



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

July 27, 2016

[REDACTED]
Susquehanna Nursing and Rehabilitation Center, LLC
282 Riverside Drive
Johnson City, New York 13790

Re: MDS Final Audit Report
Audit #: 13-4773
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 Susquehanna Nursing and Rehabilitation Center, LLC 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.

Since you did not respond to our draft audit report dated October 28, 2015, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$16,234.08 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

OFFICE OF THE MEDICAID INSPECTOR GENERAL
SUSQUEHANNA NURSING AND REHABILITATION CENTER
AUDIT # 13-4773
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$0.94	17,242	\$16,207.48
Non-Medicare/Part D Eligible	\$0.95	28	\$26.60
Total			<u>\$16,234.08</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
 SUSQUEHANNA NURSING AND REHABILITATION CENTER
 AUDIT #13-4773
 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 EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SPEECH THERAPY	DISALLOW OCCUPATION THERAPY
1		RHC	RHC	1.40	1.40						
2		RMC	RMB	1.27	1.22		1				
3		SSB	SSB	1.06	1.06						
4		RMC	RMC	1.27	1.27						
5		RMA	PA2	1.17	0.48						1
6		SSC	SSC	1.12	1.12	1			1		
7		RMC	CB1	1.27	0.86					1	
8		RUB	RUB	1.53	1.53						
9		CB1	CB1	0.86	0.86						
10		PA1	PA1	0.46	0.46						
11		CC1	CC1	0.98	0.98	1		1		1	
12		RMB	RMB	1.22	1.22						
13		RMB	RMB	1.22	1.22						
14		RMA	RMA	1.17	1.17						
15		RMC	RMC	1.27	1.27						
16		RMB	RMB	1.22	1.22						
17		RMA	RMA	1.17	1.17						
18		CC1	CC1	0.98	0.98						
19		PD2	PC2	0.73	0.67		1				
20		RMA	RMA	1.17	1.17						

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21		RMB	1.22	1.22							
22		IA2	0.65	0.65							
23		RMC	1.27	1.27							
24		CC2	1.12	1.12							
25		RMB	1.22	1.22							
26		CC1	0.98	0.98							
TOTALS						2	2	1	2	1	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
SUSQUEHANNA NURSING AND REHABILITATION CENTER
AUDIT #13-4773
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. 6, 11

Transfer Self-Performance

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 2

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 19

Eating Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 11

Toilet Use Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 6, 11

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 O0400-0500*

Speech-Language Pathology

In 1 instance, documentation did not support resident received speech therapy during the 7 day look back. 7

Occupational Therapy

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 5

RUGS-II Classifications Overturned

In 4 instances, the RUG classifications were overturned. 2, 5, 7, 19

10 NYCRR §86-2.10, Volume A-2