



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 29, 2016

██████████
Garden Care Center
135 Franklin Avenue
Franklin Square, New York 11010

Re: MDS Final Audit Report
Audit #: 13-4385
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 Garden Care Center for the census period ending July 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 March 31, 2016, 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 \$60,799.44 was calculated using the number of Medicaid days paid for the rate period January 1, 2013 through June 30, 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
GARDEN CARE CENTER
AUDIT 13-4385
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$3.71	14,960	\$55,501.60
Non-Medicare/Part D Eligible	\$3.76	1,409	\$5,297.84
Total			<u>\$60,799.44</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
 GARDEN CARE CENTER
 AUDIT #13-4385
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS				
					DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SPECIAL TREATMENTS, PROCEDURES
1	CC2	CA2	1.12	0.84	1	1		1	
2	CC2	PA1	1.12	0.46	1	1		1	1
3	CC2	CA2	1.12	0.84	1	1		1	
4	PC1	PA1	0.66	0.46	1	1		1	
5	CC2	IA1	1.12	0.61	1	1	1	1	1
6	CC2	CA2	1.12	0.84	1	1	1	1	
7	RMB	RMB	1.22	1.22					
8	PE1	PA1	0.79	0.46	1	1		1	
9	CC1	CA1	0.98	0.77	1	1		1	1
10	RMC	RMC	1.27	1.27					
11	PE1	IA1	0.79	0.61	1	1		1	
12	PE1	IA1	0.79	0.61	1	1		1	
13	RMC	RMC	1.27	1.27					
TOTALS					10	10	2	10	3

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
GARDEN CARE CENTER
AUDIT #13-4385
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.	3, 6, 8
In 6 instances, documentation did not support resident required weight bearing assist three or more times.	1, 2, 5, 9, 11, 12
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	4

Transfer Self-Performance

In 7 instances, documentation did not support resident required total assist every time.	2, 3, 5, 6, 8, 9, 11
In 2 instances, documentation did not support resident required weight bearing assist three or more times.	1, 12
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	4

Eating Self-Performance

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 5, 6

Toilet Use Self-Performance

In 7 instances, documentation did not support resident required total assist every time. 2, 3, 5, 6, 8, 9, 11

In 2 instances, documentation did not support resident required weight bearing assist three or more times. 1, 12

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 4

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 exams during the look back period. 5

In 3 instances, documentation did not support the number of days with MD orders during the look back period. 2, 9

RUGS-II Classifications Overturned

In 10 instances, the RUG classifications were overturned. 1, 2, 3, 4, 5, 6, 8, 9, 11, 12

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
GARDEN CARE CENTER
AUDIT #13-4385
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
Sample #1	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use.	<ul style="list-style-type: none"> • Resident Face Sheet • Policy and Procedure for: New Admission, Annual, Quarterly, and Sig. Change ADL Documentation Guidelines • ADL Assessment • C.N.A. Accountability and Assignment Record Policy & Procedure (two pages) • C.N.A. Assignment/Accountability Record May 2012 • C.N.A. Assignment/Accountability Record Turning and Positioning Schedule • ADL Comprehensive Care plan • Assignment and Identity Initials with Signature form 	Denied	MDS with ARD 5/5/12 documentation does not support the levels claimed. See MDS Manual - section G.
Sample #2:	G0110Aa Self-Performance Bed	<ul style="list-style-type: none"> • ADL Assessment • Policy and Procedure 	Denied	MDS with ARD 5/15/12 documentation does not support the levels claimed. See MDS Manual -

