



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 28, 2016

██████████
Colonial Park Rehabilitation and Nursing Center
950 Floyd Avenue
Rome, New York 13440

Re: MDS Final Audit Report
Audit #: 13-4661
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 Colonial Park Rehabilitation and Nursing Center 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.

In your response to the draft audit report dated February 24, 2016, 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 \$9,666.97 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]

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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 [REDACTED]
[REDACTED]

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
COLONIAL PARK REHABILITATION AND NURSING CENTER
AUDIT 13-4661
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$0.85	10,435	\$8,869.75
Non-Medicare/Part D Eligible	\$0.86	927	\$797.22
Total			<u>\$9,666.97</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
 COLONIAL PARK REHABILITATION AND NURSING CENTER
 AUDIT #13-4661
 FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS					
						DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED	DISALLOW PHYSICAL THERAPY
1		PE1	PE1	0.79	0.79						
2		PE1	PE1	0.79	0.79						
3		PE1	PE1	0.79	0.79						
4		RMC	RMC	1.27	1.27						
5		CB1	CB1	0.86	0.86						
6		RMA	RMA	1.17	1.17		1	1		1	
7		PE1	PE1	0.79	0.79						
8		CC1	CC1	0.98	0.98						
9		IA1	IA1	0.61	0.61		1	1			
10		RMB	PC1	1.22	0.66						1
11		PE1	PE1	0.79	0.79						
12		PE1	PE1	0.79	0.79	1					
13		RVB	RVB	1.39	1.39						
14		PE1	PE1	0.79	0.79						
15		PE1	PE1	0.79	0.79				1		
16		RMC	RMC	1.27	1.27						
17		PE1	PE1	0.79	0.79						
TOTALS						1	2	2	1	1	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
 COLONIAL PARK REHABILITATION AND NURSING CENTER
 AUDIT #13-4661
 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 1 instance, documentation did not support resident required total assist every time. 12

Transfer Self-Performance

In 2 instances, documentation did not support resident required supervision one or more times. 6, 9

Transfer Support Provided

In 2 instances, documentation did not support resident was a one (1) person physical help at least once. 6, 9

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 15

Toilet Use Support Provided

In 1 instance, documentation did not support resident was set up at least once. 6

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 00400-0700*

Physical Therapy

In 1 instance, documentation did not support medical necessity for therapy. 10

RUGS-II Classifications Overturned

In 1 instance, the RUG classifications were overturned. 10

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
 COLONIAL PARK REHABILITATION AND NURSING CENTER
 AUDIT #13-4661
 ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
Sample #10	Item # O0400C Physical Therapy	<ul style="list-style-type: none"> • Point of Care ADL Category Report (04/10/2012 - 04/30/2012, 05/01/2012 - 05/23/ 2012) • Observation Report /Physical Therapy Evaluation • Observation Report /Physical Therapy Discharge Note 	Denied	MDS with ARD 5/23/12 – The facility documentation provided does not support the medical need for skilled Physical Therapy services. See MDS Manual - Section O
Sample #13	Item # O0400B Occupational Therapy Item O0400C Physical Therapy		Accepted	Disallowance was reversed and will not be included in the Final Report.