



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 29, 2016

██████████
Niagara Rehabilitation and Nursing Center
822 Cedar Avenue
Niagara Falls, New York 14301

Re: MDS Final Audit Report
Audit #: 13-4415
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 Niagara Rehabilitation and Nursing Center for the census period ending July 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 April 21, 2016, 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 \$64,049.50 was calculated using the number of Medicaid days paid for the rate period January 1, 2013 through June 30, 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
NIAGARA REHABILITATION AND NURSING CENTER
AUDIT 13-4415
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$2.86	19,935	\$57,014.10
Non-Medicare/Part D Eligible	\$2.90	2,426	\$7,035.40
Total			<u>\$64,049.50</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
 NIAGARA REHABILITATION AND NURSING CENTER
 AUDIT #13-4415
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS														
					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 PROCEDURES	DISALLOW OCCUPATION THERAPY	DISALLOW NURSING REHABILITATION CLAIMED				
25	IA1	IA1	0.61	0.61															
26	PD1	PD1	0.72	0.72															
27	RMB	RMA	1.22	1.17				1	1	1	1	1							
28	RMC	RMC	1.27	1.27															
29	CC1	CB1	0.98	0.86							1								
30	PE2	PE2	0.80	0.80				1										1	
31	PE1	PB1	0.79	0.58				1	1	1	1								
32	BA1	PA1	0.47	0.46	1														
33	RMX	RML	1.96	1.74							1				1				
34	RMC	RMC	1.27	1.27															
35	PB1	PB1	0.58	0.58															
36	RMC	RMC	1.27	1.27															
37	PE1	IB1	0.79	0.78				1				1							
TOTALS					1	6	4	8	8	4	9	5	1	3	2				

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
 NIAGARA REHABILITATION AND NURSING CENTER
 AUDIT #13-4415
 MDS DETAILED FINDINGS**

MDS FINDINGS**SAMPLE SELECTION****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 1 instance, documentation did not support the frequency of other behavior claimed. 32

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. 31

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 15, 19, 24

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 17, 20

Bed Mobility Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 3, 19

In 2 instances, documentation did not support resident was a one person physical help at least once. 17, 20

Transfer Self-Performance

In 3 instances, documentation did not support resident required total assist every time. 30, 31, 37

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 15, 19, 27

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 17, 20

Transfer Support Provided

In 5 instances, documentation did not support resident was a 2+ person physical help at least once. 15, 19, 29, 31, 33

In 3 instances, documentation did not support resident was a one (1) person physical help at least once. 17, 20, 27

Eating Self-Performance

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 31

In 3 instances, documentation did not support resident required supervision one or more times. 17, 24, 27

Toilet Use Self-Performance

In 4 instances, documentation did not support resident required total assist every time. 2, 9, 31, 37

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 19, 24, 27

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 20

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

Toilet Use Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 19, 33

In 2 instances, documentation did not support resident was a one person physical help at least once. 20, 27

In 1 instance, documentation did not support resident was set up at least once. 6

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 transfusion during the look back period. 11

In 1 instance, documentation did not support oxygen therapy during the look back period. 11

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 3 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 1, 6, 22

Restorative Nursing Programs

In 1 instance, documentation did not support resident participated in a toileting/bladder retraining program. 8

In 1 instance, documentation did not support the number of days of therapy claimed during the look back period. 30

RUGS-II Classifications Overturned

In 17 instances, the RUG classifications were overturned. 1, 3, 6, 8, 11, 15, 17, 19, 20, 22, 24, 27, 29, 31, 32, 33, 37

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
 NIAGARA REHABILITATION AND NURSING CENTER
 AUDIT #13-4415
 ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
1	O0400B Occupational Therapy	<ul style="list-style-type: none"> • ADL Tracker Sheet dated 7/12 • Occupational Therapy Evaluation • Occupational Therapy Progress Note dated 7/20/12 • Occupational Therapy Modality Form. • Nurses Notes • Physician Orders dated 7/16/12 	Denied	<p>MDS with the ARD of 7/20/12 has no interdisciplinary documentation to support medical necessity for skilled Occupational Therapy services.</p> <p>Documentation does not support the MDS Manual's Section O Guidelines.</p>
6	O0400B Occupational Therapy	<ul style="list-style-type: none"> • Occupational Therapy Evaluation signed and dated 06/27/12. • Occupational Therapy Progress Noted dated 07/04/12. • Occupational Therapy Modality Form. • Occupational Therapy Discharge Note dated 07/06/12. 	Denied	<p>MDS with ARD 7/3/12 12 has no interdisciplinary documentation to support medical necessity for skilled Occupational Therapy Services.</p> <p>Documentation does not support the MDS Manual's Section O Guidelines.</p>

37	Go110Ba Transfer - Self Performance G0110la Toilet Use - Self- Performance	<ul style="list-style-type: none">• ADL Tracker for April 2012 and May 2012	Partially Accepted	MDS with ARD 5/2/12 does not have documentation to support level 4 claimed for transfer and toilet use self-performance. Coded to level 3. Documentation does not support the MDS Manual's Section G Guidelines.
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