



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 6, 2016

[REDACTED]
Cayuga Ridge Extended Care
1229 Trumansburg Road
Ithaca, New York 14850

Re: MDS Final Audit Report
Audit #: 14-4760
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 Cayuga Ridge Extended Care 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 26, 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 \$65,854.82 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 [REDACTED]

[REDACTED]

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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]
[REDACTED]

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
CAYUGA RIDGE EXTENDED CARE
AUDIT 14-4760
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$2.73	22,970	\$62,708.10
Non-Medicare/Part D Eligible	\$2.77	1,136	\$3,146.72
Total			<u>\$65,854.82</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
 CAYUGA RIDGE EXTENDED CARE
 AUDIT #14-4760
 ERRORS BY SAMPLE NUMBER

Sample #		Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	<i>Disallow mood</i>	<i>Disallow bed mobility self performance</i>	<i>Disallow transfer self performance</i>	<i>Disallow eating self performance</i>	<i>Disallow special treatments, procedures</i>	<i>Disallow speech therapy</i>	<i>Disallow physical therapy</i>
1		RMA	RMA	1.17	1.17							
2		RMA	PA1	1.17	0.46					1		
3		RMB	RMB	1.22	1.22							
4		RMB	RMB	1.22	1.22							
5		RMC	RMC	1.27	1.27							
6		RMB	RMB	1.22	1.22							
7		CC2	PE1	1.12	0.79			1	1			
8		CB2	CB1	0.91	0.86	1						
9		RMA	RMA	1.17	1.17							
10		RMA	RMA	1.17	1.17							
11		RMC	RMC	1.27	1.27							
12		SSC	SSC	1.12	1.12							
13		CC2	PE1	1.12	0.79				1			
14		RHC	RHC	1.4	1.4							
15		RMA	RMA	1.17	1.17							
16		CA2	PC1	0.84	0.66				1			
17		SSA	SSA	1.03	1.03							
18		CC2	PE1	1.12	0.79		1		1			
19		SSC	SSC	1.12	1.12							

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 CAYUGA RIDGE EXTENDED CARE
 AUDIT #14-4760
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Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow mood	Disallow bed mobility self performance	Disallow transfer self performance	Disallow eating self performance	Disallow special treatments, procedures	Disallow speech therapy	Disallow physical therapy
20	RMA	RMA	1.17	1.17							
21	RMA	PA1	1.17	0.46						1	
22	RMB	RMB	1.22	1.22							
23	IA1	IA1	0.61	0.61							
24	RMA	RMA	1.17	1.17							
25	RMB	RMB	1.22	1.22							
26	RMA	CA1	1.17	0.77						1	
27	SSB	SSB	1.06	1.06							
28	RMA	RMA	1.17	1.17							
29	CC2	CB2	1.12	0.91			1				
30	CC2	CC2	1.12	1.12							
31	IB1	IB1	0.78	0.78							
32	RMA	RMA	1.17	1.17							
33	CC2	CC1	1.12	0.98	1						
Totals					2	1	1	1	4	1	2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
CAYUGA RIDGE EXTENDED CARE
AUDIT #14-4760
MDS DETAILED FINDINGS**

MDS FINDINGS**SAMPLE SELECTION****Mood**

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 mood distress. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual D0100-D0650

In 2 instances, documentation did not support staff assessment of depressive symptoms. 8, 33

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. 18

Transfer Self-Performance

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 29

Eating Self-Performance

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 7

Special Treatments, Procedures, and Programs

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 intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received during the specific time periods. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xv)
MDS 3.0 Manual O0100-0300, O0600-0700*

In 4 instances, documentation did not support the number of days with MD exams during the look back period. 7, 13, 16, 18

In 2 instances, documentation did not support the number of days with MD orders during the look back period. 16, 18

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

Speech-Language Pathology

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 2

Physical Therapy

In 2 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 21, 26

RUGS-II Classifications Overturned

In 10 instances, the RUG classifications were overturned. 2, 7, 8, 13, 16, 18, 21, 26, 29, 33

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
CAYUGA RIDGE EXTENDED CARE
AUDIT #14-4760
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
2	O0400A Speech Therapy	<ul style="list-style-type: none"> • Multidisciplinary Progress Notes/Nursing Notes • Medicare Part B Progress Note • ADL Tracker • Physician's Orders/Speech Therapy • Speech Therapy Evaluation • Speech Therapy Discharge Summary • Speech Therapy Monthly Grid Report 	Denied	<p>MDS with ARD 01/30/13 documentation does not support the medical need for skilled Speech Therapy services or that the services were reasonable and necessary for resident's condition.</p> <p>See MDS Manual – Section O</p>
21	O0400C Physical Therapy	<ul style="list-style-type: none"> • Multidisciplinary Progress Notes/Nursing Notes • Medicare Part B Progress Note • Multidisciplinary Progress Note/MDS Note dated 11/02/12 • Physician 	Denied	<p>MDS with ARD 11/02/12 documentation does not support the medical need for skilled Physical Therapy services or that the services were reasonable and necessary for resident's condition.</p> <p>See MDS Manual – Section O</p>

		<ul style="list-style-type: none"> Orders/Physical Therapy • PT Evaluation and Treatment Plan • PT Discharge Note • PT Attendance Log • ADL Tracker 		
26		<ul style="list-style-type: none"> • Multidisciplinary Progress Notes/Nursing Notes • Medicare Part B Progress Note • Multidisciplinary Progress Note/MDS Note dated 10/31/12 • Physician Orders/Physical Therapy • PT Evaluation and Treatment Plan • PT Discharge Note • PT Attendance Log • Medication Administration Record/Treatment Administration Record • ADL Tracker 	Denied	<p>MDS with ARD 10/31/12 documentation does not support the medical need for skilled Physical Therapy services or that the services were reasonable and necessary for resident's condition.</p> <p>See MDS Manual – Section O</p>