



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 27, 2016

[REDACTED]
Ramapo Manor Center for Rehabilitation and Nursing
30 Cragmere Road
Suffern, New York 10901

Re: MDS Final Audit Report
Audit #: 13-4892
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 Ramapo Manor Center for Rehabilitation and Nursing 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 November 12, 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 \$23,719.50 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
RAMAPO MANOR CENTER FOR REHABILITATION AND NURSING
AUDIT # 13-4892
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$1.26	18,249	\$22,993.74
Non-Medicare/Part D Eligible	\$1.28	567	\$725.76
Total			<u>\$23,719.50</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
 RAMAPO MANOR CENTER FOR REHABILITATION AND NURSING
 AUDIT #13-4892
 FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS					
						DISALLOW COGNITIVE PATTERN	DISALLOW BED MOBILITY	DISALLOW TRANSFER	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SKIN CONDITIONS
1	[REDACTED]	PD1	PD1	0.72	0.72				1		
2	[REDACTED]	PE1	PE1	0.79	0.79		1	1		1	
3	[REDACTED]	RHC	RHC	1.40	1.40				1		
4	[REDACTED]	IA1	IA1	0.61	0.61						
5	[REDACTED]	RMA	RMA	1.17	1.17						
6	[REDACTED]	SSB	SSB	1.06	1.06						
7	[REDACTED]	IB1	BB1	0.78	0.66	1		1	1	1	
8	[REDACTED]	IA1	IA1	0.61	0.61						
9	[REDACTED]	PA1	PA1	0.46	0.46						
10	[REDACTED]	SSC	SSC	1.12	1.12						
11	[REDACTED]	RHC	RHC	1.40	1.40						
12	[REDACTED]	PE1	PE1	0.79	0.79		1	1		1	
13	[REDACTED]	SSC	SSC	1.12	1.12						
14	[REDACTED]	RHC	RHC	1.40	1.40						
15	[REDACTED]	RMA	RMA	1.17	1.17						
16	[REDACTED]	PC1	PC1	0.66	0.66				1		
17	[REDACTED]	RMB	RMB	1.22	1.22						
18	[REDACTED]	IA1	IA1	0.61	0.61					1	
19	[REDACTED]	IB1	PC1	0.78	0.66	1				1	

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						DISALLOW COGNITIVE PATTERN	DISALLOW BED MOBILITY	DISALLOW TRANSFER	DISALLOW EATING	DISALLOW TOILET USE	DISALLOW SKIN CONDITIONS
20	[REDACTED]	RMC	RMC	1.27	1.27				1		
21	[REDACTED]	RMC	RMC	1.27	1.27						
22	[REDACTED]	RMB	RMB	1.22	1.22						
23	[REDACTED]	CC1	CC1	0.98	0.98						
24	[REDACTED]	RHC	RHC	1.40	1.40						
25	[REDACTED]	SSC	PE1	1.12	0.79	1	1	1	1	1	
26	[REDACTED]	RHC	RHC	1.40	1.40						
27	[REDACTED]	SSA	CA2	1.03	0.84						1
28	[REDACTED]	RMC	RMC	1.27	1.27						
29	[REDACTED]	SSC	SSC	1.12	1.12	1	1		1		
30	[REDACTED]	CC1	CC1	0.98	0.98						
31	[REDACTED]	IA1	IA1	0.61	0.61						
32	[REDACTED]	SSC	SSC	1.12	1.12	1	1		1		
33	[REDACTED]	RUB	RUB	1.53	1.53						
TOTALS						2	5	6	8	6	2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
RAMAPO MANOR CENTER FOR REHABILITATION AND NURSING
AUDIT #13-4892
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 2 instances, documentation did not support staff assessment for impaired cognition. 7, 19

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 5 instances, documentation did not support resident required total assist every time. 2, 12, 25, 29, 32

Transfer Self-Performance

In 5 instances, documentation did not support resident required total assist every time. 2, 12, 25, 29, 32

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 7

Eating Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 25

In 7 instances, documentation did not support resident required supervision one or more times. 1, 3, 7, 16, 18, 19, 20

Toilet Use Self-Performance

In 5 instances, documentation did not support resident required total assist every time. 2, 12, 25, 29, 32

In 1 instance, documentation did not support resident required supervision one or more times. 7

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 2 instances, documentation did not support the pressure relieving chair or bed. 25, 27

In 1 instance, documentation did not support the turning / repositioning. 25

In 2 instances, documentation did not support the nutrition or hydration intervention. 25, 27

In 2 instances, documentation did not support surgical wounds or open lesions. 25, 27

In 2 instances, documentation did not support the application of ointments/medications. 25, 27

RUGS-II Classifications Overturned

In 4 instances, the RUG classifications were overturned. 7, 19, 25, 27

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
RAMAPO MANOR CENTER FOR REHABILITATION AND NURSING
AUDIT #4892
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
Sample 7	B0700 Makes self-understood C0700 Short-term memory C1000 Daily decision making	<ul style="list-style-type: none"> • H 7&P dated 11/29/11 • Social services notes dated 4/6/11 through 4/25/12 	Denied	<ul style="list-style-type: none"> • MDS with ARD 12/4/11 has no documentation. Has no documentation to support staff assessment for mental status was conducted nor documentation to support residents current ability to make self-understood, documentation of short-term memory problems or documentation of impaired Cognitive Skills for Daily Decision Making.
Sample 30	Oxygen Therapy		Accepted	