



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

September 26, 2016

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

Re: MDS Final Audit Report  
Audit #: 13-4384  
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 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.

In your response to the draft audit report dated September 24, 2015, 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 \$134,165.61 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  
GARDEN CARE CENTER  
AUDIT # 13-4384  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$8.20	14,952	\$122,606.40
Non-Medicare/Part D Eligible	\$8.31	1,391	\$11,559.21
Total			<u>\$134,165.61</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 #13-4384  
 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	DISALLOW OCCUPATIONAL THERAPY
1	SSC	CA2	1.12	0.84	1	1		1		
2	PE1	IA1	0.79	0.61	1	1	1	1		
3	RMC	RMA	1.27	1.17	1	1		1		
4	CC2	CA2	1.12	0.84	1	1	1	1		
5	IA1	IA1	0.61	0.61						
6	CC2	CA2	1.12	0.84	1	1		1		
7	RMC	RMA	1.27	1.17	1	1		1		
8	RMX	RMA	1.96	1.17	1	1		1		
9	RMC	RMA	1.27	1.17	1	1		1		
10	RLA	RLA	0.91	0.91						
11	SSA	CA1	1.03	0.77	1	1		1		
12	CC2	IA1	1.12	0.61	1	1		1	1	
13	CC2	CA2	1.12	0.84	1	1	1	1		
14	PE1	PA1	0.79	0.46	1	1		1		
15	RMC	IA1	1.27	0.61	1	1	1	1		1

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 GARDEN CARE CENTER  
 AUDIT #13-4384  
 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	DISALLOW OCCUPATIONAL THERAPY
16	CC1	CA1	0.98	0.77	1	1	1	1		
17	IA2	IA2	0.65	0.65						
18	RMC	CA1	1.27	0.77	1	1	1	1		1
20	RMC	IA1	1.27	0.61	1	1		1		1
21	CC2	CC2	1.12	1.12	1	1	1	1		
<b>TOTALS</b>					<u>17</u>	<u>17</u>	<u>7</u>	<u>17</u>	<u>1</u>	<u>3</u>

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 GARDEN CARE CENTER  
 AUDIT #13-4384  
 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.                      | 13, 14, 21                                 |
| In 13 instances, documentation did not support resident required weight bearing assist three or more times.   | 1, 2, 3, 4, 6, 7, 8, 9, 12, 15, 16, 18, 20 |
| In 1 instance, documentation did not support resident required non weight bearing assist three or more times. | 11   |

Transfer Self-Performance

- |   |                              |
|---|------------------------------|
| In 7 instances, documentation did not support resident required total assist every time.                      | 1, 6, 12, 13, 14, 16, 21     |
| In 9 instances, documentation did not support resident required weight bearing assist three or more times.    | 2, 3, 4, 7, 8, 9, 15, 18, 20 |
| In 1 instance, documentation did not support resident required non weight bearing assist three or more times. | 11                           |

Eating Self-Performance

In 1 instance, documentation did not support resident required total assist every time.	2
In 1 instance, documentation did not support resident required weight bearing assist three or more times.	18
In 5 instances, documentation did not support resident required non weight bearing assist three or more times.	4, 13, 15, 16, 21

Toilet Use Self-Performance

In 7 instances, documentation did not support resident required total assist every time.	1, 6, 12, 13, 14, 16, 21
In 9 instances, documentation did not support resident required weight bearing assist three or more times.	2, 3, 4, 7, 8, 9, 15, 18, 20
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	11

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 instances, documentation did not support the number of days with MD exams during the look back period.	12
In 1 instance, documentation did not support the number of days with MD orders during the look back period.	12

**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. 15, 18, 20

**RUGS-II Classifications Overturned**

In 16 instances, the RUG classifications were overturned. 1, 2, 3, 4, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 18, 20,

*10 NYCRR §86-2.10, Volume A-2*

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
GARDEN CARE CENTER  
AUDIT #13-4384  
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
Sample #1	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• C.N.A. Assignment/Accountability Record</li> <li>• Initial assignment and identity Initials with signatures</li> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> <li>• ADL Comprehensive Care Plan</li> <li>• Comprehensive Care Plan</li> <li>• Documentation for Nebulizer Treatment</li> </ul>	Denied	<p>MDS with ARD 01/07/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G</p>
Sample #2	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</li> <li>• C.N.A. Assignment/Accountability Record</li> <li>• Initial assignment and identity Initials with signatures</li> <li>• C.N.A. Accountability</li> </ul>	Denied	<p>MDS with ARD 11/14/11 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use.</p> <p>See MDS Manual – Section G</p>

		and Assignment Record Policy & Procedure <ul style="list-style-type: none"> <li>• ADL Comprehensive Care Plan</li> <li>• Comprehensive Care Plan</li> </ul>		
Sample #3	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</li> <li>• C.N.A. Assignment/Accountability Record</li> <li>• Initial assignment and identity Initials with signatures</li> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> <li>• ADL Comprehensive Care Plan</li> <li>• Comprehensive Care Plan</li> </ul>	Denied	MDS with ARD 12/08/11 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, and toilet use.  See MDS Manual – Section G
Sample #4	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</li> <li>• C.N.A. Assignment/Accounta</li> </ul>	Denied	MDS with ARD 11/22/11 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use.  See MDS Manual – Section G

