



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 20, 2016

██████████
Mayfair Care Center, Inc.
100 Baldwin Road
Hempstead, New York 11550

Re: MDS Final Audit Report
Audit #: 13-4442
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 Mayfair 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.

In your response to the draft audit report dated September 24, 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 \$99,312.48 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:

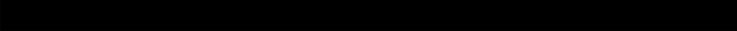
General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, NY 12204

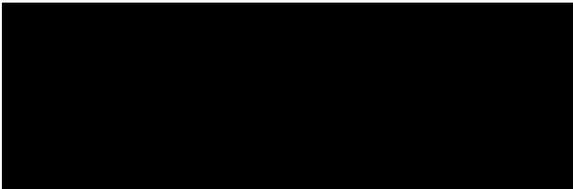
Questions regarding the request for a hearing should be directed to Office of Counsel, at ██████████.

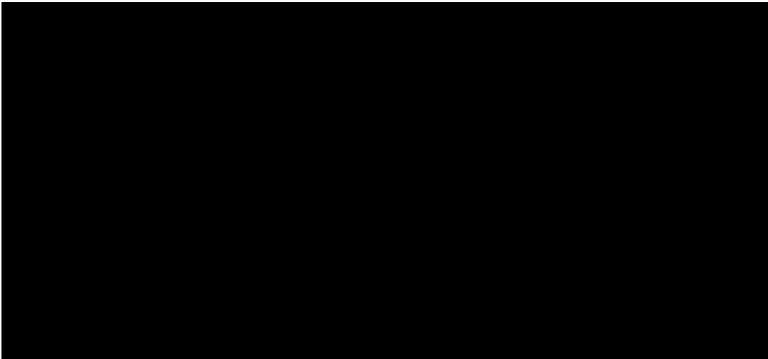
In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered 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
MAYFAIR CARE CENTER
AUDIT # 13-4442
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$3.46	28,350	\$98,091.00
Non-Medicare/Part D Eligible	\$3.51	348	\$1,221.48
Total			<u>\$99,312.48</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
MAYFAIR CARE CENTER
AUDIT #13-4442
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 PHYSICAL THERAPY					
42	RVC	RVB	1.53	1.39		1	1		1			1								
43	SSC	IB1	1.12	0.78		1	1	1	1	1	1	1								
44	RMC	RMB	1.27	1.22		1	1					1								
45	IA1	IA1	0.61	0.61																
46	IA1	IA1	0.61	0.61																
47	PA1	PA1	0.46	0.46																
48	PA1	PA1	0.46	0.46																
49	CA1	PA1	0.77	0.46		1		1		1	1									
TOTALS						1	15	14	17	14	11	17	15	1	2	2				

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
MAYFAIR CARE CENTER
AUDIT #13-4442
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 presence of delusions. 28

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 3 instances, documentation did not support resident required total assist every time. 2, 22, 43

In 9 instances, documentation did not support resident required weight bearing assist three or more times. 3, 5, 8, 12, 21, 35, 38, 42, 44

In 3 instances, documentation did not support resident required non weight bearing assist three or more times. 9, 11, 49

Bed Mobility Support Provided

In 9 instances, documentation did not support resident was a 2+ person physical help at least once. 2, 8, 12, 21, 22, 35, 38, 42, 43

In 4 instances, documentation did not support resident was a one person physical help at least once. 3, 9, 11, 44

In 1 instance, documentation did not support resident was setup at least once. 27

Transfer Self-Performance

In 4 instances, documentation did not support resident required total assist every time. 2, 12, 22, 43

In 7 instances, documentation did not support resident required weight bearing assist three or more times. 3, 5, 8, 21, 27, 35, 38

In 5 instances, documentation did not support resident required non weight bearing assist three or more times. 9, 10, 13, 34, 49

In 1 instance, documentation did not support resident required supervision one or more times. 11

Transfer Support Provided

In 10 instances, documentation did not support resident was a 2+ person physical help at least once. 2, 3, 8, 12, 21, 22, 35, 38, 42, 43

In 3 instances, documentation did not support resident was a one (1) person physical help at least once. 9, 13, 27

In 1 instance, documentation did not support resident was set up at least once. 11

Eating Self-Performance

In 4 instances, documentation did not support resident required total assist every time. 3, 5, 22, 43

