



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

September 29, 2016

[REDACTED]  
Ross Health Care Center  
839 Suffolk Avenue  
Brentwood, New York 11717

Re: MDS Final Audit Report  
Audit #: 14-1123  
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 Ross Health Care Center 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 April 29, 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 \$22,218.80 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  
ROSS HEALTH CARE CENTER  
AUDIT 14-1123  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.31	15,038	\$19,699.78
Non-Medicare/Part D Eligible	\$1.33	1,894	\$2,519.02
Total			<u>\$22,218.80</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  
ROSS HEALTH CARE CENTER  
AUDIT #14-1123  
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 ACTIVE DISEASE PROVIDED	DISALLOW SWALLOWING/NUTRITIONAL STATUS	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW PHYSICAL THERAPY	DISALLOW BMI ADD ON			
22	RMA	RMA	1.17	1.17															
23	RVC	RVC	1.53	1.53															
24	RMA	IA1	1.17	0.61														1	
25	RMA	RMA	1.17	1.17															
26	RMA	RMA	1.17	1.17															
27	SSB	SSB	1.06	1.06															
28	IB1	IB1	0.78	0.78															
29	CC2	CC2	1.12	1.12															
30	RMC	RMA	1.27	1.17	1	1	1	1	1	1	1								
<b>TOTALS</b>					<b>3</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>7</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>			

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ROSS HEALTH CARE CENTER  
AUDIT #14-1123  
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 3 instances, documentation did not support resident required weight bearing assist three or more times. 5, 19, 30

**Bed Mobility Support Provided**

In 2 instances, documentation did not support resident was a one person physical help at least once. 19, 30

**Transfer Self-Performance**

In 1 instance, documentation did not support resident required total assist every time. 30

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 5, 9, 19

**Transfer Support Provided**

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 30

In 1 instance, documentation did not support resident was a one (1) person physical help at least once. 19

**Eating Self-Performance**

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 5

In 2 instances, documentation did not support resident required supervision one or more times. 19, 30

**Toilet Use Self-Performance**

In 2 instances, documentation did not support resident required total assist every time. 6, 11

In 5 instances, documentation did not support resident required weight bearing assist three or more times. 5, 9, 18, 19, 30

**Toilet Use Support Provided**

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 18, 30

In 2 instances, documentation did not support resident was a one person physical help at least once. 9, 19

**Active Disease Diagnosis**

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 diseases coded relate to the resident's functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)*  
*MDS Manual 3.0 10100-18000*

In 1 instance, documentation did not support pneumonia as an active physician documented diagnosis in the past 60 days. 7

**Swallowing/Nutritional Status**

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 conditions that could affect the residents' ability to maintain adequate nutrition and hydration. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)*  
*MDS 3.0 Manual K0100-0700*

In 2 instances, documentation reflected incorrect resident weight in the past 30 days. 2, 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 seven days of respiratory therapy during the look back period. 11

**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 O0400-0500*

**Physical Therapy**

In 1 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 24

**BMI Add-on**

In 2 instances, resident BMI was less than 35%. 2, 12

*10 NYCRR §86-2.40 (z)(2)*

**RUGS-II Classifications Overturned**

In 7 instances, the RUG classifications were overturned. 5, 9, 11, 18, 19, 24, 30

*10 NYCRR §86-2.10, Volume A-2*

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ROSS HEALTH CARE CENTER  
AUDIT #14-1123  
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
12	O0400C: Physical Therapy		Accepted	Disallowance was reversed and will not be included in the Final Report.
14	O0100H2: IV Medication		Accepted	Disallowance was reversed and will not be included in the Final Report.