



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

July 21, 2016

[REDACTED]
Harlem Center for Nursing and Rehabilitation
(aka Greater Harlem Nursing Home Company, Inc.)
30 West 138th Street
New York, New York 10037

Re: MDS Final Audit Report
Audit #: 13-1291
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 Harlem Center for Nursing and Rehabilitation (aka Greater Harlem Nursing Home Company, Inc.) 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.

We received your response to our Revised Draft Audit Report dated September 24, 2015. Your comments have been considered (see Attachment D) and the findings in the Final Audit Report remain identical to the Revised Draft Audit Report.

The Medicaid overpayment of \$33,743.45 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.

You have the right to challenge this action and determination by requesting an administrative hearing within sixty (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." You may only request a hearing to challenge specific audit adjustments which you challenged in a response to the draft audit report.

If you wish to request a hearing, the request must be submitted in writing to:

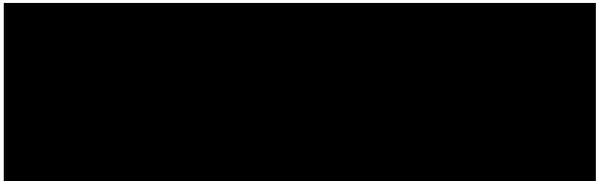
General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204

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

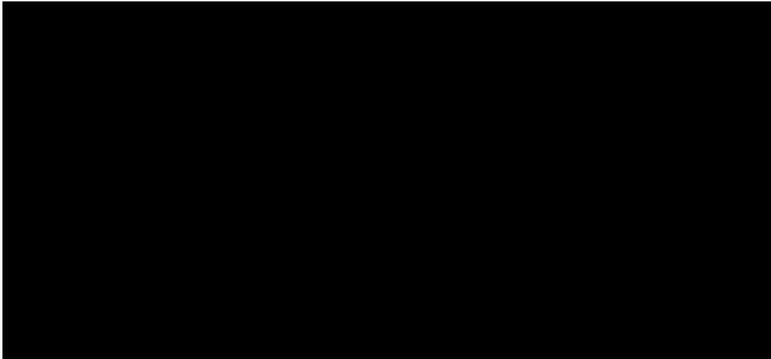
Pursuant to 18 NYCRR §519.18, at the hearing you have the right to:

- (a) request the department to reschedule the hearing (adjournment);
- (b) be represented by an attorney, or other representative, or to represent himself/herself;
- (c) have an interpreter, at no charge, if the appellant does not speak English or is deaf and cannot afford one (the appellant must advise the department prior to the hearing if an interpreter will be needed);
- (d) produce witnesses and present written and/or oral evidence to explain why the action taken was wrong;
- (e) cross-examine witnesses of the department.

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



Division of Medicaid Audit
Office of the Medicaid Inspector General



OFFICE OF THE MEDICAID INSPECTOR GENERAL
HARLEM CENTER FOR NURSING AND REHABILITATION
AUDIT # 13-1291
CALCULATION OF AUDIT IMPACT

| RATE TYPE | DECREASED IN DIRECT COMPONENT OF RATE* | MEDICAID DAYS | IMPACT |
|-----------------------------------|---|---------------|--------------------|
| Part B Eligible/Part B D Eligible | \$1.24 | 26,030 | \$32,277.20 |
| Non-Medicare/Part D Eligible | \$1.25 | 1,173 | \$1,466.25 |
| Total | | | <u>\$33,743.45</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
HARLEM CENTER FOR NURSING AND REHABILITATION
AUDIT #13-1291
DISALLOWANCE BY SAMPLE NUMBER

