



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 20, 2016

██████████
Focus Rehabilitation and Nursing Center at Utica
1445 Kemble Street
Utica, New York 13501

Re: MDS Final Audit Report
Audit #: 14-4797
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 Focus Rehabilitation and Nursing Center at Utica 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 18, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$144,484.99 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:

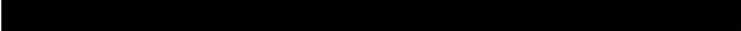
General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, NY 12204

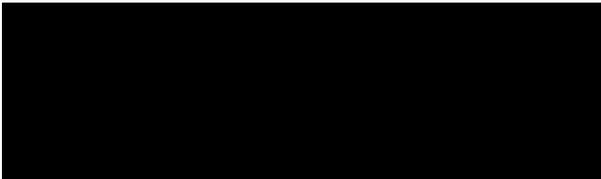
Questions regarding the request for a hearing should be directed to Office of Counsel, at ██████████.

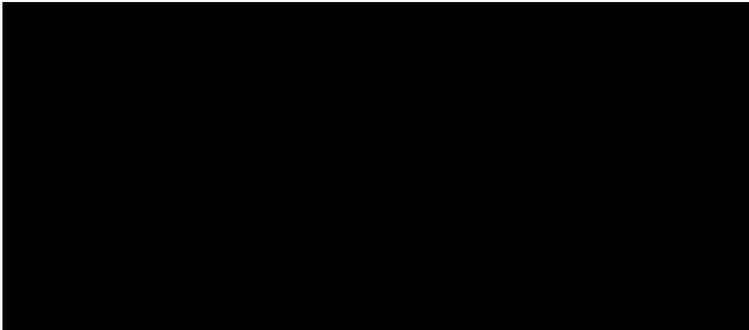
In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered 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
FOCUS REHABILITATION AND NURSING CENTER AT UTICA
AUDIT 14-4797
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$7.95	16,107	\$128,050.65
Non-Medicare/Part D Eligible	\$8.06	2,039	\$16,434.34
Total			<u><u>\$144,484.99</u></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
 FOCUS REHABILITATION AND NURSING CENTER AT UTICA
 AUDIT #14-4797
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Cognitive Pattern	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 active health conditions	Disallow health diagnosis	Disallow special conditions	Disallow occupation treatments, procedure	Disallow physical therapy	Disallow Dementia Add On
1	PE1	IA1	0.79	0.61	1	1	1	1	1	1	1						
2	SSB	CA1	1.06	0.77	1	1	1	1	1	1	1	1					
3	RMB	IA1	1.22	0.61	1	1	1	1	1	1	1					1	
4	CB1	IA1	0.86	0.61	1	1	1	1	1	1	1			1			
5	IB1	IA1	0.78	0.61	1	1	1	1	1	1	1						
6	PE1	IA1	0.79	0.61	1	1	1	1	1	1	1						
7	CB2	IA1	0.91	0.61	1	1	1	1	1	1	1			1			
8	RMC	IA1	1.27	0.61	1	1	1	1	1	1	1			1			
9	CB1	IA1	0.86	0.61	1	1	1	1	1	1	1	1					
10	CB2	BA1	0.91	0.47	1	1	1	1	1	1	1						
11	PD1	IA1	0.72	0.61	1	1	1	1	1	1	1						
12	RMB	RMA	1.22	1.17	1	1	1	1	1	1	1						
13	PE1	IA1	0.79	0.61	1	1	1		1	1							
14	CB2	CA2	0.91	0.84	1	1	1	1	1	1	1						
15	RMA	BA1	1.17	0.47	1	1	1	1	1	1	1					1	
16	CB1	IA1	0.86	0.61	1	1	1	1	1	1	1			1			
17	CB2	IA1	0.91	0.61	1	1	1		1	1	1			1			
18	RMC	RMA	1.27	1.17	1	1	1	1	1	1	1						
19	CB2	CA2	0.91	0.84	1	1	1	1	1	1	1						
20	SSA	IA1	1.03	0.61	1	1	1	1	1	1	1	1					

