



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 29, 2016

██████████
Orchard Manor Rehabilitation and Nursing Center
(aka Orchard Manor Inc. SNF)
600 Bates Road
Medina, New York 14103

Re: MDS Final Audit Report
Audit #: 13-2614
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 Orchard Manor Rehabilitation and Nursing Center (aka Orchard Manor Inc. SNF) 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.

We received your response to our draft audit report dated December 1, 2015. Your comments have been considered (see Attachment D) and the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$60,906.99 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
ORCHARD MANOR REHABILITATION AND NURSING CENTER
AUDIT # 13-2614
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$2.73	21,531	\$58,779.63
Non-Medicare/Part D Eligible	\$2.77	768	\$2,127.36
Total			<u>\$60,906.99</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
 ORCHARD MANOR REHABILITATION AND NURSING CENTER
 AUDIT #13-2614
 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 TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY	
1	RMC	CB1	1.27	0.86							1
2	RMA	IA1	1.17	0.61							1
3	RMA	CA1	1.17	0.77							1
4	SSA	SSA	1.03	1.03							
5	RMA	IA1	1.17	0.61			1				1
7	RMC	CB1	1.27	0.86							1
8	RMA	CA1	1.17	0.77	1	1					1
9	RMA	CA1	1.17	0.77			1	1			1
10	PE1	PE1	0.79	0.79							
11	RMC	PD1	1.27	0.72						1	
12	CA1	CA1	0.77	0.77							
TOTALS					<u>1</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>7</u>	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
ORCHARD MANOR REHABILITATION AND NURSING CENTER
AUDIT #13-2614
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 1 instance, documentation did not support resident required supervision one or more times. 8

Transfer Self-Performance

In 1 instance, documentation did not support resident required supervision one or more times. 8

Toilet Use Self-Performance

In 2 instances, documentation did not support resident required supervision one or more times. 5, 9

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a one person physical help at least once. 9

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 O0400-0500

Occupational Therapy

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 11

Physical Therapy

In 7 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 1, 2, 3, 5, 7, 8, 9

RUGS-II Classifications Overturned

In 8 instances, the RUG classifications were overturned. 1, 2, 3, 5, 7, 8, 9, 11

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
 ORCHARD MANOR REHABILITATION AND NURSING CENTER
 AUDIT # 13-2614
 MDS BRIDGE MEMO**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
1	O0400C Physical Therapy	<ul style="list-style-type: none"> • Facility Response Letter dated 12/15/15 • Nurses Notes • Physician Order for Physical Therapy Evaluation (date obscured) • Physician Order to discontinue Physical Therapy • Physical Therapy Evaluation • Physical Therapy Attendance Log • ADL Tracker dated 01/18/12 - 01/24/12. 	Denied	MDS with ARD 01/24/12 claimed Physical Therapy 5 days/150 minutes. Documentation does not support the medical need for skilled Physical Therapy services. See section O.
9	O0400C Physical Therapy	<ul style="list-style-type: none"> • Facility Response Letter dated 12/15/15 • Physical Therapy Evaluation • Physical Therapy Progress Notes • Physical Therapy Attendance Log 	Denied	MDS with ARD 01/24/12 claimed Physical Therapy 5 days/150 minutes. Documentation does not support the medical need for skilled Physical Therapy services. See section O.