



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 28, 2016

[REDACTED]
Oceanside Care Center, Inc.
2914 Lincoln Avenue
Oceanside, New York 11572

Re: MDS Final Audit Report
Audit #: 13-4464
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 Oceanside Care Center, Inc. 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 \$58,359.10 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 [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

OFFICE OF THE MEDICAID INSPECTOR GENERAL
OCEANSIDE CARE CENTER
AUDIT # 13-4464
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$4.77	11,086	\$52,880.22
Non-Medicare/Part D Eligible	\$4.84	1,132	\$5,478.88
Total			<u>\$58,359.10</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
 OCEANSIDE CARE CENTER
 AUDIT #13-4464
 FINDINGS BY SAMPLE NUMBER

DETAILED FINDINGS

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 TOILET USE SUPPORT PROVIDED	DISALLOW SPECIAL TREATMENTS, PROCEDURES
1	CC1	PE1	0.98	0.79	1		1		1	1	1	1
2	RMA	RMA	1.17	1.17								
3	RMC	CB2	1.27	0.91	1	1	1		1	1		
4	PE1	IA1	0.79	0.61	1	1	1		1	1	1	
5	RHC	RHA	1.40	1.12	1		1		1	1	1	
6	CB1	CA1	0.86	0.77	1	1	1			1	1	
7	CC1	CA2	0.98	0.77	1		1			1	1	
8	RHC	RMA	1.40	1.17	1		1			1		
9	RMA	RMA	1.17	1.17								
10	IB1	IA1	0.78	0.61	1	1	1	1		1	1	
11	RMC	RMA	1.27	1.17	1	1	1		1	1	1	
12	RHC	RMA	1.40	1.17	1	1	1	1	1	1	1	
13	RHC	RMA	1.40	1.17	1					1		
14	PE1	PA1	0.79	0.46	1	1	1			1	1	
TOTALS					12	7	11	2	6	12	9	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
OCEANSIDE CARE CENTER
AUDIT #13-4464
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 4 instances, documentation did not support resident required total assist every time.	4, 7, 11, 14
In 6 instances, documentation did not support resident required weight bearing assist three or more times.	1, 3, 6, 8, 12, 13
In 2 instances, documentation did not support resident required non weight bearing assist three or more times.	5, 10

Bed Mobility Support Provided

In 3 instances, documentation did not support resident was a 2+ person physical help at least once.	3, 11, 14
In 4 instances, documentation did not support resident was a one person physical help at least once.	4, 6, 10, 12

Transfer Self-Performance

In 3 instances, documentation did not support resident required total assist every time.	4, 7, 11
In 7 instances, documentation did not support resident required weight bearing assist three or more times.	1, 3, 5, 6, 8, 12, 14
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	10

Transfer Support Provided

In 2 instances, documentation did not support resident was a one (1) person physical help at least once.	10, 12
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Eating Self-Performance

In 1 instance, documentation did not support resident required weight bearing assist three or more times.	4
In 4 instances, documentation did not support resident required non weight bearing assist three or more times.	1, 3, 5, 11
In 1 instance, documentation did not support resident required supervision one or more times.	12

Toilet Use Self-Performance

In 3 instances, documentation did not support resident required total assist every time.	4, 7, 11
In 7 instances, documentation did not support resident required weight bearing assist three or more times.	1, 3, 5, 8, 12, 13, 14
In 2 instances, documentation did not support resident required non weight bearing assist three or more times.	6, 10

Toilet Use Support Provided

In 4 instances, documentation did not support resident was a 2+ person physical help at least once.	1, 4, 7, 14
In 5 instances, documentation did not support resident was a one person physical help at least once.	5, 6, 10, 11, 12

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 exams during the look back period. 1

