



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 20, 2016

██████████
Maplewood Healthcare and Rehabilitation Center
205 State Street Road
Canton, New York 13617

Re: MDS Final Audit Report
Audit #: 14-4583
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 Maplewood Healthcare and Rehabilitation Center 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 \$44,604.00 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:

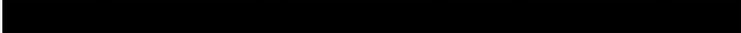
General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, NY 12204

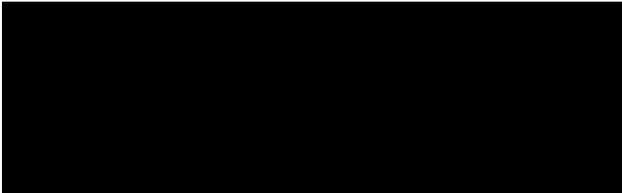
Questions regarding the request for a hearing should be directed to Office of Counsel, at ██████████

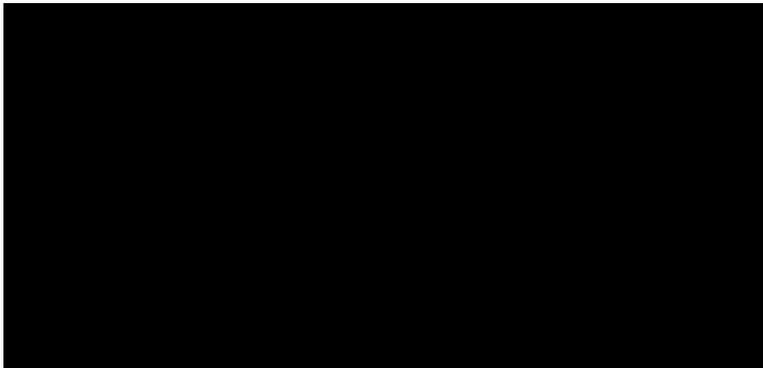
In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered 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
MAPLEWOOD HEALTH CARE AND REHABILITATION CENTER
AUDIT 14-4583
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$4.13	10,800	\$44,604.00
Non-Medicare/Part D Eligible	\$4.19	0	\$0.00
Total			<u>\$44,604.00</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
 MAPLEWOOD HEALTH CARE AND REHABILITATION CENTER
 AUDIT #14-4583
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow									
					bed mobility self performance	bed mobility support provided	transfer self performance	transfer support provided	eating self performance	toilet use self performance	toilet use support provided	occupational therapy	restorative nursing programs	
1	CC1	CA1	0.98	0.77	1		1		1	1	1			
2	RMC	RMA	1.27	1.17	1		1		1	1				
3	CC1	CA1	0.98	0.77	1	1	1	1	1	1	1			
4	CC1	CA1	0.98	0.77	1	1	1	1	1	1	1			
5	RMC	RMA	1.27	1.17	1				1	1				
6	PE2	IA1	0.8	0.61	1		1		1	1			1	
7	PE2	IA1	0.8	0.61	1		1	1	1	1			1	
8	CA1	CA1	0.77	0.77	1	1	1	1		1	1			
9	RMC	RMA	1.27	1.17	1		1		1	1				
10	CC1	CA1	0.98	0.77	1		1		1	1				
11	RMC	RMB	1.27	1.22					1					
12	SSC	SSA	1.12	1.03	1		1		1	1				
13	PE2	IA1	0.8	0.61	1	1	1	1	1	1	1		1	
14	RMC	RMB	1.27	1.22	1				1					
15	PD1	BA1	0.72	0.47	1	1	1	1	1	1	1			
16	RMC	PA2	1.27	0.48	1		1		1	1		1		
17	RMC	RMC	1.27	1.27										
Totals					15	5	13	6	15	14	6	1	3	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
MAPLEWOOD HEALTH CARE AND REHABILITATION CENTER
AUDIT #14-4583
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 3 instances, documentation did not support resident required total assist every time. 1, 4, 7

