



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 27, 2016

[REDACTED]
Barnwell Nursing and Rehabilitation Center
3230 Church Street
Valatie, New York 12184

Re: MDS Final Audit Report
Audit #: 13-2374
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 Barnwell Nursing and Rehabilitation Center 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 9, 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 \$46,312.02 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

Division of Medicaid Audit
Office of the Medicaid Inspector General

OFFICE OF THE MEDICAID INSPECTOR GENERAL
BARNWELL NURSING AND REHABILITATION CENTER
AUDIT # 13-2374
CALCULATION OF AUDIT IMPACT

| RATE TYPE | DECREASE IN DIRECT COMPONENT OF RATE* | MEDICAID DAYS | IMPACT |
|-----------------------------------|--|---------------|--------------------|
| Part B Eligible/Part B D Eligible | \$1.91 | 23,786 | \$45,431.26 |
| Non-Medicare/Part D Eligible | \$1.94 | 454 | \$880.76 |
| Total | | | <u>\$46,312.02</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
 BARNWELL NURSING AND REHABILITATION CENTER
 AUDIT #13-2374
 FINDINGS BY SAMPLE NUMBER

DETAILED FINDINGS

| Sample # | [REDACTED] | Reported RUG | Derived RUG | Reported RUG Weight | Derived RUG Weight | 1 | 1 | 1 | 1 | 1 | 1 |
|----------|------------|-----------------|----------------|---------------------------|--------------------------|--|--|------------------------------------|------------------------------------|----------------------------------|--------------------------------------|
| | | | | | | 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 |
| 1 | | RVC | RVC | 1.53 | 1.53 | 1 | | 1 | | 1 | 1 |
| 2 | | RVC | RHC | 1.53 | 1.40 | 1 | | | | | 1 |
| 3 | | RHC | RMA | 1.40 | 1.17 | | | 1 | | 1 | |
| 4 | | RVC | RVC | 1.53 | 1.53 | | | | 1 | | |
| 5 | | RVC | RHC | 1.53 | 1.40 | 1 | | | | | |
| 6 | | RHC | RVB | 1.40 | 1.39 | 1 | | | | | |
| 7 | | IA1 | IA1 | 0.61 | 0.61 | | | | | | |
| 8 | | PA1 | PA1 | 0.46 | 0.46 | | | | | | |
| 9 | | RHC | RVB | 1.40 | 1.39 | 1 | 1 | | | | |
| 10 | | RVC | RVB | 1.53 | 1.39 | 1 | | | 1 | | |
| 11 | | RHC | RVB | 1.40 | 1.39 | | | | 1 | 1 | |
| 12 | | RVC | RHC | 1.53 | 1.40 | 1 | | | | | |
| 13 | | PA2 | PA2 | 0.48 | 0.48 | | | | | | |
| 14 | | RVC | RVC | 1.53 | 1.53 | | | | | | |
| 15 | | RMA | RMA | 1.17 | 1.17 | | | | | | |
| 16 | | RVC | RVC | 1.53 | 1.53 | | | | | | |
| 17 | | RVC | RVB | 1.53 | 1.39 | 1 | | 1 | | | |
| 18 | | SSA | SSA | 1.03 | 1.03 | 1 | | | 1 | 1 | |
| 19 | | RVB | RMA | 1.39 | 1.17 | 1 | | 1 | 1 | 1 | 1 |

OFFICE OF THE MEDICAID INSPECTOR GENERAL
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 FINDINGS BY SAMPLE NUMBER

DETAILED FINDINGS

| Sample # | Reported RUG | Derived RUG | Reported RUG Weight | Derived RUG 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 |
|----------|--------------|-------------|---------------------|--------------------|--|--|------------------------------------|------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|
| 20 | RVC | RVC | 1.53 | 1.53 | | | | | | | |
| 21 | IA2 | IA2 | 0.65 | 0.65 | 1 | 1 | | | 1 | 1 | |
| 22 | RHC | RVB | 1.40 | 1.39 | | 1 | | | | | |
| 23 | IA1 | IA1 | 0.61 | 0.61 | | | | | | | |
| 24 | RVC | RVC | 1.53 | 1.53 | 1 | 1 | | | | 1 | |
| 25 | PE1 | PE1 | 0.79 | 0.79 | | | | | | | |
| 26 | RVC | RVC | 1.53 | 1.53 | | | | | | | |
| 27 | RHC | RHC | 1.40 | 1.40 | | | | | | | |
| 28 | SSB | SSA | 1.06 | 1.03 | 1 | 1 | | | 1 | 1 | |
| 29 | RVC | RVB | 1.53 | 1.39 | 1 | | | | 1 | | |
| 30 | PE2 | PE2 | 0.80 | 0.80 | | | | | | | |
| 31 | PE1 | PE1 | 0.79 | 0.79 | | | | | | | |
| 33 | PA1 | PA1 | 0.46 | 0.46 | | | | | | | |
| 34 | IA1 | IA1 | 0.61 | 0.61 | 1 | 1 | | | 1 | | |
| 35 | RVC | RVB | 1.53 | 1.39 | 1 | | | | | | |
| 36 | RVC | RVC | 1.53 | 1.53 | | | | | | | |
| 37 | PE1 | PE1 | 0.79 | 0.79 | | | | | | | |
| 38 | RMA | RMA | 1.17 | 1.17 | | | | | | | |
| 39 | PE2 | PE2 | 0.80 | 0.80 | | | | | | 1 | |