	<p>Mobility, G0110Ba Self- Performance Transfer, G0110la Self- Performance Toilet Use</p>	<p>for: New Admission, Annual, Quarterly, and Sig. Change ADL Documentation Guidelines</p> <ul style="list-style-type: none"> • Transferring Residents Policy & Procedure (two pages) • Safety Precautions When using Hoyer Lifter • C.N.A. Accountability and Assignment Record Policy & Procedure (two pages) • C.N.A. Assignment/Accountab ility Record May 2012 • C.N.A. Assignment/Accountab ility Record Turning and Positioning Schedule • ADL Comprehensive Care Plan • Comprehensive Care Plan at Risk for Pressure Sores • Comprehensive Care Plan Fall/Injury/Fracture Prevention • Incontinence Comprehensive Care Plan • C.N.A. Assignment/Accountab 		<p>section G.</p>
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		<ul style="list-style-type: none"> ility Record Toileting/Brief Change, Bowel record Initial/ Assignment and Identity Initials with Signature Form 		
Sample #3	<p>G0110Aa Self- Performance Bed Mobility, G0110Ba Self- Performance Transfer, G0110Ia Self- Performance Toilet Use</p>	<ul style="list-style-type: none"> Resident Face Sheet ADL Assessment Policy and Procedure for: New Admission, Annual, Quarterly, and Sig. Change ADL Documentation Guidelines C.N.A. Accountability and Assignment Record Policy & Procedure (two pages) C.N.A. Assignment/Accountab ility Record June 2012 C.N.A. Assignment/Accountab ility Record for Turning and Positioning Schedule ADL Comprehensive Care Plan Initial/ Assignment and Identity Initials with Signature Form 	Denied	<p>MDS with ARD 5/15/12 documentation does not support the levels claimed.</p> <p>See MDS Manual - section G.</p>
Sample #4	G0110Aa Self-	<ul style="list-style-type: none"> Resident Face Sheet 	Denied	MDS with ARD 6/16/12 documentation does not

	<p>Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use.</p>	<ul style="list-style-type: none"> • ADL Assessment • Policy and Procedure for: New Admission, Annual, Quarterly, and Sig. Change ADL Documentation Guidelines • CN.A. Accountability and Assignment Record Policy & Procedure (two pages) • C.N.A. Assignment/Accountability Record June 2012 • C.N.A. Assignment/Accountability Record Nursing Rehab: Floor Ambulation/Directions • ADL Comprehensive Care Plan • Initial/ Assignment and Identity Initials with Signature Form 		<p>support the levels claimed. See MDS Manual - section G.</p>
<p>Sample #5</p>	<p>G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use.</p>	<ul style="list-style-type: none"> • Resident Face Sheet • ADL Assessment • Policy and Procedure for: New Admission, Annual, Quarterly, and Sig. Change ADL Documentation Guidelines • CN.A. Accountability and Assignment Record Policy & 	<p>Denied</p>	<p>MDS with ARD 6/30/12 documentation does not support the levels claimed. See MDS Manual - section G.</p>

		<p>Procedure (two pages)</p> <ul style="list-style-type: none"> • C.N.A. Assignment/Accountability Record June 2012 • C.N.A. Assignment/Accountability Record for Turning and Positioning Schedule • C.N.A. Assignment/Accountability Record for Bathing, Assistive Devices, Toileting/Brief Change Schedule, and Bowel Record • Transferring Residents Policy & Procedure • Safety Precautions When Using the Hoyer Lift • Initial/ Assignment and Identity Initials with Signature Form • Interdisciplinary Progress Notes (eight pages) • Physician Order Form(five pages) • Anticoagulant Comprehensive Care Plan (two pages) • Physical Exam Form • ADL Comprehensive Care Plan • Comprehensive Care Plan 		
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		Fall/Injury/Fracture Prevention		
	O0600/O0700: Physician Exam/Physician Orders.	<ul style="list-style-type: none"> • Interdisciplinary Progress Notes (eight pages) • Physician's Order Form (five pages) • Anticoagulant Comprehensive Care Plan (two pages) • Physical Exam Form 	Exams Accepted Orders Denied	MDS with ARD 5/30/12 claim MD orders and exams. Exams accepted. Orders on 6/17, 6/18, 6/20, 6/25, 6/27 and 6/29 not accepted. See MDS Manual - section O.
Sample #6	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Face Sheet • ADL Assessment • Policy and Procedure for: New Admission, Annual, Quarterly, and Sig. Change ADL Documentation Guidelines • C.N.A. Accountability and Assignment Record Policy & Procedure (two pages) • C.N.A. Assignment/Accountability Record June 2012 • C.N.A. Assignment/Accountability Record for Turning and Positioning Schedule • Transferring Residents 	Denied	MDS with ARD 6/14/12 ADL Self-Performance documentation does not support the levels claimed. See MDS Manual - section G.

