



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 17, 2016

[REDACTED]
Huntington Living Center
369 East Main Street
Waterloo, New York 13165

Re: MDS Final Audit Report
Audit #: 14-3980
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 Huntington Living Center for the census period ending January 25, 2013. 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 August 3, 2016. 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 \$21,203.12 was calculated using the number of Medicaid days paid for the rate period July 1, 2013 through December 31, 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

Division of Medicaid Audit
Office of the Medicaid Inspector General

OFFICE OF THE MEDICAID INSPECTOR GENERAL
HUNTINGTON LIVING CENTER
AUDIT 14-3980
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$0.91	22,085	\$20,097.35
Non-Medicare/Part D Eligible	\$0.93	1,189	\$1,105.77
Total			<u>\$21,203.12</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
 HUNTINGTON LIVING CENTER
 AUDIT #14-3980
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow behavior	Disallow bed mobility self performance	Disallow bed mobility support provided	Disallow transfer self performance	Disallow eating self performance	Disallow toilet use self performance	Disallow toilet use support provided	Disallow special treatments, procedure	Disallow speech therapy	Disallow occupation therapy	Disallow physical therapy	Disallow nursing rehabilitation claimed	
24	IA1	IA1	0.61	0.61													
25	PD1	PD1	0.72	0.72													
26	PD1	PD1	0.72	0.72													
27	IA1	IA1	0.61	0.61													
28	PE1	PE1	0.79	0.79													
29	SSB	SSB	1.06	1.06													
30	PD1	PD1	0.72	0.72													
31	PD1	PD1	0.72	0.72													
32	IA1	IA1	0.61	0.61													
33	PE1	PE1	0.79	0.79													
34	SSC	PE1	1.12	0.79						1							
35	PE1	PE1	0.79	0.79		1											
36	PB1	PB1	0.58	0.58													
37	PE1	PE1	0.79	0.79													
38	SSC	SSB	1.12	1.06		1		1	1								
39	PE1	PE1	0.79	0.79		1											
40	BA1	PA1	0.47	0.46	1												
Totals					1	7	1	2	3	7	1	2	1	1	1	2	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
HUNTINGTON LIVING CENTER
AUDIT #14-3980
MDS DETAILED FINDINGS**

MDS FINDINGS**SAMPLE SELECTION****Behavior**

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 behavioral symptoms in the last seven days, including those that are potentially harmful to the resident. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual E0100-E1100*

In 1 instance, documentation did not support the presence of delusions. 40

In 1 instance, documentation did not support the presence of hallucinations. 40

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 7 instances, documentation did not support resident required total assist every time. 2, 16, 21, 23, 35, 38, 39

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 13

Transfer Self-Performance

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

Eating Self-Performance

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

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 38

In 1 instance, documentation did not support resident required supervision one or more times. 4

Toilet Use Self-Performance

In 6 instances, documentation did not support resident required total assist every time. 2, 12, 16, 19, 21, 38

In 1 instance, documentation did not support resident required supervision one or more times. 18

Toilet Use Support Provided

In 1 instance, documentation did not support resident was set up at least once. 18

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-I8000

In 1 instance, documentation did not support hemiplegia as a physician documented diagnosis in the past 60 days. 16

In 1 instance, documentation did not support MS as a physician documented diagnosis in the past 60 days. 34

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 the number of days with MD exams during the look back period. 13

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

Speech-Language Pathology

In 1 instance, documentation did not support resident received speech therapy during the 7 day look back. 12

Occupational Therapy

In 1 instance, documentation did not support resident received occupational therapy during the 7 day look back. 12

Physical Therapy

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 19

In 1 instance, documentation did not support resident received physical therapy during the 7 day look back. 12

Restorative Nursing Programs

In 1 instance, documentation did not support resident participated in a nursing rehabilitation program. 9

RUGS-II Classifications Overturned

In 8 instances, the RUG classifications were overturned. 9, 12, 13, 16, 19, 34, 38, 40

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
HUNTINGTON LIVING CENTER
AUDIT #14-3980
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
Sample #19	Item #00400C Physical Therapy	Documentation submitted and reviewed: <ul style="list-style-type: none"> • Physical Therapy Evaluation • Physical Therapy Progress Notes • Rehabilitation Discharge summary • Doctor Order Sheets • Physical Therapy Progress Notes/Therapy Minutes 	Denied	The MDS with and ARD of 12/11/12 claims 5 days, 150 minutes of Physical Therapy. The facility documentation provided does not support the medical need for skilled Physical Therapy services. See MDS Manual – Section O.