		<ul style="list-style-type: none"> <li>• bility Record</li> <li>• Initial assignment and identity Initials with signatures</li> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> <li>• ADL Comprehensive Care Plan</li> <li>• Comprehensive Care Plan</li> </ul>		
Sample #6	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</li> <li>• C.N.A. Assignment/Accountability Record</li> <li>• Initial assignment and identity Initials with signatures</li> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> <li>• ADL Comprehensive Care Plan</li> <li>• Comprehensive Care Plan</li> <li>• C.N.A. Assignment/Accountability Record Bathing and Toileting</li> </ul>	Denied	<p>MDS with ARD 12/07/11 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G</p>

		<ul style="list-style-type: none"> <li>• C.N.A. Assignment/Accountability Record Turning and Positioning</li> </ul>		
Sample #7	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</li> <li>• C.N.A. Assignment/Accountability Record</li> <li>• Initial assignment and identity Initials with signatures</li> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> <li>• ADL Comprehensive Care Plan</li> <li>• Comprehensive Care Plan</li> </ul>	Denied	<p>MDS with ARD 01/10/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G</p>
Sample #8	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</li> <li>• C.N.A. Assignment/Accountability Record</li> <li>• Initial assignment and identity Initials with signatures</li> </ul>	Denied	<p>MDS with ARD 12/30/11 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G</p>

		<ul style="list-style-type: none"> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> <li>• ADL Comprehensive Care Plan</li> <li>• Physical Therapy Plan of Treatment</li> </ul>		
Sample #9	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</li> <li>• C.N.A. Assignment/Accountability Record</li> <li>• Initial assignment and identity Initials with signatures</li> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> <li>• ADL Comprehensive Care Plan</li> <li>• Comprehensive Care Plan</li> </ul>	Denied	<p>MDS with ARD 01/23/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G</p>
Sample #11	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</li> <li>• C.N.A. Assignment/Accounta</li> </ul>	Denied	<p>MDS with ARD 12/01/11 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G</p>

		<p>bility Records November and December 2011</p> <ul style="list-style-type: none"> <li>• Initial assignment and identity Initials with signatures x2</li> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> <li>• ADL Comprehensive Care Plan</li> <li>• Comprehensive Care Plan</li> <li>• C.N.A. Assignment/Accountability Record Ambulation dated 11/20/11 and 12/2011</li> </ul>		
Sample #12	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</li> <li>• C.N.A. Assignment/Accountability Record</li> <li>• Initial assignment and identity Initials with signatures</li> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> <li>• ADL Comprehensive Care Plan</li> </ul>	Denied	<p>MDS with ARD 12/29/11 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G</p>

		<ul style="list-style-type: none"> <li>• C.N.A. Assignment/Accountability Record Bathing, Toileting, Turning and Positioning</li> </ul>		
	Item # O0700 Physician Orders	<ul style="list-style-type: none"> <li>• Physician's Monthly Medical, History, Physical, and Plan of Care dated 12/06/11</li> <li>• Interdisciplinary Progress Notes</li> <li>• Interim Physician Orders dated 12/19/11, 12/21/11, 12/26/11, 12/28/11</li> <li>• Physician Order dated 12/07/11</li> <li>• Anticoagulant Comprehensive Care Plan</li> </ul>	Denied	<p>MDS with ARD 12/29/11 facility documentation does not support four physician Order.</p> <p>See MDS Manual – Section O</p>
Sample #13	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</li> <li>• C.N.A. Assignment/Accountability Record</li> <li>• Initial assignment and identity Initials with signatures</li> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> </ul>	Denied	<p>MDS with ARD 01/23/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use.</p> <p>See MDS Manual – Section G</p>

		<ul style="list-style-type: none"> <li>• ADL Comprehensive Care Plan</li> <li>• C.N.A. Assignment/Accountability Record Bathing, Toileting, Turning and Positioning</li> </ul>		
Sample #14	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</li> <li>• C.N.A. Assignment/Accountability Record</li> <li>• Initial assignment and identity Initials with signatures</li> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> <li>• ADL Comprehensive Care Plan</li> <li>• Comprehensive Care Plan</li> <li>• C.N.A. Assignment/Accountability Record Bathing, Toileting, Turning and Positioning</li> </ul>	Denied	<p>MDS with ARD 11/10/11 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G</p>
Sample #15	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL</li> </ul>	Denied	<p>MDS with ARD 01/03/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use.</p>