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 BARNWELL NURSING AND REHABILITATION CENTER
 AUDIT #13-2374
 FINDINGS BY SAMPLE NUMBER

DETAILED FINDINGS

| Sample # | [REDACTED] | Reported RUG | Derived RUG | Reported RUG Weight | Derived RUG Weight | 1 | 1 | 1 | 1 | 1 | 1 | |
|---------------|------------|-----------------|----------------|---------------------------|--------------------------|--|--|------------------------------------|------------------------------------|----------------------------------|--------------------------------------|----------|
| | | | | | | 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 | |
| 40 | | RVC | RVB | 1.53 | 1.39 | 1 | | | | | | |
| 41 | | IB2 | IB2 | 0.80 | 0.80 | 1 | | | | | | |
| 42 | | RUC | RUC | 1.82 | 1.82 | | | 1 | | | | |
| 43 | | RUC | RUB | 1.82 | 1.53 | 1 | 1 | 1 | | 1 | | |
| 44 | | PE2 | PD2 | 0.80 | 0.73 | | 1 | 1 | | 1 | 1 | |
| 45 | | RVC | RVC | 1.53 | 1.53 | | | | | | | |
| TOTALS | | | | | | <u>19</u> | <u>3</u> | <u>12</u> | <u>1</u> | <u>10</u> | <u>11</u> | <u>2</u> |

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
BARNWELL NURSING AND REHABILITATION CENTER
AUDIT #13-2374
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. | 1, 24 |
| In 13 instances, documentation did not support resident required weight bearing assist three or more times. | 2, 5, 6, 9, 10, 12, 17, 28, 29, 35, 40, 41, 43 |
| In 4 instances, documentation did not support resident required supervision one or more times. | 18, 19, 21, 34 |

Bed Mobility Support Provided

| | |
|---|-----------|
| In 3 instances, documentation did not support resident was a 2+ person physical help at least once. | 9, 43, 44 |
|---|-----------|

Transfer Self-Performance

| | |
|--|-------------------|
| In 5 instances, documentation did not support resident required total assist every time. | 1, 24, 42, 43, 44 |
| In 4 instances, documentation did not support resident required weight bearing assist three or more times. | 3, 17, 19, 28 |

| | |
|--|--|
| In 1 instance, documentation did not support resident required non weight bearing assist three or more times. | 22 |
| In 2 instances, documentation did not support resident required supervision one or more times. | 21, 34 |
| <u>Transfer Support Provided</u> | |
| In 1 instance, documentation did not support resident was a one (1) person physical help at least once. | 19 |
| <u>Eating Self-Performance</u> | |
| In 1 instance, documentation did not support resident required total assist every time. | 10 |
| In 1 instance, documentation did not support resident required weight bearing assist three or more times. | 29 |
| In 2 instances, documentation did not support resident required non weight bearing assist three or more times. | 11, 28 |
| In 6 instances, documentation did not support resident required supervision one or more times. | 1, 4, 18, 19, 21, 34 |
| <u>Toilet Use Self-Performance</u> | |
| In 5 instances, documentation did not support resident required total assist every time. | 1, 24, 39, 43, 44 |
| In 5 instances, documentation did not support resident required weight bearing assist three or more times. | 3, 11, 18, 19, 28 |
| In 1 instance, documentation did not support resident required supervision one or more times. | 21 |
| <u>Toilet Use Support Provided</u> | |
| In 2 instances, documentation did not support resident was a 2+ person physical help at least once. | 2, 44 |
| <u>RUGS-II Classifications Overturned</u> | |
| In 17 instances, the RUG classifications were overturned. | 2, 3, 5, 6, 9, 10, 11, 12, 17, 19, 22, 28, 29, 35, 40, 43, 44, |

