NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 3, 2016

[redacted]
Focus Rehabilitation and Nursing Center at Utica
1445 Kemble Street
Utica, New York 13501

Re: MDS Final Audit Report
Audit #: 14-4796
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 Focus Rehabilitation and Nursing Center at Utica 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.

Since you did not respond to our draft audit report dated August 8, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of $188,407.98 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]

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

ATTACHMENT A

OFFICE OF THE MEDICAID INSPECTOR GENERAL
FOCUS REHABILITATION AND NURSING CENTER AT UTICA
AUDIT 14-4796
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	$10.48	16,092	$168,644.16
Non-Medicare/Part D Eligible	$10.62	1,861	$19,763.82
Total			$188,407.98

*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 UTICA
AUDIT #14-4796
ERRORS BY SAMPLE NUMBER

Sample #	[redacted]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Cognitive Pattern	Disallow mood	Disallow behavior	Disallow bed mobility self performance	Disallow bed mobility support provided	Disallow transfer self performance	Disallow transfer support provided	Disallow eating self performance	Disallow toilet use self performance	Disallow toilet use support provided	Disallow active disease diagnosis	Disallow health conditions	Disallow swallowing/nutritional status	Disallow skin conditions	Disallow special treatments, procedures	Disallow speech therapy	Disallow occupation therapy	Disallow physical therapy	Disallow Dementia Add On	Disallow BMI Add On	Missing record
1		RMX	SSA	1.96	1.03				1		1			1	1						1					
2		CB2	CA2	0.91	0.84				1	1	1	1	1	1	1					1						
3		RMC	CA1	1.27	0.77				1	1	1	1	1	1	1							1				
4		CB2	IA1	0.91	0.61				1	1	1	1	1	1	1					1						
5		RMB	IA1	1.22	0.61				1		1		1	1								1				
6		IB1	IA1	0.78	0.61				1	1	1	1	1	1	1											
7		PE1	IA1	0.79	0.61				1	1	1	1	1	1	1											
8		RMC	CA2	1.27	0.84				1	1	1	1	1	1	1						1					
9		RMX	RMA	1.96	1.17				1		1			1						1						
10		CB1	PA1	0.86	0.46				1	1	1	1	1	1	1	1				1						
11		CB1	IA1	0.86	0.61				1	1	1	1	1	1	1	1										
12		CB2	PA1	0.91	0.46		1	1	1	1	1	1	1	1	1	1		1		1						1
13		RMC	RMA	1.27	1.17				1	1	1	1	1	1	1											
14		IB1	IA1	0.78	0.61				1	1	1	1	1	1	1	1							1			
15		RMC	BA1	1.27	0.47				1		1		1	1	1							1				
16		CC1	IA1	0.98	0.61				1	1	1	1	1	1	1					1						
17		PE1	IA1	0.79	0.61				1	1	1	1	1	1	1											
18		SSA	CA2	1.03	0.84				1	1	1	1	1	1	1			1								
19		CB2	CA2	0.91	0.84				1	1	1	1	1	1	1											
20		RMC	CA1	1.27	0.77				1	1	1	1	1	1	1				1			1				

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21		RMA	CA1	1.17	0.77				1	1			1	1	1			1					1		1	
22		CB2	CA2	0.91	0.84				1	1	1	1	1	1	1					1						
23		CC2	PA1	1.12	0.46				1	1	1	1	1	1	1					1						
24		SE2	SSA	1.37	1.03				1	1	1	1	1	1	1					1						
25		RMC	IA1	1.27	0.61				1	1	1	1	1	1	1							1				
26		RMB	RMA	1.22	1.17				1	1	1	1	1	1	1											
27		CB2	CA2	0.91	0.84				1	1	1	1	1	1	1											
28		SE3	IA1	1.7	0.61				1	1	1	1	1	1	1		1			1						
29		RMB	RMA	1.22	1.17				1	1	1	1	1	1	1											
30		IB1	PA1	0.78	0.46	1			1	1	1	1	1	1	1	1							1			
31		CA1	PA1	0.77	0.46				1	1	1	1	1	1	1					1						
Totals						1	1	1	31	27	30	26	29	31	29	5	1	1	2	11	1	3	5	2	1	1

OFFICE OF THE MEDICAID INSPECTOR GENERAL
FOCUS REHABILITATION AND NURSING CENTER AT UTICA
AUDIT #14-4796
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 staff assessment for impaired cognition.	30
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 1 instance, documentation did not support the frequency of depressive symptoms claimed.	12
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 frequency of behavior claimed.	12
In 1 instance, documentation did not support the frequency of resistance to care.	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 3 instances, documentation did not support resident required total assist every time.	1, 23, 25
In 16 instances, documentation did not support resident required weight bearing assist three or more times.	2, 3, 4, 5, 7, 8, 9, 11, 13, 15, 16, 17, 19, 20, 22, 28
In 9 instances, documentation did not support resident required non weight bearing assist three or more times.	6, 10, 12, 18, 24, 26, 27, 29, 31
In 3 instances, documentation did not support resident required supervision one or more times.	14, 21, 30