| Sample # | Reported RUG | Derived RUG | Reported RUG Weight | Derived RUG Weight | DETAILED FINDINGS | | | | | | | | | |
|----------|--------------|-------------|---------------------|--------------------|--|--|------------------------------------|------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|--|---------------------------------|--|
| | | | | | DISALLOW BED MOBILITY SELF PERFORMANCE | DISALLOW BED MOBILITY SUPPORT PROVIDED | DISALLOW TRANSFER SELF PERFORMANCE | DISALLOW TRANSFER SUPPORT PROVIDED | DISALLOW EATING SELF PERFORMANCE | DISALLOW TOILET USE SELF PERFORMANCE | DISALLOW TOILET USE SUPPORT PROVIDED | DISALLOW SPECIAL TREATMENTS/PROCEDURES | DISALLOW NURSING REHABILITATION | |
| 26 | PB1 | PB1 | 0.58 | 0.58 | | | | | | | | | | |
| 27 | PC2 | PC2 | 0.67 | 0.67 | | | | | | | | | | |
| 28 | RMX | RMX | 1.96 | 1.96 | | | 1 | | | | | | | |
| 29 | CC1 | PE2 | 0.98 | 0.80 | | | | | | | 1 | | | |
| 30 | PD2 | PD2 | 0.73 | 0.73 | | | | | | | | | | |
| 31 | PD1 | PD1 | 0.72 | 0.72 | | | | | | | | | | |
| 32 | IA1 | IA1 | 0.61 | 0.61 | | | | | | | | | | |
| 33 | IA1 | IA1 | 0.61 | 0.61 | | | | | | | | | | |
| 34 | SSC | SSC | 1.12 | 1.12 | | | | | | | | | | |
| 35 | CC1 | CC1 | 0.98 | 0.98 | 1 | | 1 | | | | | | | |
| 36 | CC1 | CC1 | 0.98 | 0.98 | | | 1 | | | 1 | | | | |
| 37 | RVB | RVB | 1.39 | 1.39 | | | | | | | | | | |
| 38 | SSC | SSC | 1.12 | 1.12 | | | | | | | | | | |
| 39 | CC1 | CB1 | 0.98 | 0.86 | 1 | | | | 1 | | | | | |
| 40 | RMA | RMA | 1.17 | 1.17 | | | | | | | | | | |
| 41 | PE2 | PE2 | 0.80 | 0.80 | 1 | | | | | | | | | |
| 42 | IB1 | PD1 | 0.78 | 0.72 | | | 1 | 1 | | | | | | |
| 43 | PC1 | PC1 | 0.66 | 0.66 | | | | | | | | | | |
| 44 | PD2 | PD2 | 0.73 | 0.73 | | | | | | | | | | |
| 45 | RVC | RVC | 1.53 | 1.53 | | | | | | | | | | |
| TOTALS | | | | | 5 | 1 | 7 | 2 | 2 | 4 | 1 | 1 | 1 | |

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
HARLEM CENTER FOR NURSING AND REHABILITATION
AUDIT #13-1291
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 5 instances, documentation did not support resident required total assist every time. 4, 21, 35, 39, 41

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 4

Transfer Self-Performance

In 6 instances, documentation did not support resident required total assist every time. 4, 5, 21, 28, 35, 36

In 1 instance, documentation did support resident required non weight bearing assist three or more times. 42

Transfer Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 4

In 1 instance, documentation did support resident was a one (1) person physical help at least once. 42

Eating Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 4

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

Toilet Use Self-Performance

In 4 instances, documentation did not support resident required total assist every time. 4, 5, 8, 36

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a one person physical help at least once. 4

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

In 1 instance, documentation did not support the number of days with MD exams during the look back period. 29

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 29

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

Nursing Rehabilitation

In 1 instance, documentation did not support measurable goals and/or periodic evaluation of the nursing rehabilitation program. 2

RUGS-II Classifications Overturned

In 5 instances, the RUG classifications were overturned. 2, 4, 29, 39, 42

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
HARLEM CENTER FOR NURSING AND REHABILITATION
AUDIT #13-1291
ANALYSIS OF PROVIDER RESPONSE**

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 #4

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

Item # G0110Aa, #G0110Ba, #G0110Ha, #G0110Ia: ADL Self Performance for Bed Mobility, Transfer, Eating, and Toilet Use is not supported by documentation.

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

Item # G0110Ab, #G0110Bb, #G0110Ib: ADL Support Provided for Bed Mobility, Transfer, and Toilet Use is not supported by documentation.

Facility Comment: "Based on the MDS, resident had GT with diagnoses of Aphasia and Dysphagia. She also had a stage 4 pressure ulcer to left hip. Her ADL was 4/3 for bed mobility, transfer 4/3, eating 4/2 (GT), and toilet use 4/2. Her ADL sum score was 17. Her ADL status was the same for the past quarters and was unchanged. Please see attached MD Progress Note indicating GT with Aphasia and Dysphagia diagnoses, ADL care plan, MD order, treatment Administration Record, wound care notes (stage 4 to left hip) to support reported RUG score SSC due to GT with Aphasia and pressure ulcer stage 4 with ADL sum of 17."

OMIG Response: The MDS Assessment Reference Date (ARD) is 12/29/2011. The 7-day look back period is 12/23/11 – 12/29/11.

ADL Self Performance Level: The MDS claimed Level 4/Total Dependence for Bed Mobility, Transfer, Eating and Toilet Use.

ADL Support Provided Level: The MDS claimed Level 3/Two Person assist for Bed Mobility and Transfer and Level 2/One Person assist for Toilet Use.

Documentation Submitted and Reviewed: The Physical Exam signed and dated 09/22/11 and The Physician's Order form signed and dated 12/01/11 is outside the 7-day look back period and does not have documentation of ADL Self Performance and Support provided levels. The Wound Record and Medication Administration Record do not have documentation of ADL Self Performance and Support provided levels. The MDS dated 12/29/11 and Comprehensive Care Plan is non- applicable documentation for determining ADL Self Performance and Support provided levels.

Documentation does not support the following MDS Manual's ADL coding criteria for Self-Performance (Section G0110):

- 1) The definition of ADL Self-Performance as what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.
- 2) The focus for ADL coding is on the 7-day look back period only.
- 3) The definition of Level 4/Total Dependence as "Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period."

Documentation does not support the MDS Manual's ADL coding criteria for Support Provided: *"measures the most support provided by staff over the last 7 days, even if that level of support only occurred once."*

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