



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

July 21, 2016

[REDACTED]  
Cortland Park Rehabilitation and Nursing Center  
193 Clinton Avenue  
Cortland, New York 13045

Re: MDS Final Audit Report  
Audit #: 13-4353  
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 Cortland Park Rehabilitation and Nursing Center 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 September 14, 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 \$12,509.94 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.

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].

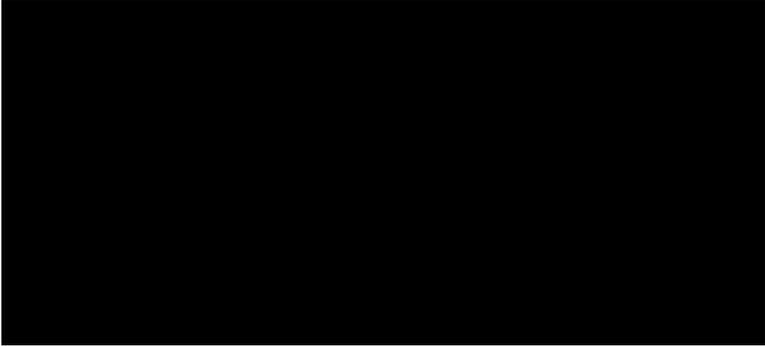
Pursuant to 18 NYCRR §519.18, at the hearing you have the right to:

- (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  
 CORTLAND PARK REHABILITATION AND NURSING CENTER  
 AUDIT # 13-4353  
 CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$0.83	15,063	\$12,502.29
Non-Medicare/Part D Eligible	\$0.85	9	\$7.65
Total			<u>\$12,509.94</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  
 CORTLAND PARK REHABILITATION AND NURSING CENTER  
 AUDIT #13-4353  
 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 TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED	DISALLOW SPECIAL TREATMENTS, PROCEDURES
1	RMB	RMB	1.22	1.22					
2	CA2	CA2	0.84	0.84					1
3	PE1	PE1	0.79	0.79					
4	SSA	SSA	1.03	1.03					
5	RHB	RHB	1.27	1.27					
6	PE1	PD1	0.79	0.72	1				
7	RMA	RMA	1.17	1.17			1		
8	BA1	BA1	0.47	0.47					
9	IA2	IA2	0.65	0.65					
10	PE1	PE1	0.79	0.79					
11	PD1	PD1	0.72	0.72					
12	RMB	RMB	1.22	1.22					
13	PC2	PC2	0.67	0.67					
14	PE1	PE1	0.79	0.79		1		1	
15	SSA	CA1	1.03	0.77	1			1	
16	PE2	PE2	0.80	0.80					
17	CA1	CA1	0.77	0.77					
18	SSA	SSA	1.03	1.03					
19	PA2	PA2	0.48	0.48					

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 CORTLAND PARK REHABILITATION AND NURSING CENTER  
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20		PE2	0.80	0.80					
21		CC1	0.98	0.98					
22		RMB	1.22	1.22					
23		PB2	0.57	0.57					
24		PD2	0.73	0.48	1		1		
<b>TOTALS</b>					<u>3</u>	<u>1</u>	<u>3</u>	<u>1</u>	<u>1</u>

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
CORTLAND PARK REHABILITATION AND NURSING CENTER  
AUDIT #13-4353  
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 weight bearing assist three or more times. 6, 24

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 15

**Transfer Self-Performance**

In 1 instance, documentation did not support resident required total assist every time. 14

**Toilet Use Self-Performance**

In 1 instance, documentation did not support resident required total assist every time. 14

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 24

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 15

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a one person physical help at least once. 7

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. 2

RUGS-II Classifications Overturned

In 3 instances, the RUG classifications were overturned. 6, 15, 24

*10 NYCRR §86-2.10, Volume A-2*

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
CORTLAND PARK REHABILITATION AND NURSING CENTER  
AUDIT #13-4353  
ANALYSIS OF PROVIDER RESPONSE**

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 #6**

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

Item #G0110A, ADL Self-Performance for Bed Mobility, is not supported by documentation.

Facility Comment: Facility submitted for review the resident's progress notes dated 1/12/2012 through 1/16/2012 and Point of Care ADL Category Report for the period 1/12/2012 through 1/18/2012. Also submitted were sections of the MDS Manual which pertain to the staff interview for ADL assessment.

OMIG Response: MDS Assessment Reference Date (ARD) is 01/18/12. The 7-day look back period is 1/12/12 – 1/18/12.

Facility claimed Level 3 for Bed Mobility self-performance but the Point of Care ADL Category Report during the 7-day look back period only supports Level 1. Per the MDS Manual's *Rule of Three*, Level 3 may only be coded if weight bearing support was provided three or more times during the 7-day look back. The ADL Category Report documents weight bearing assistance one time on 1/14/2012. The resident's progress notes did not contain documentation of resident's Bed Mobility self-performance status. There is no additional documentation to support that an interview was ever conducted with resident's caregivers and there are no results from any staff interview.

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

## Sample #15

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

Items #G0110Aa, ADL Self-Performance for Bed Mobility, and G0110Ia, ADL Self-Performance for Toilet Use, are not supported by documentation.

Facility Comment: Facility submitted for review the resident's progress notes dated 12/30/2011 through 1/17/2012 and Point of Care ADL Category Report for the period 12/30/2011 through 1/5/2012. Also submitted was sections of the MDS Manual which pertain to the staff interview for ADL assessment.

OMIG Response: MDS Assessment Reference Date (ARD) is 1/5/12. The 7-day look back period is 12/30/11 – 1/5/12.

Facility claimed Level 2 for Bed Mobility self-performance. Point of Care ADL Category Report during the 7-day look back period supports Level 1. Per the MDS Manual's *Rule of Three*, Level 2 may only be coded if non-weight bearing support was provided three or more times during the 7-day look back. The ADL Category Report documents assistance two times on 1/2/2012 and 1/4/12. The resident's progress notes did not contain documentation of resident's Bed Mobility self-performance status during the 7-day look back. The Facility also claimed Level 2 for Toilet Use self-performance. Point of Care ADL Category Report during the 7-day look back period supports Level 1. Per the MDS Manual's *Rule of Three*, Level 2 may only be coded if non-weight bearing support was provided three or more times during the seven day look back. The ADL Category Report documents assistance two times on 1/1/2012 and 1/4/12. The resident's progress notes did not contain documentation of resident's Toilet Use self-performance status during the 7-day look back. There is no additional documentation to support that an interview was ever conducted with resident's caregivers and there are no results from any staff interview.

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