



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 26, 2016

██████████
Putnam Ridge
(aka Putnam Commons RHCF)
46 Mt. Ebo Road North
Brewster, New York 10509

Re: MDS Final Audit Report
Audit #: 13-4487
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 Putnam Ridge (aka Putnam Commons RHCF) 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 29, 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 \$20,916.21 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, at ██████████

September 26, 2016

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
PUTNAM RIDGE
AUDIT # 13-4487
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$1.03	20,307	\$20,916.21
Non-Medicare/Part D Eligible	\$1.05	0	\$0.00
Total			<u>\$20,916.21</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
 PUTNAM RIDGE
 AUDIT #13-4487
 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 EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED	DISALLOW SKIN CONDITIONS	DISALLOW SPECIAL TREATMENTS, PROCEDURES	
22	RLB	RLB	1.15	1.15									
23	CC2	CC2	1.12	1.12			1						
24	IB1	IB1	0.78	0.78									
25	RMA	RMA	1.17	1.17									
26	RVC	RHC	1.53	1.40	1			1					
27	RMC	RMC	1.27	1.27									
28	PA1	PA1	0.46	0.46									
29	IA1	IA1	0.61	0.61									
30	RMA	RMA	1.17	1.17									
31	IA1	IA1	0.61	0.61									
32	PD2	PD2	0.73	0.73									
33	SSC	CB1	1.12	0.86				1			1		
34	RMC	RMB	1.27	1.22				1					
35	CC2	CC2	1.12	1.12									
36	RMC	RMC	1.27	1.27									
37	SSC	SSB	1.12	1.06				1					
TOTALS					<u>2</u>	<u>1</u>	<u>2</u>	<u>10</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
PUTNAM RIDGE
AUDIT #13-4487
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. 6, 26

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 7

Transfer Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 6, 23

Eating Self-Performance

In 3 instances, documentation did not support resident required total assist every time. 2, 13, 26

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 10, 16, 34

In 4 instances, documentation did not support resident required non weight bearing assist three or more times. 7, 11, 33, 37

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 6

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 11

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 19

Health Conditions

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 health conditions that impact the resident's functional status and quality of life. MDS 3.0 manual guidelines will be followed when examining the medical records

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual J0100-1900*

In 1 instance, documentation did not support fever during the look back period. 16

In 1 instance, documentation did not support dehydration during the look back period. 16

Skin Conditions

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 of the documented risk, presence, appearance and change of pressure ulcers. This section also notes other skin ulcers, wounds, or lesions, and documents treatment categories related to skin injury or avoiding injury.

MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual M0100-1200

In 1 instance, documentation did not support surgical wounds or open lesions. 33

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. 6

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 6

RUGS-II Classifications Overturned

In 9 instances, the RUG classifications were overturned. 6, 7, 10, 16, 19, 26, 33, 34, 37

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
PUTNUM RIDGE
AUDIT #13-4487
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
Sample #7	G0110Ha Self-Performance Eating, G0110Ab Support Provided Bed Mobility	<ul style="list-style-type: none"> • MDS- 01/17/12 • ADL Tracker Jan 2012 • ADL Care Plan • Putnam Ridge H&P dated 01/06/12 • Nurse's Notes dated 01/11/12 thru 01/18/12 • Medicare Part B Progress Note dated 01/07/12 thru 01/10/12 • Nurse's Notes for Resident receiving Rehab dated 01/11/12, 01/18/12, 01/25/12, and 02/01/12 • Rehabilitation Screening Request dated 01/10/12 • Physical Therapy Evaluation dated 01/10/12 • Therapy Goal Status Sheet dated 01/10/12 • Physical Therapy daily/Weekly documentation dated 01/16/12, 01/23/12, 01/30/12, 02/02/12 • Physical Therapy 	Denied	<p>MDS with ARD 01/17/12 ADL Self-Performance documentation does not support the level claimed for eating and ADL Support Provided documentation for bed mobility.</p> <p>See MDS Manual – Section G</p>

		<p>Modality form dated 01/2012 and 02/2012</p> <ul style="list-style-type: none"> • BIMS and Resident Mood Interview dated 01/17/12 • Physical Therapy Clarification Order 		
Sample #19	G01101b Support Provided Toileting	<ul style="list-style-type: none"> • MDS- 01/20/12 • ADL Care Plan • Putnam Ridge H&P • Nurse's Notes • Medicare Part B Progress Note (two documents) • Nurse's Notes for Resident receiving Rehab (two documents) • ADL Tracker Jan 2012 • Rehabilitation Screening Request for PT, Speech, and OT (three documents all dated 01/10/12) • Speech Therapy Modality form dated 01/2012 • Occupational Therapy Modality form dated 01/2012 • Physical Therapy Modality form dated 01/2012 • Physical Therapy Evaluation 	Denied	<p>MDS with ARD 01/20/12 ADL Support Provided documentation does not support the level claimed for toileting.</p> <p>See MDS Manual – Section G</p>

