NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 14, 2016

[redacted]
Absolut Center for Nursing and Rehabilitation at Gasport, LLC
330 Gleed Avenue
East Aurora, New York 14052

Re: MDS Final Audit Report
Audit #: 14-3440
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 Absolut Center for Nursing and Rehabilitation at Gasport, 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 28, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of $9,076.80 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 [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

ATTACHMENT A

OFFICE OF THE MEDICAID INSPECTOR GENERAL

ABSOLUT CENTER FOR NURSING AND REHABILITATION AT GASPORT

AUDIT 14-3440

CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	$0.96	9,455	$9,076.80
Non-Medicare/Part D Eligible	$0.97	0	$0.00
Total			$9,076.80

*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 GASPORT
AUDIT #14-3440
ERRORS BY SAMPLE NUMBER

Sample #	[redacted]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow occupation therapy
1	[redacted]	RMA	RMA	1.17	1.17	0
2	[redacted]	CC1	CC1	0.98	0.98	0
3	[redacted]	RHC	CB1	1.4	0.86	1
4	[redacted]	IB1	IB1	0.78	0.78	0
5	[redacted]	PC1	PC1	0.66	0.66	0
6	[redacted]	RMC	RMC	1.27	1.27	0
Totals						1

OFFICE OF THE MEDICAID INSPECTOR GENERAL
ABSOLUT CENTER FOR NURSING AND REHABILITATION AT GASPORT
AUDIT #14-3440
MDS DETAILED FINDINGS

MDS FINDINGS	SAMPLE SELECTION
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*	
Occupational Therapy	
In 1 instance, documentation reflected incorrect individual/concurrent/group minutes.	3
In 1 instance, documentation reflected incorrect days.	3
In 1 instance, documentation did not support evaluation/reassessment for therapy.	3
RUGS-II Classifications Overturned	
In 1 instance, the RUG classifications were overturned.	3
10 NYCRR §86-2.10, Volume A-2	