



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

September 28, 2016

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

Re: MDS Final Audit Report  
Audit #: 13-6354  
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 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 23, 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 \$28,761.50 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].

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]

Division of Medicaid Audit  
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ELANT AT MEADOW HILL  
AUDIT 13-6354  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.11	25,727	\$28,556.97
Non-Medicare/Part D Eligible	\$1.13	181	\$204.53
Total			<u>\$28,761.50</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  
 ELANT AT MEADOW HILL  
 AUDIT #13-6354  
 FINDINGS BY SAMPLE NUMBER

Sample #					DETAILED FINDINGS						
	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW BED MOBILITY SUPPORT PROVIDED	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY
1	RMC	RMC	1.27	1.27							
2	CC1	CC1	0.98	0.98							
3	CB1	CB1	0.86	0.86			1				
4	CC1	CC1	0.98	0.98							
5	RMA	IA1	1.17	0.61					1		
6	CC1	CC1	0.98	0.98							
7	CC1	CC1	0.98	0.98							
8	CB1	CB1	0.86	0.86			1				
9	CA1	CA1	0.77	0.77							
10	RHC	RHC	1.40	1.40							
11	PE1	PE1	0.79	0.79		1					
12	RMC	RMC	1.27	1.27			1				
13	SSC	SSC	1.12	1.12							
14	PE1	PE1	0.79	0.79							
15	RMA	RMA	1.17	1.17					1		
16	RMC	RMC	1.27	1.27							
17	SSC	SSC	1.12	1.12							
18	CC1	CC1	0.98	0.98							
19	CB1	CA1	0.86	0.77	1						
20	CC1	CB1	0.98	0.86		1					
21	CC1	CC1	0.98	0.98							
22	IB1	IB1	0.78	0.78							
23	RMC	RMC	1.27	1.27							
24	IB1	IB1	0.78	0.78							

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 ELANT AT MEADOW HILL  
 AUDIT #13-6354  
 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 TOILET USE SELF PERFORMANCE	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY
25	RMA	IA1	1.17	0.61						1	
26	PE1	PE1	0.79	0.79							
27	RMA	RMA	1.17	1.17							
28	IB1	IB1	0.78	0.78							
29	IA1	IA1	0.61	0.61							
30	IA1	IA1	0.61	0.61							
31	IB1	IB1	0.78	0.78							
32	CC1	CC1	0.98	0.98							
33	CC1	CC1	0.98	0.98				1			
34	CC1	CC1	0.98	0.98							
35	SSB	SSB	1.06	1.06							
36	RMC	CB1	1.27	0.86							1
37	RVC	RVC	1.53	1.53							
38	RMC	RMC	1.27	1.27							
39	CB1	CB1	0.86	0.86							
40	CC1	CC1	0.98	0.98							
41	SSC	SSC	1.12	1.12							
42	SSC	SSC	1.12	1.12	1						
43	IB1	IB1	0.78	0.78							
TOTALS					2	1	1	3	1	2	2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ELANT AT MEADOW HILL  
AUDIT #13-6354  
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 2 instances, documentation did not support resident required total assist every time. 19, 42

**Bed Mobility Support Provided**

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 20

**Transfer Self-Performance**

In 1 instance, documentation did not support resident required total assist every time. 11

**Toilet Use Self-Performance**

In 3 instances, documentation did not support resident required total assist every time. 3, 8, 12

**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 exams during the look back period. 33

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 33

**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 did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 5, 25

Physical Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 15

In 1 instance, documentation reflected incorrect days. 15

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 36

RUGS-II Classifications Overturned

In 5 instances, the RUG classifications were overturned. 5, 19, 20, 25, 36

*10 NYCRR §86-2.10, Volume A-2*

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ELANT AT MEADOW HILL  
AUDIT #13-6354  
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
Sample #5	O0400B Occupational Therapy	<ul style="list-style-type: none"> <li>• Occupational/Physical Therapy Evaluation</li> <li>• Physician's Order for Occupational Therapy Evaluate and Treat</li> <li>• Nurse's Notes (two pages)</li> <li>• Occupational Therapy Progress Notes dated 6/29/12</li> <li>• Multi-Disciplinary Therapy Screening Tool with Nurse Signature date of 6/21/12 and Therapist signature date of 6/19/12.</li> <li>• History and Functional Assessment dated 6/12/12</li> <li>• Physician Progress Notes</li> <li>• History and Functional Assessment dated 6/12/12</li> </ul>	Denied	<p>MDS with ARD 6/28/12 - The facility documentation does not support the medical need for skilled Occupational Therapy services.</p> <p>See MDS Manual Section O</p>
Sample #20	G0110Ab Bed Mobility Support Provided	<ul style="list-style-type: none"> <li>• Care Plan – ADL – ROM Long Term Residents (six pages)</li> <li>• Monthly C. N. A. Accountability Record</li> </ul>	Denied	<p>MDS with ARD 6/14/12 documentation does not support the level claimed.</p> <p>See MDS Manual Section G</p>

## ATTACHMENT D

Sample #25	O0400B Occupational Therapy	<ul style="list-style-type: none"> <li>• Nurse's Notes (two pages)</li> <li>• Physician Order for Occupational Therapy Evaluate and Treat</li> <li>• Occupational Therapy Progress Note dated 7/20/12</li> <li>• Occupational Therapy HCPC Service Log</li> </ul>	Denied	<p>MDS with ARD 7/23/12 - The record did not have documentation to support the medical need for skilled OT services.</p> <p>See MDS Manual Section O</p>
Sample #27	<p>Item # O0400B Occupational Therapy</p> <p>Item # O0400C Physical Therapy</p>		Accepted	<p>Disallowance was reversed and will not be included in the Final Report.</p>
Sample #36	Item # O0400C Physical Therapy	<ul style="list-style-type: none"> <li>• Physical Therapy Narrative Eval dated 5/25/12</li> <li>• Physical Therapy Progress notes dated 6/6/12 and 6/13/12</li> <li>• Physical Therapy Service Log (two pages)</li> <li>• Description Note dated 6/14/12</li> <li>• Physician order for Physical Therapy</li> <li>• Nurse's Notes (two pages)</li> <li>• Monthly C. N. A. Accountability Record dated 6/12 and 4/12</li> </ul>	Denied	<p>MDS with ARD 6/12/12 - The facility documentation provided does not support the medical need for skilled Physical Therapy services.</p> <p>See MDS Manual Section O</p>