 10
Transfer Self-Performance	
In 5 instances, documentation did not support resident required total assist every time.	2, 3, 4, 8, 10
In 2 instances, documentation did not support resident required weight bearing assist three or more times.	7, 11

Transfer Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once.	9, 10

Eating Self-Performance

In 1 instance, documentation did not support resident required total assist every time.	8
In 2 instances, documentation did not support resident required weight bearing assist three or more times.	2, 9
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	10

Toilet Use Self-Performance

In 5 instances, documentation did not support resident required total assist every time.	2, 3, 4, 8, 9

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	10

RUGS-II Classifications Overturned

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

10 NYCRR §86-2.10, Volume A-2