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 34

In 3 instances, documentation did not support resident required non weight bearing assist three or more times. 10, 11, 12

In 3 instances, documentation did not support resident required supervision one or more times. 8, 35, 49

Toilet Use Self-Performance

In 6 instances, documentation did not support resident required total assist every time. 2, 5, 12, 22, 35, 43

In 7 instances, documentation did not support resident required weight bearing assist three or more times. 3, 8, 10, 11, 21, 27, 38

In 4 instances, documentation did not support resident required non weight bearing assist three or more times. 9, 30, 34, 49

Toilet Use Support Provided

In 7 instances, documentation did not support resident was a 2+ person physical help at least once. 3, 8, 12, 35, 38, 42, 44

In 7 instances, documentation did not support resident was a one person physical help at least once. 2, 9, 11, 21, 22, 27, 43

In 1 instance, documentation did not support resident was set up at least once. 13

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 00100-0300, 00600-0700

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 34

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 00400-0500

Occupational Therapy

In 2 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 31, 33

Physical Therapy

In 2 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 31, 33

RUGS-II Classifications Overturned

In 23 instances, the RUG classifications were overturned. 2, 3, 5, 8, 9, 10, 11, 12, 13, 21, 22, 27, 28, 30, 31, 33, 34, 35, 38, 42, 43, 44, 49

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
MAYFAIR CARE CENTER
AUDIT #13-4442
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#2	G0110Aa Self-Performance Bed Mobility G0110Ab Support Provided Bed Mobility G0110Ba Self- Performance Transfer G0110Bb Support Provided Transfer G0110Ia Self-Performance Toilet Use G0110Ib Support Provided Toilet Use	<ul style="list-style-type: none"> • Resident Care Profile • Resident Care Plan • PT/OT Quarterly Screen • MDS 3.0-Section G (Page 11/33) 	Denied	<p>ADL Self-Performance and support provided documentation does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing.</p> <p>See MDS Manual's ADL coding criteria Section G.</p>
#3	G0110Aa Self-Performance Bed Mobility G0110Ab Support Provided Bed Mobility G0110Ba Self- Performance Transfer G0110Bb Support Provided Transfer G0110Ia Self-Performance Toilet Use G0110Ib Support Provided Toilet Use	<ul style="list-style-type: none"> • Nurse's Notes • Resident Care Profile • Care Plan #5-ADL Function • PT/OT Quarterly Screen • MD orders • MAR-Tube feeding administration record • Tube Feeding Analysis Form • Dietary Progress notes • MDS 3.0-Section G (Page:11/33) 	Denied	<p>ADL Self-Performance and support provided documentation does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing.</p> <p>See MDS Manual's ADL coding criteria Section G.</p>

	G011H Self Performance Eating			
#5	G0110Aa Self-Performance Bed Mobility G0110Ba Self-Performance Transfer G0110Ia Self-Performance Toilet Use G011H Self Performance Eating	<ul style="list-style-type: none"> • Care Plan #5-ADL Function • Care Plan # 6-Bladder/Bowel Function • Nurse's Notes • Nursing/Rehab Communication Form • Physical Therapy Progress Notes • MDS 3.0-Section G (Page:11/33) 	Denied	<p>ADL Self-Performance and support provided documentation does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing.</p> <p>See MDS Manual's ADL coding criteria Section G.</p>
#8	G0110Aa Self-Performance Bed Mobility G0110Ab Support Provided Bed Mobility G0110Ba Self-Performance Transfer G0110Bb Support Provided Transfer G0110Ia Self-Performance Toilet Use G0110Ib Support Provided Toilet Use G011H Self Performance Eating	<ul style="list-style-type: none"> • Resident Care Profile • Nurse's Notes • PT/OT Screen • MD Orders • MDS 3.0-Section G (Page:11/32) 	Denied	<p>ADL Self-Performance and support provided documentation does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing.</p> <p>See MDS Manual's ADL coding criteria Section G.</p>

