



**Office of the  
Medicaid Inspector  
General**

**ANDREW M. CUOMO**  
Governor

**DENNIS ROSEN**  
Medicaid Inspector General

June 2, 2016

██████████  
Andrus on Hudson  
185 Old Broadway  
Hasting-on-Hudson, New York 10706

Re: MDS Revised Final Audit Report  
Audit #: 13-4835  
Provider ID#: ██████████

Dear ██████████

This is the revised final audit report of findings with regard to the Office of the Medicaid Inspector General's (OMIG) Minimum Data Set (MDS) audit of Andrus on Hudson 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 4, 2015, the findings in this revised final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$28,781.05 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].



Division of Medicaid Audit  
Office of the Medicaid Inspector General

[REDACTED]

[REDACTED]

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ANDRUS ON HUDSON  
AUDIT # 13-4835  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$1.15	25,027	\$28,781.05
Non-Medicare/Part D Eligible	\$1.18	0	\$0.00
Total			<u>\$28,781.05</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  
 ANDRUS ON HUDSON  
 AUDIT #13-4835  
 FINDINGS BY SAMPLE NUMBER

Sample #	DOB	Name	ARD	Reported RUG	Derived RUG	Reported Weight	Derived Weight	DISALLOW COGNITIVE PATTERN	DISALLOW BED MOBILITY SUPPORT PROVIDED	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW TOILET USE SUPPORT PROVIDED	INCORRECT PAYER
1				IB1	IB1	0.78	0.78		1		1		
2				CA1	CA1	0.77	0.77		1		1		
3				RMX	NA	1.96	NA						1
4				CC1	CC1	0.98	0.98						
5				CC1	CC1	0.98	0.98						
6				CB1	CB1	0.86	0.86		1		1		
7				PC1	PC1	0.66	0.66		1		1		
8				CB1	CB1	0.86	0.86						
9				PB1	PB1	0.58	0.58						
10				CC1	CC1	0.98	0.98						
11				CA1	CA1	0.77	0.77						
12				RMA	RMA	1.17	1.17						
13				SE2	SE2	1.37	1.37						
14				IB1	CA1	0.78	0.77	1	1		1		
15				CA1	CA1	0.77	0.77		1		1		
16				PC1	PC1	0.66	0.66						
17				PE1	PE1	0.79	0.79						
18				IA1	IA1	0.61	0.61						

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 ANDRUS ON HUDSON  
 AUDIT #13-4835  
 FINDINGS BY SAMPLE NUMBER

Sample #	DOB	Name	ARD	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DISALLOW COGNITIVE PATTERN	DISALLOW BED MOBILITY	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED	DISALLOW PHYSICAL THERAPY	INCORRECT PAYER
19				IA1	IA1	0.61	0.61							
20				RHC	RHC	1.40	1.40							
21				CA1	CA1	0.77	0.77	1			1			
22				IB1	IB1	0.78	0.78	1	1		1			
23				SSC	NA	1.12	NA						1	
24				CA1	CA1	0.77	0.77	1		1	1			
25				PE1	PE1	0.79	0.79		1					
26				CA2	CA2	0.84	0.84	1						
27				RMB	RMB	1.22	1.22							
28				RHC	RHC	1.40	1.40							
29				RMA	RMA	1.17	1.17							
30				RMB	PC1	1.22	0.66	1		1	1	1		
31				RMA	RMA	1.17	1.17							
32				RMB	RMB	1.22	1.22							
33				CA1	CA1	0.77	0.77	1			1			
34				PB1	PB1	0.58	0.58				1			
35				PB1	PB1	0.58	0.58				1			
TOTALS								1	12	2	3	13	1	2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ANDRUS ON HUDSON  
AUDIT #13-4835  
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 1 instance, documentation did not support the cognitive skill level/daily decision making claimed. 14

**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 Support Provided**

In 11 instances, documentation did not support resident was a one person physical help at least once. 1, 2, 6, 7, 14, 15, 21, 22, 24, 30, 33

In 1 instance, documentation did not support resident was setup at least once. 26

Transfer Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 25

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 22

Transfer Support Provided

In 3 instances, documentation did not support resident was a one (1) person physical help at least once. 1, 24, 30

Toilet Use Support Provided

In 13 instances, documentation did not support resident was a one person physical help at least once. 1, 2, 6, 7, 14, 15, 21, 22, 24, 30, 33, 34, 35

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*

Physical Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 30

In 1 instance, documentation reflected incorrect days. 30

**Payer Source**

In 2 instances, documentation did not support Medicaid as primary payer. 3, 23

*10 NYCRR §86-2.40 (3)*

**RUGS-II Classifications Overturned**

In 2 instances, the RUG classifications were overturned. 14, 30

*10 NYCRR §86-2.10, Volume A-2*