In 11 instances, documentation did not support resident required weight bearing assist three or more times. 2, 3, 5, 6, 9, 10, 12, 13, 14, 15, 16

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 8

Bed Mobility Support Provided

In 3 instances, documentation did not support resident was a 2+ person physical help at least once. 3, 4, 13

In 2 instances, documentation did not support resident was a one person physical help at least once. 8, 15

Transfer Self-Performance

In 4 instances, documentation did not support resident required total assist every time. 1, 4, 10, 12

In 8 instances, documentation did not support resident required weight bearing assist three or more times. 2, 3, 6, 7, 9, 13, 15, 16

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 8

Transfer Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 3, 4

In 4 instances, documentation did not support resident was a one (1) person physical help at least once. 7, 8, 13, 15

Eating Self-Performance

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 6, 7, 13

In 12 instances, documentation did not support resident required non weight bearing assist three or more times. 1, 2, 3, 4, 5, 9, 10, 11, 12, 14, 15, 16

Toilet Use Self-Performance

In 4 instances, documentation did not support resident required total assist every time. 1, 4, 10, 12

In 8 instances, documentation did not support resident required weight bearing assist three or more times. 2, 3, 5, 6, 7, 9, 13, 16

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 8

In 1 instance, documentation did not support resident required supervision one or more times. 15

Toilet Use Support Provided

In 3 instances, documentation did not support resident was a 2+ person physical help at least once. 1, 3, 4

In 2 instances, documentation did not support resident was a one person physical help at least once. 8, 13

In 1 instance, documentation did not support resident was set up at least once. 15

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. 16

Restorative Nursing Programs

In 3 instances, documentation did not support measurable goals and/or periodic evaluation of the nursing rehabilitation program. 6, 7, 13

RUGS-II Classifications Overturned

In 15 instances, the RUG classifications were overturned. 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
MAPLEWOOD HEALTHCARE AND REHABILITATION CENTER
AUDIT #14-4583
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
1	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use, G0110Ib Support Provided Toilet Use	<ul style="list-style-type: none"> • Interdisciplinary Team Quarterly Conference Summary Note • Care Plan Part 1 • Care Plan Approach Checklist for Nurse's Aides • "When Answering These Questions" CNA Interview Sheets • United Helpers Mechanical Lift Policy • United Helpers Staff Development Lesson Plan (mechanical lift/Hoyer) 	Denied	<p>MDS with ARD 01/08/13 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use. ADL Support Provided documentation does not support the level claimed for toilet use.</p> <p>See MDS Manual – Section G</p>
3	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use, G0110Ab Support	<ul style="list-style-type: none"> • Interdisciplinary Team Quarterly Conference Summary Note • Care Plan Part 1 • Care Plan Approach Checklist for Nurse's Aides 	Denied	<p>MDS with ARD 01/22/13 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use. ADL Support Provided documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G</p>

	Provided Bed Mobility, G0110Bb Support Provided Transfer, G0110Ib Support Provided Toilet Use			
4	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use, G0110Ab Support Provided Bed Mobility, G0110Bb Support Provided Transfer, G0110Ib Support Provided Toilet Use	<ul style="list-style-type: none"> • Interdisciplinary Team Quarterly Conference Summary Note • Care Plan Part 1 • Care Plan Approach Checklist for Nurse's Aides • United Helpers Mechanical Lift Policy • United Helpers Staff Development Lesson Plan (mechanical lift/Hoyer) 	Denied	<p>MDS with ARD 12/04/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use. ADL Support Provided documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G</p>
6	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Interdisciplinary Team Quarterly Conference Summary Note • Care Plan Part 1 • Care Plan Approach Checklist for Nurse's Aides • "When Answering These Questions" CNA Interview Sheets 	Denied	<p>MDS with ARD 11/27/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use.</p> <p>See MDS Manual – Section G</p>