RUGS-II Classifications Overturned

In 12 instances, the RUG classifications were overturned. 1, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
OCEANSIDE CARE CENTER
AUDIT # 13-4464
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
Sample #1	<p>G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, and G0110Ia Self-Performance Toilet Use</p> <p>G0110Ib Support Provided Toilet Use</p>	<ul style="list-style-type: none"> • ADL Comprehensive Care Plan • Risk for Falls Comprehensive Care Plan • Comprehensive Care Plan Incontinence • Nursing Assistant Clinical Accountability Record Dated January 2012 • Physical Therapy Assessment Form • Occupational Therapy Assessment Form <ul style="list-style-type: none"> • ADL Comprehensive Care Plan • Risk for Falls Comprehensive Care Plan • Comprehensive Care Plan Incontinence • Nursing Assistant Clinical Accountability Record Dated January 2012 • Physical Therapy Assessment Form • Occupational Therapy Assessment Form 	<p>Denied</p>	<p>MDS with ARD 1/15/12 Self Performance in bed mobility, transfer, eating and toilet use did not have documentation to support levels claimed. See MDS Manual - Section G.</p> <p>MDS with ARD 1/15/12 support provided toilet use did not have documentation to support levels claimed. See MDS Manual - Section G.</p>

		<ul style="list-style-type: none"> • Comprehensive Care Plan Skin Impairment – Potential • Comprehensive Care Plan – Incontinence 		
Sample #5	<p>G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, and G0110Ia Self-Performance Toilet Use</p>	<ul style="list-style-type: none"> • Nurses Notes (10/24thru10/26) • Monthly nursing Summary (10/6/11and 11/4/11) • Evaluation • ADL Comprehensive Care Plan • Comprehensive Care Plan Risk for falls • Comprehensive Care Plan – Incontinence • Rehab notes • Physical Therapy Evaluation dated 10/25/11 	Denied	MDS with ARD 10/27/11 Self Performance in bed mobility, transfer, eating and toilet use did not have documentation to support levels claimed. See MDS Manual - Section G.
	<p>G0110IbADL support provided toilet use</p>	<ul style="list-style-type: none"> • Nurses Notes (10/24thru10/26) • Monthly nursing Summary (10/6/11and 11/4/11) • Evaluation • ADL Comprehensive Care Plan • Comprehensive Care Plan Risk for falls • Comprehensive Care Plan – Incontinence • Rehab notes • Physical Therapy Evaluation dated 10/25/11 	Denied	MDS with ARD 10/27/11 Support Provided toilet use did not have documentation to support levels claimed. See MDS Manual - Section G.

Sample # 7 (cont.)	G0110Ab: ADL Support Provided Bed Mobility	Assessment Form <ul style="list-style-type: none"> • Physician's Monthly Progress note 	Accepted	
Sample #8	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • ADL Comprehensive Care Plan and evaluation • Comprehensive Care Plan – Incontinence and evaluation • Toileting Schedule • Monthly Nursing Summary dated 12/21/11 	Denied	MDS with ARD 12/6/11 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - Section G.
Sample #11	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Nursing Assistant Clinical Accountability Record dated January 2012 • Toileting Schedule January 2012 • Monthly Nursing Summary dated 1/11/12 and 2/9/12 • ADL Comprehensive Care Plan and Evaluation • Physician's Monthly Progress note 1/19/12 • Occupational Therapy Evaluation dated 1/3/12 • Physical Therapy Evaluation dated 1/19/12 	Denied	MDS with ARD 1/21/12 Self Performance in bed mobility, transfer, eating and toilet use did not have documentation to support levels claimed. See MDS Manual - Section G.

	G0110Ab ADL Support-Provided Bed Mobility and G0110bADL support provided toilet use	<ul style="list-style-type: none"> • Nursing Assistant Clinical Accountability Record dated January 2012 • Toileting Schedule January 2012 • Monthly Nursing Summary dated 1/11/12 and 2/9/12 • ADL Comprehensive Care Plan and Evaluation • Physician's Monthly Progress note 1/19/12 • Occupational Therapy Evaluation dated 1/3/12 • Physical Therapy Evaluation dated 1/19/12 	Denied	MDS with ARD 1/21/12 Support Provided bed mobility and toilet use did not have documentation to support levels claimed. See MDS Manual - Section G.
	G0110Bb ADL Support Provided Transfer		Accepted	
Sample #13	G0110Aa Self-Performance Bed Mobility, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • Nursing Assistant Clinical Accountability Record dated November 2011 • Toileting Schedule November 2011 • Monthly Nursing Summary dated 11/25/11 • ADL Comprehensive Care Plan and Evaluation • Incontinence Comprehensive Care plan and Evaluation • Occupational Therapy Evaluation • Occupational Therapy 	Denied	MDS with ARD 11/11/11 Self Performance in bed mobility, and toilet use did not have documentation to support levels claimed. See MDS Manual - Section G.