	Performance Eating, G0110la Self-Performance Toilet Use	<p>Documentation Guidelines</p> <ul style="list-style-type: none"> <li>• C.N.A. Assignment/Accountability Record</li> <li>• Initial assignment and identity Initials with signatures</li> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> <li>• ADL Comprehensive Care Plan</li> <li>• Comprehensive Care Plan</li> </ul>		See MDS Manual – Section G
	Item #O0400B Occupational Therapy	<ul style="list-style-type: none"> <li>• C.N.A. Assignment/Accountability Record December 2011 and January 2012</li> <li>• ADL Assessment</li> <li>• Medicare part B Progress Note dated 12/28/11</li> <li>• Rehab Referral Form dated 12/28/11</li> <li>• Feeding Evaluation Form dated 12/28/11</li> <li>• The Occupational Therapy Plan of Treatment</li> </ul>	Denied	<p>MDS with ARD 01/03/12 claims Occupational Therapy. The facility documentation provided does not support the medical need for Occupational Therapy services.</p> <p>See MDS Manual – Section O</p>
Sample #16	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission,</li> </ul>	Denied	MDS with ARD 11/05/11 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and

	Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<p>Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</p> <ul style="list-style-type: none"> <li>• C.N.A. Assignment/Accountability Record October and November 2011</li> <li>• Initial assignment and identity Initials with signatures, two documents</li> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> <li>• ADL Comprehensive Care Plan</li> <li>• Comprehensive Care Plan</li> <li>• C.N.A. Assignment/Accountability Record Turning and Positioning</li> </ul>		<p>toilet use.</p> <p>See MDS Manual – Section G</p>
Sample #18	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</li> <li>• C.N.A. Assignment/Accountability Record</li> <li>• Initial assignment and identity Initials with signatures, two documents</li> </ul>	Denied	<p>MDS with ARD 12/10/11 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use.</p> <p>See MDS Manual – Section G</p>

		<ul style="list-style-type: none"> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> <li>• ADL Comprehensive Care Plan</li> <li>• Comprehensive Care Plan</li> </ul>		
	Item #O0400B Occupational Therapy	<ul style="list-style-type: none"> <li>• CPT 97542 Wheelchair Management</li> <li>• Vancouver Island Inter-professional Practice &amp; Clinical Standards Occupational and Physical Therapy</li> <li>• Decision tree for documenting required Sections of seating and Mobility Assessment (pages 2 thru 20)</li> <li>• RAI Manual O0400 Therapies (page 0-26 and 0-27)</li> </ul>	Denied	<p>MDS with ARD 12/10/11 claims Occupational Therapy. The facility documentation provided does not support the medical need for Occupational Therapy services.</p> <p>See MDS Manual – Section O</p>
Sample #20	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</li> <li>• C.N.A. Assignment/Accountability Record</li> <li>• Initial assignment and identity Initials with</li> </ul>	Denied	<p>MDS with ARD 01/13/12 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, and toilet use.</p> <p>See MDS Manual – Section G</p>

		<p>signatures, two documents</p> <ul style="list-style-type: none"> <li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li> <li>• ADL Comprehensive Care Plan</li> <li>• Comprehensive Care Plan</li> </ul>		
	Item #O0400B Occupational Therapy	<ul style="list-style-type: none"> <li>• CPT 97542 Wheelchair Management</li> <li>• Vancouver Island Inter-professional Practice &amp; Clinical Standards Occupational and Physical Therapy</li> <li>• Decision tree for documenting required Sections of seating and Mobility Assessment (pages 2 thru 20)</li> <li>• RAI Manual O0400 Therapies (page 0-26 and 0-27)</li> </ul>	Denied	<p>MDS with ARD 01/13/12 claims Occupational Therapy. The facility documentation provided does not support the medical need for Occupational Therapy services.</p> <p>See MDS Manual – Section O</p>
Sample #21	Item # G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Assessment</li> <li>• New Admission, Annual, Quarterlies, and Sig. Change ADL Documentation Guidelines</li> <li>• C.N.A. Assignment/Accountability Record</li> </ul>	Denied	<p>MDS with ARD 11/20/11 ADL Self-Performance documentation does not support the levels claimed for bed mobility, transfer, eating, and toilet use.</p> <p>See MDS Manual – Section G</p>

		<ul style="list-style-type: none"><li>• Initial assignment and identity Initials with signatures, two documents</li><li>• C.N.A. Accountability and Assignment Record Policy &amp; Procedure</li><li>• ADL Comprehensive Care Plan</li><li>• Comprehensive Care Plan</li></ul>		
	Item # 00600 Physician Exams		Accepted	Disallowance was reversed and will not be included in the final report.