



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

October 5, 2016

██████████  
Achieve Rehab and Nursing Facility  
170 Lake Street  
Liberty, New York 12754

Re: MDS Final Audit Report  
Audit #: 14-4901  
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 Achieve Rehab and Nursing Facility for the census period ending January 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.

We received your response to our draft audit report dated July 29, 2016. 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 \$50,898.55 was calculated using the number of Medicaid days paid for the rate period July 1, 2013 through December 31, 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  
ACHIEVE REHAB AND NURSING FACILITY  
AUDIT 14-4901  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$3.35	14,065	\$47,117.75
Non-Medicare/Part D Eligible	\$3.40	1,112	\$3,780.80
Total			<u>\$50,898.55</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  
 ACHIEVE REHAB AND NURSING FACILITY  
 AUDIT #14-4901  
 ERRORS BY SAMPLE NUMBER

Sample #		Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow bed mobility self performance	Disallow transfer self performance	Disallow eating self performance	Disallow toilet use self performance	Disallow swallowing/nutritional status	Disallow occupation therapy	Disallow physical therapy
1		RUC	RUC	1.82	1.82							
2		RUB	RUA	1.53	1.37			1				
3		RUB	IB1	1.53	0.78	1				1	1	
4		PD1	PD1	0.72	0.72							
5		SSC	SSC	1.12	1.12							
6		RUB	RUB	1.53	1.53							
7		RUX	RUX	2.38	2.38	1						
8		RHC	RVB	1.4	1.39			1				
9		RVC	RHC	1.53	1.4	1	1				1	
10		PE1	PE1	0.79	0.79	1	1	1				
11		RUB	RUB	1.53	1.53							
12		PE1	PE1	0.79	0.79							
13		RUC	CB1	1.82	0.86					1	1	
14		RUC	RUC	1.82	1.82	1	1	1				
15		RUB	RUA	1.53	1.37	1	1	1				
16		RMA	RMA	1.17	1.17							
17		PD1	PD1	0.72	0.72							
18		RHC	RHC	1.4	1.4							
19		RUB	IB1	1.53	0.78			1		1	1	
20		CA1	CA1	0.77	0.77			1	1			

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21	CB1	CB1	0.86	0.86							
22	RHB	RHB	1.27	1.27							
23	RUX	RUX	2.38	2.38							
24	RUB	RUB	1.53	1.53							
25	RUC	RUC	1.82	1.82							
26	RHC	RHC	1.4	1.4							
27	RHC	RVB	1.4	1.39			1				
28	RHC	RHC	1.4	1.4							
29	RUC	RUC	1.82	1.82				1			
30	SSC	SSC	1.12	1.12	1	1	1				
31	RUC	RUC	1.82	1.82							
Totals					5	6	1	10	1	3	4

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ACHIEVE REHAB AND NURSING FACILITY  
AUDIT #14-4901  
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 4 instances, documentation did not support resident required total assist every time. 9, 10, 14, 30

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 15

**Transfer Self-Performance**

In 4 instances, documentation did not support resident required total assist every time. 7, 9, 10, 14

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 3, 15

**Eating Self-Performance**

In 1 instance, documentation did not support resident required total assist every time. 30

Toilet Use Self-Performance

In 4 instances, documentation did not support resident required total assist every time. 10, 14, 29, 30

In 2 instances, documentation did not support resident required weight bearing assist three or more times. 8, 27

In 4 instances, documentation did not support resident required non weight bearing assist three or more times. 2, 15, 19, 20

Swallowing/Nutritional Status

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 of conditions that could affect the residents' ability to maintain adequate nutrition and hydration. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)*  
*MDS 3.0 Manual K0100-0700*

In 1 instance, documentation reflected incorrect resident weight in the past 30 days. 20

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 3 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 3, 13, 19

Physical Therapy

In 4 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 3, 9, 13, 19

RUGS-II Classifications Overturned

In 8 instances, the RUG classifications were overturned. 2, 3, 8, 9, 13, 15, 19, 27

*10 NYCRR §86-2.10, Volume A-2*

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
ACHIEVE REHAB & NURSING FACILITY  
AUDIT # 14-4901  
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#3	O0400B Occupational Therapy.  O0400C Physical Therapy.	<ul style="list-style-type: none"> <li>• UB-04 CMS 1450</li> <li>• Physician order activity</li> <li>• Progress Notes</li> <li>• MAR</li> <li>• TAR</li> <li>• PT Eval/plan of Treatment</li> <li>• Therapy Progress notes</li> <li>• Therapy Discharge Summary</li> <li>• Therapy Logs</li> <li>• MDS 3.0</li> </ul>	Denied	<p>MDS with ARD 11/09/12 has no documentation to support medical necessity for skilled therapy services.</p> <p>See MDS Manual - section O.</p>
#9	O0400C Physical Therapy.	<ul style="list-style-type: none"> <li>• UB-04 CMS 1450</li> <li>• Physician order activity</li> <li>• Progress Notes</li> <li>• MAR</li> <li>• TAR</li> <li>• PT Eval/plan of Treatment</li> <li>• Therapy Progress notes</li> <li>• Therapy Discharge Summary</li> <li>• Therapy Logs</li> <li>• MDS 3.0</li> </ul>	Denied	<p>MDS with ARD 12/20/12 has no documentation to support medical necessity for skilled therapy services.</p> <p>See MDS Manual - section O.</p>

<p>#13</p>	<p>O0400B Occupational Therapy.</p> <p>O0400C Physical Therapy.</p>	<ul style="list-style-type: none"> <li>• UB-04 CMS 1450</li> <li>• Physician order activity</li> <li>• Progress Notes</li> <li>• MAR</li> <li>• TAR</li> <li>• PT Eval/plan of Treatment</li> <li>• Therapy Progress notes</li> <li>• Therapy Discharge Summary</li> <li>• Therapy Logs</li> <li>• MDS 3.0</li> </ul>	<p>Denied</p>	<p>MDS with ARD 12/03/12 has no documentation to support medical necessity for skilled therapy services.</p> <p>See MDS Manual - section O.</p>
<p>#19</p>	<p>O0400B Occupational Therapy.</p> <p>O0400C Physical Therapy.</p>	<ul style="list-style-type: none"> <li>• UB-04 CMS 1450</li> <li>• Physician order activity</li> <li>• Progress Notes</li> <li>• MAR</li> <li>• TAR</li> <li>• PT Eval/plan of Treatment</li> <li>• Therapy Progress notes</li> <li>• Therapy Discharge Summary</li> <li>• Therapy Logs</li> <li>• MDS 3.0</li> </ul>	<p>Denied</p>	<p>MDS with ARD 12/03/12 has no documentation to support medical necessity for skilled therapy services.</p> <p>See MDS Manual - section O.</p>