NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

June 10, 2016

[redacted]
Uihlein Living Center
(aka Adirondack Medical Center – Uihlein)
185 Old Military Road
Lake Placid, New York 12946

Re: MDS Final Audit Report
Audit #: 13-4338
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 Uihlein Living Center (aka Adirondack Medical Center – Uihlein) 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.

Since you did not respond to our draft audit report dated November 25, 2015, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of $46,744.40 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 .

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

Division of Medicaid Audit
Office of the Medicaid Inspector General

ATTACHMENT A

OFFICE OF THE MEDICAID INSPECTOR GENERAL
UIHLEIN LIVING CENTER
AUDIT # 13-4338
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	$2.74	17,060	$46,744.40
Non-Medicare/Part D Eligible	$2.79	0	$0.00
Total			$46,744.40

*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
UIHLEIN LIVING CENTER
AUDIT #13-4338
FINDINGS 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 HEALTH CONDITIONS	DISALLOW SKIN CONDITIONS	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY
1	[redacted]	PA1	PA1	0.46	0.46											
2	[redacted]	SSC	PA1	1.12	0.46	1	1	1	1		1	1		1		
3	[redacted]	PA1	PA1	0.46	0.46											
4	[redacted]	RMA	RMA	1.17	1.17		1			1	1	1				
5	[redacted]	PD1	PA1	0.72	0.46	1	1	1	1	1	1	1				
6	[redacted]	PE1	IA1	0.79	0.61	1	1	1	1	1	1	1				
7	[redacted]	PE1	IA1	0.79	0.61	1	1	1	1	1	1	1				
8	[redacted]	SSB	SSB	1.06	1.06											
9	[redacted]	IA1	IA1	0.61	0.61					1	1	1				
10	[redacted]	RMA	RMA	1.17	1.17											
11	[redacted]	CC2	PE1	1.12	0.79		1				1		1			
12	[redacted]	PD1	IA1	0.72	0.61	1	1	1	1		1	1				
13	[redacted]	PD1	IA1	0.72	0.61	1	1	1	1	1	1	1				
14	[redacted]	PB1	PA1	0.58	0.46						1	1				
15	[redacted]	IB1	IA1	0.78	0.61	1	1	1	1	1	1	1				
16	[redacted]	SSB	SSA	1.06	1.03				1		1	1				
17	[redacted]	PB1	PA1	0.58	0.46						1					
18	[redacted]	PD1	IA1	0.72	0.61	1	1	1	1	1	1	1				
19	[redacted]	PA1	PA1	0.46	0.46											
20	[redacted]	IA1	IA1	0.61	0.61											

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UIHLEIN LIVING CENTER
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21	[redacted]	PA1	PA1	0.46	0.46											
22	[redacted]	PA1	PA1	0.46	0.46											
23	[redacted]	RMA	RMA	1.17	1.17											
24	[redacted]	PB1	PB1	0.58	0.58					1						
25	[redacted]	RMA	SSA	1.17	1.03										1	1
26	[redacted]	CC1	CC1	0.98	0.98											
27	[redacted]	PD1	IB1	0.72	0.78					1						
28	[redacted]	PC1	PA1	0.66	0.46	1	1				1	1				
29	[redacted]	PE1	IA1	0.79	0.61	1	1	1	1	1	1	1				
TOTALS						10	12	9	10	11	16	14	1	1	1	1

OFFICE OF THE MEDICAID INSPECTOR GENERAL
UIHLEIN LIVING CENTER
AUDIT #13-4338
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 4 instances, documentation did not support resident required weight bearing assist three or more times.	2, 6, 7, 29
In 5 instances, documentation did not support resident required non weight bearing assist three or more times.	5, 12, 13, 18, 28
In 1 instance, documentation did not support resident required supervision one or more times.	15
Bed Mobility Support Provided	
In 2 instances, documentation did not support resident was a 2+ person physical help at least once.	2, 11
In 8 instances, documentation did not support resident was a one person physical help at least once.	5, 6, 7, 12, 13, 18, 28, 29
In 2 instances, documentation did not support resident was setup at least once.	4, 15

Transfer Self-Performance

In 1 instance, documentation did not support resident required total assist every time.	6
In 4 instances, documentation did not support resident required weight bearing assist three or more times.	2, 7, 15, 29
In 4 instances, documentation did not support resident required non weight bearing assist three or more times.	5, 12, 13, 18

Transfer Support Provided

In 4 instances, documentation did not support resident was a 2+ person physical help at least once.	2, 6, 7, 16
In 6 instances, documentation did not support resident was a one (1) person physical help at least once.	5, 12, 13, 15, 18, 29

Eating Self-Performance

In 1 instance, documentation did not support resident required weight bearing assist three or more times.	29
In 4 instances, documentation did not support resident required non weight bearing assist three or more times.	5, 6, 7, 27
In 6 instances, documentation did not support resident required supervision one or more times.	4, 9, 13, 15, 18, 24

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time.	11
In 10 instances, documentation did not support resident required weight bearing assist three or more times.	2, 6, 7, 12, 13, 15, 16, 18, 28, 29
In 3 instances, documentation did not support resident required non weight bearing assist three or more times.	5, 14, 17
In 2 instances, documentation did not support resident required supervision one or more times.	4, 9

Toilet Use Support Provided

In 5 instances, documentation did not support resident was a 2+ person physical help at least once.	2, 6, 7, 16, 29
In 7 instances, documentation did not support resident was a one person physical help at least once.	5, 12, 13, 14, 15, 18, 28
In 2 instances, documentation did not support resident was set up at least once.	4, 9

Health Conditions

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 health conditions that impact the resident's functional status and quality of life. MDS 3.0 manual guidelines will be followed when examining the medical records

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual J0100-1900

In 1 instance, documentation did not support dehydration during the look back period.	11

Skin Conditions

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 of the documented risk, presence, appearance and change of pressure ulcers. This section also notes other skin ulcers, wounds, or lesions, and documents treatment categories related to skin injury or avoiding injury. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual M0100-1200

In 1 instance, documentation did not support any Stage 1 or a Stage 2 ulcers.	2

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

Occupational Therapy

In 1 instance, documentation did not support an order for therapy.	25

Physical Therapy

In 1 instance, documentation did not support an order for therapy.	25

RUGS-II Classifications Overturned

In 16 instances, the RUG classifications were overturned.	2, 5, 6, 7, 11, 12, 13, 14, 15, 16, 17, 18, 25, 27, 28, 29

10 NYCRR §86-2.10, Volume A-2