	O0500E Restorative Nursing Transfer Training, O0500F Restorative Nursing Walking Training	<ul style="list-style-type: none"> Restorative Nursing Initial Care Plan Resident Care Plan Report (Restorative Nursing) Care Plan Approach Checklist for Nurse Aides Restorative Nursing Plan Restorative Nursing Progress Note 	Denied	<p>MDS with ARD 11/27/12 Restorative Nursing documentation does not support MDS restorative nursing criteria for transfer training and walking training.</p> <p>See MDS Manual – Section O</p>
7	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use, G0110Bb Support Provided Transfer	<ul style="list-style-type: none"> Interdisciplinary Team Quarterly Conference Summary Note Care Plan Part 1 Care Plan Approach Checklist for Nurse's Aides "When Answering These Questions" CNA Interview Sheets 	Denied	<p>MDS with ARD 12/04/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use. ADL Support Provided documentation does not support the level claimed for transfer.</p> <p>See MDS Manual – Section G</p>
	O0500F Restorative Nursing Walking Training, O0500J Restorative Nursing Communication Training	<ul style="list-style-type: none"> Resident Care Plan Report (Restorative Nursing) Care Plan Approach Checklist for Nurse Aides Restorative Nursing Plan Restorative Nursing Progress Note 	Denied	<p>MDS with ARD 11/27/12 Restorative Nursing documentation does not support MDS restorative nursing criteria for walking training and communication training.</p> <p>See MDS Manual – Section O</p>

9	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Care Plan Part 1 • Care Plan Approach Checklist for Nurse's Aides • "When Answering These Questions" CNA Interview Sheets 	Denied	<p>MDS with ARD 01/18/13 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use.</p> <p>See MDS Manual – Section G</p>
10	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Interdisciplinary Team Quarterly Conference Summary Note • Care Plan Part 1 • Care Plan Approach Checklist for Nurse's Aides • "When Answering These Questions" CNA Interview Sheets • United Helpers Mechanical Lift Policy • United Helpers Staff Development Lesson Plan (mechanical lift/Hoyer) 	Denied	<p>MDS with ARD 01/01/13 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use.</p> <p>See MDS Manual – Section G</p>
13	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating,	<ul style="list-style-type: none"> • Interdisciplinary Team Quarterly Conference Summary Note • Care Plan Part 1 • Care Plan 	Denied	<p>MDS with ARD 01/01/13 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use. ADL Support Provided documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p>

	G0110la Self-Performance Toilet Use, G0110Ab Support Provided Bed Mobility, G0110Bb Support Provided Transfer, G0110lb Support Provided Toilet Use	<ul style="list-style-type: none"> Approach Checklist for Nurse's Aides "When Answering These Questions" CNA Interview Sheets 		See MDS Manual – Section G
	H0200C Restorative Nursing Scheduled Toileting Plan, O0500F Restorative Nursing Walking Training, O0500H Restorative Nursing Eating/Swallowing Training	<ul style="list-style-type: none"> Resident Care Plan Report (Restorative Nursing) Care Plan Approach Checklist for Nurse Aides Restorative nursing Plan Restorative Nursing Note for December, 2012 	Denied	<p>MDS with ARD 01/01/13 Restorative Nursing documentation does not support MDS restorative nursing criteria for scheduled toileting plan, walking training, and eating/swallowing training.</p> <p>See MDS Manual – Section O</p>
16	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> Interdisciplinary Team Quarterly Conference Summary Note Care Plan Part 1 Care Plan Approach for Nurse's Aides "When Answering These Questions" CNA Interview Sheets 	Denied	<p>MDS with ARD 01/29/13 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use.</p> <p>See MDS Manual – Section G</p>
	IO0400B Occupational Therapy	<ul style="list-style-type: none"> Occupational Therapy Order Occupational 	Denied	MDS with ARD 01/29/13 has no interdisciplinary documentation to support medical necessity for skilled occupational therapy services.

		<ul style="list-style-type: none">Therapy Evaluation Occupational Therapy Monthly Grid Report, January 2013.		See MDS Manual – Section O