



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

August 31, 2016

██████████  
Island Nursing and Rehabilitation Center  
5537 Expressway Drive North  
Holtville, New York 11742

Re: MDS Final Audit Report  
Audit #: 14-1154  
Provider ID#: ██████████

Dear ██████████

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 Island Nursing and Rehabilitation Center 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 April 11, 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 \$30,602.61 was calculated using the number of Medicaid days paid for the rate period January 1, 2013 through July 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 ██████████

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  
ISLAND NURSING AND REHABILITATION CENTER  
AUDIT 14-1154  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$2.55	11,741	\$29,939.55
Non-Medicare/Part D Eligible	\$2.58	257	\$663.06
Total			<u>\$30,602.61</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  
 ISLAND NURSING AND REHABILITATION CENTER  
 AUDIT #14-1154  
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS									
					DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW BED MOBILITY SUPPORT PROVIDED	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SPECIAL TREATMENTS PROVIDED	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY		
1	RMC	RMA	1.27	1.17	1		1		1	1				
2	CA1	CA1	0.77	0.77	1		1		1	1				
3	RVB	RHB	1.39	1.27							1	1		
4	SSC	SSA	1.12	1.03	1				1	1				
5	PE1	IB1	0.79	0.78	1	1			1	1				
6	SSC	SSA	1.12	1.03	1				1	1				
7	CC1	PB1	0.98	0.58	1			1	1	1				
8	CB1	CA1	0.86	0.77	1	1	1		1	1	1			
9	CC1	PB1	0.98	0.58	1			1	1	1				
10	PE1	IA1	0.79	0.61	1		1	1	1	1				
11	CC1	IB1	0.98	0.78	1			1	1	1				
<b>TOTALS</b>					<b>10</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>10</b>	<b>10</b>	<b>1</b>	<b>1</b>	<b>1</b>	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ISLAND NURSING AND REHABILITATION CENTER  
AUDIT #14-1154  
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 3 instances, documentation did not support resident required total assist every time.	4, 9, 11
In 6 instances, documentation did not support resident required weight bearing assist three or more times.	1, 5, 6, 7, 8, 10
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	2

**Bed Mobility Support Provided**

In 2 instances, documentation did not support resident was a 2+ person physical help at least once.	5, 8
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**Transfer Self-Performance**

In 2 instances, documentation did not support resident required weight bearing assist three or more times.	1, 10
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In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 2, 8

Eating Self-Performance

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

In 3 instances, documentation did not support resident required non weight bearing assist three or more times. 7, 9, 11

Toilet Use Self-Performance

In 4 instances, documentation did not support resident required total assist every time. 4, 6, 7, 11

In 4 instances, documentation did not support resident required weight bearing assist three or more times. 1, 5, 9, 10

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 2, 8

Toilet Use Support Provided

In 4 instances, documentation did not support resident was a 2+ person physical help at least once. 5, 7, 9, 11

In 6 instances, documentation did not support resident was a one person physical help at least once. 1, 2, 4, 6, 8, 10

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 exams during the look back period. 8

### **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 00400-0700*

### **Occupational Therapy**

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 3

In 1 instance, documentation reflected incorrect days. 3

### **Physical Therapy**

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 3

### **RUGS-II Classifications Overturned**

In 10 instances, the RUG classifications were overturned. 1, 3, 4, 5, 6, 7, 8, 9, 10, 11

*10 NYCRR §86-2.10, Volume A-2*

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ISLAND NURSING AND REHABILITATION CENTER  
AUDIT # 14-1154

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

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**Sample #7**

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

Reported RUG: CC1 / Derived RUG: PB1

**Facility Comment:** "Reported RUG of CC1 is supported by resident's diagnosis of CVA (L) hemiplegia as stated on Physician's orders by attending physician Dr. Salam dated April 2, 2012 and physician neurology consult from Dr. Matthews dated September 24, 2012. Documents are attached as Attachment A and B"

**OMIG Response:**

MDS Assessment Reference Date (ARD) is 04/30/12.

The 7-Day Look Back Period is 04/24/12 – 04/30/12.

MDS Draft Audit Report dated April 11, 2016 Attachment C indicates the following findings for Sample #7:

- Bed Mobility Self-Performance: Documentation did not support resident required weight bearing assist three or more times.
- Eating Self-Performance: Documentation did not support resident required non weight-bearing assist three or more times.
- Toilet Use Self-Performance: Documentation did not support resident required total assist every time.
- Toilet Use Support Provided: Documentation did not support resident was a 2+ person physical help at least once.

The Reported RUG of CC1 to Derived RUG of PB1 is related to ADL findings. To claim a CC1, the diagnosis of Hemiplegia with a Total ADL score  $\geq 10$  is required.

**Please Note:** *Facility response and submitted documentation contests active diagnosis of Hemiplegia, which is not listed as a finding in the Draft Audit Report Attachment C.*

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

### Sample #9

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

Reported RUG: CC1 / Derived RUG: PB1

**Facility Comment:** "Reported RUG of CC1 is supported by resident's diagnosis of CVA (L) hemiplegia as stated on referring PRI; Physician orders dated July 9, 2012 by attending physician Dr. Salem. Documents are attached as Attachment C and D."

**OMIG Response:**

MDS Assessment Reference Date (ARD) is 06/16/12.

The 7-Day Look Back Period is 06/10/12 – 06/16/12.

MDS Draft Audit Report dated April 11, 2016 Attachment C indicates the following findings for Sample #9:

- **Bed Mobility Self-Performance:** Documentation did not support resident required total assist every time.
- **Eating Self-Performance:** Documentation did not support resident required non weight-bearing assist three or more times.
- **Toilet Use Self-Performance:** Documentation did not support resident required weight bearing assist three or more times.
- **Toilet Use Support Provided:** Documentation did not support resident was a 2+ person physical help at least once.

The Reported RUG of CC1 to Derived RUG of PB1 is related to ADL findings. To claim a CC1, the diagnosis of Hemiplegia with a Total ADL score  $\geq 10$  is required.

**Please Note:** *Facility response and submitted documentation contests active diagnosis of Hemiplegia, which is not listed as a finding in the Draft Audit Report.*

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

## Sample #11

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

Reported RUG: CC1 / Derived RUG: IB1

**Facility Comment:** "Reported RUG of CC1 is supported by resident's receiving two (2) physician visits or interventions within the period July 6 to July 19, 2012." Facility submissions include documentation to support the physician visits/interventions as Attachment E and F.

### **OMIG Response:**

MDS Assessment Reference Date (ARD) is 07/19/12.

The 7-Day Look Back Period is 07/13/12 – 07/19/12.

MDS Draft Audit Report dated April 11, 2016 Attachment C indicates the following findings for Sample #11:

- **Bed Mobility Self-Performance:** Documentation did not support resident required total assist every time.
- **Eating Self-Performance:** Documentation did not support resident required non weight-bearing assist three or more times.
- **Toilet Use Self-Performance:** Documentation did not support resident required total assist every time.
- **Toilet Use Support Provided:** Documentation did not support resident was a 2+ person physical help at least once.

The Reported RUG of CC1 to Derived RUG of IB1 is related to ADL findings/change in Total ADL Score.

**Please Note:** *Facility response and submitted documentation contests Physician Examinations and Physician Orders, which are not listed as findings in the Draft Audit Report Attachment C.*

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