



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 30, 2016

██████████
Mayfair Care Center
100 Baldwin Road
Hempstead, New York 11550

Re: MDS Final Audit Report
Audit #: 13-4443
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 Mayfair 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 April 21, 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 \$72,709.86 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 ██████████.

[REDACTED]

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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]

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
MAYFAIR CARE CENTER
AUDIT 13-4443
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$2.44	29,295	\$71,479.80
Non-Medicare/Part D Eligible	\$2.47	498	\$1,230.06
Total			<u>\$72,709.86</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
MAYFAIR CARE CENTER
AUDIT #13-4443
FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDING							
					DISALLOW BEHAVIOR	DISALLOW BED MOBILITY	DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED
19	IB1	IA1	0.78	0.61			1	1	1		1	1
20	BA1	BA1	0.47	0.47								
21	PB1	PA1	0.58	0.46						1	1	
22	IA1	IA1	0.61	0.61								
23	PB1	PA1	0.58	0.46						1	1	
24	PB1	PA1	0.58	0.46						1		
25	CC1	CA1	0.98	0.77	1		1		1	1		
26	PE1	PA1	0.79	0.46	1	1	1	1	1	1	1	
27	PE1	IA1	0.79	0.61	1		1			1		
28	IA1	IA1	0.61	0.61								
29	SSC	IB1	1.12	0.78	1		1			1		
30	IA1	IA1	0.61	0.61								
31	IA1	IA1	0.61	0.61								
32	SSC	CA2	1.12	0.84	1		1		1	1		
33	RMB	RMA	1.22	1.17	1		1			1		
TOTALS					1	15	5	17	4	6	20	8

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
MAYFAIR CARE CENTER
AUDIT #13-4443
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 frequency of resistance to care. 10

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 5 instances, documentation did not support resident required total assist every time. 7, 9, 12, 29, 32

In 7 instances, documentation did not support resident required weight bearing assist three or more times.	2, 5, 14, 16, 25, 26, 27
In 3 instances, documentation did not support resident required non weight bearing assist three or more times.	4, 8, 33
<u>Bed Mobility Support Provided</u>	
In 4 instances, documentation did not support resident was a 2+ person physical help at least once.	9, 12, 14, 26
In 1 instance, documentation did not support resident was setup at least once.	19
<u>Transfer Self-Performance</u>	
In 8 instances, documentation did not support resident required total assist every time.	2, 5, 7, 12, 14, 25, 29, 32
In 5 instances, documentation did not support required weight bearing assist three or more times.	9, 16, 19, 26, 27
In 4 instances, documentation did not support resident required non weight bearing assist three or more times.	3, 4, 8, 33
<u>Transfer Support Provided</u>	
In 3 instances, documentation did not support resident was a 2+ person physical help at least once.	12, 14
In 2 instances, documentation did not support was a one (1) person physical help at least once.	19, 26
<u>Eating Self-Performance</u>	
In 2 instances, documentation did not support resident required total assist every time.	2, 32
In 2 instances, documentation did not support resident required weight bearing assist three or more times.	25, 26
In 2 instances, documentation did not support required non weight bearing assist three or more times.	5, 9

Toilet Use Self-Performance

In 8 instances, documentation did not support resident required total assist every time. 5, 7, 9, 12, 14, 25, 29, 32

In 5 instances, documentation did not support resident required weight bearing assist three or more times. 2, 16, 19, 26, 27

In 7 instances, documentation did not support resident required non weight bearing assist three or more times. 4, 8, 13, 21, 23, 24, 33

Toilet Use Support Provided

In 8 instances, documentation did not support resident was a one person physical help at least once. 9, 12, 13, 14, 19, 21, 23, 26

RUGS-II Classifications Overturned

In 22 instances, the RUG classifications were overturned. 2, 3, 4, 5, 7, 8, 9, 10, 12, 13, 14, 16, 19, 21, 23, 24, 25, 26, 27, 29, 32, 33

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
MAYFAIR CARE CENTER
AUDIT #13-4443
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
Sample #2	<p>G0110Ha Self-Performance Eating</p> <p>G0110Aa Self-Performance Bed Mobility</p> <p>G0110Ba Self-Performance Transfer</p> <p>G0110Ia Self-Performance Toilet Use</p>	<ul style="list-style-type: none"> • Nursing/ Rehab Communication Form dated 05/14/12 and 05/15/12 • Rehabilitation - PT/OT Screen dated 05/21/12 • Comprehensive Care Plan #5 – Activities of Daily Living dated 5/12 • Comprehensive Care Plan – Dysphagia with Peg Placement dated 5/12 • Comprehensive Care Plan – Tube Feeding, Dehydration/Fluid Maintenance dated 05/21/12 • Chem Rx form/Medex - Tube Feeding Administration Record • Section G and Section K of the MDs 	<p style="text-align: center;">Partial Acceptance</p> <p style="text-align: center;">Denied</p> <p style="text-align: center;">Denied</p> <p style="text-align: center;">Denied</p>	<p>MDS with ARD 5/21/12 ADL Self-Performance documentation does not support the levels claimed. Documentation supports a tube feeding and recreational feeds three times daily, Eating is supported at level 3, not dependent each time activity occurred in 7 day look back</p> <p>See MDS Manual's ADL coding criteria Section G</p>

