



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 20, 2016

██████████
Genesee County Nursing Home
278 Bank Street
Batavia, New York 14020

Re: MDS Final Audit Report
Audit #: 14-3422
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 Genesee County Nursing Home for the census period ending January 25, 2013. 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 August 3, 2016. 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 \$92,237.68 was calculated using the number of Medicaid days paid for the rate period July 1, 2013 through December 31, 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:

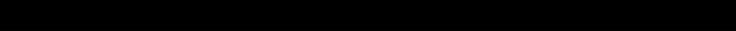
General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, NY 12204

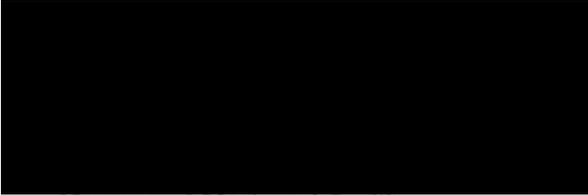
Questions regarding the request for a hearing should be directed to Office of Counsel, at (██████████)

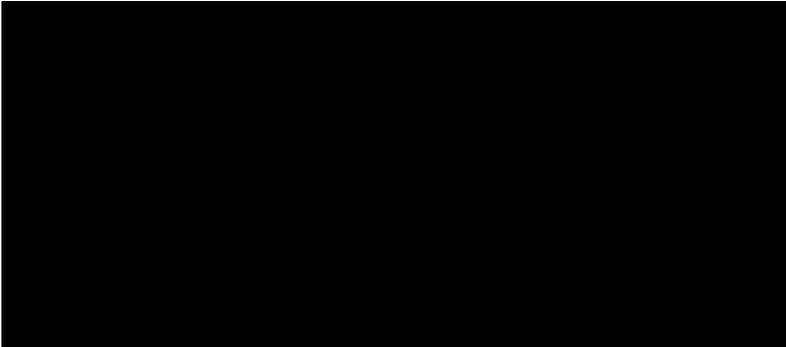
In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered 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
GENESEE COUNTY NURSING HOME
AUDIT 14-3422
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$4.03	22,336	\$90,014.08
Non-Medicare/Part D Eligible	\$4.08	545	\$2,223.60
Total			<u>\$92,237.68</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
 GENESEE COUNTY NURSING HOME
 AUDIT #14-3422
 ERRORS BY SAMPLE NUMBER

Sample #			Reported	Derived										
	Reported RUG	Derived RUG	Weight	Weight	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 health conditions	Disallow special treatments, procedures	Disallow physical therapy
23	RHC	RMA	1.4	1.17	1	1	1			1	1			
24	PE1	PA1	0.79	0.46	1	1	1	1		1	1			
25	RMA	RMA	1.17	1.17										
26	CB1	CA1	0.86	0.77	1	1	1	1		1	1			
27	PD1	PA1	0.72	0.46	1	1	1	1		1	1			
28	SE2	SSA	1.37	1.03			1			1				
Totals					24	25	25	19	4	24	18	1	1	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
GENESEE COUNTY NURSING HOME
AUDIT #14-3422
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 2 instances, documentation did not support resident required total assist every time. 11, 17,

In 16 instances, documentation did not support resident required weight bearing assist three or more times. 1, 2, 3, 4, 5, 6, 7, 8, 9, 13, 14, 15, 20, 21, 23, 24

In 6 instances, documentation did not support resident required non weight bearing assist three or more times. 12, 16, 18, 19, 26, 27

Bed Mobility Support Provided

In 17 instances, documentation did not support resident was a 2+ person physical help at least once. 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 13, 14, 15, 17, 20, 24, 27

In 7 instances, documentation did not support resident was a one person physical help at least once. 12, 16, 18, 19, 21, 23, 26

In 1 instance, documentation did not support resident was setup at least once. 10