		<ul style="list-style-type: none"> • Therapy Goal Status Sheet • Physical Therapy daily/Weekly documentation • Physical Therapy Progress Note (three documents) • Occupational Therapy Evaluation • Therapy Goal Status sheet • Occupational Therapy daily/Weekly Documentation (two documents) • Physical Therapy Clarification Order • BIMS and Resident Mood Interview dated 01/20/12 		
Sample #20	Medicare		Accepted	MDS with ARD 01/17/12 This finding was reversed and will not be included in the Final Report.
Sample #26	G0110Aa Self-Performance Bed Mobility, G0110Ha Self-Performance Eating	<ul style="list-style-type: none"> • MDS- 01/17/12 • ADL Care Plan • Putnam Ridge H&P • Nurse's Notes • Medicare Part B Progress Note • Nurse's Notes for Resident receiving Rehab (two documents) • Restorative Nursing 	Denied	<p>MDS with ARD 01/17/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility and eating.</p> <p>See MDS Manual – Section G</p>

		<p>Program</p> <ul style="list-style-type: none"> • ADL Tracker Jan 2012 • Rehabilitation Screening Request dated 01/16/12 and 01/17/12 • Occupational Therapy Modality form dated 01/2012 and 02/2012 • Physical Therapy Modality form dated 01/2012 and 02/2012 • Physical Therapy Evaluation • Physical Therapy Goal Status Sheet and Daily/Weekly Documentation (six documents) • Occupational Therapy Evaluation • Occupational Therapy Goal Status sheet • Occupational Therapy Daily/Weekly Documentation and Progress Notes (five documents) • Speech Therapy Summary • Speech Therapy Weekly Therapy Documentation and Progress Notes (three documents) • Speech Therapy, Physical Therapy, and 		
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		Occupational Therapy Clarification Orders		
Sample #33	G0110Ha Self-Performance Eating	<ul style="list-style-type: none"> • MDS- 01/17/12 • ADL tracker dated Dec. 2011 • Physician Orders • Southern Westchester Foot Care/Podiatry Consult dated 12/09/11 • Treatment record form dated December 4, 2015 • Putnam Ridge Regulatory Visit dated 12/02/11 • Nurse's Notes • BIMS and Resident Mood Interview 	Denied	<p>MDS with ARD 12/10/11 ADL Self-Performance documentation does not support the level claimed for eating.</p> <p>See MDS Manual – Section G</p>
	M1040E Surgical Wounds, M1200F Surgical Wound Care, M1200H Application of Ointments/Medications	<ul style="list-style-type: none"> • MDS- 01/17/12 • ADL tracker dated Dec. 2011 • Physician Orders • Southern Westchester Foot Care/Podiatry Consult dated 12/09/11 • Treatment record form • Putnam Ridge Regulatory Visit dated 12/02/11 • Nurse's Notes • BIMS and Resident Mood Interview 	Denied	<p>MDS with ARD 12/10/11 documentation does not support surgical wound, surgical wound care, and application of ointments/medications.</p> <p>See MDS Manual – Section M</p>

Sample #34	G0110Ha Self-Performance Eating	<ul style="list-style-type: none"> • MDS- 12/09/2011 • SLP Clarification Order • Rehabilitation Screening Request • Therapy Goal Status Sheet • Speech Therapy Weekly Therapy Documentation (three documents) • Speech Therapy Progress Note (three documents) • Speech Therapy Modality form 12/2011 • BIMS and Resident Mood Interview • Putnam Ridge Regulatory Visit dated 11/15/11 • Medicare Part B Progress Note • Nurse's Notes for resident's receiving Rehab • Nurse's Notes • ADL Care Plan (two documents) • ADL tracker dated Dec. 2011 • Rehabilitation Department Interdisciplinary Screening Form dated 	Denied	<p>MDS with ARD 12/09/11 ADL Self-Performance documentation does not support the level claimed for eating.</p> <p>See MDS Manual – Section G</p>
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		07/06/11		
Sample #37	G0110Ha Self-Performance Eating	<ul style="list-style-type: none"> • MDS dated 12/16/2011 • ADL Care Plan (two documents) • COPD Care Plan • Putnam Ridge Regulatory Visit dated 11/22/11 • Nurse's Notes (two pages) • ADL tracker dated Dec. 2011 • Documentation for Nebulizer Treatment Dec. 2011 • Medication Administration Record Form December (two pages) • Medication Renewal order Albuterol 	Denied	<p>MDS with ARD 12/16/11 ADL Self-Performance documentation does not support the level claimed for eating.</p> <p>See MDS Manual – Section G</p>