



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 17, 2016

██████████
Lawrence Nursing Care Center
350 Beach 54th Street
Arverne, New York 11692

Re: MDS Final Audit Report
Audit #: 14-5314
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 Lawrence Nursing Care 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 10, 2016. No additional documentation has been submitted for review, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$40,252.92 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 ██████████

October 17, 2016

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
LAWRENCE NURSING CARE CENTER
AUDIT 14-5314
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.28	22,764	\$29,137.92
Non-Medicare/Part D Eligible	\$1.30	8,550	\$11,115.00
Total			<u>\$40,252.92</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
 LAWRENCE NURSING CARE CENTER
 AUDIT #14-5314
 ERRORS BY SAMPLE NUMBER

Sample #			Reported	Derived	Disallow behavior	Disallow transfer self performance	Disallow toilet use self performance	Disallow toilet use support provided	Disallow active disease diagnosis	Disallow occupation therapy	Disallow physical therapy	Disallow restorative nursing programs	Disallow Dementia Add On
	Reported RUG	Derived RUG	Weight	Weight									
21		IA1	IA1	0.61	0.61								
22		IA1	IA1	0.61	0.61								
23		BA1	PA1	0.47	0.46	1							
24		PB1	PB1	0.58	0.58								
25		RHB	RHB	1.27	1.27								
26		IA1	IA1	0.61	0.61			1				1	
27		PB1	PB1	0.58	0.58								
28		SSC	SSC	1.12	1.12								
29		PB1	PB1	0.58	0.58								
30		BA1	BA1	0.47	0.47								
31		PD1	PD1	0.72	0.72								
32		IA1	IA1	0.61	0.61								
33		RHC	RHC	1.4	1.4								
34		PE1	PE1	0.79	0.79								
35		PD1	PD1	0.72	0.72								
36		PB1	PB1	0.58	0.58								
37		RVB	RVB	1.39	1.39								
38		PC1	PC1	0.66	0.66								
39		RHB	RHB	1.27	1.27		1	1					
40		BA1	PA1	0.47	0.46	1							

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 LAWRENCE NURSING CARE CENTER
 AUDIT #14-5314
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow									
					behavior	transfer self performance	toilet use self performance	toilet use support provided	active disease diagnosis	occupation therapy	physical therapy	restorative nursing programs	Dementia Add On	
41	PB1	PB1	0.58	0.58										
42	BA1	BA1	0.47	0.47										
43	IB1	IB1	0.78	0.78										
44	RMC	RMC	1.27	1.27										
45	IA1	IA1	0.61	0.61										
46	RHC	RHC	1.4	1.4										
47	BA1	BA1	0.47	0.47										
48	CA1	CA1	0.77	0.77										
49	PC1	PC1	0.66	0.66										
50	RMB	RMB	1.22	1.22										
51	IA1	IA1	0.61	0.61										
52	IA1	IA1	0.61	0.61										
53	RHB	RHB	1.27	1.27										
54	BA1	BA1	0.47	0.47	1									
55	SSC	SSC	1.12	1.12										
Totals					4	1	3	1	1	1	1	2	1	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
LAWRENCE NURSING CARE CENTER
AUDIT #14-5314
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 2 instances, documentation did not support the frequency of behavior claimed. 10, 40

In 1 instance, documentation did not support the frequency of wandering. 23

In 1 instance, documentation did not support the frequency of resistance to care. 54

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*

Transfer Self-Performance

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 2

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 18

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 2

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 39

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a one person physical help at least once. 39

Active Disease Diagnosis

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 the diseases coded relate to the resident's functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS Manual 3.0 10100-18000

In 1 instance, documentation did not support Dementia as a physician documented diagnosis in the past 60 days. 26

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 reflected incorrect individual/concurrent/group minutes. 11

In 1 instance, documentation reflected incorrect days. 11

Physical Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 11

In 1 instance, documentation reflected incorrect days. 11

Restorative Nursing Programs

In 2 instances, documentation did not support resident participated in a nursing rehabilitation program. 13, 18

Dementia Add-on

In 1 instance, documentation did not support the diagnosis of Alzheimer's/dementia required for the add-on. 26

10 NYCRR §86-2.40 (z)(1)

RUGS-II Classifications Overturned

In 7 instances, the RUG classifications were overturned. 2, 10, 11, 13, 18, 23, 40

10 NYCRR §86-2.10, Volume A-2