



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 26, 2016

[REDACTED]
Livingston County Center for Nursing and Rehabilitation
11 Murray Hill Drive
Mount Morris, New York 14510

Re: MDS Final Audit Report
Audit #: 13-1333
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 Livingston County Center for Nursing and Rehabilitation 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 February 26, 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 \$38,184.57 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 [REDACTED]

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 [REDACTED].

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
LIVINGSTON COUNTY CENTER FOR NURSING AND REHABILITATION
AUDIT # 13-1333
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$1.03	35,857	\$36,932.71
Non-Medicare/Part D Eligible	\$1.06	1,181	\$1,251.86
Total			<u>\$38,184.57</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
 LIVINGSTON COUNTY CENTER FOR NURSING AND REHABILITATION
 AUDIT #13-1333
 DISALLOWANCE BY SAMPLE NUMBER

DETAILED FINDINGS

Sample #			Reported	Derived										
	Reported RUG	Derived RUG	RUG Weight	RUG Weight	Disallow behaviors	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 swallowing/nutritional status	Disallow physical therapy
42	SSB	SSB	1.06	1.06										
43	IB2	IB2	0.80	0.80										
44	IB2	IB2	0.80	0.80										
45	PD1	PD1	0.72	0.72										
46	IB1	IB1	0.78	0.78										
47	SSB	SSB	1.06	1.06	1		1		1	1				
48	PD1	PD1	0.72	0.72										
49	PD1	PD1	0.72	0.72										
50	IA2	IA2	0.65	0.65										
51	BA1	BA1	0.47	0.47										
52	IB1	IB1	0.78	0.78										
TOTALS					1	5	3	6	1	6	5	1	1	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
LIVINGSTON COUNTY CENTER FOR NURSING AND REHABILITATION
AUDIT #13-1333
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 hallucinations. 32

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, 30, 47

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 19, 28

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 30

In 2 instances, documentation did not support resident was a one person physical help at least once. 19, 28

Transfer Self-Performance

In 5 instances, documentation did not support resident required total assist every time. 2, 16, 26, 30, 47

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 19

Transfer Support Provided

In 1 instance, documentation did not support resident was a one (1) person physical help at least once. 19

Eating Self-Performance

In 3 instances, documentation did not support resident required total assist every time. 2, 30, 47

In 3 instances, documentation did not support resident required supervision one or more times. 1, 28, 34

Toilet Use Self-Performance

In 4 instances, documentation did not support resident required total assist every time. 2, 16, 30, 47

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 19

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a one person physical help at least once. 19

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 weight loss. 22

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 O0400-0700

Occupational Therapy

In 1 instance, documentation did not support medical necessity for therapy. 8

In 1 instance, documentation did not support therapy reasonable for resident's condition. 8

Physical Therapy

In 1 instance, documentation did not support medical necessity for therapy. 8

In 1 instance, documentation did not support therapy reasonable for resident's condition. 8

RUGS-II Classifications Overturned

In 4 instances, the RUG classifications were overturned. 8, 22, 30, 32,

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
LIVINGSTON COUNTY CENTER FOR NURSING AND REHABILITATION
AUDIT #13-1333
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#1	G01110Aa Bed Mobility Self Performance G0110Ba Transfer Self Performance G0110Ia Toilet Use Self Performance		Accepted	
	G0110Ab Bed Mobility Support Provided G0110Bb Transfer Support Provided G0110Ib Toilet Use Support Provided		Accepted	
	G0110Ha Eating	-Copy of resident's MDS SECTION G Functional Status dated 01/10/12 -ADL Sheets Day Shift dated 01/05/12-01/11/12 -ADL Sheets Evening Shift dated 01/05/12-01/11/12 -ADL Sheets Night Shift dated 01/05/12-01/11/12	Denied	MDS with ARD 01/10/12 Has no documentation to support the rule of #3. Documentation submitted contains documentation that the resident was independent with eating. * See Section G in MDS Manual
#2	G0110Ab Bed Mobility Support Provided G0110Bb Transfer Support Provided G0110Ib Toilet Use Support Provided		Accepted	
	G0110Aa Bed Mobility Self Performance G0110Ba Transfer Self Performance	-Copy of resident's MDS SECTION G Functional Status dated 01/04/12 -ADL Sheets Day Shift dated	Denied	MDS with ARD 01/10/12 Has no documentation to support ADL Self Performance during the 7 day look back. Facility documentation contained blanks, white out, and overwrites unable to verify total dependence every

	G0110Ha Eating G0110Ia Toilet Use Self Performance	12/29/11-01/04/12 -ADL Sheets Evening Shift dated 12/29/11-01/04/12 -ADL Sheets Night Shift dated 12/29/11-01/04/12		time. * See Section G of MDS Manual.
#4	G0110Aa Bed Mobility Self Performance G0110Ba Transfer Self Performance G0110Ia Toilet use Self Performance G0110Ab Bed Mobility Support Provided G0110Bb Transfer Support Provided G0110Ib Toilet Use Support Provided		Accepted Accepted	
#8	O0400C Physical Therapy O0400B Occupational Therapy	_ Copy of resident's MDS RUGS IV Calculation Dated 12/16/11 -OT Plan of Treatment Dated 12/09/11 -PT Plan of Treatment Dated 12/09/11 -D/C OT Plan of Treatment Dated 12/23/11 -D/C PT Plan of Treatment Dated 12/24/11 -Therapy Progress Notes Dated 12/16/11-12/19/11	Denied	MDS with ARD 12/22/11 Has no documentation to support the medical necessity for Physical or Occupational Therapy or that it was reasonable for the resident's condition.
#16	G0100Aa Bed Mobility Self Performance G0110Ab Bed Mobility Support Provided G0110Bb Transfer Support Provided G0110Ib Toilet Use Support Provided		Accepted Accepted	

