



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

July 21, 2016

██████████  
Pine Valley Center for Rehabilitation and Nursing  
661 North Main Street  
Spring Valley, New York 10977

Re: MDS Final Audit Report  
Audit #: 13-1327  
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 Pine Valley Center for Rehabilitation and Nursing 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.

We received your response to our Draft Audit Report dated September 14, 2015. 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 \$34,094.57 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.

You have the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. 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." You may only request a hearing to challenge specific audit adjustments which you challenged in a response to the draft audit report.

If you wish to request a hearing, the request must be submitted in writing to:

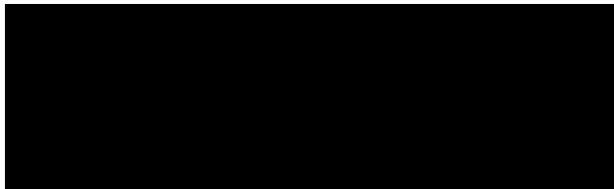
General Counsel  
Office of Counsel  
New York State Office of the Medicaid Inspector General  
800 North Pearl Street  
Albany, New York 12204

Questions regarding the request for a hearing should be directed to the Office of Counsel, at [REDACTED]

Pursuant to 18 NYCRR §519.18, at the hearing you have the right to:

- (a) request the department to reschedule the hearing (adjournment);
- (b) be represented by an attorney, or other representative, or to represent himself/herself;
- (c) have an interpreter, at no charge, if the appellant does not speak English or is deaf and cannot afford one (the appellant must advise the department prior to the hearing if an interpreter will be needed);
- (d) produce witnesses and present written and/or oral evidence to explain why the action taken was wrong;
- (e) cross-examine witnesses of the department.

Should you have any questions regarding the above, please contact [REDACTED].



Division of Medicaid Audit  
Office of the Medicaid Inspector General



OFFICE OF THE MEDICAID INSPECTOR GENERAL  
PINE VALLEY CENTER FOR REHABILITATION AND NURSING  
AUDIT # 13-1327  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$1.23	24,584	\$30,238.32
Non-Medicare/Part D Eligible	\$1.25	3,085	\$3,856.25
Total			<u>\$34,094.57</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  
 PINE VALLEY CENTER FOR REHABILITATION AND NURSING  
 AUDIT #13-1327  
 DISALLOWANCE BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINIDNGS												
					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 OCCUPATIONAL THERAPY	DISALLOW PHYSICAL THERAPY			
21	PD1	PDI	0.72	0.72	1	1					1						
22	SSC	SSA	1.12	1.03	1	1											
23	RMB	RMB	1.22	1.22													
24	RMA	RMA	1.17	1.17													
25	RMB	RMB	1.22	1.22	1	1											
26	IB1	IB1	0.78	0.78	1	1				1	1						
27	RVB	RMA	1.39	1.17	1	1	1	1			1	1			1		
28	RMA	RMA	1.17	1.17			1					1					
29	SSC	SSA	1.12	1.03	1	1					1	1					
30	SSC	SSA	1.12	1.03	1	1						1					
31	CC1	CB1	0.98	0.86	1	1							1				
32	SSB	SSA	1.06	1.03	1	1					1	1					
33	CC1	IB1	0.98	0.78	1	1					1	1					
34	SSC	SSA	1.12	1.03	1	1					1	1					
35	CC2	CA2	1.12	0.84	1	1					1	1					
36	SSB	IB1	1.06	0.78	1	1	1				1	1					
37	RHB	RMA	1.27	1.17	1	1	1	1			1	1					
38	RMC	RMC	1.27	1.27													
39	RMA	RMA	1.17	1.17													
40	PE1	IB1	0.79	0.78	1	1					1	1					

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 PINE VALLEY CENTER FOR REHABILITATION AND NURSING  
 AUDIT #13-1327  
 DISALLOWANCE BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINIDNGS														
					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 SPECIAL TREATMENTS/PROCEDURES	DISALLOW OCCUPATIONAL THERAPY	DISALLOW PHYSICAL THERAPY						
41	RMA	RMA	1.17	1.17	1	1													
42	PE1	IB1	0.79	0.78	1	1				1	1								
43	RMA	RMA	1.17	1.17									1	1					
44	RMA	RMA	1.17	1.17															
45	RMA	RMA	1.17	1.17															
46	RML	RML	1.74	1.74															
47	IA1	IA1	0.61	0.61					1										
48	CB1	IB1	0.86	0.78	1	1					1								
49	RMA	RMA	1.17	1.17															
<b>TOTALS</b>					<u>23</u>	<u>24</u>	<u>5</u>	<u>4</u>	<u>2</u>	<u>17</u>	<u>19</u>	<u>1</u>	<u>3</u>	<u>1</u>					