Bed Mobility Support Provided

In 6 instances, documentation did not support resident was a 2+ person physical help at least once.	7, 13, 16, 17, 23, 25
In 18 instances, documentation did not support resident was a one person physical help at least once.	2, 3, 4, 6, 8, 10, 11, 12, 18, 19, 20, 22, 24, 26, 27, 28, 29, 31
In 3 instances, documentation did not support resident was setup at least once.	14, 21, 30

Transfer Self-Performance

In 4 instances, documentation did not support resident required total assist every time.	1, 3, 13, 23
In 15 instances, documentation did not support resident required weight bearing assist three or more times.	2, 4, 7, 8, 9, 10, 12, 14, 15, 16, 17, 19, 20, 22, 25
In 9 instances, documentation did not support resident required non weight bearing assist three or more times.	6, 11, 18, 24, 26, 27, 29, 30, 31
In 2 instances, documentation did not support resident required supervision one or more times.	5, 28

Transfer Support Provided

In 4 instances, documentation did not support resident was a 2+ person physical help at least once.	13, 16, 23, 25
In 21 instances, documentation did not support resident was a one (1) person physical help at least once.	2, 3, 4, 6, 7, 8, 10, 11, 12, 14, 17, 18, 19, 20, 22, 24, 26, 27, 29, 30, 31
In 1 instance, documentation did not support resident was set up at least once.	28

Eating Self-Performance

In 5 instances, documentation did not support resident required total assist every time.	3, 8, 16, 17, 27
In 4 instances, documentation did not support resident required weight bearing assist three or more times.	7, 15, 20, 23
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	30

In 19 instances, documentation did not support resident required supervision one or more times.	2, 4, 5, 6, 10, 11, 12, 13, 14, 18, 19, 21, 22, 24, 25, 26, 28, 29, 31

Toilet Use Self-Performance

In 4 instances, documentation did not support resident required total assist every time.	1, 16, 23, 25
In 15 instances, documentation did not support resident required weight bearing assist three or more times.	3, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 17, 20, 28, 30
In 11 instances, documentation did not support resident required non weight bearing assist three or more times.	2, 4, 6, 18, 19, 22, 24, 26, 27, 29, 31
In 1 instance, documentation did not support resident required supervision one or more times.	21

Toilet Use Support Provided

In 28 instances, documentation did not support resident was a one person physical help at least once.	1, 2, 3, 4, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31
In 1 instance, documentation did not support resident was set up at least once.	21

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 3 instances, documentation did not support hemiplegia as a physician documented diagnosis in the past 60 days.	10, 11, 12

In 2 instances, documentation did not support Alzheimer's as a physician documented diagnosis in the past 60 days.	14, 30
In 1 instance, documentation did not support Dementia as a physician documented diagnosis in the past 60 days.	14, 30
In 1 instance, documentation did not support Alzheimer's as an active diagnosis during the 7 day look back.	30

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 fever during the look back period.	28

Swallowing/Nutritional Status

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 of conditions that could affect the residents' ability to maintain adequate nutrition and hydration. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual K0100-0700

In 1 instance, documentation did not support a resident height.	21

In 1 instance, documentation did not support a resident weight in the past 30 days.	21

Skin 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 an assessment of the documented risk, presence, appearance and change of pressure ulcers. This section also notes other skin ulcers, wounds, or lesions, and documents treatment categories related to skin injury or avoiding injury. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual M0100-1200

In 1 instance, documentation did not support surgical wounds or open lesions.	18
In 1 instance, documentation did not support surgical wound care.	18
In 2 instances, documentation did not support the application of ointments/medications.	12, 18
In 1 instance, documentation did not support the application of dressing(s).	18

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 6 instances, documentation did not support the number of days with MD exams during the look back period.	4, 10, 12, 16, 23, 31
In 4 instances, documentation did not support the number of days with MD orders during the look back period.	4, 12, 16, 31
In 3 instances, documentation did not support oxygen therapy during the look back period.	2, 22, 24
In 2 instances, documentation did not support a drug or biological given by intravenous push, epidural pump, or drip through a central line or peripheral port during the look back period.	9, 28

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 evaluation/reassessment for therapy.	20
In 1 instance, documentation did not support an order for therapy.	20
In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition.	20

Occupational Therapy

In 2 instances, documentation reflected incorrect individual/concurrent/group minutes.	1, 8
In 2 instances, documentation reflected incorrect days.	1, 8
In 1 instance, documentation did not support an order for therapy.	25

Physical Therapy

In 1 instance, documentation did not support evaluation/reassessment for therapy.	20
In 4 instances, documentation did not support an order for therapy.	3, 5, 15, 20
In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition.	5
In 1 instance, documentation did not support resident received physical therapy during the 7 day look back.	21

Medical Record

In 1 instance, no medical record was available for review.	12

18 NYCRR 517.3

Dementia Add-on

In 2 instances, documentation did not support the ADL sum of ten or less required for the add-on.	14, 30
In 2 instances, documentation did not support the diagnosis of Alzheimer's/dementia required for the add-on.	14, 30

10 NYCRR §86-2.40 (z)(1)

BMI Add-on

In 1 instance, documentation does not support resident BMI was greater than 35%. *10 NYCRR §86-2.40 (z)(2)*	21

RUGS-II Classifications Overturned

In 31 instances, the RUG classifications were overturned. *10 NYCRR §86-2.10, Volume A-2*	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31