



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 26, 2016

[REDACTED]
Field Home – Holy Comforter
2300 Catherine Street
Cortlandt Manor, New York 10567

Re: MDS Final Audit Report
Audit #: 13-4868
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 Field Home – Holy Comforter 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 September 16, 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 \$55,548.00 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 [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
FIELD HOME - HOLY COMFORTER
AUDIT # 13-4868
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$2.46	22,208	\$54,631.68
Non-Medicare/Part D Eligible	\$2.49	368	\$916.32
Total			<u>\$55,548.00</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
 FIELD HOME - HOLY COMFORTER
 AUDIT #13-4868
 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 SWALLOWING/NUTRITIONAL STATUS	DISALLOW PHYSICAL THERAPY	
1	CA1	CA1	0.77	0.77									
2	RMA	CA1	1.17	0.77		1			1	1		1	
3	PC1	PC1	0.66	0.66									
4	RMC	RMB	1.27	1.22		1		1					
5	PE1	PE1	0.79	0.79									
6	SSB	SSB	1.06	1.06	1		1		1				
7	CB1	CB1	0.86	0.86									
8	PD1	PD1	0.72	0.72									
9	CB2	CB2	0.91	0.91									
10	PE1	PE1	0.79	0.79									
11	RMX	RMC	1.96	1.27					1		1		
12	CC1	CC1	0.98	0.98	1		1		1				
13	RMA	RMA	1.17	1.17									
14	PE1	PE1	0.79	0.79					1				
15	RMC	PD1	1.27	0.72					1			1	
16	RMB	RMB	1.22	1.22									
17	CB1	CB1	0.86	0.86									
18	SSB	SSB	1.06	1.06	1		1		1				
19	IA1	IA1	0.61	0.61									
20	SSB	SSB	1.06	1.06									

TOTALS

3 2 3 1 7 1 1 2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
FIELD HOME – HOLY COMFORTER
AUDIT #13-4868
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. 6, 12, 18

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 4

In 1 instance, documentation did not support resident was setup at least once. 2

Transfer Self-Performance

In 3 instances, documentation did not support resident required total assist every time. 6, 12, 18

Eating Self-Performance

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 4

Toilet Use Self-Performance

In 6 instances, documentation did not support resident required total assist every time. 6, 11, 12, 14, 15, 18

In 1 instance, documentation did not support resident required supervision one or more times. 2

Toilet Use Support Provided

In 1 instance, documentation did not support resident was set up at least once. 2

Swallowing/Nutritional Status

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 conditions that could affect the residents' ability to maintain adequate nutrition and hydration. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual K0100-0700

In 1 instance, documentation did not support parenteral IV during the look back period. 11

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

RUGS-II Classifications Overturned

In 4 instances, the RUG classifications were overturned. 2, 4, 11, 15

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
FIELD HOME - HOLY COMFORTER
AUDIT #13-4868
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#13	O0400C - Physical Therapy		Accepted	The following disallowance was reversed and will not be included in the Final Report.
#15	O0400C - Physical Therapy	<ul style="list-style-type: none"> • Nurse's Notes • MDS • Screening Request form • PT Order • Physical Therapy Initial Evaluation/Treatment Plan dated 10/18/11. • PT Patient Charges Form. 	Denied	<p>The documentation provided did not support the medical necessity for skilled PT services.</p> <p>See MDS Manual – Section O.</p>