



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 28, 2016

[REDACTED]
The Pines at Catskill Center for Nursing and Rehabilitation
154 Jefferson Heights
Catskill, New York 12414

Re: MDS Final Audit Report
Audit #: 13-2379
Provider ID#: [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 Pines at Catskill Center for Nursing and Rehabilitation 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 November 10, 2015, 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 \$32,773.51 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].

[REDACTED]

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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 [REDACTED].
[REDACTED]

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
THE PINES AT CATSKILL CENTER FOR NURSING AND REHABILITATION
AUDIT # 13-2379
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$2.06	15,389	\$31,701.34
Non-Medicare/Part D Eligible	\$2.09	513	\$1,072.17
Total			<u>\$32,773.51</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
 THE PINES AT CATSKILL CENTER FOR NURSING AND REHABILITATION
 AUDIT #13-2379
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS								
					DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY	
21	SSC	SSC	1.12	1.12									
22	RHC	RHC	1.40	1.40									
23	RMC	RMC	1.27	1.27									
24	RMC	RMC	1.27	1.27									
25	CC1	CC1	0.98	0.98	1	1	1	1	1				
26	CC1	CC1	0.98	0.98		1	1	1					
27	SSB	SSB	1.06	1.06	1	1		1					
28	RUA	CA1	1.37	0.77						1		1	
29	CC1	CC1	0.98	0.98									
30	RMC	RMC	1.27	1.27									
31	RMX	RMX	1.96	1.96	1								
32	RMC	RMC	1.27	1.27	1	1		1					
TOTALS					6	6	5	8	2	1	2	1	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
THE PINES AT CATSKILL CENTER FOR NURSING AND REHABILITATION
AUDIT #13-2379
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 5 instances, documentation did not support resident required total assist every time. 3, 25, 27, 31, 32

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 6

Transfer Self-Performance

In 5 instances, documentation did not support resident required total assist every time. 3, 25, 26, 27, 32

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 6

Eating Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 13, 25

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 26

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 15

In 1 instance, documentation did not support resident required supervision one or more times. 6

Toilet Use Self-Performance

In 7 instances, documentation did not support resident required total assist every time. 3, 9, 13, 25, 26, 27, 32

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 6

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 6

In 1 instances, documentation did not support resident was a one person physical help at least once. 25

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. 5

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 5

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 2 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 19, 28

Physical Therapy

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 28

RUGS-II Classifications Overturned

In 5 instances, the RUG classifications were overturned. 5, 6, 15, 19, 28

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
 THE PINES AT CATSKILL CENTER FOR NURSING & REHABILITATION
 AUDIT #13-2379
 ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#2	G0110Aa Self-Performance and G0110Ab Support Provided for Bed Mobility; G0110Ba Self-Performance and G0110Bb Support Provided for Transfer G0110Ia Self-Performance and G0110Ib Support Provided for Toilet Use.		Accepted	Disallowance was reversed and will not be included in the Final Report.
#6	G0110Aa Self-Performance Bed Mobility G0110Ba Self-Performance Transfer G0110Ha Self-Performance Eating G0110Ia Self-Performance Toilet Use G0110Ib Support	<ul style="list-style-type: none"> • Nurses Notes (two pages) • Rehabilitation Department Recommendations • Comprehensive Care Plan ADL Function/Rehab Potential (four pages) • Physician Order Form (three pages) • Occupational Therapy Initial Evaluation, Occupational Therapy Treatment Encounter, 	Denied	The facility documentation does not support levels claimed. See MDS Manual – Section G

	Provided Toilet Use	<p>Occupational Therapy Weekly Progress Summary , Occupational Therapy Discharge Summary</p> <ul style="list-style-type: none"> • Service Log Matrix (OT) (two pages) • Physical Therapy Initial Eval, Physical Therapy Treatment Encounter (seven pages) • Physical Therapy Weekly Progress Summary (seven pages). • Physical Therapy Discharge Summary • Service Log Matrix (PT) (two pages) 		
	G0110Ab Support Provided Bed Mobility G0110Bb Support Provided Transfer		Accepted	Disallowance was reversed and will not be included in the Final Report.
#7	O0400C Physical Therapy		Accepted	Disallowance was reversed and will not be included in the Final Report.
#8	O0400B Occupational Therapy		Accepted	Disallowance was reversed and will not be included in the Final Report.

#15	G0110Ha - Self-Performance Eating	<ul style="list-style-type: none"> ADL Flow sheet 	Denied	<p>The facility documentation does not support levels claimed.</p> <p>See MDS Manual – Section G</p>
	G0110Ba Self-Performance Transfer		Accepted	Disallowance was reversed and will not be included in the Final Report.
#16	G0110Ba Self-Performance Transfer G0110la Self-Performance Toilet Use		Accepted	Disallowance was reversed and will not be included in the Final Report.
#17	O0400C Physical Therapy		Accepted	Disallowance was reversed and will not be included in the Final Report.
#18	G0110Aa Self-Performance Bed Mobility G0110Ba Self-Performance Transfer G0110Ha Self-Performance Eating G0110la Self-Performance Toilet Use		Accepted	Disallowance was reversed and will not be included in the Final Report.
#19	O0400B Occupational Therapy	<ul style="list-style-type: none"> Nurse's Notes Therapy Department Episodic 	Denied	The facility documentation does not support levels claimed.

		<p>Screening/Referral Request</p> <ul style="list-style-type: none"> • Report of Consultation 11/07/11 • Report of Consultation 12/15/11 • Physician Order Form – Orders for OT • Occupational Therapy Initial Evaluation • Occupational Therapy Treatment Encounter (two pages) • Occupational Therapy Weekly Progress Summary • Occupational Therapy discharge Summary • Service Log Matrix (OT) 		See MDS Manual – Section G
#22	<p>O0400C Physical Therapy O0400B Occupational Therapy</p>		Accepted	Disallowance was reversed and will not be included in the Final Report.