Transfer Self-Performance

In 4 instances, documentation did not support resident required total assist every time.	1, 11, 17, 24
In 14 instances, documentation did not support resident required weight bearing assist three or more times.	2, 3, 4, 5, 6, 7, 9, 13, 14, 15, 16, 20, 23, 28
In 7 instances, documentation did not support resident required non weight bearing assist three or more times.	8, 12, 18, 19, 21, 26, 27

Transfer Support Provided

In 8 instances, documentation did not support resident was a 2+ person physical help at least once.	2, 5, 6, 11, 13, 14, 15, 17
In 10 instances, documentation did not support resident was a one (1) person physical help at least once.	3, 4, 7, 12, 16, 18, 21, 24, 26, 27
In 1 instance, documentation did not support resident was set up at least once.	22

Eating Self-Performance

In 1 instance, documentation did not support resident required total assist every time.	5
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	2
In 2 instances, documentation did not support resident required supervision one or more times.	8, 18

Toilet Use Self-Performance

In 7 instances, documentation did not support resident required total assist every time.	1, 4, 5, 9, 16, 18, 24
In 14 instances, documentation did not support resident required weight bearing assist three or more times.	2, 3, 6, 7, 8, 11, 13, 14, 15, 17, 23, 26, 27, 28
In 3 instances, documentation did not support resident required non weight bearing assist three or more times.	12, 19, 21

Toilet Use Support Provided

In 10 instances, documentation did not support resident was a 2+ person physical help at least once. 2, 3, 4, 7, 8, 11,14, 15, 17, 24

In 8 instances, documentation did not support resident was a one person physical help at least once. 5, 6, 13, 16, 18, 23, 26, 27

Health Conditions

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 health conditions that impact the resident's functional status and quality of life. MDS 3.0 manual guidelines will be followed when examining the medical records

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual J0100-1900

In 1 instance, documentation did not support fever during the look back period. 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 the number of days with MD exams during the look back period. 16

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*

Physical Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 8

RUGS-II Classifications Overturned

In 24 instances, the RUG classifications were overturned. 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 20, 21, 23, 24, 26, 27, 28

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
 GENESEE COUNTY NURSING HOME
 AUDIT #14-3422
 ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#1	G01110Aa Bed Mobility Self-Performance	<ul style="list-style-type: none"> • MDS Look back Report • Generated by S-codes 	Denied	MDS with ARD 01/09/13 MDS resident assessment note documents expected level of care for <ul style="list-style-type: none"> • Bed Mobility Self-Performance and • Bed Mobility Support Provided. Documentation for Transfer Self-Performance and Toilet Use Self-Performance does not support total dependency each time ADL occurred in the 7 day look back. * See Section G in MDS Manual
	G01110Ab Bed Mobility Support Provided		Denied	
	G01110Ba Transfer Self-Performance		Denied	
	G01110Ia Toilet Use Self-Performance		Denied	
#2	G01110Aa Bed Mobility Self-Performance	<ul style="list-style-type: none"> • MDS Look back Report • Generated by S-codes 	Denied	MDS with ARD 12/04/12 MDS resident assessment note documentation level of care not supported by rule of 3 for in the 7 day look back for : <ul style="list-style-type: none"> • Bed Mobility Self-Performance • Bed Mobility Support Provided. • Transfer Self-Performance • Transfer Support Provided • Eating • Toilet Use Self-Performance • Toilet Use Support Provided * See Section G in MDS Manual
	G01110Ab Bed Mobility Support Provided		Denied	
	G01110Ba Transfer Self-Performance		Denied	
	G01110Bb Transfer Support Provided		Denied	
	G01110Ha Eating		Denied	
	G01110Ia Toilet Use Self-Performance		Denied	

