



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 26, 2016

[REDACTED]
The Mountain View Nursing and Rehabilitation Centre
1 Jansen Road, P.O. Box 909
New Paltz, New York 12561

Re: MDS Final Audit Report
Audit #: 13-4785
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 Mountain View 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 November 25, 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 \$29,013.12 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]

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 MOUNTAIN VIEW NURSING AND REHABILITATION CENTRE
AUDIT # 13-4785
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$3.17	8,740	\$27,705.80
Non-Medicare/Part D Eligible	\$3.22	406	\$1,307.32
Total			<u>\$29,013.12</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 MOUNTAIN VIEW NURSING AND REHABILITATION CENTRE
 AUDIT #13-4785
 FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DISALLOWED FINDINGS							
						DISALLOW COGNITIVE PATTERN	DISALLOW BED MOBILITY	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY	
1		PE1	PE1	0.79	0.79		1		1				
2		IB1	IB1	0.78	0.78								
3		CB1	CB1	0.86	0.86								
4		SSB	SSB	1.06	1.06								
5		SSC	SSC	1.12	1.12								
6		IA1	PA1	0.61	0.46	1							
7		PA1	PA1	0.46	0.46								
8		CC2	CC2	1.12	1.12		1	1	1				
9		SSC	SSC	1.12	1.12								
10		RMC	PD1	1.27	0.72								1
11		PE1	PE1	0.79	0.79			1	1				
12		SSB	SSB	1.06	1.06								
13		CA1	PC1	0.77	0.66					1			
14		IA1	IA1	0.61	0.61								
15		CC1	CC1	0.98	0.98								
16		CA1	CA1	0.77	0.77								
17		PE1	PE1	0.79	0.79								
18		RMA	CA1	1.17	0.77							1	
TOTALS							1	2	2	3	1	1	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
THE MOUNTAIN VIEW NURSING AND REHABILITATION CENTRE
AUDIT #13-4785
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. 6

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. 1, 8

Transfer Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 8, 11

Toilet Use Self-Performance

In 3 instances, documentation did not support resident required total assist every time. 1, 8, 11

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 orders during the look back period. 13

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 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 18

Physical Therapy

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 10

RUGS-II Classifications Overturned

In 4 instances, the RUG classifications were overturned. 6, 10, 13, 18

10 NYCRR §86-2.10, Volume A-2

Sample 11	0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • C N A ADL sheet October/November 2011 	Denied	MDS with ARD 11/4/11 Self Performance in transfer, and toilet use did not have documentation to support levels claimed. See MDS Manual - Section G.
Sample 13	OO0700 Physician Orders	<ul style="list-style-type: none"> • Physician Orders dated 11/20/11 and 11/26/11 • Clinical Monitoring Detail Report • Resident Medication Administration record 	Denied	MDS with ARD 12/2/11 claims 2 physician orders has no documentation to support 2 Physician Order changes during ARD period. The Physician Orders do not support changes in Medical treatment. See Section O of the MDS manual.
Sample 18	O0400B Occupational Therapy	<ul style="list-style-type: none"> • Restorative Therapy Clarification Order Form • Occupational Therapy Evaluation • Occupational Therapy Discharge Note • Rehabilitation treatment log 	Denied	MDS with ARD 12/2/11 claims 5 days 186 minutes of Occupational Therapy. No interdisciplinary documentation to support medical need for skilled occupational services.