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 FOCUS REHABILITATION AND NURSING CENTER AT UTICA
 AUDIT #14-4797
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Cognitive Pattern	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 health disease diagnosis	Disallow special conditions	Disallow occupation therapy	Disallow physical therapy	Disallow Dementia Add On	
21	RMC	RMA	1.27	1.17	1													
22	RMB	IA1	1.22	0.61		1	1	1	1	1	1				1			
23	PD1	PA1	0.72	0.46		1	1	1	1	1	1							
24	IB1	PA1	0.78	0.46	1	1	1	1	1	1	1	1					1	
25	RMA	PA1	1.17	0.46			1		1	1	1				1			
26	CA1	PA1	0.77	0.46		1	1	1	1	1	1		1					
27	PE1	IA1	0.79	0.61		1	1	1	1	1	1							
28	CB1	BA1	0.86	0.47		1	1	1	1	1	1							
Totals					1	27	27	27	23	28	28	26	3	1	5	1	4	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
FOCUS REHABILITATION AND NURSING CENTER AT UTICA
AUDIT #14-4797
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. 24

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. 1, 18

In 14 instances, documentation did not support resident required weight bearing assist three or more times. 2, 3, 6, 7, 8, 9, 13, 14, 16, 17, 20, 21, 23, 27

In 8 instances, documentation did not support resident required non weight bearing assist three or more times. 4, 5, 10, 11, 12, 19, 26, 28

In 3 instances, documentation did not support resident required supervision one or more times. 15, 22, 24

Bed Mobility Support Provided

In 5 instances, documentation did not support resident was a 2+ person physical help at least once. 1, 6, 13, 18, 27

In 18 instances, documentation did not support resident was a one person physical help at least once. 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 14, 16, 17, 19, 20, 23, 26, 28

In 4 instances, documentation did not support resident was setup at least once. 15, 22, 24, 25

Transfer Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 21

In 14 instances, documentation did not support resident required weight bearing assist three or more times. 1, 2, 4, 6, 8, 10, 11, 13, 14, 16, 18, 22, 27, 28

In 9 instances, documentation did not support resident required non weight bearing assist three or more times. 5, 7, 9, 12, 17, 19, 23, 24, 26

In 3 instances, documentation did not support resident required supervision one or more times. 3, 15, 20

Transfer Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 18

In 19 instances, documentation did not support resident was a one (1) person physical help at least once. 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 16, 19, 22, 23, 24, 26, 28

In 3 instances, documentation did not support resident was set up at least once. 3, 15, 20

Eating Self-Performance

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

Toilet Use Self-Performance

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

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	27
In 23 instances, documentation did not support resident was a one person physical help at least once.	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 16, 17, 18, 19, 20, 22, 23, 24, 26, 27, 28
In 2 instances, documentation did not support resident was set up at least once.	15, 25

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 hemiplegia as a physician documented diagnosis in the past 60 days. 9

In 1 instance, documentation did not support Cerebral Palsy as a physician documented diagnosis in the past 60 days. 20

In 1 instance, documentation did not support Dementia as a physician documented diagnosis in the past 60 days. 24

In 1 instance, documentation did not support, Cerebral Palsy as an active diagnosis during the 7 day look back. 20

In 1 instance, documentation did not support, Dementia as an active diagnosis during the 7 day look back. 24

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. 2

In 1 instance, documentation did not support vomiting during the look back period. 2

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 3 instances, documentation did not support the number of days with MD exams during the look back period. 4, 7, 26

In 3 instances, documentation did not support the number of days with MD orders during the look back period. 4, 7, 26

In 2 instances, documentation did not support oxygen therapy during the look back period. 16, 17

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

Occupational Therapy

In 1 instance, documentation did not support resident received occupational therapy during the 7 day look back. 8

Physical Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 3

In 1 instance, documentation reflected incorrect days. 3

In 3 instances, documentation did not support evaluation/reassessment for therapy. 3, 22, 25

In 2 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 22, 25

In 1 instance, documentation did not support resident received physical therapy during the 7 day look back. 15

Dementia Add-on

In 1 instance, documentation did not support the diagnosis of Alzheimer's/dementia required for the add-on. 24

10 NYCRR §86-2.40 (z)(1)

RUGS-II Classifications Overturned

In 28 instances, the RUG classifications were overturned. 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

10 NYCRR §86-2.10, Volume A-2