



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 29, 2016

██████████
Highland Park Rehabilitation and Nursing Center
160 Seneca Street
Wellsville, New York 14895

Re: MDS Final Audit Report
Audit #: 13-6350
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 Highland 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 March 31, 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 \$17,171.37 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 ██████████

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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

Division of Medicaid Audit
Office of the Medicaid Inspector General

OFFICE OF THE MEDICAID INSPECTOR GENERAL
HIGHLAND PARK REHABILITATION AND NURSING CENTER
AUDIT 13-6350
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.75	9,705	\$16,983.75
Non-Medicare/Part D Eligible	\$1.77	106	\$187.62
Total			<u>\$17,171.37</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
 HIGHLAND PARK REHABILITATION AND NURSING CENTER
 AUDIT #13-6350
 FINDINGS BY SAMPLE NUMBER

Sample #	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 ACTIVE DISEASE DIAGNOSIS	DISALLOW OCCUPATION THERAPY	
1	CC1	CC1	0.98	0.98								
2	PE1	PE1	0.79	0.79	1			1				
3	PA2	PA2	0.48	0.48								
4	RMA	RMA	1.17	1.17								
5	PA2	PA2	0.48	0.48								
6	RMC	RMB	1.27	1.22			1					
7	PE2	PE2	0.80	0.80								
8	PE2	PE2	0.80	0.80								
9	PE2	PE2	0.80	0.80		1		1				
10	PE1	PE1	0.79	0.79								
11	RMA	PA2	1.17	0.48								1
12	PE2	PE2	0.80	0.80								
13	PE2	PE2	0.80	0.80		1		1				
14	PE2	PE2	0.80	0.80								
15	CC1	PE2	0.98	0.80						1		
16	SSC	SSA	1.12	1.03	1			1	1			
TOTALS					2	2	1	4	1	1	1	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
HIGHLAND PARK REHABILITATION AND NURSING CENTER
AUDIT #13-6350
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 2 instances, documentation did not support resident required total assist every time. 2, 16

Transfer Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 9, 13

Transfer Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 6

Toilet Use Self-Performance

In 4 instances, documentation did not support resident required total assist every time. 2, 9, 13, 16

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a one person physical help at least once. 16

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 I0100-18000

In 1 instance, documentation did not support pneumonia as an active physician documented diagnosis in the past 60 days. 15

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 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 11

RUGS-II Classifications Overturned

In 4 instances, the RUG classifications were 6, 11, 15, 16
overturned.

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
HIGHLAND PARK REHABILITATION AND NURISNG CENTER
AUDIT #13-6350
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
Sample #11	O0400B Occupational Therapy	<ul style="list-style-type: none"> • Occupational Therapy Screen • Occupational Therapy Evaluation (two pages) • Occupational Therapy notes dated 5/18/12, 5/21/12, 5/22/12, 5/23/12, 5/24/12, 5/25/12, 5/29/12, 5/30/12, 5/31/12, and 6/1/12. 	Denied	<p>MDS with ARD 5/26/12 The facility documentation does not support the medical need for skilled Occupational Therapy services.</p> <p>See MDS Manual - Section O.</p>
Sample #16	<p>G0110Ha ADL Self-Performance Eating</p> <p>G0110Aa, G0110Ia: ADL Self-Performance for Bed Mobility and Toilet Use</p> <p>G0110Ib: ADL Support Provided for Toilet Use.</p>	<ul style="list-style-type: none"> • Point of Care ADL Category report (four pages) • Medication Administration History (two pages) • Treatment Administration History • Administration Signature Page (Nurse) • Vitals Report (three pages) • Observation Report (four pages) 	<p>Accepted</p> <p>Denied</p>	<p>MDS with ARD 7/3/12 The facility documentation does not support the levels claimed.</p> <p>See MDS Manual - Section G.</p>

		<ul style="list-style-type: none">• Interdisciplinary Care Plan Conference• Routine 60-Day Visit• Resident Progress Notes		
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