



**Office of the  
Medicaid Inspector  
General**

**ANDREW M. CUOMO**  
Governor

**DENNIS ROSEN**  
Medicaid Inspector General

October 14, 2016

██████████  
Cortland Regional Nursing and Rehabilitation Center  
134 Homer Avenue  
Cortland, New York 13045

Re: MDS Final Audit Report  
Audit #: 14-4804  
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 Cortland Regional Nursing and Rehabilitation Center 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 \$49,101.30 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:

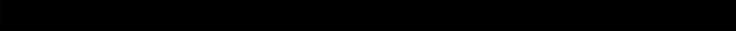
General Counsel  
Office of Counsel  
New York State Office of the Medicaid Inspector General  
800 North Pearl Street  
Albany, NY 12204

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

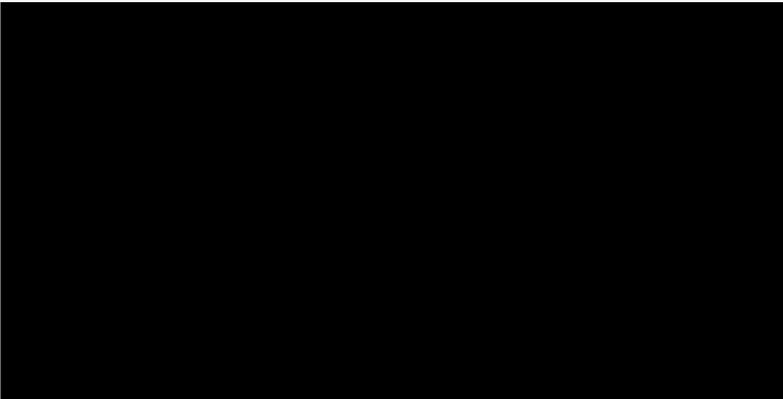
In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered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


  
Division of Medicaid Audit  
Office of the Medicaid Inspector General



OFFICE OF THE MEDICAID INSPECTOR GENERAL  
CORTLAND REGIONAL NURSING AND REHABILITATION CENTER  
AUDIT 14-4804  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$5.34	9,195	\$49,101.30
Non-Medicare/Part D Eligible	\$5.41	0	\$0.00
Total			<u>\$49,101.30</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  
 CORTLAND REGIONAL NURSING AND REHABILITATION CENTER  
 AUDIT #14-4804  
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow												
					bed mobility self performance	bed mobility support provided	transfer self performance	transfer support provided	eating self performance	toilet use self performance	toilet use support provided	active disease diagnosis	Nutritional/Swallowing status	special treatments, procedure, Dermentia Add On			
1	PE1	PA1	0.79	0.46	1	1	1	1	1	1	1						
2	PD1	IA1	0.72	0.61	1	1	1	1	1	1	1						
3	IB1	IA1	0.78	0.61	1		1		1	1	1						
4	PD1	PA1	0.72	0.46	1	1	1	1	1	1	1						
5	CB1	CA1	0.86	0.77	1		1			1						1	
6	IA1	IA1	0.61	0.61													
7	PD1	IA1	0.72	0.61	1	1	1	1		1	1						
8	CB1	CA1	0.86	0.77	1		1		1	1						1	
9	PE1	IA1	0.79	0.61	1		1			1	1						
10	IA1	IA1	0.61	0.61													
11	PE1	IA1	0.79	0.61	1	1	1	1	1	1	1						
12	IA1	IA1	0.61	0.61								1					1
13	IA1	IA1	0.61	0.61													
14	IA1	IA1	0.61	0.61													
15	PE1	PA1	0.79	0.46	1		1			1					1		
Totals					10	5	10	5	6	10	7	1	1	2	1		

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
CORTLAND REGIONAL NURSING AND REHABILITATION CENTER  
AUDIT #14-4804  
MDS DETAILED FINDINGS**

**MDS FINDINGS****SAMPLE SELECTION****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 7 instances, documentation did not support resident required weight bearing assist three or more times. 1, 4, 7, 8, 9, 11, 15

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

**Bed Mobility Support Provided**

In 4 instances, documentation did not support resident was a 2+ person physical help at least once. 1, 4, 7, 11

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

**Transfer Self-Performance**

In 6 instances, documentation did not support resident required weight bearing assist three or more times. 1, 4, 5, 9, 11, 15

In 3 instances, documentation did not support resident required non weight bearing assist three or more times. 2, 3, 8

In 1 instance, documentation did not support resident required supervision one or more times. 7