10 NYCRR §86-2.10, Volume A-2

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 BARNWELL NURSING AND REHABILITATION CENTER
 AUDIT #13-2374
 ANALYSIS OF PROVIDER RESPONSE

| Sample # | Finding | Provider Response | Accepted/Denied | Explanation |
|-----------|---|--|-----------------|---|
| Sample #1 | G0110Aa Self-Performance for Bed Mobility G0110Ba Transfer G0110Ha Eating G0110Ia Toilet Use | CNA Accountability Record dated January 2012, Physician's Order Form dated 01/12/12, Resident Care Plan, Physical Therapy Evaluation dated 01/18/12. | Denied | MDS with ARD 1/24/12, ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use not supported by documentation. See MDS Manual - section G. |
| Sample #2 | G0110Aa Self-Performance for Bed Mobility G0110Ib Toileting Self Performance | CNA Accountability Record dated January 2012, Resident Care Plan, Nurses Progress Notes dated 01/18/12 – 01/21/12, Physical Therapy Evaluation dated 01/18/12. | Denied | MDS with ARD 1/18/12 documentation does not support levels claimed for bed mobility and toileting self- performance. See MDS Manual - section G. |
| Sample #3 | G0110Bb, G0110Ib: ADL Self-Performance for Transfer and Toilet Use | Facility refers to the Resident Care Plan | Denied | MDS with ARD 12/23/11 ADL Self Performance documentation does not support the MDS Manual's ADL coding qualifiers. See MDS Manual - section G. |
| Sample #5 | G0110Aa: ADL Self-Performance for Bed Mobility | Resident Care Plan, Physical Therapy Evaluation dated 12/20/11. | Denied | MDS with ARD 12/27/11 documentation does not support levels claimed for bed mobility self-performance. See MDS Manual - section G. |

| | | | | |
|------------|--|---|----------|---|
| Sample #6 | G0110Aa: ADL Self-Performance for Bed Mobility | Resident Care Plan, CNA Accountability Record dated 11/11, Diagnosis/Problem List dated 11/18/11. | Denied | MDS with ARD 11/26/11 Self-Performance for Bed Mobility not supported by documentation. See MDS Manual - section G. |
| Sample #9 | G0110Aa: ADL Self-Performance for Bed Mobility G0110Ab: ADL Support Provided for Bed Mobility | CNA Accountability Record dated <i>December 2011</i> . | Denied | MDS with ARD 1/24/12 Documentation does not support level claimed for Bed Mobility Self Performance and Support Provided. See MDS Manual - section G. |
| | #O0400B: Occupational Therapy Item #O0400C: Physical Therapy | | Accepted | Disallowance was reversed and will not be included in the Final Report. |
| Sample #10 | G0110Aa, G0110Ha: ADL Self-Performance for Bed Mobility and Eating | CNA Accountability Record dated December 2011, Resident Care Plan, Nurses Progress Note dated 11/28/22 – 12/6/11, Occupational Therapy Evaluation dated 11/23/11, Physical Therapy Evaluation dated 11/28/11. | Denied | MDS with ARD 1/24/12 ADL Self-Performance for Bed Mobility and Eating not supported by documentation. See MDS Manual - section G. |

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|-------------|---|---|----------|--|
| Sample #11 | G0110Ha: ADL Self-performance for Eating | The CNA Accountability Record dated November 2011, Resident Care Plan, OT Note dated 12/12/11. | Denied | MDS with ARD 12/19/11 Documentation does not support level claimed for eating. See MDS Manual - section G. |
| Sample #12 | O0400B: Occupational Therapy Item #O0400C: Physical Therapy | | Accepted | Disallowance was reversed and will not be included in the Final Report. |
| Sample #14 | O0400B: Occupational Therapy Item #O0400C: Physical Therapy | | Accepted | Disallowance was reversed and will not be included in the Final Report. |
| Sample #15 | O0400B: Occupational Therapy Item #O0400C: Physical Therapy | | Accepted | Disallowance was reversed and will not be included in the Final Report. |
| Sample #16 | O0400B: Occupational Therapy Item #O0400C: Physical Therapy | | Accepted | Disallowance was reversed and will not be included in the Final Report. |
| Sample # 17 | G0110Aa, G0110Ba: ADL Self-Performance for Bed Mobility and Transfer | Resident Care Plan, Physician Order Sheet dated 02/22/12, Nurses Progress Notes dated 01/06/12 – 01/16/12, Physical Therapy Evaluation dated 01/06/12. | Denied | MDS with ARD 1/15/12: ADL Self-Performance for Bed Mobility and Transfer not supported by documentation. See MDS Manual - section G. |