		<p>Policy & Procedure (two pages)</p> <ul style="list-style-type: none"> • Safety Precautions When Using the Hoyer Lift • Initial/ Assignment and Identity Initials with Signature Form • Fall/Injury/Fracture Prevention Comprehensive Care Plan • Incontinence Comprehensive Care Plan • ADL Comprehensive Care Plan 		
Sample #8	<p>G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use</p>	<ul style="list-style-type: none"> • Resident Face Sheet • ADL Assessment • Policy and Procedure for: New Admission, Annual, Quarterly, and Sig. Change ADL Documentation Guidelines • CN.A. Accountability and Assignment Record Policy & Procedure (two pages) • C.N.A. Assignment/Accountability Record May • ADL Comprehensive Care Plan 	Denied	<p>MDS with ARD 5/11/12 ADL Self-Performance documentation does not support the levels claimed. See MDS Manual - section G.</p>

		<ul style="list-style-type: none"> • C.N.A. Assignment/Accountability Record for Turning and Positioning Schedule • Transferring Residents Policy & Procedure • Safety Precautions When Using the Hoyer Lift • Initial/ Assignment and Identity Initials with Signature Form 		
Sample #9	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use.	<ul style="list-style-type: none"> • Resident Face Sheet • ADL Assessment • Policy and Procedure for: New Admission, Annual, Quarterly, and Sig. Change ADL Documentation Guidelines • C.N.A. Accountability and Assignment Record Policy & Procedure (two pages) • C.N.A. Assignment/Accountability Record June 2012 and July 2012 • ADL Comprehensive Care Plan • C.N.A. Assignment/Accountability Record for Turning and Positioning 	Denied	MDS with ARD 7/2/12 ADL Self-Performance documentation does not support the levels claimed. See MDS Manual - section G.

		<ul style="list-style-type: none"> • Schedule (two pages) • Transferring Residents Policy & Procedure (two pages) • Safety Precautions When Using the Hoyer Lift • Initial/ Assignment and Identity Initials with Signature Form 		
Sample #11	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use.	<ul style="list-style-type: none"> • Resident Face Sheet • ADL Assessment • Policy and Procedure for: New Admission, Annual, Quarterly, and Sig. Change ADL Documentation Guidelines • C.N.A. Accountability and Assignment Record Policy & Procedure (two pages) • C.N.A. Assignment/Accountability Record June 2012 • Initial/ Assignment and Identity Initials with Signature Form • ADL Comprehensive Care Plan • C.N.A. Assignment/Accountability Record for Turning and Positioning Schedule 	Denied	<p>MDS with ARD 6/21/12 ADL Self-Performance documentation does not support the levels claimed.</p> <p>See MDS Manual - section G.</p>

Sample #12	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use.	<ul style="list-style-type: none"> • Resident Face Sheet • ADL Assessment • Policy and Procedure for: New Admission, Annual, Quarterly, and Sig. Change ADL Documentation Guidelines • CN.A. Accountability and Assignment Record Policy & Procedure (two pages) • C.N.A. Assignment/Accountability Record June 2012 • Initial/ Assignment and Identity Initials with Signature Form • ADL Comprehensive Care Plan 	Denied	MDS with ARD 6/28/12 ADL Self-Performance documentation does not support the levels claimed. See MDS Manual - section G.
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