



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

July 27, 2016

[REDACTED]
Hollis Park Manor Nursing Home
191-06 Hillside Avenue
Hollis, New York 11423

Re: MDS Final Audit Report
Audit #: 13-4393
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 Hollis Park Manor Nursing Home 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 draft audit report dated September 23, 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 \$14,696.34 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

OFFICE OF THE MEDICAID INSPECTOR GENERAL
HOLLIS PARK MANOR NURSING HOME
AUDIT # 13-4393
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$1.20	10,801	\$12,961.20
Non-Medicare/Part D Eligible	\$1.21	1,434	\$1,735.14
Total			<u>\$14,696.34</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
 HOLLIS PARK MANOR NURSING HOME
 AUDIT #13-4393
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS					
					DISALLOW BED MOBILITY SUPPORT PROVIDED	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED	DISALLOW SPECIAL TREATMENTS/PROCEDURES
1	RMC	RMC	1.27	1.27	1	1		1	1	
3	RMX	RHC	1.96	1.40						1
4	RMC	RMC	1.27	1.27						
6	RMC	RMC	1.27	1.27						
7	CC2	CB2	1.12	0.91			1	1		
8	RMC	RMC	1.27	1.27						
TOTALS					<u>1</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
HOLLIS PARK MANOR NURSING HOME
AUDIT #13-4393
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 one person physical help at least once. 1

Transfer Support Provided

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

Eating Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 7

Toilet Use Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 1, 7

Toilet Use Support Provided

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

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 instance, documentation did not support suctioning during the look back period. 3

In 1 instance, documentation did not support a drug or biological given by intravenous push, epidural pump, or drip through a central line or peripheral port during the look back period. 3

RUGS-II Classifications Overturned

In 2 instances, the RUG classifications were overturned. 3, 7

10 NYCRR §86-2.10, Volume A-2

OFFICE OF MEDICAID INSPECTOR GENERAL
HOLLIS PARK MANOR NURSING HOME
AUDIT #13-4393
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 #3

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

Item # O0100H2 IV Medication

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

Item # O0100D2 Suctioning

Facility Comment: "Please find the attached hospital record outlining the resident's receiving of IV medication and fluids that falls within the look back period and resulting in the accurate scoring for the RMX level. "

OMIG Response: The MDS Assessment Reference Date (ARD) is 12/19/2011. The 14-day look back period is 12/06/11 – 12/19/11.

IV Medication: The MDS claimed IV medication.

Suctioning: The MDS claimed Suctioning.

Documentation Submitted and Reviewed:

- Flushing Hospital Medical Center Patient Referral Information (pages 2, 3, 4, 5, 6), Flushing Hospital Medical Center Patient Transfer Nursing Evaluation signed/dated 12/09/11, Flushing Hospital Medical Center Short Stay Discharge Summary signed/dated 12/09/11, Flushing Hospital Medical Center Patient Transfer Physician Information signed/dated 12/09/11, Flushing Hospital Medical Center Discharge Instructions signed/dated 12/09/11. This documentation did not have documentation that

the patient received IV medication. This documentation did not have documentation that the patient received suctioning.

- JRaven MDS 3.0

There is no documentation during the 14-day look back period to support that IV Medications were administered. The PRI, VII. Plan of Care Summary (page 4) documents the patient received Clinda 500mg IVPB intra-op. The MDS manual states: "do not code services that were provided solely in conjunction with a surgical procedure or diagnostic procedure, such as IV medications or ventilators."

There is no documentation during the 14-day look back period to support that Suctioning was administered.

Documentation does not support the MDS Manual's coding criteria for IV medication (Section O0100):

- *Do not code services that were provided solely in conjunction with a surgical procedure or diagnostic procedure, such as IV medications or ventilators.*
- *Code any drug or biological given by intravenous push, epidural pump, or drip through a central or peripheral port in this item. Epidural, intrathecal, and baclofen pumps may be coded here."*

Documentation does not support the MDS Manual's coding criteria for Suctioning (Section O0100):

- *Code only tracheal and/or nasopharyngeal suctioning. This item may be coded if the resident performs his/her own tracheal and/or nasopharyngeal suctioning.*

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

Sample #7

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

Item #GO110Ha, #G0110Ia: ADL Self Performance for Eating and Toilet Use is not supported by documentation.

Facility Comment: "Find enclosed the therapy records that outline the ADL levels as the resident requiring assistance of 2 staff for transfers, ADLs, and was non ambulatory at the time. The change would correct the RUG score from CB2 to the original CC2. "

OMIG Response: The MDS Assessment Reference Date (ARD) is 12/18/2011. The 7-day look back period is 12/12/11 – 12/18/11.

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

Documentation Submitted and Reviewed:

- Rehabilitation Services Resident Assessment signed by PT 12/19/11 and Physician Progress Notes signed by physician 12/19/11; both of these documents are outside the 7-day look back period.
- JRaven MDS 3.0

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines 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. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*

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