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
PINE VALLEY CENTER FOR REHABILITATION AND NURSING  
AUDIT #13-1327  
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 9 instances, documentation did not support resident required total assist every time. 18, 22, 29, 30, 31, 32, 34, 35, 42

In 4 instances, documentation did not support resident required weight bearing assist three or more times. 4, 33, 36, 40

In 9 instances, documentation did not support resident required non weight bearing assist three or more times. 12, 14, 19, 21, 25, 26, 27, 37, 48

In 1 instance, documentation did not support resident required supervision one or more times. 41

**Bed Mobility Support Provided**

In 10 instances, documentation did not support resident was a 2+ person physical help at least once. 18, 22, 29, 30, 31, 32, 33, 34, 35, 40

In 12 instances, documentation did not support resident was a one person physical help at least once. 4, 12, 14, 19, 21, 25, 26, 27, 36, 37, 42, 48

In 2 instances, documentation did not support resident was setup at least once. 28, 41

Transfer Self-Performance

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 13, 19, 36

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 27, 37

Transfer Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 13, 37

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

In 1 instance, documentation did not support resident was set up at least once. 47

Eating Self-Performance

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 13

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 3

Toilet Use Self-Performance

In 10 instances, documentation did not support resident required total assist every time. 13, 18, 29, 32, 33, 34, 35, 36, 40, 42

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 3, 19, 21

In 4 instances, documentation did not support resident required non weight bearing assist three or more times. 11, 26, 27, 37

Toilet Use Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 4, 37

In 16 instances, documentation did not support resident was a one person physical help at least once. 11, 18, 19, 26, 27, 29, 30, 31, 32, 33, 34, 35, 36, 40, 42, 48

In 1 instance, documentation did not support resident was set up at least once. 28

**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*

In 1 instance, documentation did not support radiation treatment during the look back period. 7

**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 O0400-0700*

Occupational Therapy

In 3 instances, documentation reflected incorrect individual/concurrent/group minutes. 6, 27, 43

Physical Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 43

**RUGS-II Classifications Overturned**

In 20 instances, the RUG classifications were overturned. 3, 4, 11, 13, 18, 19, 22, 27, 29, 30, 31, 32, 33, 34, 35, 36, 37, 40, 42, 48

*10 NYCRR §86-2.10, Volume A-2*

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
PINE VALLEY CENTER FOR REHABILITATION AND NURSING  
AUDIT #13-1327  
ANALYSIS OF PROVIDER RESPONSE

All OMIG disallowances were accepted by the Facility except for those shown below. The following details the disposition of the draft report disallowances after consideration of the Facility's draft audit report response comments.

**Sample #3**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

Contested MDS Coding Issues:

Item # G0110Ia and G0110Ha: ADL self-performance Toilet Use and self-performance Eating not supported by documentation.

Facility Comment:

Appealed ADL down coding of Sample #3 - enclosed additional documentation and staff interview in instance when there was no documentation to correctly code ADLs.

OMIG Response:

MDS Assessment Reference Date (ARD) is 1/27/2012.

The 7-day look back period is 1/21/2012 - 1/27/2012.

ADL Self-Performance Levels: The MDS claimed Level 3-Extensive Assistance for Toilet Use and Level 2-Limited Assistance for Eating.

Received and Reviewed Submitted Documentation:

CNA Accountability Sheet of Jan 2012 and an OT evaluation dated 1/24/2012.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*

3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*

**Disposition:** The draft report finding is unchanged and will be included in the final report.

### **Sample #13**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

**Contested MDS Coding Issues:**

Item #G0110Ba, G0110Bb, G0110Ia, G0110H: ADL self-performance Transfer, support-provided for Transfer, self-performance Toilet Use, and self-performance Eating not supported by documentation.

**Facility Comment:**

Appealed ADL down coding of Sample #13 - enclosed additional documentation and staff interview in instance when there was no documentation to correctly code ADLs.

**OMIG Response:**

MDS Assessment Reference Date (ARD) is 10/31/2011.

