



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

June 29, 2016

[REDACTED]  
Lakeside - Beikirch Care Center, Inc.  
170 West Avenue  
Brockport, New York 14420

Re: MDS Final Audit Report  
Audit #: 13-2567  
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 Lakeside - Beikirch Care Center, Inc. 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.

Since you did not respond to our draft audit report dated September 29, 2015, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$10,444.22 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]  
[REDACTED].



Division of Medicaid Audit  
Office of the Medicaid Inspector General

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
LAKESIDE - BEIKIRCH CARE CENTER  
AUDIT # 13-2567  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$0.98	10,389	\$10,181.22
Non-Medicare/Part D Eligible	\$1.00	263	\$263.00
Total			<u><u>\$10,444.22</u></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  
 LAKESIDE - BEIKIRCH CARE CENTER  
 AUDIT #13-2567  
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS			
					DISALLOW EATING SELF PERFORMANCE	DISALLOW SWALLOWING/NUTRITIONAL STATUS	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY
1	RMA	CA1	1.17	0.77			1	1
2	PE1	PE1	0.79	0.79				
3	PE1	PE1	0.79	0.79				
4	RMB	RMB	1.22	1.22				
5	PE1	PE1	0.79	0.79				
6	PA1	PA1	0.46	0.46				
7	RUC	RUC	1.82	1.82				
8	RMA	RMA	1.17	1.17				
9	RMA	RMA	1.17	1.17				
10	RHC	RHC	1.40	1.40				
11	PE1	PE1	0.79	0.79				
12	CC1	CB1	0.98	0.86	1	1		
13	PE1	PE1	0.79	0.79				
14	PE1	PE1	0.79	0.79				
15	PE1	PE1	0.79	0.79				
16	CA1	CA1	0.77	0.77				
17	IA1	IA1	0.61	0.61				
18	RMC	RMC	1.27	1.27				1
19	PA1	PA1	0.46	0.46				
TOTALS					1	1	1	2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
LAKESIDE – BEIKIRCH CARE CENTER  
AUDIT #13-2567  
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*

**Eating Self-Performance**

In 1 instance, documentation did not support resident required total assist every time. 12

**Swallowing/Nutritional Status**

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 of conditions that could affect the residents' ability to maintain adequate nutrition and hydration. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)  
MDS 3.0 Manual K0100-0700*

In 1 instance, documentation did not support feeding tube with requirement of  $\geq 51\%$  calories, or 26%-50% calories with  $\geq 501$ cc of fluids. 12

**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. 1

**Physical Therapy**

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 18

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

**RUGS-II Classifications Overturned**

In 2 instances, the RUG classifications were overturned. 1, 12

*10 NYCRR §86-2.10, Volume A-2*