<p>Sample #3</p>	<p>G0110Ba Self-Performance Transfer</p>	<ul style="list-style-type: none"> • Resident Care Profile Nursing Assistant Clinical Accountability Record and Assignment • Comprehensive Care Plan #5 Activities of Daily Living • MDS 3.0 Section G 	<p>Denied</p>	<p>MDS with ARD 7/15/12 ADL Self-Performance documentation does not support the level claimed for transfer.</p> <p>See MDS Manual's ADL coding criteria Section G</p>
<p>Sample #4</p>	<p>G0110Aa Self-Performance Bed Mobility</p> <p>G0110Ba Self-Performance Transfer</p> <p>G0110Ia Self-Performance Toilet Use</p>	<ul style="list-style-type: none"> • Significant Change Review • Resident Care Profile Nursing Assistant Clinical Accountability Record and Assignment • Comprehensive Care Plan #5 Activities of Daily Living • Rehabilitation - PT/OT Screen dated 06/06/12. • Nursing/Rehab Communication Form • Nurse's Notes (two pages) • MDS 3.0 Section G 	<p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 6/18/12 ADL Self-Performance documentation does not support the level claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual's ADL coding criteria Section G</p>

<p>Sample #5</p>	<p>O0400D2 - Respiratory Therapy</p> <p>G0110Aa Self-Performance Bed Mobility</p> <p>G0110Ba Self-Performance Transfer</p> <p>G0110Ha Self-Performance Eating</p> <p>G0110Ia Self-Performance Toilet Use</p>	<ul style="list-style-type: none"> • Comprehensive Care Plan #5 Activities of Daily Living • Nurse's Notes (two pages) • Resident Care Profile Nursing Assistant Clinical Accountability Record and Assignment • Rehabilitation - PT/OT Screen • Chem Rx/Medex • Nebulizer Treatment Assessment Sheet (two pages) • MDS 3.0 Section G and Section O 	<p>Accepted</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>Respiratory Therapy 7 days supported will not be in Final Audit Report</p> <p>MDS with ARD 5/3/12 ADL Self-Performance documentation does not support the level claimed for bed mobility, transfer, eating and toilet use. See MDS Manual's ADL coding criteria Section G</p>
<p>Sample #7</p>	<p>G0110Aa Self-Performance Bed Mobility</p> <p>G0110Ba Self-Performance Transfer</p> <p>G0110Ia Self-Performance Toilet Use</p>	<ul style="list-style-type: none"> • Nurse's Notes (two pages) • Nursing/Rehab Communication Form • Significant Change Review • Comprehensive Care Plan #5 Activities of Daily Living • MDS 3.0 Section G 	<p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 7/23/12 ADL Self-Performance documentation does not support the level claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual's ADL coding criteria Section G</p>

Sample #8	<p>G0110Aa Self-Performance Bed Mobility</p> <p>G0110Ba Self-Performance Transfer,</p> <p>G0110Ia Self-Performance Toilet Use</p>	<ul style="list-style-type: none"> • Significant Change Review • Comprehensive Care Plan #5 • Activities of Daily Living • ADL Assessment • Resident Care Profile Nursing Assistant Clinical Accountability Record and Assignment • MDS 3.0 Section G 	<p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 7/25/12 ADL Self-Performance documentation does not support the level claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual's ADL coding criteria Section G</p>
Sample #9	<p>G0110Aa Self-Performance Bed Mobility</p> <p>G0110Ab Support Provided Bed Mobility</p> <p>G0110Ba Self-Performance Transfer</p> <p>G0110Bb Support Provided Transfer</p> <p>G0110Ha Self-Performance Eating</p> <p>G0110Ia Self-Performance Toilet Use</p>	<ul style="list-style-type: none"> • Resident Care Profile Nursing Assistant Clinical Accountability Record and Assignment • Comprehensive Care Plan • Comprehensive Care Plan • Comprehensive Care Plan • Nurse's Notes • Comprehensive Care Plan #5 • Activities of Daily Living • Rehabilitation - PT/OT Screen • MDS 3.0 Section G 	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Accepted</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 5/23/12 ADL Self-Performance documentation does not support the level claimed for bed mobility, transfer, eating and toilet use.</p> <p>See MDS Manual's ADL coding criteria Section G</p>

