



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 29, 2016

[REDACTED]
Hamilton Park Nursing and Rehabilitation Center
(aka Victory Memorial Hospital SNF)
691 92nd Street
Brooklyn, New York 11228

Re: MDS Final Audit Report
Audit #: 13-4822
Provider ID#: [REDACTED]

Dear [REDACTED]

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 Hamilton Park Nursing and Rehabilitation Center (aka Victory Memorial Hospital SNF) 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.

We received your response to our draft audit report dated December 21, 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 \$70,922.81 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].

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
HAMILTON PARK NURSING AND REHABILITATION CENTER
AUDIT 13-4822
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$3.91	17,123	\$66,950.93
Non-Medicare/Part D Eligible	\$3.96	1,003	\$3,971.88
Total			<u>\$70,922.81</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
HAMILTON PARK NURSING AND REHABILITATION CENTER
AUDIT #13-4822
FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS				
						DISALLOW BEHAVIOR	DISALLOW ACTIVE DISEASE DIAGNOSIS	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY	DISALLOW DEMENTIA ADD ON
1	[REDACTED]	RVC	RVC	1.53	1.53					
2	[REDACTED]	RUA	CA1	1.37	0.77		1	1		
3	[REDACTED]	RHC	RHC	1.40	1.40					
4	[REDACTED]	PE1	PE1	0.79	0.79					
5	[REDACTED]	RHC	RHC	1.40	1.40					
6	[REDACTED]	RHC	RHC	1.40	1.40					
7	[REDACTED]	RHC	PD1	1.40	0.72		1	1		
8	[REDACTED]	RVC	RVC	1.53	1.53					
9	[REDACTED]	PC1	PC1	0.66	0.66	1				1
10	[REDACTED]	CC1	CC1	0.98	0.98					
11	[REDACTED]	PE1	PE1	0.79	0.79					
12	[REDACTED]	RHC	RHC	1.40	1.40					
13	[REDACTED]	RHB	PC1	1.27	0.66		1	1		
14	[REDACTED]	PE1	PE1	0.79	0.79					
15	[REDACTED]	RMC	PD1	1.27	0.72			1		
16	[REDACTED]	CC1	CC1	0.98	0.98					
17	[REDACTED]	RHC	RHC	1.40	1.40					
18	[REDACTED]	RHC	RHC	1.40	1.40					
19	[REDACTED]	CC1	CC1	0.98	0.98					
20	[REDACTED]	CA1	CA1	0.77	0.77					

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 AUDIT #13-4822
 FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS				
						DISALLOW BEHAVIOR	DISALLOW ACTIVE DISEASE DIAGNOSIS	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY	DISALLOW DEMENTIA ADD ON
21	[REDACTED]	RHC	RHC	1.40	1.40					
22	[REDACTED]	BA1	PA1	0.47	0.46	1				
23	[REDACTED]	PD1	PD1	0.72	0.72					
24	[REDACTED]	RVC	PE1	1.53	0.79		1	1		
TOTALS						<u>1</u>	<u>1</u>	<u>4</u>	<u>5</u>	<u>1</u>

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
HAMILTON PARK NURSING AND REHABILITATION CENTER
AUDIT #13-4822
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 behavior claimed. 22

Active Disease Diagnosis

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 the diseases coded relate to the resident's functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS Manual 3.0 I0100-I8000*

In 1 instance, documentation did not support dementia as an active physician documented diagnosis in the past 60 days. 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 O0400-0700

Occupational Therapy

In 4 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 2, 7, 13, 24

Physical Therapy

In 5 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 2, 7, 13, 15, 24

Dementia Add-on

In 1 instance, documentation did not support the diagnosis of Alzheimer's/dementia required for the add-on. 9

10 NYCRR 86-2.40 (z)(1)

RUGS-II Classifications Overturned

In 6 instances, the RUG classifications were overturned. 2, 7, 13, 15, 22, 24

10 NYCRR §86-2.10, Volume A-2

OFFICE OF MEDICAID INSPECTOR GENERAL
HAMILTON PARK NURSING AND REHABILITATION CENTER
AUDIT #13-4821

All OMIG disallowances were accepted by the Facility except for those shown below. The following details the disposition of the draft report disallowances after consideration of the Facility's draft audit report response comments.

Sample #15 – Disallowance O 0400C Physical Therapy.

Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:

Disallowance O 0400C Physical Therapy

Facility Comment:

No Comments attached.

Documentation submitted and reviewed:

- PT evaluation and plan of treatment.
- MD order and certification for the services.
- PT treatment encounters notes for the ARD.

OMIG Response:

The MDS Assessment Reference Date (ARD) is 07/06/2012.

The 7-day look back period is 06/30/2012 – 07/06/2012.

MDS claimed 5 days and 0220 minutes of PT.

The Facility documentation provided did not have interdisciplinary documentation relevant to the ARD from the physician and licensed nursing staff to support the medical need for skilled Physical Therapy services. A decline in the resident's functional status could not be determined from physician and nursing disciplines. There was no documented significant change in status.

ASSESSMENT:

Documentation provided does not support the MDS Manual, Section O:

- The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for, and the frequency and duration of the therapy services provided to residents.