#9	G0110Aa Self-Performance Bed Mobility G0110Ab Support Provided Bed Mobility G0110Ba Self- Performance Transfer G0110Bb Support Provided Transfer G0110Ia Self-Performance Toilet Use G0110Ib Support Provided Toilet Use	<ul style="list-style-type: none"> • Significant Change review • Care Plan #5-ADL Function • Resident Care Profile • MDS 3.0-Section G (Page:14/38) 	Denied	<p>ADL Self-Performance and support provided documentation does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing.</p> <p>See MDS Manual's ADL coding criteria Section G.</p>
#10	G0110Ba Self- Performance Transfer G0110Ia Self-Performance Toilet Use G011H Self Performance Eating	<ul style="list-style-type: none"> • Nursing/rehab Communication Form • Nursing Notes • Care Plan #5-ADL Functions • MDS 3.0 Section G (Page 11/33) 	Denied	<p>ADL Self-Performance and support provided documentation does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing.</p> <p>See MDS Manual's ADL coding criteria Section G.</p>
#11	G0110Aa Self-Performance Bed Mobility G0110Ab Support Provided Bed Mobility G0110Ba Self- Performance Transfer G0110Bb Support Provided Transfer G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Care profile • Significant Change review • Care Plan #5-ADL Functions • OT Progress notes • MDS 3.0 – Section G (Page:14/38) 	Denied	<p>ADL Self-Performance and support provided documentation does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing.</p> <p>See MDS Manual's ADL coding criteria Section G.</p>

	G0110Ib Support Provided Toilet Use G011H Self Performance Eating			
#12	G0110Aa Self-Performance Bed Mobility G0110Ab Support Provided Bed Mobility G0110Ba Self- Performance Transfer G0110Bb Support Provided Transfer G0110Ia Self-Performance Toilet Use G0110Ib Support Provided Toilet Use G011H Self Performance Eating	<ul style="list-style-type: none"> • Care Plan # 5 –ADL Functions • Resident Care Profile • Nurses Notes • PT/OT Screen • MD Orders • MDS 3.0 –Section G (Pages 11/33) 	Denied	<p>ADL Self-Performance and support provided documentation does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing.</p> <p>See MDS Manual's ADL coding criteria Section G.</p>
#13	G0110Ba Self- Performance Transfer G0110Bb Support Provided Transfer G0110Ib Support Provided Toilet Use	<ul style="list-style-type: none"> • Resident Care Profile • Care Plan 35-ADL Functions • Care Plan #6- Bladder/Bowel Functions • Nurses Notes • MDS 3.0-Section G (Page 11/33) 	Denied	<p>ADL Self-Performance and support provided documentation does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing.</p> <p>See MDS Manual's ADL coding criteria Section G.</p>

#21	G0110Aa Self-Performance Bed Mobility G0110Ab Support Provided Bed Mobility G0110Ba Self- Performance Transfer G0110Bb Support Provided Transfer G0110Ia Self-Performance Toilet Use G0110Ib Support Provided Toilet Use	<ul style="list-style-type: none"> • Significant Change review • Nursing/Rehab Communication Form 12/06/11 • Nursing /Rehab Communication Form 12/9/11 • Care Plan #5-ADL Functions • MDS 3.0-Section G (page 14/8) 	Denied	ADL Self-Performance and support provided documentation does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing. See MDS Manual's ADL coding criteria Section G.
#22	G0110Aa Self-Performance Bed Mobility G0110Ab Support Provided Bed Mobility G0110Ba Self- Performance Transfer G0110Bb Support Provided Transfer G0110Ia Self-Performance Toilet Use G0110Ib Support Provided Toilet Use G011H Self Performance Eating	<ul style="list-style-type: none"> • Nurses Notes 12/6/11 • Nurses notes 12/8/11 • Care Plan #5-ADL Functions • Resident Care Profile • MDS 3.0-Section G (Page 14/38) 	Denied	ADL Self-Performance and support provided documentation does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing. See MDS Manual's ADL coding criteria Section G.
#27	G0110Aa Self-Performance Bed Mobility	<ul style="list-style-type: none"> • Care Plan #5-ADL Functions • MDS 3.0-Section G 	Denied	ADL Self-Performance and support provided documentation does not support the level claimed. Unable to assess what the resident actually did, not what