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|----------------|--|--|----------|---|
| Sample # 19 | G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use. G0110Bb: ADL Support Provided for Transfer. | CNA Accountability Record (month not documented), Resident Plan of Care. | Denied | MDS with ARD 11/23/11 ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use and transfer support provided not supported by documentation. See MDS Manual - section G. |
| Sample #20 | O0400B: Occupational Therapy O0400C: Physical Therapy | | Accepted | Disallowance was reversed and will not be included in the Final Report. |
| Sample #22 | G0110Ba: ADL Self- performance for Transfer | CNA Accountability Record dated January 2012, Resident Plan of Care, Nurses Progress Notes dated 11/16/11 – 01/10/12. | Denied | MDS with ARD 1/24/12, ADL Self-performance for Transfer not supported by documentation. See MDS Manual - section G. |
| Sample # 25 | G0110Aa: ADL Support Provided for Bed Mobility | | Accepted | Disallowance was reversed and will not be included in the Final Report. |
| Sample # 26 | G0110Ab: ADL Support Provided for Bed Mobility | | Accepted | Disallowance was reversed and will not be included in the Final Report. |
| Sample #27 | O0400B: Occupational Therapy O0400C: Physical Therapy | | Accepted | Disallowance was reversed and will not be included in the Final Report. |
| Sample # 28 | G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, | Diagnosis/Problem List dated 06/20/12, Nurses Progress Notes dated 01/08/12 – 02/22/12, | Denied | MDS with ARD 1/13/12 ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use not supported by documentation. See MDS Manual - section G. |

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|----------------|---|--|--------|---|
| | Transfer, Eating, and Toilet Use | Resident Care Plan. | | |
| Sample # 29 | G0110Aa, G0110Ha ADL Self-Performance for Bed Mobility and Eating | CNA Accountability Record dated January 2012, Nurses Progress Notes dated 01/09/12 – 02/01/12, Resident Care Plan. | Denied | MDS with ARD 1/15/12 Self-Performance for Bed Mobility and Eating not supported by documentation. See MDS Manual - section G. |
| Sample # 35 | G0110Aa: ADL Self- Performance for Bed Mobility | CNA Accountability Record dated 11/11, Resident Care Plan, Nurse's Progress Note dated 11/28/11. | Denied | MDS with ARD 11/24/11 Self-Performance for Bed Mobility not supported by documentation. See MDS Manual - section G. |
| Sample # 39 | G0110Ia: ADL Self- Performance for Toilet Use | Facility Comment, CNA Accountability Record. | Denied | MDS with ARD 1/22/12 Self-Performance for Toilet Use not supported by documentation. See MDS Manual - section G. |
| Sample # 40 | G0110Aa: ADL Self- Performance for Bed Mobility | Nurses Progress Notes dated 01/13/12 – 01/20/12, Nurse Practitioner Visit Note dated 01/08/12. | Denied | MDS with ARD 1/19/12 Self-Performance for Bed Mobility not supported by documentation. See MDS Manual - section G. |
| Sample # 42 | G0110Ab: ADL Support Provided for Bed Mobility G0110Ba: ADL Self- Performance for Transfer | CNA Accountability Record dated 01/12, Resident Care Plan, Physician Order Form dated 01/01/12, Physical Therapy Evaluation dated 01/01/12, | Denied | MDS with ARD 1/21/12 Self-Performance for Transfer and support provided for Bed Mobility not supported by documentation. See MDS Manual - section G. |

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|-------------|--|---|--------|--|
| | | Occupational Therapy Evaluation dated 01/02/12. | | |
| Sample # 43 | #G0110Aa, G0110Ba, G0110I: ADL Self-Performance for Bed Mobility, Transfer, and Toilet Use | : CNA Accountability Record dated 01/12, Resident Care Plan, Physician Order Form dated 01/24/12, Occupational Therapy LTC Discharge Summary dated 01/23/12, Physical Therapy Evaluation Form dated 12/12/11. | Denied | MDS with ARD 1/21/12 Self-Performance for Bed Mobility, Transfer, and Toilet Use not supported by documentation. See MDS Manual - section G. |
| Sample # 44 | G0110Ba, G0110Ia: ADL Self-Performance for Transfer and Toilet Use | : CNA Accountability Record dated January 2012, Resident Care Plan, Nurses Progress Notes dated 12/01/11 – 1/27/12, Physician Order Form dated 01/26/12, Physician Note dated 12/29/11. | Denied | MDS with ARD 1/25/12 Self-Performance for Transfer and Toilet Use not supported by documentation. See MDS Manual - section G. |
| | | | | |