



STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
90 Church Street – 14th Floor
New York, New York 10007

ANDREW M. CUOMO
GOVERNOR

JAMES G. SHEEHAN
MEDICAID INSPECTOR GENERAL

April 7, 2011

Mr. Isaac Weiner, Administrator
Staten Island Care Center
200 Lafayette Avenue
Staten Island, New York 10301

Re: Revised Notice of Rate Changes
Audit #08-3505
NPI #: [REDACTED]
Provider Number: [REDACTED]

Dear Mr. Weiner:

The Department of Social Services conducted an audit of your costs for base period March 9, 1989 through August 31, 1989 (Audit #92-C04-3019). This audit resulted in downward adjustments of your March 9, 1989 through December 31, 1993 rates.

Previously issued Notices of Rate Changes have addressed overpayments through December 31, 2007. However, the 2007 Notice of Rate Changes issued on December 30, 2008 has been revised due to an increase in non comparable expenses used in the calculation of the 2007 rates. Therefore, the OMIG is revising the 2007 Notice of Rate Changes to reflect this change. This revised Notice of Rate Changes supersedes the December 30, 2008 Notice of Rate Changes. This overpayment is subject to Department of Health (the "DOH") and Division of Budget (the "DOB") final approval. While not anticipated, any difference between the calculated overpayment and the final DOH and DOB approved amount will be resolved with the Facility by the OMIG Bureau of Collections Management.

Enclosed are the appropriate rate sheets to support the amount due. The rate sheets reflect only the carry forward of the base period operating expense adjustments. All other components of the 2007 rates may be subject to future audit. The revised rates and Medicaid impact are as follows.

<u>Rate Period</u>	<u>Issued Rates</u>	<u>Final Rates</u>	<u>Rate Decrease (Increase)</u>	<u>Medicaid Days</u>	<u>Medicaid Impact</u>
01/01/07-03/31/07	\$228.77	\$227.87	\$0.90	22,882	\$ 20,594
04/01/07-06/30/07	227.53	226.63	0.90	23,437	21,093
07/01/07-12/31/07	226.46	225.56	0.90	47,235	<u>42,512</u>

REVISED TOTAL MEDICAID OVERPAYMENT **\$ 84,199**

The difference between the total shown above and the amounts previously collected on the December 30, 2008 Notice of Rate Changes will be resolved by the Bureau of Collections Management in our Albany office. Should you have any questions in this regard, please contact them at:

Bureau of Collections Management
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204
Phone #: (518) 474-5878
Fax#: (518) 408-0593

If you have any questions regarding the above, please call Mr. Daniel Cohen at (212) 417-5024.

Sincerely,



Craig C. Francis, Director
Division of Medicaid Audit, New York City
Office of the Medicaid Inspector General

Attachment
Enclosure

CERTIFIED MAIL #7006 0810 0001 3297 5896
RETURN RECEIPT REQUESTED