	G0110Ib Toilet Use Support Provided		Denied	
#3	G0110Aa Bed Mobility Self-Performance G0110Ab Bed Mobility Support Provided G0110Ba Transfer Self-Performance G0110Bb Transfer Support Provided G0110Ia Toilet Use Self-Performance G0110Ib Toilet Use Support Provided	<ul style="list-style-type: none"> • MDS Look back Report • Generated by Scores 	Denied Denied Denied Denied Denied Denied	<p>MDS with ARD 12/04/12 MDS look back report does not support documentation for rule of 3 for in the 7 day look back for :</p> <ul style="list-style-type: none"> • Bed Mobility Self-Performance • Bed Mobility Support Provided. • Transfer Self-Performance • Transfer Support Provided • Toilet Use Self-Performance • Toilet Use Support Provided <p>* See Section G in MDS Manual</p>
#4	G0110Aa Bed Mobility Self-Performance G0110Ab Bed Mobility Support Provided G0110Ba Transfer Self-Performance G0110Bb Transfer Support Provided	<ul style="list-style-type: none"> • PT Progress note Dated 11/20/12 • Pt Treatment record dated 11/13/12 – 11/19/12 • Comprehensive Care Plan dated 9/5/12 – 12/5/12 	Denied Denied Denied Denied	<p>MDS with ARD 11/21/12 Has no documentation to support the level of care given in the 7 day look back for:</p> <ul style="list-style-type: none"> • Bed Mobility Self-Performance • Bed Mobility Support Provided. • Transfer Self-Performance • Transfer Support Provided • Toilet Use Self-Performance • Toilet Use Support Provided <p>* See Section G in MDS Manual</p>

	G0110la Toilet Use Self-Performance		Denied	
	G0110lb Toilet Use Support Provided		Denied	
#5	G0110Aa Bed Mobility Self-Performance	<ul style="list-style-type: none"> MDS Look back Report Generated by S-codes 	Denied	<p>MDS with ARD 12/10/12 Has no documentation to support ADL Self-Performance or Support Provided during the 7 day look back for :</p> <ul style="list-style-type: none"> Bed Mobility Self-Performance Bed Mobility Support Provided Transfer Self-Performance Transfer Support Provided <p>Unable to verify total dependence for:</p> <ul style="list-style-type: none"> Eating Toilet Use Self-Performance <p>*See Section G of MDS Manual</p>
	G0110Ab Bed Mobility Support Provided		Denied	
	G0110Ba Transfer Self-Performance		Denied	
	G0110Bb Transfer Support Provided		Denied	
	G0110Ha Eating		Denied	
	G0110la Toilet Use Self-Performance		Denied	
	G0110lb Toilet Use Support Provided		Denied	
#6	J1550A Fever with K0300 Weight Loss	<ul style="list-style-type: none"> Facility states unable to provide any documentation To substantiate health condition or ADL function 	Denied	<p>MDS with ARD 10/31/12 Has no documentation to substantiate health condition: fever with weight loss during the 7 day look back.</p> <p>*See Sections J1550A and K0300 of MDS manual</p> <p>Has no documentation to support ADL Self-Performance or Support Provided during the 7 day look back for :</p>
	G0110Aa Bed Mobility Self-Performance		Denied	
	G0110Ab Bed Mobility Support Provided		Denied	
	G0110Ba Transfer		Denied	

	<p>Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ia Toilet Use Self-Performance</p> <p>G0110Ib Toilet Use Support Provided</p>		<p>Denied</p> <p>Denied</p> <p>Denied</p>	<ul style="list-style-type: none"> • Bed Mobility Self-Performance • Bed Mobility Support Provided • Transfer Self-Performance • Transfer Support Provided • Toilet Use Self-Performance • Toilet Use Support Provided <p>*See Section G of MDS Manual.</p>
#7	<p>G0110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ia Toilet Use Self-Performance</p> <p>G0110Ib Toilet Use Support Provided</p>	<ul style="list-style-type: none"> • MDS Look back Report • Generated by Scores 	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 01/27/13</p> <p>Has no documentation to support ADL Self-Performance or Support Provided during the 7 day look back for :</p> <ul style="list-style-type: none"> • Bed Mobility Self-Performance • Bed Mobility Support Provided • Transfer Self-Performance • Transfer Support Provided • Toilet Use Self-Performance • Toilet Use Support Provided <p>*See Section G of MDS Manual.</p>
#8	<p>G0110Aa Bed Mobility Self-Performance</p>	<ul style="list-style-type: none"> • MDS Look back Report 	<p>Denied</p>	<p>MDS with ARD 12/11/12 MDS resident assessment note documentation level of care not supported</p>

