NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

June 20, 2016

[redacted]
Cortland Regional Nursing and Rehabilitation Center
134 Homer Avenue
Cortland, New York 13045

Re: MDS Final Audit Report
Audit #: 13-4355
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 Regional Nursing and Rehabilitation 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.

Since you did not respond to our draft audit report dated September 15, 2015, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of $8,481.98 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 .

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

Division of Medicaid Audit
Office of the Medicaid Inspector General

ATTACHMENT A

OFFICE OF THE MEDICAID INSPECTOR GENERAL
CORTLAND REGIONAL NURSING AND REHABILITATION CENTER
AUDIT # 13-4355
CALCULATION OF AUDIT IMPACT

| RATE TYPE | DECREASED IN DIRECT COMPONENT OF RATE* | MEDICAID DAYS | IMPACT |
|---|---|---|---|
| Part B Eligible/Part B D Eligible | $1.01 | 8,398 | $8,481.98 |
| Non-Medicare/Part D Eligible | $1.02 | 0 | $0.00 |
| Total | | | $8,481.98 |

*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 REGIONAL NURSING AND REHABILITATION CENTER
AUDIT #13-4355
FINDINGS BY SAMPLE NUMBER

| Sample # | [redacted] | 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 TOILET USE SELF PERFORMANCE | DISALLOW TOILET USE SUPPORT PROVIDED |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | IA1 | IA1 | 0.61 | 0.61 | | | | | | |
| 2 | | IB1 | IB1 | 0.78 | 0.78 | | | | | | |
| 3 | | PC1 | PC1 | 0.66 | 0.66 | | | | | | |
| 4 | | PA1 | PA1 | 0.46 | 0.46 | | | | | | |
| 5 | | PA1 | PA1 | 0.46 | 0.46 | | | | | | |
| 6 | | PA1 | PA1 | 0.46 | 0.46 | | | | | | |
| 7 | | PD1 | PD1 | 0.72 | 0.72 | | | | | | |
| 8 | | PA1 | PA1 | 0.46 | 0.46 | | | | | | |
| 9 | | CC1 | CC1 | 0.98 | 0.98 | | | | | | |
| 10 | | IA1 | IA1 | 0.61 | 0.61 | | | | | | |
| 11 | | PA1 | PA1 | 0.46 | 0.46 | | | | | | |
| 12 | | PE1 | IA1 | 0.79 | 0.61 | 1 | 1 | 1 | 1 | 1 | 1 |
| 13 | | PE1 | PD1 | 0.79 | 0.72 | | | 1 | 1 | 1 | 1 |
| 14 | | PA1 | PA1 | 0.46 | 0.46 | | | | | | |
| 15 | | PE1 | PE1 | 0.79 | 0.79 | 1 | | | | | |
| TOTALS | | | | | | 2 | 1 | 2 | 2 | 2 | 2 |

# OFFICE OF THE MEDICAID INSPECTOR GENERAL
# CORTLAND REGIONAL NURSING AND REHABILITATION CENTER
# AUDIT #13-4355
# 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)*<br>*MDS Manual 3.0 G0100-0900* | |
| Bed Mobility Self-Performance | |
| In 1 instance, documentation did not support resident required total assist every time. | 15 |
| In 1 instance, documentation did not support resident required weight bearing assist three or more times. | 12 |
| Bed Mobility Support Provided | |
| In 1 instance, documentation did not support resident was a 2+ person physical help at least once. | 12 |
| Transfer Self-Performance | |
| In 2 instances, documentation did not support resident required weight bearing assist three or more times. | 12, 13 |
| Transfer Support Provided | |
| In 2 instances, documentation did not support resident was a 2+ person physical help at least once. | 12, 13 |

Toilet Use Self-Performance

| | |
|---|---|
| In 2 instances, documentation did not support resident required weight bearing assist three or more times. | 12, 13 |

Toilet Use Support Provided

| | |
|---|---|
| In 2 instance, documentation did not support resident was a 2+ person physical help at least once. | 12, 13 |

| | |
|---|---|
| **RUGS-II Classifications Overturned** | 12, 13 |
| In 2 instances, the RUG classifications were overturned. | |

*10 NYCRR §86-2.10, Volume A-2*