



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 29, 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 #: 13-4877
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 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 March 31, 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 \$71,886.76 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 [REDACTED]

[REDACTED]

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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
THE GROVE AT VALHALLA REHABILITATION AND NURSING CENTER
AUDIT 13-4877
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$3.94	17,687	\$69,686.78
Non-Medicare/Part D Eligible	\$4.00	550	\$2,200.00
Total			<u><u>\$71,886.78</u></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 #13-4877
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS													
					DISALLOW COGNITIVE PATTERN	DISALLOW BED MOBILITY	DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER MOBILITY	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			
18	IA1	PA1	0.61	0.46	1	1	1	1	1	1	1	1						
19	RHC	RMA	1.40	1.17		1	1	1	1	1	1	1						
20	RMC	RMB	1.27	1.17		1	1	1	1	1	1	1						
21	PE1	PA1	0.79	0.46		1	1	1	1	1	1	1						
22	PE1	IA1	0.79	0.61		1	1	1	1	1	1	1						
TOTALS					1	14	13	14	14	14	15	14	3	1				

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
THE GROVE AT VALHALLA REHABILITATION AND NURSING CENTER
AUDIT #13-4877
MDS DETAILED FINDINGS**

MDS FINDINGS**SAMPLE SELECTION****Cognitive Pattern**

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 the residents' ability to remember both recent and long past events and to think coherently. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual 1.1-2.15*

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual C0100-C1600*

In 1 instance, documentation did not support staff assessment for impaired cognition. 18

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. 2, 12

In 6 instances, documentation did not support resident required weight bearing assist three or more times.	1, 11, 19, 20, 21, 22
In 5 instances, documentation did not support resident required non weight bearing assist three or more times.	4, 7, 9, 14, 16
In 1 instance, documentation did not support resident required supervision one or more times.	18
<u>Bed Mobility Support Provided</u>	
In 4 instances, documentation did not support resident was a 2+ person physical help at least once.	1, 2, 20, 21
In 8 instances, documentation did not support resident was a one person physical help at least once.	4, 7, 9, 11, 14, 16, 19, 22
In 1 instance, documentation did not support resident was setup at least once.	18
<u>Transfer Self-Performance</u>	
In 3 instances, documentation did not support resident required total assist every time.	20, 21, 22
In 3 instances, documentation did not support resident required weight bearing assist three or more times.	1, 11, 19
In 4 instances, documentation did not support resident required non weight bearing assist three or more times.	4, 7, 9, 14
In 4 instances, documentation did not support resident required supervision one or more times.	5, 10, 16, 18
<u>Transfer Support Provided</u>	
In 4 instances, documentation did not support resident was a 2+ person physical help at least once.	1, 20, 21, 22
In 6 instances, documentation did not support resident was a one (1) person physical help at least once.	4, 7, 9, 11, 14, 19
In 4 instances, documentation did not support resident was set up at least once.	5, 10, 16, 18

Eating Self-Performance

In 1 instance, documentation did not support resident required total assist every time.	22
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	12
In 12 instances, documentation did not support resident required supervision one or more times.	1, 5, 7, 9, 10, 11, 14, 16, 18, 19, 20, 21

Toilet Use Self-Performance

In 3 instances, documentation did not support resident required total assist every time.	12, 21, 22
In 3 instances, documentation did not support resident required weight bearing assist three or more times.	1, 19, 20
In 5 instances, documentation did not support resident required non weight bearing assist three or more times.	4, 7, 9, 11, 14
In 4 instances, documentation did not support resident required supervision one or more times.	5, 10, 16, 18

Toilet Use Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once.	1, 21
In 8 instances, documentation did not support resident was a one person physical help at least once.	4, 7, 9, 11, 14, 19, 20, 22
In 4 instances, documentation did not support resident was set up at least once.	5, 10, 16, 18

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 2 instances, documentation did not support the number of days with MD exams during the look back period. 4, 11

In 1 instances, 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 O0400-0700

Physical Therapy

In 1 instance, documentation did not support an order for therapy. 7

RUGS-II Classifications Overturned

In 14 instances, the RUG classifications were overturned. 1, 2, 4, 7, 9, 11, 12, 14, 16, 18, 19, 20, 21, 22