	G0110Ab Support Provided Bed Mobility G0110Ba Self- Performance Transfer G0110Bb Support Provided Transfer G0110la Self-Performance Toilet Use G0110lb Support Provided Toilet Use	(Page 11/33)		he/she might be capable of doing. See MDS Manual's ADL coding criteria Section G.
#28	E0100B Behaviors (Delusions)	<ul style="list-style-type: none"> • Psychiatry Consult Report 10/22/11 • Psychiatry Consult Report 01/14/12 • Social service Progress Notes • Behavior Care Plan #9 • MDS 3.0 Section G (Page 10/33) 	Denied	There is no documentation to support Delusion. See MDS Manual's ADL coding criteria Section E.
#30	G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • Bladder and Bowel Assessment • Nurse's Notes 12/16/11 • MDS 3.0 Section G (Page 14/38) • MDS 3.0 Section H0300 (page 16/38) 	Denied	ADL Self-Performance does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing. See MDS Manual's ADL coding criteria Section E.
#31	O0400C Physical Therapy O0400B Occupational Therapy	<ul style="list-style-type: none"> • Care Plan #5 ADL Function 12/19/11 • Nurses Notes 	Denied	Documentation provided does not support the medical need for skilled Occupational Therapy services.

		<ul style="list-style-type: none"> • Care Plan #5 ADL Function 01/15/12 • Significant Change Status • MDS 3.0 Section G (Page 14/38) • MDS 3.0 Section O (Page 28/38) • PT/OT Screen • PT Progress note • PT Orders • PT Certification • PT Care Plan • PT Billing Log • OT Progress Notes • OT Order • OT Care Plan • OT Certification • OT Billing Log 		See MDS Manual, Section O.
#38	<p>G0110Aa Self-Performance Bed Mobility</p> <p>G0110Ab Support Provided Bed Mobility</p> <p>G0110Ba Self-Performance Transfer</p> <p>G0110Bb Support Provided Transfer</p> <p>G0110la Self-Performance Toilet Use</p> <p>G0110lb Support Provided Toilet Use</p>	<ul style="list-style-type: none"> • Nurse 's Notes 11/02/11 • Nurse 's Notes 10/19/11-11/6/11 • Care Plan #5-ADL Functions • Care Plan #6-Bladder and Bowel Function • MDS 3.0-section G (Page 11/33) 	Denied	<p>ADL Self-Performance does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing.</p> <p>See MDS Manual's ADL coding criteria Section E.</p>

#42	G0110Aa Self-Performance Bed Mobility G0110Ab Support Provided Bed Mobility G0110Bb Support Provided Transfer G0110Ib Support Provided Toilet Use	<ul style="list-style-type: none"> • Nurse's notes • Care Plan #5-ADL Function • MDS 3.0-Section G (Page 11/33) 	Denied	ADL Self-Performance does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing. See MDS Manual's ADL coding criteria Section E.
#43	G0110Aa Self-Performance Bed Mobility G0110Ab Support Provided Bed Mobility G0110Ba Self- Performance Transfer G0110Bb Support Provided Transfer G0110Ia Self-Performance Toilet Use G0110Ib Support Provided Toilet Use G011H Self Performance Eating	<ul style="list-style-type: none"> • Nutation care Plan #12 • Nutritional assessment • Dysphagia Care Plan • Care Plan #5-ADL Function • Care Plan #6- Indwelling catheter • Resident Care Profile • PT/OT Screen • MD orders • Tube feeding Administration record • MDS 3.0-Section G (Page 14/38) 	Denied	ADL Self-Performance does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing. See MDS Manual's ADL coding criteria Section E.
#44	G0110Aa Self-Performance Bed Mobility G0110Ab Support Provided Bed Mobility	<ul style="list-style-type: none"> • Significant Change Review • Care Plan # %-ADL Functions • Resident Care profile • Nursing/Rehab 	Denied	ADL Self-Performance does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing. See MDS Manual's ADL coding criteria Section E.

	G0110Ib Support Provided Toilet Use	<p>Communication Form</p> <ul style="list-style-type: none"> • PT/OT Screen • MDS 3.0-Section G • (Page 14/38) 		
#49	G0110Aa Self-Performance Bed Mobility G0110Ba Self- Performance Transfer G0110Ia Self-Performance Toilet Use G011H Self Performance Eating	<ul style="list-style-type: none"> • Resident Care Profile • Care Plan #5-ADL Functions • MDS 3.0-Section G (Page 11/33) 	Denied	<p>ADL Self-Performance does not support the level claimed. Unable to assess what the resident actually did, not what he/she might be capable of doing.</p> <p>See MDS Manual's ADL coding criteria Section E.</p>