



**Office of the  
Medicaid Inspector  
General**

**ANDREW M. CUOMO**  
Governor

**DENNIS ROSEN**  
Medicaid Inspector General

October 14, 2016

██████████  
Crown Center for Nursing and Rehabilitation  
28 Kellogg Road  
Cortland, New York 13045

Re: MDS Final Audit Report  
Audit #: 14-4817  
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 Crown Center for Nursing and Rehabilitation 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 2, 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 \$99,923.60 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 ██████████

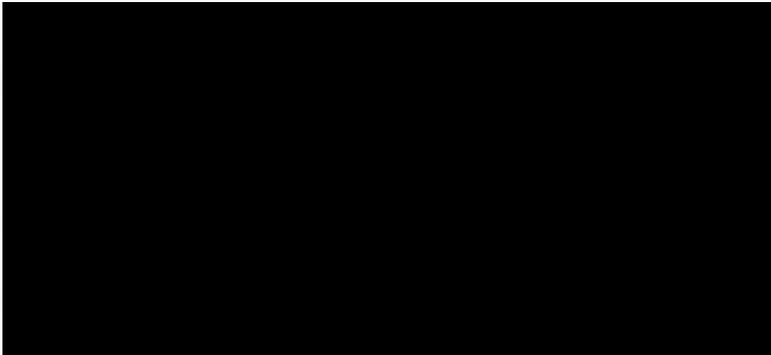
In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered 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  
CROWN CENTER FOR NURSING AND REHABILITATION  
AUDIT 14-4817  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$3.55	24,008	\$85,228.40
Non-Medicare/Part D Eligible	\$3.60	4,082	\$14,695.20
Total			<u>\$99,923.60</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  
 CROWN CENTER FOR NURSING AND REHABILITATION  
 AUDIT #14-4817  
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	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 special disease diagnosis	Disallow occupation therapy	Disallow physical therapy	Disallow Dementia Add On
1	RMA	CA1	1.17	0.77													
2	RUL	RUL	1.98	1.98													
3	IA1	IA1	0.61	0.61	1							1					1
4	RHB	RHB	1.27	1.27													
5	IA1	IA1	0.61	0.61	1												
6	RMA	BA1	1.17	0.47												1	
7	IA1	IA1	0.61	0.61													
8	RMA	BA1	1.17	0.47										1			
9	RMA	PA1	1.17	0.46										1			
10	RMB	RMA	1.22	1.17		1	1	1			1	1					
11	RMX	RMX	1.96	1.96													
12	RMC	RMA	1.27	1.17		1	1	1	1		1	1					
13	RUX	RUL	2.38	1.98													
14	CC1	IA1	0.98	0.61		1	1	1	1	1	1	1					
15	IA1	IA1	0.61	0.61			1										
16	CC1	CA1	0.98	0.77		1		1		1	1						
17	RMA	BA1	1.17	0.47											1		
18	RHC	RMA	1.4	1.17		1		1			1						

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 CROWN CENTER FOR NURSING AND REHABILITATION  
 AUDIT #14-4817  
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	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 special treatments, procedure	Disallow occupation therapy	Disallow physical therapy	Disallow Dementia Add On	
19	CB2	CA1	0.91	0.77	1		1	1	1	1	1	1		1				
20	RUL	RUA	1.98	1.37		1	1	1	1		1	1						
21	SSC	CA2	1.12	0.84		1		1		1	1							
22	SSB	IA1	1.06	0.61		1		1		1	1							
23	CA1	PA1	0.77	0.46				1	1	1	1	1	1					
24	RMA	IA1	1.17	0.61							1					1		
25	IA1	IA1	0.61	0.61														
Totals					1	2	9	6	11	5	6	11	7	2	2	3	3	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
CROWN CENTER FOR NURSING AND REHABILITATION  
AUDIT #14-4817  
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 1 instance, documentation did not support the frequency of depressive symptoms claimed. 19

**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 2 instances, documentation did not support the presence of delusions. 3, 5

In 2 instances, documentation did not support the frequency of verbally abusive behavior. 3, 5

In 2 instances, documentation did not support the frequency of resistance to care. 3, 5

In 1 instance, documentation did not support the frequency of wandering. 5

**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.	21
In 5 instances, documentation did not support resident required weight bearing assist three or more times.	12, 14, 16, 18, 22
In 3 instances, documentation did not support resident required non weight bearing assist three or more times.	10, 19, 20

