



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 26, 2016

██████████
Northern Metropolitan Residential Health Care Facility
225 Maple Avenue
Monsey, New York 10952

Re: MDS Final Audit Report
Audit #: 13-4460
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 Northern Metropolitan Residential Health Care Facility 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.

In your response to the draft audit report dated October 5, 2015, you identified specific audit findings with which you disagreed. Your comments have been considered (see Attachment D) and the report has been either revised accordingly and/or amended to address your comments (see Attachment D).

The Medicaid overpayment of \$15,901.12 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.

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, a ██████████

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

OFFICE OF THE MEDICAID INSPECTOR GENERAL
NORTHERN METROPOLITAN RESIDENTIAL HEALTH CARE FACILITY
AUDIT # 13-4460
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$1.11	12,160	\$13,497.60
Non-Medicare/Part D Eligible	\$1.12	2,146	\$2,403.52
Total			<u>\$15,901.12</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
 NORTHERN METROPOLITAN RESIDENTIAL HEALTH CARE FACILITY
 AUDIT #13-4460
 FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW SPEECH THERAPY	DISALLOW OCCUPATION THERAPY
1	[REDACTED]	RVB	RVB	1.39	1.39			
2	[REDACTED]	RMB	CA2	1.22	0.84	1		
3	[REDACTED]	CC2	CC2	1.12	1.12			
4	[REDACTED]	RVB	RVB	1.39	1.39			
5	[REDACTED]	RUB	RUB	1.53	1.53			
6	[REDACTED]	CA2	CA2	0.84	0.84			
7	[REDACTED]	RVB	RVB	1.39	1.39			
8	[REDACTED]	CC2	CC2	1.12	1.12			
9	[REDACTED]	CC2	CC2	1.12	1.12			
10	[REDACTED]	RUX	RUX	2.38	2.38			
11	[REDACTED]	CC2	CC2	1.12	1.12			
12	[REDACTED]	RHB	RHB	1.27	1.27			
13	[REDACTED]	RMC	RMC	1.27	1.27			
14	[REDACTED]	RMC	SSB	1.27	1.06		1	
15	[REDACTED]	RMA	CA2	1.17	0.84		1	
16	[REDACTED]	RMC	RMC	1.27	1.27			
17	[REDACTED]	CC2	CC2	1.12	1.12			

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 AUDIT #13-4460
 FINDINGS BY SAMPLE NUMBER

Sample #		Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW SPEECH THERAPY	DISALLOW OCCUPATION THERAPY
18		RUC	RUC	1.82	1.82			
19		CC2	PE1	1.12	0.79	1		
20		CC2	CC2	1.12	1.12			
21		SE2	SE2	1.37	1.37			
22		RUA	RUA	1.37	1.37			
23		SSC	SSC	1.12	1.12			
24		RMA	RMA	1.17	1.17			
25		CB2	CB2	0.91	0.91			
26		SSB	SSB	1.06	1.06			
TOTALS						<u>1</u>	<u>1</u>	<u>2</u>

OFFICE OF THE MEDICAID INSPECTOR GENERAL
NORTHERN METROPOLITAN RESIDENTIAL HEALTH CARE FACILITY
AUDIT #13-4460
MDS DETAILED FINDINGS

MDS FINDINGS

SAMPLE SELECTION

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, O0600-0700

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 19

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 reflected incorrect individual/concurrent/group minutes. 2

In 1 instance, documentation reflected incorrect days. 2

Occupational Therapy

In 2 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 14, 15

RUGS-II Classifications Overturned

In 4 instances, the RUG classifications were overturned. 2, 14, 15, 19

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
NORTHERN METROPOLITAN RESIDENTIAL HEALTH CARE FACILITY
AUDIT #13-4460
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
2	O0400A Speech Therapy	<ul style="list-style-type: none"> • Speech Therapy Treatment Logs • OT Treatment Logs • OT missed session notes • PT Treatment Logs • PT missed session notes 	Denied	<p>MDS with ARD 01/06/12 documentation does not support days and minutes claimed for Speech Therapy.</p> <p>See MDS Manual – Section O</p>
6	O0600 Physician Exams		Accepted	Disallowance was reversed and will not be included in the final report.
8	O0600 Physician Exams O0700 Physician Orders		Accepted Accepted	<p>Disallowance was reversed and will not be included in the final report.</p> <p>Disallowance was reversed and will not be included in the final report.</p>
9	O0600 Physician Exams		Accepted	Disallowance was reversed and will not be included in the final report.
14	O0400B Occupational Therapy	<ul style="list-style-type: none"> • OT Screening • MD Order • OT Initial Evaluation • OT notes –blank • OT Treatment Record • Nursing Notes 	Denied	<p>MDS with ARD 12/06/11 documentation does not support the medical need for skilled Occupational Therapy. There is no interdisciplinary documentation to support the medical need for skilled therapy.</p> <p>See MDS Manual – Section O</p>

		<ul style="list-style-type: none"> • MDS Section G - 08/22/11, 11/15/11 • Neurological Consult 		
15	O0400B Occupational Therapy	<ul style="list-style-type: none"> • OT Evaluation • OT Treatment Record • Electro diagnostic Evaluation 01/06/12 	Denied	<p>MDS with ARD 12/28/11 documentation does not support the medical need for skilled Occupational Therapy. There is no interdisciplinary documentation to support the medical need for skilled therapy from 12/23/11 – 01/04/12.</p> <p>See MDS Manual – Section O</p>
19	O0600 Physician Exams O0700 Physician Orders	<ul style="list-style-type: none"> • 2 Physician Orders dated 12/14/11, 12/15/11 	<p>Accepted</p> <p>Denied</p>	<p>Disallowance was reversed and will not be included in the final report.</p> <p>MDS with ARD 12/21/11 documentation does not support the MDS Manual's criteria for Physician Order changes.</p> <p>See MDS Manual – Section O</p>
20	O0600 Physician Exams		Accepted	Disallowance was reversed and will not be included in the final report.