



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

June 30, 2016

██████████
Focus Rehabilitation and Nursing Center at Otsego
(aka Otsego Manor SNF)
128 Phoenix Mills Cross Road
Cooperstown, New York 13326

Re: MDS Final Audit Report
Audit #: 13-4466
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 Focus Rehabilitation and Nursing Center at Otsego (aka Otsego Manor SNF) 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 16, 2015, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$44,868.93 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

[REDACTED]

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]

[REDACTED]

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
FOCUS REHABILITATION AND NURSING CENTER AT OTSEGO
AUDIT # 13-4466
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$2.15	20,123	\$43,264.45
Non-Medicare/Part D Eligible	\$2.18	736	\$1,604.48
Total			<u>\$44,868.93</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
 FOCUS REHABILITATION AND NURSING CENTER AT OTSEGO
 AUDIT #13-4466
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS							
					DISALLOW COGNITIVE PATTERN	DISALLOW BEHAVIOR	DISALLOW BED MOBILITY	DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW ACTIVE DISEASE DIAGNOSIS	
22	PD1	PD1	0.72	0.72								
24	PA1	PA1	0.46	0.46								
25	IA1	PA1	0.61	0.46	1							
26	PA1	PA1	0.46	0.46								
27	PA1	PA1	0.46	0.46								
28	CC1	PE1	0.98	0.79				1		1		1
29	PD1	PD1	0.72	0.72				1				
30	PB1	PA1	0.58	0.46			1					
31	PB1	PB1	0.58	0.58								
32	SSB	SSB	1.06	1.06								
33	IA1	PA1	0.61	0.46	1							
34	PA1	PA1	0.46	0.46								
35	PE1	PD1	0.79	0.72			1					
36	SSB	SSB	1.06	1.06					1			
37	PD2	PB2	0.73	0.57		1			1			
38	SSB	SSB	1.06	1.06								
39	CA1	CA1	0.77	0.77								
TOTALS					5	1	2	2	1	4	3	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
FOCUS REHABILITATION AND NURSING CENTER AT OTSEGO
AUDIT #13-4466
MDS DETAILED FINDINGS**

MDS FINDINGS**SAMPLE SELECTION****Cognitive Pattern**

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 the residents' ability to remember both recent and long past events and to think coherently. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual 1.1-2.15*

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual C0100-C1600*

In 5 instances, documentation did not support staff assessment for impaired cognition. 2, 7, 12, 25, 33

Behavior

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 behavioral symptoms in the last seven days, including those that are potentially harmful to the resident. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual E0100-E1100*

In 1 instance, documentation did not support the presence of delusions. 19

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 non weight bearing assist three or more times. 30, 37

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 35

In 1 instance, documentation did not support resident was set up at least once. 9

Transfer Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 29

Toilet Use Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 28, 36

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 37

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

Toilet Use Support Provided

In 3 instances, documentation did not support resident was a one person physical help at least once. 2, 3, 9

Active Disease Diagnosis

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 the diseases coded relate to the resident's functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS Manual 3.0 10100-18000

In 1 instance, documentation did not support hemiplegia as a physician documented diagnosis in the past 60 days. 28

RUGS-II Classifications Overturned

In 11 instances, the RUG classifications were overturned. 2, 3, 7, 12, 19, 25, 28, 30, 33, 35, 37

10 NYCRR §86-2.10, Volume A-2