



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 6, 2016

██████████
Clinton County Nursing Home
16 Flynn Avenue
Plattsburgh, New York 12901

Re: MDS Final Audit Report
Audit #: 14-4546
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 Clinton County Nursing Home for the census period ending January 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.

We received your response to our draft audit report dated August 1, 2016. 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 \$28,174.04 was calculated using the number of Medicaid days paid for the rate period July 1, 2013 through December 31, 2013 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."

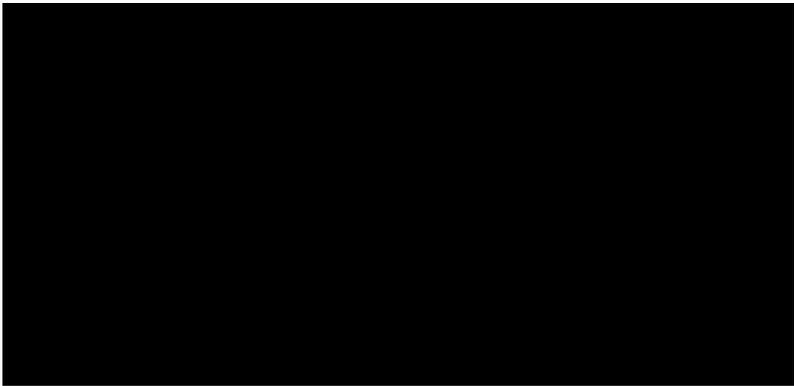
If a hearing is held, you may have a person represent you or you may represent yourself. If you choose to be represented by someone other than an attorney, you must supply along with your hearing request a signed authorization permitting that person to represent you at the hearing; you may call witnesses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



Division of Medicaid Audit
Office of the Medicaid Inspector General



OFFICE OF THE MEDICAID INSPECTOR GENERAL
CLINTON COUNTY NURSING HOME
AUDIT 14-4546
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$2.29	11,948	\$27,360.92
Non-Medicare/Part D Eligible	\$2.31	352	\$813.12
Total			<u>\$28,174.04</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
 CLINTON COUNTY NURSING HOME
 AUDIT #14-4546
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow									
					Cognitive Pattern	bed mobility self performance	bed mobility support provided	transfer self performance	transfer support provided	toilet use self performance	toilet use support provided	active disease diagnosis	Dementia Add On	
1	PB1	PB1	0.58	0.58										
2	PE1	PA1	0.79	0.46		1	1	1	1	1	1	1		
3	PB1	PA1	0.58	0.46					1		1	1	1	
4	PE1	PE1	0.79	0.79					1					
5	CC2	CB2	1.12	0.91		1	1							
6	IA1	PA1	0.61	0.46	1									
7	CA1	CA1	0.77	0.77										
8	PE1	PE1	0.79	0.79										
9	PE1	PA1	0.79	0.46		1			1		1			
10	SSC	SSC	1.12	1.12		1			1		1			
11	PE1	PE1	0.79	0.79										
12	IA1	PA1	0.61	0.46	1									
13	PD1	PD1	0.72	0.72										
14	PB1	PB1	0.58	0.58										
15	PE1	IB1	0.79	0.78		1			1		1			
16	PB1	PA1	0.58	0.46							1	1		
17	PC1	PC1	0.66	0.66										
18	IB1	IB1	0.78	0.78										
Totals					2	5	2	5	1	6	3	1	1	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
CLINTON COUNTY NURSING HOME
AUDIT #14-4546
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 2 instances, documentation did not support staff assessment for impaired cognition. 6, 12

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 total assist every time. 10, 15

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 2, 5, 9

Bed Mobility Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 2, 5

Transfer Self-Performance

In 5 instances, documentation did not support resident required total assist every time. 2, 4, 9, 10, 15

Transfer Support Provided

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

Toilet Use Self-Performance

In 4 instances, documentation did not support resident required total assist every time. 2, 9, 10, 15

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 3, 16

Toilet Use Support Provided

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

In 2 instances, documentation did not support resident was a one person physical help at least once. 3, 16

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 I0100-18000

In 1 instance, documentation did not support Dementia as a physician documented diagnosis in the past 60 days. 3

In 1 instance, documentation did not support Dementia as an active diagnosis during the 7 day look back. 3

Dementia Add-on

In 1 instance, documentation did not support the diagnosis of Alzheimer's/dementia required for the add-on. 3

10 NYCRR §86-2.40 (z)(1)

RUGS-II Classifications Overturned

In 8 instances, the RUG classifications were overturned. 2, 3, 5, 6, 9, 12, 15, 16

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
CLINTON COUNTY NURSING HOME
AUDIT #14-4546
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
15	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • ADL Tracking Form • Facility Policy – Mechanical Lift Transfers 	Denied	<p>MDS with ARD 12/28/12 ADL Self-Performance documentation for bed mobility, transfer, and toilet use does not support MDS Level 4 Self-Performance coding criteria.</p> <p>See MDS Manual – Section O</p>