**Bed Mobility Support Provided**

In 2 instances, documentation did not support resident was a 2+ person physical help at least once.	12, 14
In 3 instances, documentation did not support resident was a one person physical help at least once.	10, 19, 20
In 1 instance, documentation did not support resident was setup at least once.	15

**Transfer Self-Performance**

In 4 instances, documentation did not support resident required total assist every time.	13, 14, 16, 21
In 5 instances documentation did not support resident required weight bearing assist three or more times.	12, 18, 19, 22, 23

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 10, 20

Transfer Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 12, 14

In 3 instances, documentation did not support resident was a one (1) person physical help at least once. 19, 20, 23

Eating Self-Performance

In 3 instances, documentation did not support resident required non weight bearing assist three or more times. 14, 16, 21

In 3 instances, documentation did not support resident required supervision one or more times. 19, 22, 23

Toilet Use Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 14, 16

In 6 instances, documentation did not support resident required weight bearing assist three or more times. 12, 18, 19, 21, 22, 23

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 10, 20

In 1 instance, documentation did not support resident required supervision one or more times. 24

Toilet Use Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 13, 14

In 5 instances, documentation did not support resident was a one person physical help at least once. 10, 12, 19, 20, 23

**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. 23

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

In 1 instance, documentation did not support Hemiplegia as an active diagnosis during the 7 day look back. 23

**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 1 instance, documentation did not support the number of days with MD exams during the look back period. 14

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 19

Occupational Therapy

In 3 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 8, 9, 17

Physical Therapy

In 1 instance, documentation did not support an order for therapy. 6

In 3 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 1, 6, 24

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 17 instances, the RUG classifications were overturned. 1, 6, 8, 9, 10, 12, 13, 14, 16, 17, 18, 19, 20, 21, 22, 23, 24

*10 NYCRR §86-2.10, Volume A-2*

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
CROWN CENTER FOR NURSING AND REHABILITATION  
AUDIT #14-4817  
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
Sample #1	Item #O0400C Physical Therapy	<ul style="list-style-type: none"> <li>• Progress Notes</li> <li>• Physical Therapy Evaluation</li> <li>• Physical Therapy Plan of Treatment Notes</li> <li>• Physical Therapy Discharge Summary</li> <li>• Physical Therapy Treatment Grid</li> </ul>	Denied	<p>The MDS with an ARD of 12/01/12 claims Physical Therapy. The facility documentation provided does not support the medical need for Physical Therapy services.</p> <p>See MDS Manual – Section O</p>
Sample #6	Item #O0400C Physical Therapy	<ul style="list-style-type: none"> <li>• Progress Notes</li> <li>• Physical Therapy Evaluation</li> <li>• Physical Therapy Discharge Summary</li> <li>• Therapy Chart</li> </ul>	Denied	<p>The MDS with an ARD of 01/23/13 claims Physical Therapy. The facility documentation provided does not have a physician order for Physical Therapy evaluation and does not support the medical need for Physical Therapy services.</p> <p>See MDS Manual – Section O</p>
Sample #9	Item #O0400B Occupational Therapy	<ul style="list-style-type: none"> <li>• Occupational Therapy Evaluation</li> <li>• Occupational Therapy Discharge Note</li> </ul>	Denied	<p>The MDS with an ARD of 01/16/13 claims Occupational Therapy. The facility documentation provided does not support the medical need for Occupational Therapy services.</p> <p>See MDS Manual – Section O</p>
Sample #10	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use, G0110Ab Support Provided Bed Mobility, G0110lb Support	<ul style="list-style-type: none"> <li>• Admission Record</li> <li>• Progress Notes</li> <li>• Physician Order Forms</li> </ul>	Denied	<p>The MDS with ARD 12/19/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, and toilet use. ADL Support Provided documentation does not support the levels claimed for bed mobility and toilet use.</p> <p>See MDS Manual – Section G</p>

