



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 27, 2016

[REDACTED]
The Grove at Valhalla Rehabilitation and Nursing Center
(aka Hebrew Hospital Home of Westchester)
61 Grasslands Road
Valhalla, New York 10595

Re: MDS Final Audit Report
Audit #: 13-4876
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 The Grove at Valhalla Rehabilitation and Nursing Center (aka Hebrew Hospital Home of Westchester) 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 20, 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 \$25,841.44 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]

[REDACTED]

Page 2
September 27, 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 [REDACTED].
[REDACTED]

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

[REDACTED]

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
THE GROVE AT VALHALLA REHABILITATION AND NURSING CENTER
AUDIT # 13-4876
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$1.26	19,991	\$25,188.66
Non-Medicare/Part D Eligible	\$1.27	514	\$652.78
Total			<u>\$25,841.44</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
 THE GROVE AT VALHALLA REHABILITATION AND NURSING CENTER
 AUDIT #13-4876
 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 SKIN CONDITIONS	DISALLOW SPECIAL TREATMENTS, PROCEDURES	
20	CB1	CA1	0.86	0.77	1	1	1	1	1	1	1			
21	PD1	PD1	0.72	0.72										
22	PA1	PA1	0.46	0.46										
23	CB1	CB1	0.86	0.86										
24	CB1	PD1	0.86	0.72									1	
25	PB1	PA1	0.58	0.46			1	1	1	1	1			
26	PB1	PB1	0.58	0.58										
27	CA1	CA1	0.77	0.77	1	1	1	1		1	1			
28	PD1	IA1	0.72	0.61	1	1	1	1	1	1	1			
TOTALS					<u>7</u>	<u>7</u>	<u>9</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>8</u>	<u>1</u>	<u>2</u>	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
THE GROVE AT VALHALLA REHABILITATION AND NURSING CENTER
AUDIT #13-4876
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 1 instance, documentation did not support resident required total assist every time.	4
In 2 instances, documentation did not support resident required weight bearing assist three or more times.	13, 20
In 3 instances, documentation did not support resident required non weight bearing assist three or more times.	1, 27, 28
In 1 instance, documentation did not support resident required supervision one or more times.	15

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	4
In 5 instances, documentation did not support resident was a one person physical help at least once.	1, 13, 20, 27, 28

In 1 instance, documentation did not support resident was setup at least once.	15
<u>Transfer Self-Performance</u>	
In 1 instance, documentation did not support resident required total assist every time.	4
In 4 instances, documentation did not support resident required weight bearing assist three or more times.	1, 3, 13, 20
In 2 instances, documentation did not support resident required non weight bearing assist three or more times.	27, 28
In 2 instances, documentation did not support resident required supervision one or more times.	15, 25
<u>Transfer Support Provided</u>	
In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	4
In 5 instances, documentation did not support resident was a one (1) person physical help at least once.	1, 13, 20, 27, 28
In 1 instance, documentation did not support resident was set up at least once.	25
<u>Eating Self-Performance</u>	
In 1 instance, documentation did not support resident required weight bearing assist three or more times.	10
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	4
In 6 instances, documentation did not support resident required supervision one or more times.	1, 13, 18, 20, 25, 28
<u>Toilet Use Self-Performance</u>	
In 1 instance, documentation did not support resident required total assist every time.	4
In 4 instances, documentation did not support resident required weight bearing assist three or more times.	1, 3, 13, 28

In 3 instances, documentation did not support resident required non weight bearing assist three or more times. 20, 25, 27

In 1 instance, documentation did not support resident required supervision one or more times. 18

Toilet Use Support Provided

In 7 instances, documentation did not support resident was a one person physical help at least once. 1, 4, 13, 20, 25, 27, 28

In 1 instance, documentation did not support resident was set up at least once. 18

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 presence of a stage four ulcer 19

In 1 instance, documentation did not support application of dressings. 19

In 1 instance, documentation did not support the ulcer care 19

In 1 instance, documentation did not support the application of ointments/medications. 19

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. 1

In 1 instance, documentation did not support dialysis during the look back period. 24

RUGS-II Classifications Overturned

In 8 instances, the RUG classifications were overturned. 1, 4, 10, 13, 20, 24, 25, 28

