



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

August 29, 2016

[REDACTED]  
Fulton Center for Rehabilitation and Healthcare  
847 County Highway 122  
Gloversville, New York 12078

Re: MDS Final Audit Report  
Audit #: 13-6360  
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 Fulton Center for Rehabilitation and Healthcare 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.

We received your response to our draft audit report dated March 25, 2016. 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 \$50,341.13 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.

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

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
FULTON CENTER FOR REHABILITATION AND HEALTHCARE  
AUDIT 13-6360  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$2.15	20,037	\$43,079.55
Non-Medicare/Part D Eligible	\$2.18	3,331	\$7,261.58
Total			<u>\$50,341.13</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  
 FULTON CENTER FOR REHABILITATION AND HEALTHCARE  
 AUDIT #13-6360  
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS	
1	RMC	RMC	1.27	1.27		
2	RUA	RUA	1.37	1.37		
3	RMB	RMB	1.22	1.22		
4	CC2	CC2	1.12	1.12		
5	CC2	CC2	1.12	1.12		
6	PE1	PE1	0.79	0.79		
7	CB1	CB1	0.86	0.86		
8	RMA	RMA	1.17	1.17		
9	RMA	RMA	1.17	1.17		
10	RMA	RMA	1.17	1.17		
11	CC2	CC2	1.12	1.12		
12	SSA	SSA	1.03	1.03		
13	RHC	RHC	1.40	1.40		
14	RMA	RMA	1.17	1.17		
15	IA1	IA1	0.61	0.61		
16	RMA	RMA	1.17	1.17		
17	RUB	RUB	1.53	1.53		
18	RMC	RMC	1.27	1.27		
19	PD1	PD1	0.72	0.72		

DISALLOW TOILET USE SELF PERFORMANCE  
 DISALLOW SPECIAL TREATMENTS, PROCEDURES

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 FULTON CENTER FOR REHABILITATION AND HEALTHCARE  
 AUDIT #13-6360  
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS	
20	RMA	RMA	1.17	1.17		
21	CC2	CC2	1.12	1.12		
22	RMC	RMC	1.27	1.27		
23	RMB	RMB	1.22	1.22		
24	CC2	PE1	1.12	0.79		1
25	RMA	RMA	1.17	1.17		
26	IA1	IA1	0.61	0.61		
27	CA2	CA2	0.84	0.84		
28	RUC	RUC	1.82	1.82		
29	RMC	RMC	1.27	1.27	1	
30	CC2	CC2	1.12	1.12		
31	RMA	RMA	1.17	1.17		
32	PD1	PD1	0.72	0.72		
33	RMC	RMC	1.27	1.27		
34	CC2	CC2	1.12	1.12		
35	RHC	RHC	1.40	1.40		
TOTALS					<u>1</u>	<u>1</u>

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
FULTON CENTER FOR REHABILITATION AND HEALTHCARE  
AUDIT #13-6360  
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*

**Toilet Use Self-Performance**

In 1 instance, documentation did not support resident required total assist every time. 29

**Special Treatments, Procedures, and Programs**

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 intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received during the specific time periods. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xv)  
MDS 3.0 Manual O0100-0300, O0600-0700*

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 24

**RUGS-II Classifications Overturned**

In 1 instance, the RUG classification was overturned. 24

*10 NYCRR §86-2.10, Volume A-2*

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
FULTON COUNTY RESIDENTIAL HEALTH CARE FACILITY**

**Audit #: 13-6360**

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 #24**

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

**Contested MDS Coding Issues:**

Item #O0700: Physician Orders not supported by documentation.

**Facility Comment:**

4/16 order for hearing Aid to be worn. Added the TAR to show it was a treatment order off the consult that was done. MD signed 4/16 making it an order.

**OMIG Response:**

MDS Assessment Reference Date (ARD) is 04/25/2012.  
The 14-day look back period is 04/12/2012 – 04/25/2012.  
Claimed Physician Orders – 2.

*Documentation submitted and reviewed:*

Consultation Report dated 4/16/2012 –

MD signed an audiology consultation Report that had opinion and recommendation which states "New hearing aid fit to right ear with good benefit. Call if Problems."

In Treatment Administration Record (TAR) – the order states that "Nurse to put hearing Aides in AM and out at HS".

**ASSESSMENT:**

**Documentation does not support the MDS Manual:**

- Orders written to increase the resident's RUG classification and facility payment are not acceptable. A transcribed order should match the physician's order. Hearing Aids in/out is considered routine nursing care and is not considered a new order.

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