Documentation does not support the MDS Manual's coding instructions for Physical Therapy:

- Only medically necessary therapies that occurred after admission/re-admission to the nursing home should be coded.
- Services must be reasonable and necessary for the treatment of the resident's condition; this includes the requirement that the amount, frequency, and duration of the services must be reasonable.
- Services must be provided with the expectation that the condition of the patient will improve materially in a reasonable and predictable period of time and the services must be reasonable and necessary for treatment of the resident's condition."

Disposition: The draft report finding is unchanged and will be included in the final report.

Sample #13 – Disallowance O 0400B Occupational Therapy and Disallowance O 0400C Physical Therapy.

Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:

Disallowance O 0400B Occupational Therapy

Disallowance O 0400C Physical Therapy

Facility Comment:

No Comments attached.

Documentation submitted and reviewed:

- PT and OT evaluation with MD certification for the services.
- Physician order forms.
- PT and OT treatment encounter notes for the ARD.
- Service log matrix indicating the minutes provided during the ARD.

OMIG Response:

The MDS Assessment Reference Date (ARD) is 05/12/2012.

The 7-day look back period is 05/06/2012 – 05/12/2012.

MDS claimed 5 days and 0225 minutes of PT and 5 days and 225 minutes of OT.

The Facility documentation provided did not have interdisciplinary documentation relevant to the ARD from the physician and licensed nursing staff to support the medical need for skilled

Physical Therapy services. A decline in the resident's functional status could not be determined from physician and nursing disciplines. There was no documented significant change in status.

ASSESSMENT:

Documentation provided does not support the MDS Manual, Section O:

- The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for, and the frequency and duration of the therapy services provided to residents.

Documentation does not support MDS Manual coding instructions for Physical Therapy:

- Only medically necessary therapies that occurred after admission/re-admission to the nursing home should be coded.
- Services must be reasonable and necessary for the treatment of the resident's condition; this includes the requirement that the amount, frequency, and duration of the services must be reasonable.
- Services must be provided with the expectation that the condition of the patient will improve materially in a reasonable and predictable period of time and the services must be reasonable and necessary for treatment of the resident's condition."

Disposition: The draft report finding is unchanged and will be included in the final report.

Sample #7 – Disallowance O 0400B Occupational Therapy and Disallowance O 0400C Physical Therapy.

Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:

Disallowance O 0400B Occupational Therapy

Disallowance O 0400C Physical Therapy

Facility Comment:

No Comments attached.

Documentation submitted and reviewed:

- PT and OT evaluation with MD certification for the services.
- Physician order forms.
- PT and OT treatment encounter notes for the ARD.

OMIG Response:

The MDS Assessment Reference Date (ARD) is 06/16/2012.

The 7-day look back period is 06/10/2012 – 06/16/2012.

MDS claimed 5 days and 226 minutes of OT and 5 days and 276 minutes of PT.

The Facility documentation provided did not have interdisciplinary documentation relevant to the ARD from the physician and licensed nursing staff to support the medical need for skilled Physical Therapy services. A decline in the resident's functional status could not be determined from physician and nursing disciplines. There was no documented significant change in status.

ASSESSMENT:

Documentation provided does not support the MDS Manual, Section O:

- The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for, and the frequency and duration of the therapy services provided to residents.

Documentation does not support MDS Manual coding instructions for Physical Therapy:

- Only medically necessary therapies that occurred after admission/re-admission to the nursing home should be coded.
- Services must be reasonable and necessary for the treatment of the resident's condition; this includes the requirement that the amount, frequency, and duration of the services must be reasonable.
- Services must be provided with the expectation that the condition of the patient will improve materially in a reasonable and predictable period of time and the services must be reasonable and necessary for treatment of the resident's condition."

Disposition: The draft report finding is unchanged and will be included in the final report.

Sample # 2 – Disallowance O 0400B Occupational Therapy and Disallowance O 0400C Physical Therapy.

Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:

Disallowance O 0400B Occupational Therapy

Disallowance O 0400C Physical Therapy

Facility Comment:

No Comments attached.

Documentation submitted and reviewed:

- PT and OT evaluation with MD certification for the services.
- Physician order forms.
- PT and OT treatment encounter notes for the ARD.

OMIG Response:

The MDS Assessment Reference Date (ARD) is 07/09/2012.

The 7-day look back period is 07/03/2012 – 07/09/2012.

MDS claimed 5 days and 301 minutes of OT and 7 days and 423 minutes of PT.

The Facility documentation provided did not have interdisciplinary documentation relevant to the ARD from the physician and licensed nursing staff to support the medical need for skilled Physical Therapy services. A decline in the resident's functional status could not be determined from physician and nursing disciplines. There was no documented significant change in status.

ASSESSMENT:

Documentation provided does not support the MDS Manual, Section O:

- The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for, and the frequency and duration of the therapy services provided to residents.

Documentation does not support MDS Manual coding instructions for Physical Therapy:

- Only medically necessary therapies that occurred after admission/re-admission to the nursing home should be coded.
- Services must be reasonable and necessary for the treatment of the resident's condition; this includes the requirement that the amount, frequency, and duration of the services must be reasonable.
- Services must be provided with the expectation that the condition of the patient will improve materially in a reasonable and predictable period of time and the services must be reasonable and necessary for treatment of the resident's condition."

Disposition: The draft report finding is unchanged and will be included in the final report.