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
THE GROVE AT VALHALLA REHABILITATION AND NURSING CENTER
AUDIT #13-4876
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#1	O0700 Physician Orders	<ul style="list-style-type: none"> Section G of the MDS dated 10/29/11 	Denied	<p>MDS with ARD 10/29/11 facility provided documentation outside the ARD 7 day look back, documentation does not address level of care received. MDS with ARD 12/10/12 Documentation submitted supports one Physician order on 10/21/11, two visits are needed to claim Physician orders.</p> <ul style="list-style-type: none"> See Section O0700 MDS Manual *See Section G of MDS Manual
	G01110Aa Bed Mobility Self-Performance	<ul style="list-style-type: none"> Interdisciplinary Care Plan for Self-Deficit 	Denied	
	G01110Ab Bed Mobility Support Provided	<ul style="list-style-type: none"> Nurses Notes 1/3/11-11/14/11 	Denied	
	G01110Ba Transfer Self-Performance	<ul style="list-style-type: none"> Daily MDS documentation 10/3/11 -10/10/11 	Denied	
	G01110Bb Transfer Support Provided	<ul style="list-style-type: none"> CAA Summary 	Denied	
	G01110Ha Eating		Denied	
	G01110Ia Toilet Use Self-Performance		Denied	
	G01110Ib Toilet Use Support Provided		Denied	
#2	G01110Aa Bed Mobility Self-Performance	<ul style="list-style-type: none"> CAA Summary Compressive Care Plans For ADL'S 	Accepted	The Disallowance was reversed and will not be included in the Final Report.
	G01110Ab Bed Mobility Support Provided			
	G01110Ba Transfer Self-Performance			

	<p>G0110Bb Transfer Support Provided</p> <p>G0110Ha Eating</p> <p>G0110la Toilet Use Self-Performance</p> <p>G0110lb Toilet Use Support Provided</p>			
#10	G0110Ha Eating	<ul style="list-style-type: none"> • Facility provided no additional documentation. 	Denied	The Draft Report finding is unchanged and will be included in the final report
#17	<p>G0110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ha Eating</p> <p>G0110la Toilet Use Self-Performance</p> <p>G0110lb Toilet Use Support Provided</p>	<ul style="list-style-type: none"> • CAA Summary • Compressive Care Plans • For ADL'S 	Accepted	The Disallowance was reversed and will not be included in the Final Report

#20	<p>O0700 Physician Orders</p> <p>G0110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ha Eating</p> <p>G0110Ia Toilet Use Self-Performance</p>	<ul style="list-style-type: none"> • MD Orders • MD progress notes • Nursing notes 1/9/11-1/17/11 • Interdisciplinary Care Plan of Self-Care deficit, and Falls • Evaluation and summary notes 	<p>Accepted</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>The Disallowance was reversed and will not be included in the Final Report</p> <p>MDS with ARD 01/17/12 Has no documentation to support ADL Self-Performance or Support Provided during the 7 day look back period. Documentation does not support the rule of three , Documents show expected level of Care not Care actually given.</p> <ul style="list-style-type: none"> • *See Section G of MDS Manual
#25	<p>G0110Aa Bed Mobility Self-Performance</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Ha Eating</p> <p>G0110Ia Toilet Use Self-Performance</p>	<ul style="list-style-type: none"> • Care Assessment summary 	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MSD with ARD 12/15/11 Facility unable to provide daily MDS documentation to determine rule of 3 for 7 day look back period. Documents show expected level of Care not Care actually given.</p> <ul style="list-style-type: none"> • *See Section G of MDS Manual
#26	<p>G0110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ha Eating</p>	<ul style="list-style-type: none"> • CAA Summary • Compressive Care Plans • For ADL'S 	<p>Accepted</p>	<p>The Disallowance was reversed and will not be included in the Final Report</p>

	G0110la Toilet Use Self-Performance G0110lb Toilet Use Support Provided			
#28	G0110Aa Bed Mobility Self-Performance G0110Ab Bed Mobility Support Provided G0110Ba Transfer Self-Performance G0110Bb Transfer Support Provided G0110Ha Eating G0110la Toilet Use Self-Performance	<ul style="list-style-type: none"> • Section G MDS dated 1/16/12 • Interdisciplinary Care Plan of Self-Care deficit, • Evaluation and summary notes 	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MSD with ARD 01/16/12 Facility unable to provide daily MDS documentation to determine rule of 3 for 7 day look back period. Documents show expected level of Care not Care actually given.</p> <p>*See Section G of MDS Manual</p>