	G0110Ba Transfer Self Performance G0110Ia Toilet Use Self Performance	-Copy of resident's MDS SECTION G Functional Status dated 12/12/11 -ADL Sheets Day Shift dated 12/06/11-12/12/11 -ADL Sheets Evening Shift dated 12/06/11-12/12/11 -ADL Sheets Night Shift dated 12/06/11-12/12/11	Denied	MDS with ARD 12/13/11 Has no documentation to support ADL Self Performance during the 7 day look back. Facility documentation contained blanks unable to verify total dependence. *See Section G of MDS Manual
#19	G0110Aa Bed Mobility Self Performance G0110Ba Transfer Self Performance G0110Ia Toilet use Self Performance G0110Ab Bed Mobility Support Provided G0110Bb Transfer Support Provided G0110Ib Toilet Use Support Provided	-Copy of RUGS Calculation Dated 01/02/12 -ADL Plan of Care Dated 08/16/11-10/13/11 -Copy of RUGS Calculation Dated 01/02/12 -ADL Plan of Care Dated 08/16/11-10/13/11	Denied Denied	MDS with ARD 01/02/12 Has no documentation to support ADL Self Performance during the 7 day look back. *See Section G of MDS Manual. MDS with ARD 01/02/12 Has no documentation to support ADL Support Provided during the 7 day look back. *See Section G of MDS Manual
#22	K0300 Weight Loss	-Copy of resident's MDS RUGS IV Calculation Dated 01/27/12 -Nursing Care Planning Summary Dated 01/30/12 -Nurses Progress Notes Dated 01/21/12-01/26/12 -Nurses Progress Notes Dated 01/26/12-02/02/12 -Nutrition Risk Assessment Dated 01/23/12 -Dietary Progress Notes 10/28/11-02/02/12	Denied	MDS with ARD 01/27/12 Has no documentation to support Weight Loss. Residents weight on 10/26/11 was 105 and on 01/19/12 weight was 103 pounds. The weight loss was not over 5% or 10% loss. Weight Loss does not meet MDS Qualifiers for weight loss.

#32	E0100A Behavior Problems, Hallucinations		Denied	MDS with ARD 12/26/11 Has no documentation to support Behavior Problems or Hallucinations in the 7 day look back.
#30	G0110Bb Transfer Support Provided G0110Ib Toilet Use Support Provided G0110Aa Bed Mobility Self Performance G0110Ba Transfer Self Performance G0110Ha Eating G0110Ia Toilet Use Self Performance G0110Ab Bed Mobility Support Provided G0110Ib Toilet Use Self Performance	-RUGS Calculation Sheet Dated 12/16/11 -Copy of resident's MDS Section G Functional Status Dated 12/16/12 -ADL Sheets Day Shift Dated 12/11/11-12/16/11 -ADL Sheets Evening Shift **NOT DATED _ADL Sheets Night Shift Dated 12/10/11-12/16/11 (2 Copies) Pressure Ulcer Sheet Dated 12/12/11-01/04/11	Accepted Denied	MDS with ARD 12/16/12 Has no documentation to support ADL Self Performance during the 7 day look back. Facility documentation contained blanks, white out, overwrites, and Evening Shift ADL Sheet is not dated unable to verify total dependence every time *See Section G of MDS Manual - Documentation submitted for pressure ulcers and there was no finding for pressure ulcer.
#39	G0110Aa Bed Mobility Self Performance G0110Ba Transfer Self Performance G0110Ia Toilet Use Self Performance G0110Ab Bed Mobility Support Provided G0110Bb Transfer Support Provided G0110Ib Toilet Use Support Provided		Accepted Accepted	
#47	G0110Ab Bed Mobility Support Provided G0110Bb Transfer Support Provided G0110Ib Toilet Use Support Provided G0110Aa Bed Mobility Self	-Copy of RUGS Calculation	Accepted Denied	MDS with ARD 12/12/11 Has no documentation to

	<p>Performance G0110Ba Transfer Self Performance G0110Ha Eating G0110Ia Toilet Use Self Performance</p>	<p>Dated 12/12/11 -Copy of Resident's MDS Section G Functional Status Dated 12/12/11 -Copy of Resident's MDS Section I Active Diagnosis Dated 12/12/11 -ADL Sheets Day Shift Dated 12/06/11-12/12/11 -ADL Sheets Evening Shift Dated 12/06/11-12/12/11 -ADL Sheets Night Shift Dated 12/06/11-12/12/11 -Diagnosis Sheet Dated 04/26/08-01-16/15</p>		<p>Support ADL Self Performance during the 7 day look back. Facility documentation contained blanks and write overs, unable to verify total dependence. *See Section G of MDS Manual</p>
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