	Provided Toilet Use			
Sample #12	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	<ul style="list-style-type: none"> <li>• Physical Therapy Screen</li> <li>• Physical Therapy Evaluation</li> <li>• Physical Therapy Progress Note and Discharge Summary</li> <li>• Physical Therapy Treatment Grid</li> <li>• Progress Notes</li> <li>• Toileting Care Plan and Evaluation of Care Plan</li> <li>• Bed Mobility, Transfer Care Plan and Evaluation of Care Plan</li> </ul>	Denied	<p>The MDS with ARD 12/19/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, and toilet use. ADL Support Provided documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G</p>
Sample #13	G0110Ba Self-Performance Transfer, G0110Ib Support Provided Toilet Use	<ul style="list-style-type: none"> <li>• UHS Physical Therapy Progress Note</li> <li>• Progress Notes</li> <li>• Physical Therapy Evaluation</li> <li>• Physical Therapy Progress Note and Discharge Summary</li> <li>• Occupational Therapy Evaluation</li> </ul>	Denied	<p>The MDS with ARD 01/16/13 ADL Self-Performance documentation does not support the level claimed for transfer. ADL Support Provided documentation does not support the level claimed for toilet use.</p> <p>See MDS Manual – Section G</p>
Sample #14	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating,	<ul style="list-style-type: none"> <li>• Progress Notes</li> <li>• Toileting Care Plan and Evaluation of Care Plan</li> <li>• Bed Mobility/Transfer Care Plan and</li> </ul>	Denied	<p>The MDS with ARD 12/15/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use. ADL Support Provided documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p>

	G0110Ia Self-Performance Toilet Use, G0110Ab Support Provided Bed Mobility, G0110Bb Support Provided Transfer, G0110Ib Support Provided Toilet Use	Evaluation of Care Plan		See MDS Manual – Section G
Sample #16	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Progress Notes</li> <li>• Physical Therapy Evaluation</li> </ul>	Denied	<p>The MDS with ARD 12/25/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use.</p> <p>See MDS Manual – Section G</p>
Sample #18	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Progress Notes</li> <li>• Physical Therapy Progress note and Discharge Summary</li> <li>• Occupational Therapy Discharge Summary</li> </ul>	Denied	<p>The MDS with ARD 12/11/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G</p>
Sample #19	D0500 Staff Assessment of Resident Mood	<ul style="list-style-type: none"> <li>• MDS Section C Cognitive Patterns</li> <li>• MDS Section D Mood</li> <li>• MDS Section E Behavior</li> </ul>	Denied	<p>The MDS with ARD 01/30/13 the facility documentation provided does not support Staff Assessment of Resident Mood (PHQ-9-OV).</p> <p>See MDS Manual – Section D</p>
Sample #20	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use, G0110Ab Support Provided Bed Mobility, G0110Bb Support Provided Transfer,	<ul style="list-style-type: none"> <li>• C.N.A Assignment/Accountability Record</li> </ul>	Denied	<p>The MDS with an ARD of 01/16/13 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, and toilet use. ADL Support Provided documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G</p>

	G0110Ib Support Provided Toilet Use			
Sample #21	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Progress Notes</li> <li>• Bed Mobility/Transfer Care Plan and Evaluation of Care Plan</li> <li>• C.N.A Assignment/Accountability Record</li> <li>• Physical Therapy Screen</li> <li>• Occupational Therapy Screen</li> </ul>	Denied	<p>The MDS with an ARD of 12/14/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use.</p> <p>See MDS Manual – Section G</p>
Sample #22	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Progress Notes</li> <li>• C.N.A Assignment/Accountability Record</li> </ul>	Denied	<p>The MDS with an ARD of 11/29/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use.</p> <p>See MDS Manual – Section G</p>
Sample #23	G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use, G0110Bb Support Provided Transfer, G0110Ib Support Provided Toilet Use	<ul style="list-style-type: none"> <li>• No additional documentation provided.</li> </ul>	Denied	<p>The provider stated in letter to OMIG dated September 10, 2016 sample objection and written statement with specific items (additional supporting documentation) was submitted for sample #23. The provider did not submit additional documentation for OMIG review</p>

	I4900 Hemiplegia	<ul style="list-style-type: none"> <li>No additional documentation provided.</li> </ul>	Denied	The provider stated in letter to OMIG dated September 10, 2016 sample objection and written statement with specific items (additional supporting documentation) was submitted for sample #23. The provider did not submit additional documentation for OMIG review
Sample #24	Item #O0400C Physical Therapy	<ul style="list-style-type: none"> <li>Progress Notes</li> <li>Walking Comprehensive Care Plan and Evaluation of Care Plan</li> <li>Physical Therapy Evaluation</li> <li>Physical Therapy Progress Notes and Discharge Summary</li> <li>Therapy Chart</li> <li>Physical Therapy Treatment Grid</li> <li>Physician Order Form</li> <li>Attendance History</li> </ul>	Denied	<p>The MDS with an ARD of 01/27/13 claims Physical Therapy. The facility documentation provided does not support the medical need for skilled Physical Therapy services.</p> <p>See MDS Manual – Section O</p>