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
 THE GROVE AT VALHALLA REHABILITATION AND NURSING CENTER
 AUDIT # 13-4877
 ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#1	<p>Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use.</p> <p>Item #G0110Ab, G0110Bb, G0110Ib: ADL Support Provided for Bed Mobility, Transfer and Toilet Use.</p>	<ul style="list-style-type: none"> • Daily MDS/ADL Documentation document. • Self-Care Deficit Comprehensive Care Plans. • Evaluation/Summary Notes. • Evaluation for Continued Use of Restraints. 	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.
#4	<p>Item #G0110Aa, G0110Ba, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, and Toilet Use.</p> <p>Item #G0110Ab, G0110Bb, G0110Ib: ADL Support Provided for Bed Mobility, Transfer and Toilet Use.</p>	<ul style="list-style-type: none"> • Comprehensive Care Plan • Comprehensive Care Plan Meetings document. • Nursing Assistant Accountability Record documentation. 	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.

	Item #O0600: Physician Examinations.	No additional documentation submitted.	Denied	The draft report finding is unchanged and will be included in the final report.
#7	Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self- Performance for Bed Mobility, Transfer, Eating, and Toilet Use. Item #G0110Ab, G0110Bb, G0110Ib: ADL Support Provided for Bed Mobility, Transfer and Toilet Use.	<ul style="list-style-type: none"> • Nursing Admissions Assessment form. • Physical Therapy Evaluation. • Daily MDS/ADL Documentation forms. 	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.
	O0400C: Physical Therapy	<ul style="list-style-type: none"> • CPT log Physical Therapy • Physical Therapy services • Physical Therapy Evaluation 	Denied	Documentation does not support the MDS Manual's criteria that skilled therapy services must be ordered by a physician. See MDS Manual, Section O.
#11	Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self- Performance for Bed Mobility, Transfer, Eating, and Toilet Use. Item #G0110Ab, G0110Bb, G0110Ib: ADL Support Provided for Bed Mobility, Transfer and Toilet Use.	<ul style="list-style-type: none"> • Interdisciplinary Comprehensive Care Plans. • Nursing Assistant Accountability Record 	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.

	Item #O0700: Physician Order	No additional documentation submitted.	Denied	The draft report finding is unchanged and will be included in the final report.
#13	Item #G0110Aa, G0110Ba, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, and Toilet Use		Accepted	Disallowance was reversed and will not be included in the Final Report.
#14	Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self- Performance for Bed Mobility, Transfer, Eating, and Toilet Use. Item #G0110Ab, G0110Bb, G0110Ib: ADL Support Provided for Bed Mobility, Transfer and Toilet Use.	<ul style="list-style-type: none"> • Interdisciplinary Comprehensive Care Plans. • Evaluation/Summary. 	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.
#15	Item #O0600: Physician Examinations. Item #O0700 Physician Order Changes.		Accepted	Disallowance was reversed and will not be included in the Final Report.
#18	Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self- Performance for Bed Mobility, Transfer,	<ul style="list-style-type: none"> • Interdisciplinary Care Plans. • Other miscellaneous documentation. 	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.

	Eating, and Toilet Use. Item #G0110Ab, G0110Bb, G0110Ib: ADL Support Provided for Bed Mobility, Transfer and Toilet Use.			
	Item #B0700 Making Self Understood; C0700 Short-term Memory; C1000 Cognitive Skills for Daily Decision Making	Monthly Physician Progress Note. Interdisciplinary Care Plans. Medication Administration Record.	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section B & C.
#20	Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self- Performance for Bed Mobility, Transfer, Eating, and Toilet Use. Item #G0110Ab, G0110Bb, G0110Ib: ADL Support Provided for Bed Mobility, Transfer and Toilet Use	<ul style="list-style-type: none"> • Interdisciplinary Care Plans. • Other miscellaneous documentation. 	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.
	Item #O0400C: Physical Therapy		Accepted	Disallowance was reversed and will not be included in the Final Report.

21	<p>Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use.</p> <p>Item #G0110Ab, G0110Bb, G0110Ib: ADL Support Provided for Bed Mobility, Transfer and Toilet Use.</p>	<ul style="list-style-type: none"> • Daily MDS/ADL Documentation. 	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.
22	<p>Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use.</p> <p>Item #G0110Ab, G0110Bb, G0110Ib: ADL Support Provided for Bed Mobility, Transfer and Toilet Use.</p>	<ul style="list-style-type: none"> • Daily MDS/ADL Documentation. 	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.