



Office of the  
Medicaid Inspector  
General

**ANDREW M. CUOMO**  
Governor

**DENNIS ROSEN**  
Medicaid Inspector General

September 26, 2016

[REDACTED]  
Elant at Meadow Hill  
(aka Elant at Newburgh)  
172 Meadow Hill Road  
Newburgh, New York 12550

Re: MDS Final Audit Report  
Audit #: 13-6353  
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 Elant at Meadow Hill (aka Elant at Newburgh) 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 15, 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 \$28,095.64 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]

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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

Division of Medicaid Audit  
Office of the Medicaid Inspector General

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ELANT AT MEADOW HILL  
AUDIT # 13-6353  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$1.05	26,572	\$27,900.60
Non-Medicare/Part D Eligible	\$1.06	184	\$195.04
Total			<u>\$28,095.64</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  
 ELANT AT MEADOW HILL  
 AUDIT #13-6353  
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS								
					DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY	
1	PD1	PD1	0.72	0.72									
2	IA1	IA1	0.61	0.61									
3	RMC	RMC	1.27	1.27						1			
4	RMA	RMA	1.17	1.17							1		
5	PE1	PE1	0.79	0.79									
6	PA1	PA1	0.46	0.46									
7	PD1	PD1	0.72	0.72									
8	CB1	CB1	0.86	0.86									
9	IA1	IA1	0.61	0.61									
10	CC1	CC1	0.98	0.98	1	1							
11	PA1	PA1	0.46	0.46									
12	RMC	RMB	1.27	1.22				1					
13	PA1	PA1	0.46	0.46									
14	IA1	IA1	0.61	0.61									
15	IB1	CA1	0.78	0.77	1								
16	RMC	PD1	1.27	0.72						1			



OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 ELANT AT MEADOW HILL  
 AUDIT #13-6353  
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33	PB1	PB1	0.58	0.58									
34	CB1	CB1	0.86	0.86					1				
35	SSC	SSC	1.12	1.12									
36	CB1	CB1	0.86	0.86				1					
37	SSC	SSC	1.12	1.12									
<b>TOTALS</b>						3	3	2	1	2	2	3	2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ELANT AT MEADOW HILL  
AUDIT #13-6353  
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. 18

In 1 instance, documentation did not support resident required weight bearing assist 3 or more times. 17

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 15

**Transfer Self-Performance**

In 2 instances, documentation did not support activity was performed. 10, 31

In 1 instance, documentation did not support resident required weight bearing assist 3 or more times. 20

**Transfer Support Provided**

In 2 instances, documentation did not support activity was performed. 10, 31

**Eating Self-Performance**

In 1 instance, documentation did not support resident required weight bearing assist 3 or more times. 12

**Toilet Use Self-Performance**

In 2 instances, documentation did not support resident required total assist every time. 17, 36

**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. 24, 34

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 24

**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*

Occupational Therapy

In 2 instances, documentation reflected incorrect individual/concurrent/group minutes. 3, 20

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 16

Physical Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 20

In 1 instance, documentation reflected incorrect days. 4

**RUGS Classifications Overturned**

In 5 instances, the RUG classifications were overturned. 12, 15, 16, 17, 20

*10 NYCRR §86-2.10, Volume A-2*

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ELANT AT MEADOW HILL  
AUDIT #13-6353  
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#12	O0400B Occupational Therapy	Documentation from Occupational therapy	Accepted	Based on information and documentation provided by the facility, the following disallowance was reversed and will not be included in the Final Report:
#16	O0400B Occupational Therapy	<ul style="list-style-type: none"> <li>• MDS section G</li> <li>• CAN accountability Record 9/20/11, 20/20/11,/11/20/11.</li> <li>• Nursing progress notes</li> <li>• Multi-Discipline Therapy screening tool</li> <li>• MD order for OT</li> <li>• OT Evaluation 11/07/11 and signed 11/08/11</li> <li>• OT progress notes</li> <li>• OT discharge Summary 11/22/11</li> <li>• OT HCPC service logs 11/11</li> </ul>	Denied	<p>MDS with ARD 11/14/11 documentation provided does not support decline in ability prior to start of OT,CAN record does not support decline in ADL levels of care. Documentation does not support medical necessity or reasonable for residents condition.</p> <ul style="list-style-type: none"> <li>• See Section O MDS Manual</li> </ul>