The 7-day look back period is 10/25/2011 – 10/31/2011.

ADL Self-Performance Levels: The MDS claimed Level 3-Extensive Assistance for Transfer, Level 4-Total Dependence for Toilet Use, and Level 3-Extensive Assistance for Eating.

ADL Support-Provided Levels: The MDS claimed Level 3-Two+ person physical help for Transfer.

Received and Reviewed Submitted Documentation:

Occupational Therapy Progress Note for the period 10/17/2011 to 10/31/2011.

**Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):**

1. *The MDS Manual defines ADL Self-Performance as - what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*

2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*

**Disposition:** The draft report finding is unchanged and will be included in the final report.

### **Sample #18**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

#### **Contested MDS Coding Issues:**

Item #G0110Aa, G0110Ab, G0110Ia, G0110Ib: ADL self-performance for Bed Mobility, support-provided for Bed Mobility, self-performance for Toilet Use, and support-provided for Toilet Use is not supported by documentation.

#### **Facility Comment:**

Appealed ADL down coding of Sample #18 - enclosed additional documentation and staff interview in instance when there was no documentation to correctly code ADLs.

#### **OMIG Response:**

MDS Assessment Reference Date (ARD) is 12/20/2011.

The 7-day look back period is 12/14/2011 – 12/20/2011.

ADL Self-Performance Levels: The MDS claimed Level 4-Total Dependence for Bed Mobility and Level 4-Total Dependence for Toilet Use.

ADL Support-Provided Levels: The MDS claimed Level 3-Two+ person physical help for Bed Mobility and Level 2-one person physical help for Toilet Use.

#### **Received and Reviewed Submitted Documentation:**

Care Plan dated 6/16/2011 for self-care deficit and impaired physical mobility.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*
6. *Definition of Level 4/Total Dependence – Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.*

**Disposition:** The draft report finding is unchanged and will be included in the final report.

**Sample #19**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

Contested MDS Coding Issues:

Item #G0110Aa, G0110Ab, G0110Ba, G0110la, and G0110lb: ADL self-performance for Bed Mobility, support-provided for Bed Mobility, self-performance for Transfer, self-performance for Toilet Use, and support-provided for Toilet Use is not supported by documentation.

Facility Comment:

Appealed ADL down coding of Sample #19 - enclosed additional documentation and staff interview in instance when there was no documentation to correctly code ADLs.

OMIG Response:

MDS Assessment Reference Date (ARD) is 12/30/2011.

The 7-day look back period is 12/24/2011 – 12/30/2011.

ADL Self-Performance Levels: The MDS claimed Level 2-Limited Assistance for Bed Mobility, Level 3-Extensive Assistance for Transfer, and Level 3-Extensive Assistance for Toilet Use.

ADL Support-Provided Levels: The MDS claimed Level 2-One person physical help for Bed Mobility and Level 2-One person physical help for Toilet Use.

Received and Reviewed Submitted Documentation:

Care Plan dated 4/29/2011 for impaired physical mobility, Care Plan dated 4/4/2011 for self-care deficit, CNA Accountability Sheet, and Rehabilitation PT/OT Screen.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*
6. *Definition of Level 4/Total Dependence – Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.*

**Disposition:** The draft report finding is unchanged and will be included in the final report.

### **Sample #29**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

Contested MDS Coding Issues:

Item #G0110Aa, G0110Ab, G0110Ia, G0110Ib: ADL self-performance for Bed Mobility, support-provided for Bed Mobility, self-performance for Toilet Use, and support-provided for Toilet Use is not supported by documentation.

Facility Comment:

Appealed ADL down coding of Sample #29 - enclosed additional documentation and staff interview in instance when there was no documentation to correctly code ADLs.

OMIG Response:

MDS Assessment Reference Date (ARD) is 11/10/2011.

The 7-day look back period is 11/4/2011 – 11/10/2011.

ADL Self-Performance Levels: The MDS claimed Level 4-Total Dependence for Bed Mobility and Level 4-Total Dependence for Toilet Use.

ADL Support-Provided Levels: The MDS claimed Level 3-Two+ person physical help for Bed Mobility and Level 2-One person physical help for Toilet Use.

