



**Office of the  
Medicaid Inspector  
General**

**ANDREW M. CUOMO**  
Governor

**DENNIS ROSEN**  
Medicaid Inspector General

October 19, 2016

██████████  
Genesee County Nursing Home  
278 Bank Street  
Batavia, New York 14020

Re: MDS Final Audit Report  
Audit #: 14-3423  
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 Genesee County Nursing Home for the census period ending July 25, 2013. 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 August 11, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$24,861.77 was calculated using the number of Medicaid days paid for the rate period January 1, 2014 through June 30, 2014 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.

The Provider has the right to challenge this action and determination by requesting an administrative hearing within 60 days of the date of this notice. If the Provider wishes to request a hearing, the request must be submitted in writing to:

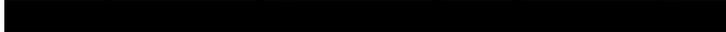
General Counsel  
Office of Counsel  
New York State Office of the Medicaid Inspector General  
800 North Pearl Street  
Albany, NY 12204

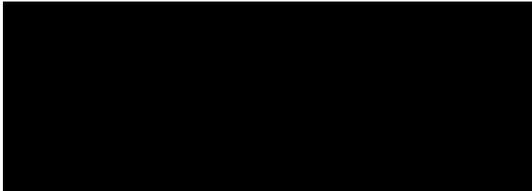
Questions regarding the request for a hearing should be directed to Office of Counsel, at ██████████.

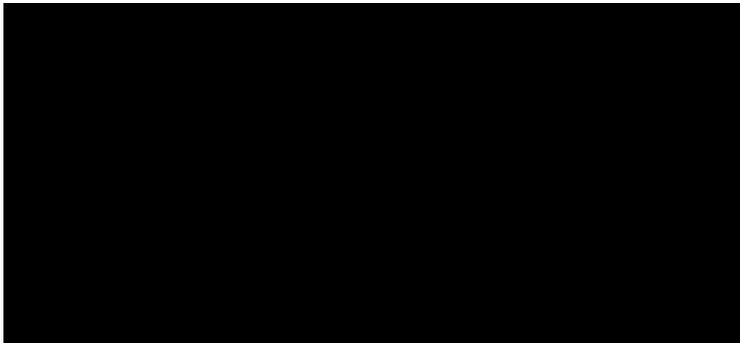
In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered by the department upon submission of objections to a draft audit or notice of proposed agency action."

If a hearing is held, you may have a person represent you or you may represent yourself. If you choose to be represented by someone other than an attorney, you must supply along with your hearing request a signed authorization permitting that person to represent you at the hearing; you may call witnesses and present documentary evidence on your behalf.

For a full listing of hearing rights please see 18 NYCRR Part 519.

Should you have any questions regarding the above, please contact   


  
Division of Medicaid Audit  
Office of the Medicaid Inspector General



OFFICE OF THE MEDICAID INSPECTOR GENERAL  
GENESEE COUNTY NURSING HOME  
AUDIT 14-3423  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.06	22,759	\$24,124.54
Non-Medicare/Part D Eligible	\$1.07	689	\$737.23
Total			<u>\$24,861.77</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  
GENESEE COUNTY NURSING HOME  
AUDIT #14-3423  
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. 27

In 1 instance, documentation did not support the short term memory problem level claimed. 27

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 1 instance, documentation did not support resident required total assist every time. 28

**Transfer Self-Performance**

In 1 instance, documentation did not support resident required supervision one or more times. 17

**Transfer Support Provided**

In 1 instance, documentation did not support resident was set up at least once. 17

**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 I0100-I8000*

In 1 instance, documentation did not support dementia as a physician documented diagnosis in the past 60 days. 27

**Health Conditions**

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 health conditions that impact the resident's functional status and quality of life. MDS 3.0 manual guidelines will be followed when examining the medical records

*42 CFR §483.20 (b) (xvii)*  
*MDS 3.0 Manual J0100-1900*

In 1 instance, documentation did not support internal bleeding during the look back period. 10

**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 00400-0500*

**Speech-Language Pathology**

In 1 instance, documentation did not support evaluation/reassessment for therapy. 14

In 1 instance, documentation did not support an order for therapy. 14

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 14

**Dementia Add-on**

In 1 instance, documentation did not support the diagnosis of Alzheimer's/dementia required for the add-on. 27

*10 NYCRR §86-2.40 (z)(1)*

**RUGS-II Classifications Overturned**

In 4 instances, the RUG classifications were overturned. 10, 14, 27, 28

*10 NYCRR §86-2.10, Volume A-2*