	G0110Ib Support Provided Toilet Use		Denied	
Sample #10	E0800 Behavior Problem – Resists Care	<ul style="list-style-type: none"> • Behavior Summary 6/18/12 • Nurse’s notes 6/5/12 • Comprehensive Care Plan #9 Behavior • Physician monthly progress note 6/5/12 • MDS 3.0 sec E0800; I 4800 	Denied	<p>MDS with ARD 6/22/12 documentation does not support resists care.</p> <p>See MDS Manual’s ADL coding criteria Section E</p>
Sample #10	I4800 Dementia Diagnosis Dementia Add On	<ul style="list-style-type: none"> • Behavior Summary 6/18/12 • Nurse’s notes 6/5/12 • Comprehensive Care Plan #9 Behavior • Physician monthly progress note 6/5/12 • MDS 3.0 sec E0800; I 4800 	Accepted	<p>Disallowance is reversed and will not be included in the Final Report.</p>
Sample #12	G0110Aa Self-Performance Bed Mobility G0110Ab Support Provided Bed Mobility G0110Ba Self-Performance	<ul style="list-style-type: none"> • Resident Care Profile Nursing Assistant Clinical Accountability Record and Assignment • Nurse’s Notes • Comprehensive Care Plan #5 	<p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 6/22/12 ADL Self-Performance and support provided documentation does not support the level claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual’s ADL coding criteria Section G</p>

	Transfer G0110Bb Support Provided Transfer G0110Ia Self-Performance Toilet Use G0110Ib Support Provided Toilet Use	<ul style="list-style-type: none"> Activities of Daily Living Rehabilitation - PT/OT Screen (two pages) MDS 3.0 Section G 	<p>Denied</p> <p>Denied</p> <p>Denied</p>	
Sample #13	G0110Aa Self-Performance Toilet Use G0110Ib Support Provided Toilet Use	<ul style="list-style-type: none"> Comprehensive Care Plan #5 Activities of Daily Living Nurse's Notes MDS 3.0 Section G 	<p>Denied</p> <p>Denied</p>	<p>MDS with ARD 5/3/12 documentation does not support levels claimed for toilet use both self-performance and support provided.</p> <p>See MDS Manual's ADL coding criteria Section G</p>
Sample #14	G0110Aa Self-Performance Bed Mobility G0110Ab Support Provided Bed Mobility G0110Ba Self-Performance Transfer	<ul style="list-style-type: none"> Nurse's Note dated 05/02/2012 O.T. progress notes; 05/03/12, 05/09/12, 05/10/12 to 05/12/12 MDS 3.0 Section G 	<p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 5/12/12 ADL Self-Performance and support provided documentation does not support the level claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual's ADL coding criteria Section G</p>

	G0110Bb Support Provided Transfer G0110la Self-Performance Toilet Use G0110lb Support Provided Toilet Use		Denied Denied Denied	
Sample #16	G0110Aa Self-Performance Bed Mobility G0110Ba Self-Performance Transfer G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • Significant Change Review 5/31/12, 6/14/12 • Comprehensive Care Plan #5 Activities of Daily Living • Resident Care Profile Nursing Assistant Clinical Accountability Record and Assignment • Nursing/Rehab Communication Form dated 5/31/12 • Nursing/Rehab Communication Form dated 6/13/12 • Rehabilitation - PT/OT Screen 	Denied Denied Denied	<p>MDS with ARD 6/14/12 ADL Self-Performance documentation does not support the level claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual's ADL coding criteria Section G</p>

		<ul style="list-style-type: none"> • MDS 3.0 Section G 		
Sample #19	<p>G0110Ab Support Provided Bed Mobility</p> <p>G0110Ba Self-Performance Transfer</p> <p>G0110Bb Support Provided Transfer</p> <p>G0110la Self-Performance Toilet Use</p> <p>G0110lb Support Provided Toilet Use</p>	<ul style="list-style-type: none"> • Nurse's note 06/05/12 • Resident Care Profile Nursing Assistant Clinical Accountability Record and Assignment • Comprehensive Care Plan #5 Activities of Daily Living • MDS 3.0 Section G 	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 6/15/12 documentation does not support levels claimed for transfer and toilet use self- performance and bed mobility transfer and toilet use support provided.</p> <p>See MDS Manual's ADL coding criteria Section G</p>
Sample #21	<p>G0110la Self-Performance Toilet Use</p> <p>G0110lb Support Provided Toilet Use</p>	<ul style="list-style-type: none"> • Nurse's Note dated 06/06/12 • Comprehensive Care Plan #5 Activities of Daily Living • MDS 3.0 Section G 	<p>Denied</p>	<p>MDS with ARD 6/10/12 ADL Self-Performance and support provided documentation does not support the levels claimed for toilet use.</p> <p>See MDS Manual's ADL coding criteria Section G</p>
Sample #23	<p>G0110la Self-Performance Toilet Use</p>	<ul style="list-style-type: none"> • CAA #: 6 Urinary Inc./Indwelling catheter • Comprehensive 	<p>Denied</p>	<p>MDS with ARD 7/20/12 ADL Self-Performance and support provided documentation does not support the levels claimed for toilet use.</p>

