



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 27, 2016

██████████
TLC Health Network – Lake Shore Hospital Nursing Facility
845 Routes 5 & 20
Irving, New York 14081

Re: MDS Final Audit Report
Audit #: 13-2441
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 TLC Health Network – Lake Shore Hospital Nursing Facility 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 November 25, 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 \$50,552.40 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

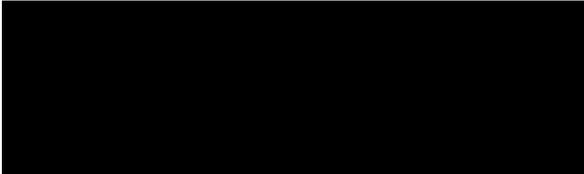
Questions regarding the request for a hearing should be directed to Office of Counsel, at ██████████

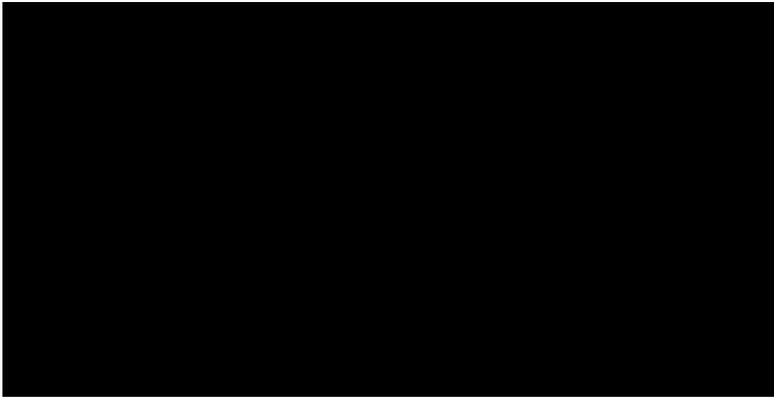
In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered 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
TLC HEALTH NETWORK - LAKE SHORE HOSPITAL NURSING FACILITY
AUDIT # 13-2441
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$4.12	12,270	\$50,552.40
Non-Medicare/Part D Eligible	\$4.17	0	\$0.00
Total			<u>\$50,552.40</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
 TLC HEALTH NETWORK - LAKE SHORE HOSPITAL NURSING FACILITY
 AUDIT #13-2441
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DISALLOW COGNITIVE PATTERN	DISALLOW BED MOBILITY	DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SELF SUPPORT PROVIDED	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SPECIAL TREATMENTS/PROCEDURES	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY
1	PA1	PA1	0.46	0.46									
2	PE1	PE1	0.79	0.79									
3	RMC	PD1	1.27	0.72								1	
4	PE1	PE1	0.79	0.79									
5	PE1	PE1	0.79	0.79									
6	RMC	PD1	1.27	0.72						1			
7	CA2	CA2	0.84	0.84									
8	CA1	CA1	0.77	0.77									
9	SSB	SSB	1.06	1.06		1		1					
10	CC1	PE1	0.98	0.79			1		1				
11	PB1	PB1	0.58	0.58									
12	RMB	SSA	1.22	1.03						1			
13	SSA	SSA	1.03	1.03									
14	RMB	PC1	1.22	0.66								1	
15	PA1	PA1	0.46	0.46									
16	PE1	PE1	0.79	0.79									
17	IA1	IA1	0.61	0.61									
18	CA1	CA1	0.77	0.77									
19	PA1	PA1	0.46	0.46									
20	CB1	CA1	0.86	0.77	1	1							

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21	IB1	IB1	0.78	0.78									
22	IA1	BA1	0.61	0.47	1								
23	RMA	RMA	1.17	1.17									
24	PE1	PE1	0.79	0.79									
TOTALS					<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>2</u>	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
TLC HEALTH NETWORK - LAKE SHORE HOSPITAL NURSING FACILITY
AUDIT #13-2441
MDS DETAILED FINDINGS**

MDS FINDINGS**SAMPLE SELECTION****Cognitive Pattern**

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 residents' ability to remember both recent and long past events and to think coherently. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual 1.1-2.15*

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual C0100-C1600*

In 1 instance, documentation did not support staff assessment for impaired cognition. 22

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 1 instance, documentation did not support resident required weight bearing assist three or more times. 20

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 20

Transfer Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 9

Eating Self-Performance

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 10

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 9

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 orders during the look back period. 10

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

Occupational Therapy

In 1 instance, documentation did not support an order for therapy. 12

In 2 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 6, 12

Physical Therapy

In 1 instance, documentation did not support evaluation/reassessment for therapy. 3

In 2 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 3, 14

RUGS-II Classifications Overturned

In 7 instances, the RUG classifications were overturned. 3, 6, 10, 12, 14, 20, 22