	<p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Ha Eating</p> <p>G0110Ia Toilet Use Self-Performance</p> <p>G0110Ib Toilet Use Support Provided</p>	<ul style="list-style-type: none"> Generated by Scores 	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>by rule of 3 for in the 7 day look back for :</p> <ul style="list-style-type: none"> Bed Mobility Self-Performance Bed Mobility Support Provided. Transfer Self-Performance Eating Toilet Use Self-Performance Toilet Use Support Provided <p>* See Section G in MDS Manual</p>
#9	<p>G0110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Ia Toilet Use Self-Performance</p>	<ul style="list-style-type: none"> MDS Look back Report Generated by Scores 	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 12/22/12</p> <p>Has no documentation to support ADL Self-Performance or Support Provided during the 7 day look back for :</p> <ul style="list-style-type: none"> Bed Mobility Self-Performance Bed Mobility Support Provided Transfer Self-Performance Toilet Use Self-Performance <p>*See Section G of MDS Manual.</p>
#10	<p>G0110Ab Bed Mobility Support Provided</p>	<p>Facility states no changes</p>	<p>Denied</p>	<p>Facility did not dispute</p>
#11	<p>G0110Aa Bed Mobility Self-Performance</p>	<ul style="list-style-type: none"> MDS Look back 	<p>Denied</p>	<p>MDS with ARD 12/12/12</p> <p>Has no documentation to support ADL</p>

	<p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ia Toilet Use Self-Performance</p> <p>G0110Ib Toilet Use Support Provided</p>	<p>Report</p> <ul style="list-style-type: none"> Generated by Scores 	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>Self-Performance or Support Provided during the 7 day look back for :</p> <ul style="list-style-type: none"> Bed Mobility Self-Performance Bed Mobility Support Provided. Transfer Self-Performance Transfer Support Provided Toilet Use Self-Performance Toilet Use Support Provided <p>* See Section G in MDS Manual</p>
#12	<p>G0110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ia Toilet Use Self-Performance</p>	<ul style="list-style-type: none"> MDS Look back Report Generated by Scores 	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 12/07/12</p> <p>Has no documentation to support ADL Self-Performance or Support Provided during the 7 day look back for :</p> <ul style="list-style-type: none"> Bed Mobility Self-Performance Bed Mobility Support Provided Transfer Self-Performance Transfer Support Provided Toilet Use Self-Performance <p>*See Section G of MDS Manual</p>
#13	<p>G0110Aa Bed Mobility Self-Performance</p>	<ul style="list-style-type: none"> MDS Look back Report 	<p>Denied</p>	<p>MDS with ARD 12/24/12 MDS resident assessment note , care Card and Care Plan documents</p>

	<p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ia Toilet Use Self-Performance</p> <p>G0110Ib Toilet Use Support Provided</p>	<ul style="list-style-type: none"> • Generated by S-scores • Physical Therapy Note Dated 12/24/12 • Physical Therapy treatment record 12/10/12 -12/21/12 • Comprehensive Care Plan • Dated 12/11/12-3/11/12 • For ADL's and 24hr Care Card. 	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>expected level of care not Care actually given for :</p> <ul style="list-style-type: none"> • Bed Mobility Self-Performance and • Bed Mobility Support Provided. • Transfer Self-Performance • Transfer Support Provided • Toilet Use Self-Performance • Toilet Use Support Provided <p>* See Section G in MDS Manual</p>
<p>#14</p>	<p>G0110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ia Toilet Use Self-Performance</p> <p>G0110Ib Toilet Use</p>	<ul style="list-style-type: none"> • MDS Look back Report Generated by S-scores 	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 12/05/12</p> <p>Has no documentation to support ADL Self-Performance or Support Provided during the 7 day look back for :</p> <ul style="list-style-type: none"> • Bed Mobility Self-Performance • Bed Mobility Support Provided • Transfer Self-Performance • Transfer Support Provided • Toilet Use Self-Performance • Toilet Use Support Provided <p>G0110Ha Eating was not a finding, facility requested to up code from 0 level of care to level 2,</p> <p>*See Section G of MDS Manual</p>

