



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 19, 2016

██████████
Absolut Center for Nursing and Rehabilitation at Orchard Park
300 Glead Avenue
East Aurora, New York 14052

Re: MDS Final Audit Report
Audit #: 14-3411
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 Absolut Center for Nursing and Rehabilitation at Orchard Park for the census period ending July 25, 2013. In accordance with 18 NYCRR §517.6, this final audit report represents the OMIG's final determination on issues found during OMIG's review.

Since you did not respond to our draft audit report dated August 11, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$127,283.93 was calculated using the number of Medicaid days paid for the rate period January 1, 2014 through June 30, 2014 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
ABSOLUT CENTER FOR NURSING AND REHABILITATION AT ORCHARD PARK
AUDIT 14-3411
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$4.95	24,787	\$122,695.65
Non-Medicare/Part D Eligible	\$5.02	914	\$4,588.28
Total			<u>\$127,283.93</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
 ABSOLUT CENTER FOR NURSING AND REHABILITATION AT ORCHARD PARK
 AUDIT #14-3411
 ERRORS BY SAMPLE NUMBER

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 toilet use self performance	Disallow toilet use support provided	Disallow speech therapy	Disallow occupation therapy	Disallow physical therapy
1		RVB	RVB	1.39	1.39									
2		RMA	PA1	1.17	0.46								1	
3		RHC	RHC	1.4	1.4									
4		RMB	IB1	1.22	0.78						1			
5		IB1	IB1	0.78	0.78									
6		RMA	IA1	1.17	0.61						1			
7		CB1	CB1	0.86	0.86									
8		RMA	PA1	1.17	0.46						1			
9		RUC	RUC	1.82	1.82									
10		RMB	IB1	1.22	0.78						1			
11		CC2	CC2	1.12	1.12									
12		RUB	RUB	1.53	1.53									
13		RMC	RMC	1.27	1.27									
14		IB1	IB1	0.78	0.78									
15		RUC	RUC	1.82	1.82									
16		SSB	SSB	1.06	1.06									
17		RHB	IB1	1.27	0.78						1			
18		CB1	CB1	0.86	0.86									
19		RHC	RHC	1.4	1.4									
20		RHB	RHB	1.27	1.27									
21		RHC	RHC	1.4	1.4									
22		RVB	RHB	1.39	1.27						1			

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 ABSOLUT CENTER FOR NURSING AND REHABILITATION AT ORCHARD PARK
 AUDIT #14-3411
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow									
					bed mobility self performance	bed mobility support provided	transfer self performance	transfer support provided	toilet Use self performance	toilet Use support provided	speech therapy	occupation therapy	physical therapy	
23	RML	RML	1.74	1.74			1	1						
24	RHC	RHC	1.4	1.4									1	
25	CA1	CA1	0.77	0.77										
26	RHC	RHC	1.4	1.4										
27	RMB	RMB	1.22	1.22										
28	RHC	RHC	1.4	1.4										
29	RHC	PD1	1.4	0.72									1	
30	RHC	PD1	1.4	0.72								1		
31	RVC	RVC	1.53	1.53										
32	RVC	CA1	1.53	0.77	1	1	1	1	1	1		1	1	
33	RMA	IA1	1.17	0.61								1		
34	RMB	IB1	1.22	0.78									1	
35	RUC	RUC	1.82	1.82							1			
36	CC2	CC2	1.12	1.12										
37	RMC	RMC	1.27	1.27										
38	RML	RML	1.74	1.74										1
39	RHB	RMA	1.27	1.17	1	1	1	1	1	1				
40	RUC	RUC	1.82	1.82										
Totals					2	2	3	3	2	2	1	9	6	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
ABSOLUT CENTER FOR NURSING AND REHABILITATION AT ORCHARD PARK
AUDIT #14-3411
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 weight bearing assist three or more times. 32

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 39

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 32

In 1 instance documentation did not support resident was a one person physical help at least once. 39

Transfer Self-Performance

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 32

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 23, 39

Transfer Support Provided

In 1 instance documentation did not support resident was a 2+ person physical help at least once.	32
In 2 instances documentation did not support resident was a one (1) person physical help at least once.	23, 39

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required weight bearing assist three or more times.	32
In 1 instance documentation did not support resident required non weight bearing assist three or more times.	39

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	32
In 1 instance, documentation did not support resident was a one person physical help at least once.	39

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

Speech-Language Pathology

In 1 instance, documentation reflected incorrect days.	35
--	----

Occupational Therapy

In 9 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 4, 6, 8, 10, 17, 22, 30, 32, 33

Physical Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 24

In 4 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 2, 29, 32, 34,

In 1 instance, documentation did not support resident received physical therapy during the 7 day look back. 38

RUGS-II Classifications Overturned

In 13 instances, the RUG classifications were overturned. 2, 4, 6, 8, 10, 17, 22, 29, 30, 32, 33, 34, 39

10 NYCRR §86-2.10, Volume A-2