Received and Reviewed Submitted Documentation:

Care Plan dated 5/18/2011 for self-care deficit and interdisciplinary progress notes.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*
6. *Definition of Level 4/Total Dependence – Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.*

**Disposition:** The draft report finding is unchanged and will be included in the final report.

**Sample #31**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

Contested MDS Coding Issues:

Item #G0110Aa, G0110Ab, G0110Ib: ADL self-performance for Bed Mobility, support-provided for Bed Mobility, and support-provided for Toilet Use is not supported by documentation.

Facility Comment:

Appealed ADL down coding of Sample #31 - enclosed additional documentation and staff interview in instance when there was no documentation to correctly code ADLs.

OMIG Response:

MDS Assessment Reference Date (ARD) is 1/14/2012.

The 7-day look back period is 1/8/2012 – 1/14/2012.

ADL Self-Performance Levels: The MDS claimed Level 4-Total Dependence for Bed Mobility.

ADL Support-Provided Levels: The MDS claimed Level 3-Two+ person physical help for Bed Mobility and Level 2-One person physical help for Toilet Use.

Received and Reviewed Submitted Documentation:

Care Plan dated 5/24/2011 for impaired physical mobility and self-care deficit.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*
6. *Definition of Level 4/Total Dependence – Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.*

**Disposition:** The draft report finding is unchanged and will be included in the final report.

## Sample #32

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

### Contested MDS Coding Issues:

Item #G0110Aa, G0110Ab, G0110Ia, G0110Ib: ADL self-performance for Bed Mobility, support-provided for Bed Mobility, self-performance for Toilet Use, and support-provided for Toilet Use is not supported by documentation.

### Facility Comment:

Appealed ADL down coding of Sample #32 - enclosed additional documentation and staff interview in instance when there was no documentation to correctly code ADLs.

### OMIG Response:

MDS Assessment Reference Date (ARD) is 12/1/2011.

The 7-day look back period is 11/25/2011 – 12/1/2011.

ADL Self-Performance Levels: The MDS claimed Level 4-Total Dependence for Bed Mobility and Level 4-Total Dependence for Toilet Use.

ADL Support-Provided Levels: The MDS claimed Level 3-Two+ person physical help for Bed Mobility and Level 2-One person physical help for Toilet Use.

### Received and Reviewed Submitted Documentation:

Interdisciplinary progress notes, CNA Accountability log, and Care Plan dated 6/8/2011 for self-care deficit and impaired physical mobility.

### Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*

6. *Definition of Level 4/Total Dependence – Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.*

**Disposition:** The draft report finding is unchanged and will be included in the final report.

### **Sample #33**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

#### **Contested MDS Coding Issues:**

Item #G0110Aa, G0110Ab, G0110Ia, G0110Ib: ADL self-performance for Bed Mobility, support-provided for Bed Mobility, self-performance for Toilet Use, and support-provided for Toilet Use is not supported by documentation.

#### **Facility Comment:**

Appealed ADL down coding of Sample #33 - enclosed additional documentation and staff interview in instance when there was no documentation to correctly code ADLs.

#### **OMIG Response:**

MDS Assessment Reference Date (ARD) is 1/16/2012.

The 7-day look back period is 1/10/2012 – 1/16/2012.

ADL Self-Performance Levels: The MDS claimed Level 3-Extensive Assistance for Bed Mobility and Level 4-Total Dependence for Toilet Use.

ADL Support-Provided Levels: The MDS claimed Level 3-Two+ person physical help for Bed Mobility and Level 2-One person physical help for Toilet Use.

Received and Reviewed Submitted Documentation:

Care Plan dated 4/30/2011 for self-care deficit.

#### **Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):**

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually*

*provided might be very different from what is indicated in the plan. Record what actually happened.*

3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*
6. *Definition of Level 4/Total Dependence – Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.*

**Disposition:** The draft report finding is unchanged and will be included in the final report.

#### **Sample #34**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

#### **Contested MDS Coding Issues:**

Item #G0110Aa, G0110Ab, G0110Ia, G0110Ib: ADL self-performance for Bed Mobility, support-provided for Bed Mobility, self-performance for Toilet Use, and support-provided for Toilet Use is not supported by documentation.

#### **Facility Comment:**

Appealed ADL down coding of Sample #34 - enclosed nursing documentation and staff interview in instance when there was no documentation to correctly code ADLs.

#### **OMIG Response:**

MDS Assessment Reference Date (ARD) is 12/8/2011.

The 7-day look back period is 12/2/2011 – 12/8/2011.

