



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 30, 2016

██████████
Oceanside Care Center
2914 Lincoln Avenue
Oceanside, New York 11572

Re: MDS Final Audit Report
Audit #: 13-4465
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 Oceanside Care Center for the census period ending July 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 May 3, 2016, 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 \$30,796.62 was calculated using the number of Medicaid days paid for the rate period January 1, 2013 through June 30, 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 ██████████.

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
OCEANSIDE CARE CENTER
AUDIT 13-4465
CALCULATION OF AUDIT IMPACT

| RATE TYPE | DECREASED IN DIRECT COMPONENT OF RATE* | MEDICAID DAY | IMPACT |
|-----------------------------------|---|--------------|--------------------|
| Part B Eligible/Part B D Eligible | \$2.53 | 11,270 | \$28,513.10 |
| Non-Medicare/Part D Eligible | \$2.56 | 892 | \$2,283.52 |
| Total | | | <u>\$30,796.62</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 #13-4465
 FINDINGS BY SAMPLE NUMBER

| Sample # | Reported RUG | Derived RUG | Reported RUG Weight | Derived RUG Weight | DETAILED FINDINGS | | | | | | | | | | | | | |
|----------|--------------|-------------|---------------------|--------------------|--|--|------------------------------------|------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|---|---------------------------|---|--|--|---|--|
| | | | | | 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 | DISALLOW PHYSICAL THERAPY | | | | | |
| 1 | RMA | RMA | 1.17 | 1.17 | | | | | | | | | | | | | | |
| 2 | CB2 | CA2 | 0.91 | 0.84 | | | | 1 | 1 | | | | | | | | | |
| 3 | PD1 | PD1 | 0.72 | 0.72 | | | | | | | | | | | | | | |
| 4 | RHC | RHB | 1.4 | 1.27 | 1 | | | | | | | | | | | | | |
| 5 | CC2 | CA2 | 1.12 | 0.84 | 1 | 1 | 1 | | 1 | 1 | 1 | | | | | | | |
| 6 | RMC | RMB | 1.27 | 1.22 | | | | 1 | | 1 | | | | | | | | |
| 7 | CB2 | BB1 | 0.91 | 0.66 | 1 | | | 1 | | | | | | | | | | |
| 8 | RMA | RMA | 1.17 | 1.17 | | | | | | | | | | | | | | |
| 9 | RMA | RMA | 1.17 | 1.17 | | | | | | | | | | | | | | |
| 10 | RHC | RMA | 1.4 | 1.17 | | | | 1 | 1 | 1 | | | | | | | | |
| 11 | RMC | RMA | 1.27 | 1.17 | 1 | | | 1 | | 1 | | | | | | | | |
| 12 | CC1 | PE1 | 0.98 | 0.79 | | | | | | 1 | | | | 1 | | | | |
| 13 | RMC | RMC | 1.27 | 1.27 | | | | | | | | | | | | | 1 | |
| 14 | CC2 | CB2 | 1.12 | 0.91 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | | |
| 15 | RMX | RML | 1.96 | 1.74 | 1 | | | | | 1 | | | | | | | | |
| 16 | RMC | RMB | 1.27 | 1.22 | | | | 1 | | 1 | | | | | | | | |
| 17 | PB1 | PB1 | 0.58 | 0.58 | | | | | | | | | | | | | | |
| 18 | RHB | RHB | 1.27 | 1.27 | | | | | | | | | | | | | | |
| 19 | RHC | RHC | 1.4 | 1.4 | | | | | | | | | | | | | | |
| | | | | | 6 | 2 | 7 | 2 | 4 | 8 | 1 | 1 | 1 | | | | | |

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
OCEANSIDE CARE CENTER
AUDIT #13-4465
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. 5, 11, 14

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 4, 7, 15

Bed Mobility Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 5, 14

Transfer Self-Performance

In 5 instances, documentation did not support resident required total assist every time. 5, 6, 11, 14, 16

In 2 instances, documentation did not support resident required weight bearing assist three or more times. 7, 10

Transfer Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 14

In 1 instance, documentation did not support resident was a one (1) person physical help at least once. 2

Eating Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 5, 14

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 2

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

Toilet Use Self-Performance

In 7 instances, documentation did not support resident required total assist every time. 5, 6, 11, 12, 14, 15, 16

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

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a one person physical help at least once. 5

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. 12

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 12

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*

Physical Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 13

RUGS-II Classifications Overturned

In 11 instances, the RUG classifications were overturned. 2, 4, 5, 6, 7, 10, 11, 12, 14, 15, 16

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
OCEANSIDE CARE CENTER
AUDIT #13-4465
ANALYSIS OF PROVIDER RESPONSE**

| Sample # | Finding | Provider Response | Accepted/Denied | Explanation |
|----------|---|--|-----------------|--|
| 4 | G0110Aa: ADL Self-Performance for Bed Mobility | <ul style="list-style-type: none"> • Monthly Nursing Summary dated 07/11/12 • Occupational Therapy Evaluation 06/28/12 • Orthopedic Consult dated 07/03/12 • Nurse's Notes dated 07/05/12 and 07/06/12 • Left Ankle X-ray report dated 06/27/12 | Denied | MDS with ARD 7/11/12 - Documentation does not support the MDS Manual's ADL coding criteria Section G. |
| 5 | G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use G0110Ab, G0110Ib: ADL Support Provided Bed Mobility and Toilet Use | <ul style="list-style-type: none"> • Nursing Assistant Clinical Accountability document dated June 2012 • Hospice Nursing Note 6/21/12 | Denied | MDS with ARD 6/21/12 - Documentation does not support the MDS Manual's ADL Self-Performance coding criteria Section G. |
| | G0110Bb: ADL Support Provided for Transfer | | Accepted | Disallowance is reversed and will not be included in the Final Report. |

| | | | | |
|----|---|---|--------|---|
| 6 | G110Ba, G110Ia: ADL Self-Performance for Transfer and Bed Mobility | <ul style="list-style-type: none"> • Nursing Assistant Clinical Accountability document dated June 2012 • Monthly Nursing Summary dated 06/13/12 | Denied | <p>The MDS Assessment Reference Date is 06/15/12.</p> <p>Documentation does not support the MDS Manual's ADL coding criteria Section G.</p> |
| 11 | G0110Aa, G0110Ba, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, and Toilet Use. | <ul style="list-style-type: none"> • Nursing Assistant Clinical Accountability document dated June 2012 • Occupational Therapy Progress Notes dated 05/29/12 and 06/18/12 | Denied | <p>The MDS Assessment Reference Date is 06/07/12.</p> <p>Documentation does not support the MDS Manual's ADL coding criteria Section G</p> |
| 16 | Item #G110Ba, G0110Ia: ADL Self-Performance for Transfer and Toilet Use. | <ul style="list-style-type: none"> • Nursing Assistant Clinical Accountability document dated May 2012 | Denied | <p>The MDS Assessment Reference Date is 05/04/12.</p> <p>Documentation does not support the MDS Manual's ADL coding instructions Section G.</p> |