	G0110Ib Support Provided Toilet Use	<p>Care Plan #6 Continence B and B</p> <ul style="list-style-type: none"> • CAA #: 5. ADL • Comprehensive Care Plan #5 Activities of Daily Living • Resident Care Profile Nursing Assistant Clinical Accountability Record and Assignment • MDS 3.0 Section G 		See MDS Manual's ADL coding criteria Section G
Sample #24	G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Care Comprehensive Plan #5 Activities of Daily Living • Resident Care Profile Nursing Assistant Clinical Accountability Record and Assignment • MDS 3.0 Section G 	Denied	<p>MDS with ARD 7/31/12 ADL Self-Performance documentation does not support the level claimed for toilet use.</p> <p>See MDS Manual's ADL coding criteria Section G</p>
Sample #25	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer G0110Ha Self-Performance Eating	<ul style="list-style-type: none"> • Nursing/Rehab Communication Form • Comprehensive Care Plan #5 Activities of Daily Living • Resident Care Profile Nursing Assistant Clinical Accountability 	Denied	<p>MDS with ARD 4/30/12 ADL Self-Performance documentation does not support the level claimed for bed mobility, transfer, eating and toilet use.</p> <p>See MDS Manual's ADL coding criteria Section G</p>

	G0110la Self-Performance Toilet Use	Record and Assignment • MDS 3.0 Section G		
Sample #26	G0110Aa Self-Performance Bed Mobility	<ul style="list-style-type: none"> Comprehensive Care Plan #5 Activities of Daily Living Resident Care Profile Nursing Assistant Clinical Accountability Record and Assignment MDS 3.0 Section G 	Denied	<p>MDS with ARD 6/15/12 ADL Self-Performance documentation does not support the level claimed for bed mobility, transfer, eating and toilet use. Support provided documentation does not support level claimed for bed mobility, transfer and toilet use.</p> <p>See MDS Manual's ADL coding criteria Section G</p>
	G0110Ab Support Provided Bed Mobility		Denied	
	G0110Ba Self-Performance Transfer		Denied	
	G0110Bb Support Provided Transfer		Denied	
	G0110Ha Self-Performance Eating		Denied	
	G0110la Self-Performance Toilet Use		Denied	
	G0110lb Support Provided Toilet Use		Denied	
Sample #27	G0110Aa Self-Performance Bed Mobility	<ul style="list-style-type: none"> Nurse's Note dated 07/25/12 PT/OT Screen dated 07/25/12 Comprehensive 	Denied	<p>MDS with ARD 7/25/12 ADL Self-Performance documentation does not support the level claimed for bed mobility, transfer and toilet use.</p> <p>See MDS Manual's ADL coding criteria Section G</p>
	G0110Ba		Denied	

	Self-Performance Transfer G0110la Self-Performance Toilet Use	Care Plan #5 Activities of Daily Living • MDS 3.0 Section G	Denied	
Sample #29	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer G0110la Self-Performance Toilet Use	• Comprehensive Care Plan #5 Activities of Daily Living • Nurse's Notes • MDS 3.0 Section G	Denied Denied Denied	MDS with ARD 4/30/12 ADL Self-Performance documentation does not support the level claimed for bed mobility, transfer and toilet use. See MDS Manual's ADL coding criteria Section G
Sample #31	I4800 Dementia Diagnosis and Dementia Add On		Accepted	Disallowance is reversed and will not be included in the Final Report.
Sample #32	G0110Aa Self-Performance Bed Mobility G0110Ba Self-Performance Transfer G0110Ha Self-Performance Eating	• Resident Care Profile Nursing Assistant Clinical Accountability Record and Assignment • Comprehensive Care Plan #5 Activities of Daily Living • Nurse's Notes • MDS 3.0 Section G	Denied Denied Denied	MDS with ARD 7/3/12 ADL Self-Performance documentation does not support the level claimed for bed mobility, transfer, eating and toilet use. Disallowance is reversed and will not be included in the Final Report.

	G0110la Self-Performance Toilet Use		Denied	
Sample #33	G0110Aa Self-Performance Bed Mobility	<ul style="list-style-type: none"> • Comprehensive Care Plan #5 Activities of Daily Living • Nurse's Notes • MDS 3.0 Section G 	Denied	<p>MDS with ARD 7/3/12 ADL Self-Performance documentation does not support the level claimed for bed mobility, transfer, and toilet use.</p> <p>Disallowance is reversed and will not be included in the Final Report.</p>
	G0110Ba Self-Performance Transfer		Denied	
	G0110la Self-Performance Toilet Use		Denied	