	Support Provided			
#15	<p>G0110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ia Toilet Use Self-Performance</p> <p>G0110Ib Toilet Use Support Provided</p>	<p>• MDS Look back Report Generated by S-cores</p> <p>• Comprehensive Care Plan Dated 01/19/12-2/19/13 For ADL's .and 24hr Care Plan.</p>	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 01/17/13</p> <p>Has no documentation to support ADL Self-Performance or Support Provided during the 7 day look back for :</p> <ul style="list-style-type: none"> • Bed Mobility Self-Performance • Bed Mobility Support Provided • Transfer Self-Performance • Transfer Support Provided • Toilet Use Self-Performance • Toilet Use Support Provided <p>*See Section G of MDS Manual</p>
#16	<p>G0110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ia Toilet Use</p>	<ul style="list-style-type: none"> • Facility states no changes • No additional documents sent 	<p>Denied</p>	<p>Facility did not dispute</p>

	Self-Performance G0110Ib Toilet Use Support Provided			
#17	G0110Aa Bed Mobility Self-Performance G0110Ab Bed Mobility Support Provided G0110Ba Transfer Self-Performance G0110Bb Transfer Support Provided G0110Ia Toilet Use Self-Performance G0110Ib Toilet Use Support Provided	<ul style="list-style-type: none"> • MDS Look back Report Generated by S-scores • GCNH Physical Therapy Screen 	Denied	<p>MDS with ARD 12/18/12 Has no documentation to support ADL Self-Performance or Support Provided during the 7 day look back for :</p> <ul style="list-style-type: none"> • Bed Mobility Self-Performance • Bed Mobility Support Provided • Transfer Self-Performance • Transfer Support Provided • Toilet Use Self-Performance • Toilet Use Support Provided • <p>Documentation for Transfer Self-Performance and Bed mobility Self-Performance does not support total dependency each time ADL occurred In the 7 day look back.</p> <p>*See Section G of MDS Manual</p>
#18	G0110Aa Bed Mobility Self-Performance G0110Ab Bed Mobility Support Provided G0110Ba Transfer Self-Performance G0110Bb Transfer Support Provided	<ul style="list-style-type: none"> • Facility states no changes • No additional documents sent 	Denied	Facility states no changes

	G0110Ha Eating G0110Ia Toilet Use Self-Performance G0110Ib Toilet Use Support Provided			
#19	G0110Aa Bed Mobility Self-Performance G0110Ab Bed Mobility Support Provided G0110Ba Transfer Self-Performance G0110Ia Toilet Use Self-Performance	<ul style="list-style-type: none"> Facility states no changes No additional documents sent 	Denied	Facility states no changes
#20	G0110Aa Bed Mobility Self-Performance G0110Ab Bed Mobility Support Provided G0110Ba Transfer Self-Performance	<ul style="list-style-type: none"> MDS Resident Assessment Note 	Denied	<p>MDS with ARD 11/20/12 Has no documentation to support ADL Self-Performance or Support Provided during the 7 day look back for :</p> <ul style="list-style-type: none"> Bed Mobility Self-Performance Bed Mobility Support Provided Transfer Self-Performance <p>*See Section G of MDS Manual</p>
#21	G0110Aa Bed Mobility Self-Performance	<ul style="list-style-type: none"> MDS Look back Report Generated by S- 	Denied	<p>MDS with ARD 12/03/12 Has no documentation to support ADL Self-Performance or Support Provided during</p>

