



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

September 26, 2016

[REDACTED]  
The Avenue  
Dutch Manor Nursing and Rehabilitation Centre  
526 Altamont Avenue  
Schenectady, New York 12303

Re: MDS Final Audit Report  
Audit #: 13-1665 & #13-1666  
Provider ID#: [REDACTED] & [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 The Avenue and Dutch Manor Nursing and Rehabilitation Centre for the census period ending January 25, 2012. In accordance with 18 NYCRR §517.6, this final audit report represents the OMIG's final determination on issues found during OMIG's review.

In your response to the draft audit report dated December 10, 2014, you identified specific audit findings with which you disagreed. Your comments have been considered (see Attachment D) and the report has been either revised accordingly and/or amended to address your comments (see Attachment D).

The Medicaid overpayment of \$26,192.81 was calculated using the number of Medicaid days paid for the rate period July 1, 2012 through December 31, 2012 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

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 THE AVENUE/DUTCH MANOR NURSING AND REHABILITATION CENTRE  
 AUDIT #13-1665/ #13-1666  
 CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B & D Eligible	\$0.96	26,491	\$25,431.36
Non-Medicare/Part D Eligible	\$0.97	785	\$761.45
Total			<u>\$26,192.81</u>

\*Rounded to nearest 1/100<sup>th</sup>

Source: New York State Department of Health Bureau of Managed Long Term Care Rate Setting / FFS





OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 THE AVENUE  
 DUTCH MANOR NURSING AND REHABILITATION CENTRE  
 AUDIT #13-1665 AND #13-1666  
 DISALLOWANCE BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Detailed Findings											
					Disallow cognitive patterns	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 physical therapy		
41	RMC	RMB	1.27	1.22							1	1				
42	PE1	PE1	0.79	0.79							1					
43	PE1	PE1	0.79	0.79							1					
44	IA1	IA1	0.61	0.61												
<b>TOTAL</b>						<b>1</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>10</b>	<b>2</b>	<b>1</b>	<b>1</b>	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
THE AVENUE  
DUTCH MANOR NURSING AND REHABILITATION CENTER  
AUDIT #13-1665 & 13-1666  
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 the cognitive skill level/daily decision making claimed. 35

In 1 instance, documentation did not support the short term memory problem level claimed. 35

**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. 5, 31

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 22

In 1 instance, documentation supported that the resident required weight bearing assistance than claimed. 35

Bed Mobility Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 8, 16

Transfer Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 31

In 1 instance, documentation supported that the resident required weight bearing assistance than claimed. 35

Transfer Support Provided

In 1 instance, documentation did not support resident was set up at least once. 24

Eating Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 31

Toilet Use Self-Performance

In 9 instances, documentation did not support resident required total assist every time. 5, 8, 21, 23, 30, 31, 41, 42, 43

In 1 instance, documentation supported that the resident required weight bearing assistance than claimed. 35

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 41

In 1 instance, documentation did not support resident was set up at least once. 24

### **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 10100-18000*

In 1 instance, documentation did not support hemiplegia as a physician documented diagnosis in the past 60 days. 25

### **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 00400-0700*

### **Physical Therapy**

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 31

**RUGS-II Classifications Overturned**

In 6 instances, the RUG classifications were 8, 16, 22, 25, 35, 41 overturned.

*10 NYCRR §86-2.10, Volume A-2*

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
THE AVENUE – DUTCH MANOR NURSING AND REHABILITATION CENTRE  
AUDIT #13-1665 & 13-1666  
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
12	G0110Aa Bed Mobility Self Performance G0110Ab Bed Mobility Support Provided G0110Ba Transfer Self Performance G0110la Toilet use Self Performance		Accepted	
12	GO11011 Toilet use Support Provided	CNA ADL tracker 1/812-1/14/12	Not applicable	MDS with the ARD 1/14/12. Draft report did not list this as an audit finding.
35	GO110Aa- Bed Mobility Self Performance GO110Ba- Transfer Self-Performance GO110la Toilet Use Self-Performance	CNA ADL tracker 12/25/2011-12/31/2011	Denied	MDS with the ARD 12/30/2011. Documentation does not support levels claimed.  See MDS Manual – Section G