



**Office of the  
Medicaid Inspector  
General**

**ANDREW M. CUOMO**  
Governor

**DENNIS ROSEN**  
Medicaid Inspector General

October 20, 2016

██████████  
Villagecare Rehabilitation and Nursing Center  
214 West Houston Street  
New York, New York 10014

Re: MDS Final Audit Report  
Audit #: 14-6293  
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 Villagecare Rehabilitation and Nursing 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 10, 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 \$14,712.10 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 (██████████)

October 20, 2016

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  
VILLAGECARE REHABILITATION AND NURSING CENTER  
AUDIT 14-6293  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$10.58	993	\$10,505.94
Non-Medicare/Part D Eligible	\$10.73	392	\$4,206.16
Total			<u>\$14,712.10</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  
 VILLAGECARE REHABILITATION AND NURSING CENTER  
 AUDIT #14-6293

ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow mood	Disallow bed mobility self performance	Disallow bed mobility support provided	Disallow transfer self performance	Disallow eating self performance	Disallow toilet use self performance
1	CB1	CA1	0.86	0.77			1			
2	SSB	SSA	1.06	1.03		1	1			1
3	CC2	CB1	1.12	0.86	1	1	1	1	1	1
4	CB2	PC1	0.91	0.66		1	1	1		
7	RMB	RMB	1.22	1.22		1	1	1		1
Totals					1	4	4	4	1	3

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 VILLAGECARE REHABILITATION AND NURSING CENTER  
 AUDIT #14-6293  
 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 staff assessment of depressive symptoms. 3

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. 2, 3

In 2 instances, documentation did not support resident required weight bearing assist three or more times. 4, 7

Bed Mobility Support Provided

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

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

Transfer Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 3, 7

In 2 instances, documentation did not support resident required weight bearing assist three or more times. 1, 4

Eating Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 3

Toilet Use Self-Performance

In 3 instances, documentation did not support resident required total assist every time. 2, 3, 7

RUGS-II Classifications Overturned

In 4 instances, the RUG classifications were overturned. 1, 2, 3, 4

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 VILLAGE CARE REHABILITATION & NURSING CENTER  
 AUDIT #14-6293  
 MDS BRIDGE MEMO**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#3	D0100-D0650 Mood  G01110Aa Bed Mobility Self-Performance  G0110Ab Bed Mobility Support Provided  G0110Ba Transfer Self-Performance  G0110la Toilet Use Self Performance  G0110Ha Eating	-Comprehensive Care Plan: Mood ADL Function/Rehab Potential -VCRN MDS Form - NP Progress Note dated 1/24/13	Denied  Denied  Denied  Denied  Denied	MDS with ARD 01/30/13 Has no documentation to support staff assessment of depressive symptoms. * See Section D in MDS Manual Documentation submitted contains one day summary documentation that the resident was total dependent with Bed Mobility, Transfer, toilet use and eating. Facility daily /shift documentation does not support total dependent each time ADL occurs in 7 day look back. * See Section G of MDS Manual.
#1	G0110Ba Transfer Self-Performance	-Comprehensive Care Plan: ADL Function/Rehab Potential  - NP Progress Note dated 1/23/13 Diagnosis with muscle disuse atrophy.	Denied	MDS with ARD 01/24/13 ADL Self-Performance for transfer documentation during the 7 day look back, does not meet the rule of three for extensive assistance. * See Section G of MDS Manual.

#2	<p>G0110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ia Toilet use Self-Performance</p>	<p>-Comprehensive Care Plan: ADL Function/Rehab Potential</p> <p>- NP Progress Note dated 12/07/12 Diagnosis CVA and CP, PT obese and using Hoyer lift</p>	<p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>Documentation submitted contains one day summary documentation that the resident was total dependent with Bed Mobility, and toilet use. Facility daily /shift documentation does not support total dependent each time Bed Mobility ADL occurs in 7 day look back.</p> <p>ADL Self-Performance for toilet use documentation does not support total dependent each time ADL occurs in 7 day look back.</p> <p>* See Section G of MDS Manual.</p>
#4	<p>G0110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p>	<p>-Comprehensive Care Plan: ADL Function/Rehab Potential</p> <p>- NP Progress Note dated 01/23/13 Diagnosis CVA with hemiplegia, and dementia Needs assist with ADL'S</p>	<p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 01/30/13 Has no documentation to Support ADL Self-Performance or support provided during the 7 day look back. For Bed Mobility ADL Self-Performance for transfer documentation during the 7 day look back, does not meet the rule of three for extensive assistance.</p> <p>* See Section G of MDS Manual.</p>
#7	<p>G01110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p>	<p>-Comprehensive Care Plan: ADL Function/Rehab Potential</p> <p>- NP Progress Note dated 11/07/12 Diagnosis CVA, multiple sclerosis, and neurogenic bladder</p>	<p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 11/07/12 Has no documentation to Support ADL Self-Performance or support provided during the 7 day look back. For Bed Mobility at level claimed.</p> <p>ADL Self-Performance for transfer documentation, does not support total dependent each time ADL occurs in 7 day look back.</p> <p>ADL Self-Performance for toilet use documentation does not support total dependent each time ADL</p>

	G0110la Toilet Use Self-Performance		Denied	occurs in 7 day look back. * See Section G of MDS Manual.
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