



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

August 25, 2016

[REDACTED]  
The Springs Nursing and Rehabilitation Centre  
49 Marvin Avenue  
Troy, New York 12180

Re: MDS Final Audit Report  
Audit #: 13-2418  
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 The Springs Nursing and Rehabilitation Centre for the census period ending January 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.

We received your response to our draft audit report dated November 25, 2015. Your comments have been considered (see Attachment D) and the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$7,894.04 was calculated using the number of Medicaid days paid for the rate period July 1, 2012 through December 31, 2012 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].

[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]

[REDACTED]

Division of Medicaid Audit  
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
THE SPRINGS NURSING AND REHABILITATION CENTRE  
AUDIT # 13-2418  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$0.98	8,041	\$7,880.18
Non-Medicare/Part D Eligible	\$0.99	14	\$13.86
Total			<u>\$7,894.04</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  
 THE SPRINGS NURSING AND REHABILITATION CENTRE  
 AUDIT #13-2418  
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS					
					DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED
1	CC1	CB1	0.98	0.86	1	1	1	1	1	1
2	RHC	RHC	1.40	1.40						
3	RMB	RMB	1.22	1.22						
4	PE1	PD1	0.79	0.72		1	1		1	1
5	PD1	PD1	0.72	0.72						
6	PA1	PA1	0.46	0.46						
7	CA1	CA1	0.77	0.77						
8	PE1	PE1	0.79	0.79	1					
9	IA1	IA1	0.61	0.61						
10	CA1	PB1	0.77	0.58		1			1	
11	RHB	RHB	1.27	1.27		1	1			
12	SSC	SSC	1.12	1.12					1	
13	IA1	IA1	0.61	0.61						
TOTALS					2	4	3	1	4	2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
THE SPRINGS NURSING & REHABILITATION CENTRE  
AUDIT #13-2418  
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 2 instances, documentation did not support resident required total assist every time. 1, 8

**Transfer Self-Performance**

In 2 instances, documentation did not support resident required total assist every time. 1, 4

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

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 11

**Transfer Support Provided**

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 1, 4

In 1 instance, documentation did not support resident was a one (1) person physical help at least once. 11

Eating Self-Performance

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

Toilet Use Self-Performance

In 3 instances, documentation did not support resident required total assist every time. 1, 4, 12

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

Toilet Use Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 1, 4

RUGS-II Classifications Overturned

In 3 instances, the RUG classifications were overturned. 1, 4, 10

10 NYCRR §86-2.10, Volume A-2

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
THE SPRINGS NURSING AND REHABILITATION CENTRE  
AUDIT #13-2418

All OMIG disallowances were accepted by the Facility except for those shown below. The following details the disposition of the draft report disallowances after consideration of the Facility's draft audit report response comments.

.....  
**Sample #10**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

G0110Ba Self-Performance Transfer

G0110Ia Self-Performance Toilet Use

**Additional Facility Comment:**

"Further review of the other late loss ADL's used to support ADL score on the MDS were re-examined. Eating is coded accurately on the MDS as Independent after set up. Bed mobility was coded as Limited A x 1 in 4/21 shifts. According to RAI, since this activity required Limited Assistance at least three times during the look back period, this is the appropriate score for bed mobility on the MDS."

**OMIG Response to Additional Facility Comment:**

The MDS Assessment Reference Date (ARD) is 11/04/11.

The 7-day look back period is 10/29/11 -11/04/11.

*Documentation submitted and reviewed:*

C.N.A. ADL Sheet October and November 2011

The MDS claimed Bed Mobility Self Performance as Level 0/Independent and Support Provided as Level 0/No Setup Help. OMIG did not have a finding on Bed Mobility Self Performance.

**ASSESSMENT:**

**Documentation does not support MDS Manual, Chapter 5**

- MDS Correction Policy – the MDS must be accurate as of the ARD.

It is the responsibility of the provider to ensure that any corrections made to a record are submitted to the QEIS ASAP system in accordance with the MDS Correction Policy. OMIG does not make corrections for data entry errors made by the facility. The New York State Department of Health sets and makes any adjustments to RUG scores, Medicaid Case Mix, and rates.

**Disposition:** The draft report finding is unchanged and will be included in the final report.