ADL Self-Performance Levels: The MDS claimed Level 4-Total Dependence for Bed Mobility and Level 4-Total Dependence for Toilet Use.

ADL Support-Provided Levels: The MDS claimed Level 3-Two+ person physical help for Bed Mobility and Level 2-One person physical help for Toilet Use.

#### **Received and Reviewed Submitted Documentation:**

Care Plan dated 9/2/2011 for impaired physical mobility and self-care deficit.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*
6. *Definition of Level 4/Total Dependence – Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.*

**Disposition:** The draft report finding is unchanged and will be included in the final report.

**Sample #36**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

Contested MDS Coding Issues:

Item #G0110Aa, G0110Ab, G0110Ba G0110la, G0110lb: ADL self-performance for Bed Mobility, support-provided for Bed Mobility, self-performance for Transfer, self-performance for Toilet Use, and support-provided for Toilet Use is not supported by documentation.

Facility Comment:

Appealed ADL down coding of Sample #36 - enclosed additional documentation and staff interview in instance when there was no documentation to correctly code ADLs.

OMIG Response:

MDS Assessment Reference Date (ARD) is 10/28/2011.

The 7-day look back period is 10/22/2011 – 10/28/2011.

ADL Self-Performance Levels: The MDS claimed Level 3-Extensive Assistance for Bed Mobility, Level 3-Extensive Assistance for Transfer, and Level 4-Total Dependence for Toilet Use.

ADL Support-Provided Levels: The MDS claimed Level 2-One person physical help for Bed Mobility and Level 2-One person physical help for Toilet Use.

Received and Reviewed Submitted Documentation:

Care Plan dated 8/2/2011 for self-care deficit.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*
6. *Definition of Level 4/Total Dependence – Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.*

**Disposition:** The draft report finding is unchanged and will be included in the final report.

#### **Sample #40**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

Contested MDS Coding Issues:

Item #G0110Aa, G0110Ab, G0110Ia, G0110Ib: ADL self-performance for Bed Mobility, support-provided for Bed Mobility, self-performance for Toilet Use, and support-provided for Toilet Use is not supported by documentation.

Facility Comment:

Appealed ADL down coding of Sample #40 - enclosed nursing documentation and staff interview in instance when there was no documentation to correctly code ADLs.

OMIG Response:

MDS Assessment Reference Date (ARD) is 11/19/2011.

The 7-day look back period is 11/13/2011 – 11/19/2011.

ADL Self-Performance Levels: The MDS claimed Level 3-Extensive Assistance for Bed Mobility and Level 4-Total Dependence for Toilet Use.

ADL Support-Provided Levels: The MDS claimed Level 3-Two+ person physical help for Bed Mobility and Level 2-One person physical help for Toilet Use.

Received and Reviewed Submitted Documentation:

Care Plan dated 5/27/2011 for self-care deficit.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*
6. *Definition of Level 4/Total Dependence – Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.*

Disposition: The draft report finding is unchanged and will be included in the final report.

## Sample #42

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

### Contested MDS Coding Issues:

Item #G0110Aa, G0110Ab, G0110Ia, G0110Ib: ADL self-performance for Bed Mobility, support-provided for Bed Mobility, self-performance for Toilet Use, and support-provided for Toilet Use is not supported by documentation.

### Facility Comment:

Appealed ADL down coding of Sample #42- enclosed additional documentation and staff interview in instance when there was no documentation to correctly code ADLs.

### OMIG Response:

MDS Assessment Reference Date (ARD) is 1/25/2012.

The 7-day look back period is 1/19/2012 – 1/25/2012.

ADL Self-Performance Levels: The MDS claimed Level 4-Total Dependence for Bed Mobility and Level 4-Total Dependence for Toilet Use.

ADL Support-Provided Levels: The MDS claimed Level 2-One person physical help for Bed Mobility and Level 2-One person physical help for Toilet Use.

Received and Reviewed Submitted Documentation:

Care Plan dated 5/6/2011 for self-care deficit and impaired physical mobility.

### Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*
6. *Definition of Level 4/Total Dependence – Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the*

*Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.*

**Disposition:** The draft report finding is unchanged and will be included in the final report.

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

**Sample # 4, 11, 22, 27, 30, 35, 37, and 48.**

No additional documentation provided on the above samples for review.

**Disposition:** The draft report finding is unchanged and will be included in the final report.