



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 5, 2016

[REDACTED]
Sullivan County Adult Care Center
256 Sunset Lake Road
Liberty, New York 12754

Re: MDS Final Audit Report
Audit #: 14-4903
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 Sullivan County Adult Care 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.

Since you did not respond to our draft audit report dated August 10, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$42,824.86 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]

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
SULLIVAN COUNTY ADULT CARE CENTER
AUDIT 14-4903
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$2.47	17,338	\$42,824.86
Non-Medicare/Part D Eligible	\$2.50	0	\$0.00
Total			<u>\$42,824.86</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
 SULLIVAN COUNTY ADULT CARE CENTER
 AUDIT #14-4903
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Cognitive Pattern	Disallow behavior	Disallow bed mobility	Disallow bed mobility self performance	Disallow transfer self provided	Disallow transfer self performance	Disallow eating self provided	Disallow toilet use self performance	Disallow toilet use support provided	Disallow dementia diagnosis
1	CA1	PA1	0.77	0.46			1	1	1	1	1	1		
2	PB1	PA1	0.58	0.46							1	1		
3	BA1	PA1	0.47	0.46		1				1	1			
4	IA1	BA1	0.61	0.47	1								1	1
5	BA1	BA1	0.47	0.47										
6	CC1	CA1	0.98	0.77			1	1	1	1	1	1		
7	PD1	PA1	0.72	0.46			1	1			1	1		
8	PD1	IA1	0.72	0.61			1	1	1	1	1	1		
9	BA1	PA1	0.47	0.46		1							1	1
10	IB1	CA1	0.78	0.77	1			1			1	1		
11	PB1	PA1	0.58	0.46				1			1	1		
12	PB1	PA1	0.58	0.46						1				
13	IA1	PA1	0.61	0.46	1									
14	PE1	PA1	0.79	0.46			1	1			1			
15	IA1	IA1	0.61	0.61										
16	PE1	BA1	0.79	0.47			1	1			1			
17	IA1	IA1	0.61	0.61							1	1	1	
18	BA1	PA1	0.47	0.46		1						1	1	

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 SULLIVAN COUNTY ADULT CARE CENTER
 AUDIT #14-4903
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Cognitive Pattern	Disallow behavior	Disallow bed mobility	Disallow bed mobility self performance	Disallow transfer self performance	Disallow transfer support provided	Disallow eating self performance	Disallow toilet use self performance	Disallow toilet use support provided	Disallow active disease diagnosis	Disallow dementia add on
19	RMA	RMA	1.17	1.17											
20	PE1	IA1	0.79	0.61		1	1	1	1	1	1	1			
21	PE1	IA1	0.79	0.61		1		1		1	1	1			
22	RMB	RMA	1.22	1.17		1		1			1				
23	PB1	PA1	0.58	0.46		1	1								
Totals					3	3	10	5	11	4	5	14	7	5	4

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
SULLIVAN COUNTY ADULT CARE CENTER
AUDIT #14-4903
MDS DETAILED FINDINGS**

MDS FINDINGS**SAMPLE SELECTION****Cognitive Pattern**

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 residents' ability to remember both recent and long past events and to think coherently. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual 1.1-2.15*

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual C0100-C1600*

In 3 instances, documentation did not support staff assessment for impaired cognition. 4, 10, 13

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 2 instances, documentation did not support the frequency of behavior claimed. 3, 18

In 1 instance, documentation did not support the presence of delusions. 9

In 1 instance, documentation did not support the presence of hallucinations. 9

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 total assist every time. 6, 14, 20, 21

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 16

In 5 instances, documentation did not support resident required non weight bearing assist three or more times. 1, 7, 8, 22, 23

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 20

In 4 instances, documentation did not support resident was a one person physical help at least once. 1, 6, 8, 23

Transfer Self-Performance

In 4 instances, documentation did not support resident required total assist every time. 6, 14, 16, 20

In 2 instances, documentation did not support resident required weight bearing assist three or more times. 10, 21

In 4 instances, documentation did not support resident required non weight bearing assist three or more times. 1, 7, 8, 22

In 1 instance, documentation did not support resident required supervision one or more times. 11

Transfer Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 6, 20

In 2 instances, documentation did not support resident was a one (1) person physical help at least once. 1, 8

Eating Self-Performance

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

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 21

In 2 instances, documentation did not support resident required supervision one or more times. 3, 20

Toilet Use Self-Performance

In 5 instances, documentation did not support resident required total assist every time. 6, 14, 16, 20, 21

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 7, 8, 10

In 4 instances, documentation did not support resident required non weight bearing assist three or more times. 1, 2, 11, 22

In 2 instances, documentation did not support resident required supervision one or more times. 3, 17

Toilet Use Support Provided

In 3 instances, documentation did not support resident was a 2+ person physical help at least once. 6, 20, 21

In 4 instances, documentation did not support resident was a one person physical help at least once. 1, 2, 8, 11

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 4 instances, documentation did not support Dementia as a physician documented diagnosis in the past 60 days. 4, 9, 17, 18

In 3 instances, documentation did not support Dementia as an active diagnosis during the 7 day look back. 4, 9, 18

In 1 instance, documentation did not support hemiplegia as an active diagnosis during the 7 day look back. 1

Dementia Add-on

In 4 instances, documentation did not support the diagnosis of Alzheimer's/dementia required for the add-on. 4, 9, 17, 18

10 NYCRR §86-2.40 (z)(1)

RUGS-II Classifications Overturned

In 19 instances, the RUG classifications were overturned. 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 18, 20, 21, 22, 23

10 NYCRR §86-2.10, Volume A-2