



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 15, 2016

[REDACTED]
The Heritage Rehabilitation and Health Care Center
(aka Palm Tree Center for Nursing and Rehabilitation)
5606 15th Avenue
Brooklyn, New York 11219

Re: MDS Final Audit Report
Audit #: 14-1142
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 The Heritage Rehabilitation and Health Care Center (aka Palm Tree Center for Nursing and Rehabilitation) 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.

Since you did not respond to our draft audit report dated April 29, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$11,750.66 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. 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 the Provider wishes to request a hearing, the request must be submitted in writing to:

General Counsel
New York State
Office of the Medicaid Inspector General
Office of Counsel
800 North Pearl Street
Albany, New York 12204

[REDACTED]

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Questions regarding the request for a hearing should be directed to Office of Counsel, at [REDACTED]

If a hearing is held, the Provider may have a person represent it or the Provider may represent itself. If the Provider chooses to be represented by someone other than an attorney, the Provider must supply along with its hearing request a signed authorization permitting that person to represent the Provider at the hearing; the Provider may call witnesses and present documentary evidence on its behalf.

For a full listing of hearing rights please see 18 NYCRR Part 519.

Should you have any questions regarding the above, please contact [REDACTED]
[REDACTED]

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
THE HERITAGE REHABILITATION AND HEALTH CARE CENTER
AUDIT 14-1142
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.24	8,434	\$10,458.16
Non-Medicare/Part D Eligible	\$1.25	1,034	\$1,292.50
Total			<u>\$11,750.66</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
 THE HERITAGE REHABILITATION AND HEALTH CARE CENTER
 AUDIT #14-1142
 FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported	Derived	Reported	Derived	DETAILED FINDINGS	
		RUG	RUG	Weight	Weight	DISALLOW BED MOBILITY SUPPORT PROVIDED	DISALLOW NURSING REHABILITATION CLAIMED
1	[REDACTED]	SSB	SSB	1.06	1.06		
2	[REDACTED]	RHC	RHC	1.40	1.40		
3	[REDACTED]	RHC	RHC	1.40	1.40		
4	[REDACTED]	CB1	CB1	0.86	0.86		
5	[REDACTED]	SSC	SSC	1.12	1.12		
6	[REDACTED]	CB1	CB1	0.86	0.86		
7	[REDACTED]	CC1	CC1	0.98	0.98		
8	[REDACTED]	IA1	IA1	0.61	0.61		
9	[REDACTED]	RHC	RHC	1.40	1.40		
10	[REDACTED]	CC1	CC1	0.98	0.98		
11	[REDACTED]	CC1	CC1	0.98	0.98		
12	[REDACTED]	CC1	CC1	0.98	0.98		
13	[REDACTED]	SSC	SSC	1.12	1.12		
14	[REDACTED]	RMC	RMB	1.27	1.22	1	
15	[REDACTED]	SSC	SSC	1.12	1.12		
16	[REDACTED]	PD2	PD1	0.73	0.72		1
17	[REDACTED]	PD2	PD1	0.73	0.72		1
18	[REDACTED]	CC1	CC1	0.98	0.98		
TOTALS						<u>1</u>	<u>2</u>

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
THE HERITAGE REHABILITATION AND HEALTH CARE CENTER
AUDIT #14-1142
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 Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 14

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*

Restorative Nursing Programs

In 2 instances, documentation did not support greater than 15 minutes of nursing therapy per day. 16, 17

In 2 instances, documentation did not support measurable goals and/or periodic evaluation of the nursing rehabilitation program. 16, 17

RUGS-II Classifications Overturned

In 3 instances, the RUG classifications were overturned. 14, 16, 17

10 NYCRR §86-2.10, Volume A-2