



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

August 2, 2016

[REDACTED]  
Groton Community Health Care Center Residential  
Care Facility  
(aka Groton Community HCC SNF)  
120 Sykes Avenue  
Groton, New York 13073

Re: MDS Final Audit Report  
Audit #: 13-4383  
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 Groton Community Health Care Center Residential Care Facility (Groton Community HCC SNF) 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.

Since you did not respond to our draft audit report dated March 30, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$9,379.83 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.

You have the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. 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." You may only request a hearing to challenge specific audit adjustments which you challenged in a response to the draft audit report.

If you wish to request a hearing, the request must be submitted in writing to:

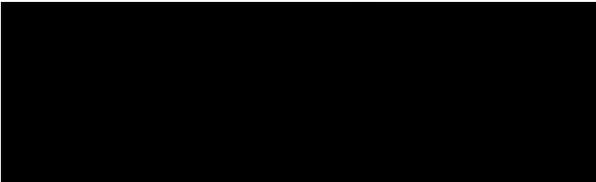
General Counsel  
Office of Counsel  
New York State Office of the Medicaid Inspector General  
800 North Pearl Street  
Albany, New York 12204

Questions regarding the request for a hearing should be directed to the Office of Counsel, at [REDACTED].

Pursuant to 18 NYCRR §519.18, at the hearing you have the right to:

- (a) request the department to reschedule the hearing (adjournment);
- (b) be represented by an attorney, or other representative, or to represent himself/herself;
- (c) have an interpreter, at no charge, if the appellant does not speak English or is deaf and cannot afford one (the appellant must advise the department prior to the hearing if an interpreter will be needed);
- (d) produce witnesses and present written and/or oral evidence to explain why the action taken was wrong;
- (e) cross-examine witnesses of the department.

Should you have any questions regarding the above, please contact [REDACTED]  
[REDACTED]



Division of Medicaid Audit  
Office of the Medicaid Inspector General



OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 GROTON COMMUNITY HEALTH CARE CENTER RESIDENTIAL CARE FACILITY  
 AUDIT 13-4383  
 CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$0.83	11,301	\$9,379.83
Non-Medicare/Part D Eligible	\$0.84	0	\$0.00
Total			<u>\$9,379.83</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  
 GROTON COMMUNITY HEALTH CARE CENTER RESIDENTIAL CARE FACILITY  
 AUDIT #13-4383  
 FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS				
						DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW BED MOBILITY SUPPORT PROVIDED	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED	DISALLOW HEIGHT (INCHES)
1	[REDACTED]	CA1	CA1	0.77	0.77					1
2	[REDACTED]	PE1	PE1	0.79	0.79					
3	[REDACTED]	PE1	PE1	0.79	0.79					
4	[REDACTED]	RMC	RMC	1.27	1.27					
5	[REDACTED]	PE1	PE1	0.79	0.79					
6	[REDACTED]	PE1	PE1	0.79	0.79					
7	[REDACTED]	PE1	PE1	0.79	0.79					
8	[REDACTED]	PE1	PE1	0.79	0.79					
9	[REDACTED]	PD1	PD1	0.72	0.72					
10	[REDACTED]	PE1	PD1	0.79	0.72			1	1	
11	[REDACTED]	PE1	PE1	0.79	0.79					
12	[REDACTED]	PE1	PE1	0.79	0.79					
13	[REDACTED]	PE1	PD1	0.79	0.72		1			
14	[REDACTED]	RHB	RHB	1.27	1.27					
15	[REDACTED]	CB1	CA1	0.86	0.77	1	1			
TOTALS						1	2	1	1	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
GROTON COMMUNITY HEALTH CARE CENTER RESIDENTIAL CARE FACILITY  
AUDIT #13-4383  
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 weight bearing assist three or more times. 15

**Bed Mobility Support Provided**

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 13

In 1 instance, documentation did not support resident was a one person physical help at least once. 15

**Toilet Use Self-Performance**

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 10

**Toilet Use Support Provided**

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 10

**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 1 instance, documentation did not support correct resident height. 1

**RUGS-II Classifications Overturned**

In 3 instances, the RUG classifications were overturned. 10, 13, 15

*10 NYCRR §86-2.10, Volume A-2*