Transfer Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 1, 11

In 2 instances, documentation did not support resident was a one (1) person physical help at least once. 2, 4

In 1 instance, documentation did not support resident was set up at least once. 7

Eating Self-Performance

In 6 instances, documentation did not support resident required supervision one or more times. 1, 2, 3, 4, 8, 11

Toilet Use Self-Performance

In 7 instances, documentation did not support resident required weight bearing assist three or more times. 1, 2, 5, 7, 9, 11, 15

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 3, 8

In 1 instance, documentation did not support resident required supervision one or more times. 4

Toilet Use Support Provided

In 3 instances, documentation did not support resident was a 2+ person physical help at least once. 1, 9, 11

In 3 instances, documentation did not support resident was a one person physical help at least once. 2, 3, 7

In 1 instance, documentation did not support resident was set up at least once. 4

**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. 12

**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 reflected incorrect resident height. 15

**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 2 instances documentation did not support the number of days with MD orders during the look back period. 5, 8

**Dementia Add-on**

In 1 instance, documentation did not support the diagnosis of Alzheimer's/dementia required for the add-on. 12

*10 NYCRR §86-2.40 (z)(1)*

**RUGS-II Classifications Overturned**

In 10 instances, the RUG classifications were overturned. 1, 2, 3, 4, 5, 7, 8, 9, 11, 15

*10 NYCRR §86-2.10, Volume A-2*

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
CORTLAND REGIONAL NURSING  
AND REHABILITATION CENTER  
AUDIT # 14-4804  
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#1	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use, G0110Ab Support Provided Bed Mobility, G0110Bb Support Provided Transfer, G0110Ib Support Provided Toilet Use.	Resident Care Profile Document.	Denied	MDS with ARD 11/08/12, the resident care profile document supports level of assistance that the resident "should" be receiving and not the level of assistance actually provided.  ADL Self-Performance and Support Provided documentation does not support the levels claimed for bed mobility, transfer, and toilet use.  See MDS Manual – Section G.
#3	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use, G0110IH Self-Performance Eating G0110Ib Support Provided Toilet Use.	Resident Care Profile Document.	Denied	MDS with ARD 01/19/13, the resident care profile document supports level of assistance that the resident "should" be receiving and not the level of assistance actually provided.  ADL Self-Performance and Support Provided documentation does not support the levels claimed for bed mobility, transfer, eating and toilet use.  See MDS Manual – Section G.

#5	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use,	Resident Care Profile Document.	Denied	<p>MDS with ARD 12/20/12, the resident care profile document supports level of assistance that the resident "should" be receiving and not the level of assistance actually provided.</p> <p>ADL Self-Performance and Support Provided documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G.</p>
#8	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use, G0110IH Self-Performance Eating.	Resident Care Profile Document.	Denied	<p>MDS with ARD 12/08/12, the resident care profile document supports level of assistance that the resident "should" be receiving and not the level of assistance actually provided.</p> <p>ADL Self-Performance and Support Provided documentation does not support the levels claimed for bed mobility, transfer, eating and toilet use.</p> <p>See MDS Manual – Section G.</p>
#9	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use, G0110lb Support Provided Toilet Use.	Resident Care Profile Document.	Denied	<p>MDS with ARD 12/13/12, the resident care profile document supports level of assistance that the resident "should" be receiving and not the level of assistance actually provided.</p> <p>ADL Self-Performance and Support Provided documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G.</p>

<p>#11</p>	<p>G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use, G0110IH Self-Performance Eating G0110Ab Support Provided Bed Mobility, G0110Bb Support Provided Transfer, G0110Ib Support Provided Toilet Use</p>	<p>Resident Care Profile Document.</p>	<p>Denied</p>	<p>MDS with ARD 12/08/12, the resident care profile document supports level of assistance that the resident "should" be receiving and not the level of assistance actually provided.</p> <p>ADL Self-Performance and Support Provided documentation does not support the levels claimed for bed mobility, transfer, eating and toilet use.</p> <p>See MDS Manual – Section G.</p>
<p>#15</p>	<p>G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use.</p>	<p>Resident Care Profile Document.</p>	<p>Denied</p>	<p>MDS with ARD 12/08/12, the resident care profile document supports level of assistance that the resident "should" be receiving and not the level of assistance actually provided.</p> <p>ADL Self-Performance and Support Provided documentation does not support the levels claimed for bed mobility, transfer and toilet use.</p> <p>See MDS Manual – Section G.</p>