	<p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110la Toilet Use Self-Performance</p>	<p>cores</p> <ul style="list-style-type: none"> • MDS Resident Assessment Note • Occupational Therapy ROM Update 	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>the 7 day look back for:</p> <ul style="list-style-type: none"> • Bed Mobility Self-Performance • Bed Mobility Support Provided • Transfer Self-Performance • Transfer Support Provided • Toilet Use Self-Performance <p>*See Section G of MDS Manual</p>
#22	<p>G0110Bb Transfer Support Provided</p>	<ul style="list-style-type: none"> • Facility states no changes • No additional documents sent 	<p>Denied</p>	<ul style="list-style-type: none"> • Facility states no changes
#23	<p>G0110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110la Toilet Use Self-Performance</p> <p>G0110lb Toilet Use Support Provided</p>	<ul style="list-style-type: none"> • MDS Look back Report Generated by S-codes 	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 01/18/13</p> <p>Has no documentation to support ADL Self-Performance or Support Provided during the 7 day look back for :</p> <ul style="list-style-type: none"> • Bed Mobility Self-Performance • Bed Mobility Support Provided • Transfer Self-Performance • Toilet Use Self-Performance • Toilet Use Support Provided <p>Unable to verify total dependence for:</p> <ul style="list-style-type: none"> • Toilet Use Self-Performance <p>*See Section G of MDS Manual</p>
#24	<p>G0110Aa Bed Mobility Self-Performance</p>	<ul style="list-style-type: none"> • Facility states no changes 	<p>Denied</p>	<ul style="list-style-type: none"> • Facility states no changes

	<p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ia Toilet Use Self-Performance</p> <p>G0110Ib Toilet Use Support Provided</p>	<ul style="list-style-type: none"> No additional documents sent 		
#26	<p>G0110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ha Eating</p> <p>G0110Ia Toilet Use Self-Performance</p> <p>G0110Ib Toilet Use Support Provided</p>	<ul style="list-style-type: none"> MDS Look back Report Generated by Scores 	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 12/02/12</p> <p>Has no documentation to support ADL Self-Performance or Support Provided during the 7 day look back for :</p> <ul style="list-style-type: none"> Bed Mobility Self-Performance Bed Mobility Support Provided Transfer Self-Performance Transfer Support Provided Toilet Use Self-Performance Toilet Use Support Provided Eating <p>*See Section G of MDS Manual</p>
#27	<p>G0110Aa Bed Mobility Self-Performance</p>	<ul style="list-style-type: none"> MDS Look back Report 	<p>Denied</p>	<p>MDS with ARD 12/13/12</p> <p>Has no documentation to support ADL</p>

	<p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ia Toilet Use Self-Performance</p> <p>G0110Ib Toilet Use Support Provided</p>	<p>Generated by S-codes</p>	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>Self-Performance or Support Provided during the 7 day look back for :</p> <ul style="list-style-type: none"> • Bed Mobility Self-Performance • Bed Mobility Support Provided • Transfer Self-Performance • Transfer Support Provided • Toilet Use Self-Performance • Toilet Use Support Provided <p>*See Section G of MDS Manual</p>
#28	<p>G0110Ba Transfer Self-Performance</p> <p>G0110Ia Toilet Use Self-Performance</p>	<ul style="list-style-type: none"> • MDS Look back Report Generated by S-codes • Nursing Home Statewide Price Summary sheet • Case Mix Index 	<p>Denied</p> <p>Denied</p>	<p>MDS with ARD 12/08/12</p> <p>Has no documentation to support ADL Self-Performance or Support Provided during the 7 day look back for :</p> <ul style="list-style-type: none"> • Transfer Self-Performance • Toilet Use Self-Performance. <p>*See Section G of MDS Manual</p>