



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

July 21, 2016

██████████
Alpine Rehabilitation and Nursing Center
(aka Van Allen Nursing Home)
755 East Monroe Street
Little Falls, New York 13365

Re: MDS Final Audit Report
Audit #: 13-4790
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 Alpine Rehabilitation and Nursing Center (aka Van Allen Nursing Home) 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 4, 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 \$27,752.90 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]

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
ALPINE REHABILITATION AND NURSING CENTER
AUDIT # 13-4790
CALCULATION OF AUDIT IMPACT

| RATE TYPE | DECREASED IN DIRECT COMPONENT OF RATE* | MEDICAID DAYS | IMPACT |
|-----------------------------------|---|---------------|--------------------|
| Part B Eligible/Part B D Eligible | \$2.62 | 10,080 | \$26,409.60 |
| Non-Medicare/Part D Eligible | \$2.66 | 505 | \$1,343.30 |
| Total | | | <u>\$27,752.90</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
 ALPINE REHABILITATION AND NURSING CENTER
 AUDIT #13-4790
 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 TRANSFER SUPPORT PROVIDED | DISALLOW EATING SELF PERFORMANCE | DISALLOW TOILET USE SELF PERFORMANCE | DISALLOW TOILET USE SUPPORT PROVIDED | |
| 1 | RLB | RLA | 1.15 | 0.91 | 1 | 1 | | | | | | |
| 2 | PE1 | PE1 | 0.79 | 0.79 | | | | | | 1 | | |
| 3 | CC2 | CB2 | 1.12 | 0.91 | | 1 | | | 1 | | | |
| 4 | RLB | RLA | 1.15 | 0.91 | | 1 | | | | | | |
| 5 | RMC | RMC | 1.27 | 1.27 | | | | | | | | |
| 6 | RMA | RMA | 1.17 | 1.17 | | | | | | | | |
| 7 | CC2 | CC2 | 1.12 | 1.12 | | | 1 | | | 1 | | |
| 8 | RMB | RMB | 1.22 | 1.22 | | | | | | | | |
| 9 | RMA | RMA | 1.17 | 1.17 | | | | | | | | |
| 10 | RMB | RMB | 1.22 | 1.22 | | | | | | | | |
| 11 | CA1 | CA1 | 0.77 | 0.77 | | | | | | | | |
| 12 | RUL | RUA | 1.98 | 1.37 | | | 1 | 1 | | 1 | 1 | |
| 13 | RLB | RLA | 1.15 | 0.91 | 1 | 1 | | | 1 | 1 | 1 | |
| 14 | RMA | RMA | 1.17 | 1.17 | | | | | | | | |
| 15 | CC2 | CC2 | 1.12 | 1.12 | | | | | | | | |
| 16 | BA1 | BA1 | 0.47 | 0.47 | | | | | | | | |
| TOTALS | | | | | 2 | 4 | 2 | 1 | 2 | 4 | 2 | |

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
ALPINE REHABILITATION AND NURSING CENTER
AUDIT #13-4790
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. 1, 13

Bed Mobility Support Provided

In 4 instances, documentation did not support resident was a 2+ person physical help at least once. 1, 3, 4, 13

Transfer Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 7

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 12

Transfer Support Provided

In 1 instance, documentation did not support resident was a one (1) person physical help at least once. 12

Eating Self-Performance

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 3

In 1 instance, documentation did not support resident required supervision one or more times. 13

Toilet Use Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 2, 7

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 13

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 12

Toilet Use Support Provided

In 2 instances, documentation did not support resident was a one person physical help at least once. 12, 13

RUGS-II Classifications Overturned

In 5 instances, the RUG classifications were overturned. 1, 3, 4, 12, 13

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
ALPINE REHABILITATION AND NURSING CENTER
AUDIT #13-4790
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 #13

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 #G0110Ab, G0110Ib: ADL support-provided for Bed Mobility and Toilet Use not supported by documentation.

Facility Comment:

The documentation provided supports clarification of the ADL assistance provided to the patients listed by the facility RNs – enclosed nursing documentation.

OMIG Response:

MDS Assessment Reference Date (ARD) is 12/31/2011.

The 7-day look back period is 12/25/2011 - 12/31/2011.

ADL Support-Provided Levels: The MDS claimed Level 3-Two+ person physical help for Bed Mobility and Level 2-One person physical help for Toilet Use.

Received and Reviewed Submitted Documentation:

Submitted Progress report dated 01/10/2012- indicated that it was a late entry for 01/02/2012, which is outside the 7-day look back period. This note does not state the dates (during the assessment period) when direct care staffs from each shift were interviewed. The level of staff assistance provided could not be determined. The focus is on the 7 day look back period only.

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

Sample #12

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 #G0110Bb, G0110Ib: ADL support-provided for Transfer and Toilet Use not supported by documentation.

Facility Comment:

The documentation provided supports clarification of the ADL assistance provided to the patients listed by the facility RNs – enclosed nursing documentation.

OMIG Response:

MDS Assessment Reference Date (ARD) is 01/19/2012.

The 7-day look back period is 01/13/2012 – 01/19/2012.

ADL Support-Provided Levels: The MDS claimed Level 2-One person physical help for Transfer and Level 2-One person physical help for Toilet Use.

Received and Reviewed Submitted Documentation:

Submitted progress report dated 01/20/2012, is outside the 7-day look back period.

“The focus for ADL coding is on the 7 day look back period only”.

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

Sample #1

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 #G0110Ab: ADL support-provided for Bed Mobility is not supported by documentation.

Facility Comment:

The documentation provided supports clarification of the ADL assistance provided to the patients listed by the facility RNs – enclosed nursing documentation.

OMIG Response:

MDS Assessment Reference Date (ARD) is 12/09/2011.

The 7-day look back period is 12/03/2011 – 12/09/2011.

ADL Support-Provided Levels: The MDS claimed Level 3-Two+ person physical help for Bed Mobility.

Received and Reviewed Submitted Documentation:

Submitted progress report dated 11/16/2011 is outside the 7-day look back period.

“The focus for ADL coding is on the 7 day look back period only”.

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

Sample #7

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 #G0110Ba and G0110Ia: ADL Self-Performance for Transfer and Toilet Use is not supported by documentation.

Facility Comment:

The documentation provided supports clarification of the ADL assistance provided to the patients listed by the facility RNs – enclosed nursing documentation.

OMIG Response:

MDS Assessment Reference Date (ARD) is 12/19/2011. The 7-day look back period is 12/13/2011 – 12/19/2011.

OMIG had accepted the facilities originally claimed ADL support-provided (assistance provided) in the preliminary audit.

No additional documentation was submitted by the facility for resident's Self-Performance in Transfer and Toilet Use during the seven day look back period.

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

Sample #3

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 #G0110Ab: ADL support-provided for Bed Mobility is not supported by documentation.

Facility Comment:

The documentation provided supports clarification of the ADL assistance provided to the patients listed by the facility RNs – enclosed nursing documentation.

OMIG Response:

MDS Assessment Reference Date (ARD) is 01/12/2012.

The 7-day look back period is 01/06/2012 – 01/12/2012.

ADL Support-Provided Levels: The MDS claimed Level 3-Two+ person physical help for Bed Mobility.

Received and Reviewed Submitted Documentation:

Submitted progress report dated 01/13/2012, is outside the 7-day look back period.

“The focus for ADL coding is on the 7 day look back period only”.

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