



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

September 16, 2016

██████████  
Absolut Center for Nursing and Rehabilitation  
at Westfield, LLC  
300 Gleed Avenue  
East Aurora, New York 14052

Re: MDS Final Audit Report  
Audit #: 14-3398  
Provider ID#: ██████████

Dear ██████████

This is the final audit report of findings with regard to the Office of the Medicaid Inspector Absolut Center for Nursing and Rehabilitation at Westfield, LLC for the census period ending January 25, 2013. In accordance with 18 NYCRR §517.6, this final audit report represents the OMIG's final determination on issues found during OMIG's review.

Since you did not respond to our draft audit report dated July 29, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$34,539.23 was calculated using the number of Medicaid days paid for the rate period July 1, 2013 through December 31, 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

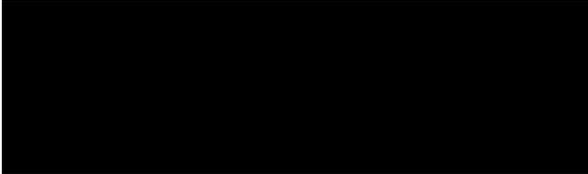
Questions regarding the request for a hearing should be directed to Office of Counsel, at ██████████

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."

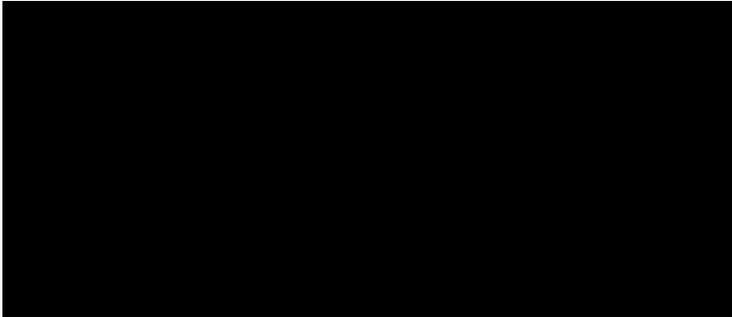
If a hearing is held, you may have a person represent you or you may represent yourself. If you choose to be represented by someone other than an attorney, you must supply along with your hearing request a signed authorization permitting that person to represent you at the hearing; you may call witnesses 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   
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Division of Medicaid Audit  
Office of the Medicaid Inspector General



OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ABSOLUT CENTER FOR NURSING AND REHABILITATION AT WESTFIELD  
AUDIT 14-3398  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$2.69	12,781	\$34,380.89
Non-Medicare/Part D Eligible	\$2.73	58	\$158.34
Total			<u>\$34,539.23</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  
 ABSOLUT CENTER FOR NURSING AND REHABILITATION AT WESTFIELD  
 AUDIT #14-3398  
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow												
					bed mobility self performance	bed mobility support provided	transfer self performance	transfer support provided	eating self performance	toilet use self performance	toilet use support provided	health conditions	physical therapy				
19	RMB	RMB	1.22	1.22	1	1											
20	RHC	RMA	1.4	1.17	1	1	1			1	1						
21	PE1	PE1	0.79	0.79													
22	PE1	PE1	0.79	0.79			1										
					4	3	4	2	1	2	2	1	3				

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ABSOLUT CENTER FOR NURSING AND REHABILITATION AT WESTFIELD  
AUDIT #14-3398  
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. 7

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

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 1, 19

**Bed Mobility Support Provided**

In 3 instances, documentation did not support resident was a one person physical help at least once. 1, 19, 20

**Transfer 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 weight bearing assist three or more times. 20

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 1, 13

Transfer Support Provided

In 2 instances, documentation did not support resident was a one (1) person physical help at least once. 1, 13

Eating Self-Performance

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

Toilet Use Self-Performance

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

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

Toilet Use Support Provided

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

Health 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 health conditions that impact the resident's functional status and quality of life. MDS 3.0 manual guidelines will be followed when examining the medical records

*42 CFR §483.20 (b) (xvii)  
MDS 3.0 Manual J0100-1900*

In 1 instance, documentation did not support fever during the look back period. 13

**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 3 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 2, 8, 9

**RUGS-II Classifications Overturned**

In 6 instances, the RUG classifications were overturned. 1, 2, 8, 9, 13, 20

*10 NYCRR §86-2.10, Volume A-2*