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
 TLC HEALTH NETWORK LAKE SHORE HOSPITAL NURSING FACILITY
 AUDIT #13-2441
 ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
Sample #3	O0400C Physical Therapy	<ul style="list-style-type: none"> • Rehabilitation/Restorative Evaluation Order Form dated 12/23/11 • The Rehab/LTC/Restorative Initial Evaluation dated 12/23/11 • The Rehab/LTC/Restorative discharge Note 	Denied	<p>The MDS with an ARD of 01/06/12 claims Physical Therapy. The facility documentation provided does not support the medical need for Physical Therapy services.</p> <p>See MDS Manual – Section O</p>
Sample #6	O0400B Occupational Therapy	<ul style="list-style-type: none"> • Occupational Therapy Evaluation (2 pages) • Occupational Therapy Progress Report – Discharge Summary • Occupational Therapy Patient Information (2 pages) 	Denied	<p>The MDS with an ARD of 12/16/11 claims Occupational Therapy. The facility documentation provided does not support the medical need for Occupational Therapy services.</p> <p>See MDS Manual – Section O</p>
Sample #7	G0110Aa Self-Performance and G0110Ab Support Provided Bed Mobility, G0110Ba Self-Performance Transfer and G0110Bb Support Provided Transfer, G0110la Self-Performance Toilet Use and G0110lb Support Provided Toilet Use		Accepted	<p>Disallowance was reversed and will not be included in the final report.</p>

	O0600 Physician Exams		Accepted	Disallowance was reversed and will not be included in the final report.
	D0300 Resident Mood Interview		Accepted	Disallowance was reversed and will not be included in the final report.
Sample #9	G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> ADL /MDS Summary Documentation (2 pages) 	Denied	<p>The MDS with ARD 12/02/11 ADL Self-Performance documentation does not support the levels claimed for transfer and toilet use.</p> <p>See MDS Manual – Section G</p>
Sample #10	G0110Ha Self-Performance Eating	<ul style="list-style-type: none"> Progress Note MDS O0600: Physician Examinations 	Denied	<p>The MDS with ARD 11/11/11 ADL Self-Performance documentation does not support the level claimed for eating.</p> <p>See MDS Manual – Section G</p>
	O0600 Physician Exams		Accepted	Disallowance was reversed and will not be included in the final report.
	O0700 Physician Orders	<ul style="list-style-type: none"> Progress Note MDS O0600: Physician Examinations 	Denied	<p>The MDS with ARD 11/11/11 physician order documentation does not support the number of orders claimed.</p> <p>See MDS Manual – Section O</p>
Sample #12	G0110Aa Self-Performance and G0110Ab Support Provided Bed Mobility, G0110Ba Self-Performance Transfer and G0110Bb Support Provided Transfer, G0110Ha Self-Performance Eating G0110Ia Self-Performance Toilet		Accepted	Disallowance was reversed and will not be included in the final report.

	Use and G0110lb Support Provided Toilet Use			
	O0400B Occupational Therapy	<ul style="list-style-type: none"> • ADL/MDS Summary Documentation (2 pages) • Occupational Therapy Evaluation (2 pages) • Occupational Therapy Discharge Summary • Occupational Therapy Patient Information (2 pages) • Occupational Therapy Treatment Order Form with signature dated of 01/27/12 • Rehabilitation/restorative Evaluation Order form dated 1/27/12 • Progress Note (2 pages) 	Denied	<p>The MDS with an ARD of 01/25/12 claims Occupational Therapy. The facility documentation provided does not support the medical need for Occupational Therapy services.</p> <p>See MDS Manual – Section O</p>
Sample #14	O0400C Physical Therapy	<ul style="list-style-type: none"> • Physical Therapy Evaluation (2 pages) • Physical Therapy Discharge Note (2 pages) 	Denied	<p>The MDS with an ARD of 12/15/11 claims Physical Therapy. The facility documentation provided does not support the medical need for Physical Therapy services.</p> <p>See MDS Manual – Section O</p>
Sample #20	G0110Ba Self-Performance Transfer and G0110Bb Support Provided Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use and G0110lb		Accepted	Disallowance was reversed and will not be included in the final report.

	Support Provided Toilet Use			
	G0110Aa Self-Performance and G0110Ab Support Provided Bed Mobility	<ul style="list-style-type: none"> ADL/MDS Summary Documentation (2 pages) 	Denied	<p>The MDS with ARD 01/13/12 ADL Self-Performance and Support Provided documentation does not support the levels claimed for bed mobility.</p> <p>See MDS Manual – Section G</p>
Sample #21	G0110Aa Self-Performance and G0110Ab Support Provided Bed Mobility, G0110Ba Self-Performance Transfer and G0110Bb Support Provided Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use and G0110Ib Support Provided Toilet Use		Accepted	Disallowance was reversed and will not be included in the final report.
Sample #22	O0700 Short-term Memory	<ul style="list-style-type: none"> Progress Note dated 11/10/11 Progress Note dated 12/23/11 Department notes dated 01/05/12 Section C dated 11/18/2013 (two pages) Section D dated 11/18/2013 (three pages) 	Denied	The MDS with ARD 12/30/11 Staff Assessment for Mental Status and Short-term Memory Problem documentation does not support a Staff Assessment for Mental Status was conducted, including documentation to support Short-term Memory problem.

	<p>C1000 Cognitive Skills</p>	<ul style="list-style-type: none"> • Progress Note dated 11/10/11 • Progress Note dated 12/23/11 • Department notes dated 01/05/12 • Section C dated 11/18/2013 (two pages) • Section D dated 11/18/2013 (three pages) 	<p>Denied</p>	<p>The MDS with ARD 12/30/11 Staff Assessment for Mental Status and Moderately Impaired Cognitive Skills documentation did not support a Staff Assessment for Mental Status was conducted, including documentation to support Cognitive Skills for Daily Decision Making.</p>