



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 21, 2016

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

Re: MDS Final Audit Report
Audit #: 14-4904
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 July 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 17, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$84,124.53 was calculated using the number of Medicaid days paid for the rate period January 1, 2014 through June 30, 2014 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]

[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
SULLIVAN COUNTY ADULT CARE CENTER
AUDIT 14-4904
CALCULATION OF AUDIT IMPACT

| RATE TYPE | DECREASED IN DIRECT COMPONENT OF RATE* | MEDICAID DAY | IMPACT |
|-----------------------------------|---|--------------|--------------------|
| Part B Eligible/Part B D Eligible | \$5.16 | 16,288 | \$84,046.08 |
| Non-Medicare/Part D Eligible | \$5.23 | 15 | \$78.45 |
| Total | | | <u>\$84,124.53</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 #14-4904
 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 transfer support provided | Disallow eating self performance | Disallow toilet use self performance | Disallow toilet use support provided | Disallow special treatments, procedures | Disallow occupation therapy | Disallow Dementia Add On |
|----------|--------------|-------------|---------------------|--------------------|-------------------|--|--|------------------------------------|------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|---|-----------------------------|--------------------------|
| 1 | RMA | CA1 | 1.17 | 0.77 | | | | | | | | | 1 | | |
| 2 | PB1 | PA1 | 0.58 | 0.46 | | | 1 | | | 1 | | 1 | | | 1 |
| 3 | RMA | CA1 | 1.17 | 0.77 | | | | | | | | | 1 | | |
| 4 | CA1 | CA1 | 0.77 | 0.77 | 1 | | 1 | | | 1 | | | | | |
| 5 | BA1 | BA1 | 0.47 | 0.47 | | | | | | | | | | | |
| 6 | IB1 | IA1 | 0.78 | 0.61 | 1 | | 1 | | | 1 | | | | | |
| 7 | SSB | CA1 | 1.06 | 0.77 | 1 | | 1 | | 1 | 1 | | | | | |
| 8 | PE1 | IA1 | 0.79 | 0.61 | 1 | | 1 | | 1 | 1 | | | | | |
| 9 | CB1 | CA1 | 0.86 | 0.77 | 1 | | 1 | | | 1 | | | | | |
| 10 | IB1 | IA1 | 0.78 | 0.61 | 1 | | 1 | | | 1 | | | | | |
| 11 | CA1 | PA1 | 0.77 | 0.46 | | | | | 1 | 1 | | | | | |
| 12 | PD1 | IA1 | 0.72 | 0.61 | 1 | | 1 | | | 1 | | | | | |
| 13 | IA1 | IA1 | 0.61 | 0.61 | | | | | | | | | | | |
| 14 | PE1 | IA1 | 0.79 | 0.61 | 1 | | 1 | | | 1 | | | | | |
| 15 | CB1 | CA1 | 0.86 | 0.77 | 1 | 1 | 1 | 1 | | 1 | 1 | | 1 | | |
| 16 | PE1 | PA1 | 0.79 | 0.46 | 1 | | 1 | | | 1 | | | | | |
| 17 | IA1 | IA1 | 0.61 | 0.61 | | | | | | | | | | | |
| 18 | CB1 | IA1 | 0.86 | 0.61 | | | 1 | | | 1 | | | 1 | | |

OFFICE OF THE MEDICAID INSPECTOR GENERAL
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|----------|--------------|-------------|---------------------|--------------------|-------------------|--|--|------------------------------------|------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|---|-----------------------------|--------------------------|---|
| 19 | BA1 | PA1 | 0.47 | 0.46 | 1 | | | | | | 1 | | | | 1 | |
| 20 | RMB | RMA | 1.22 | 1.17 | | 1 | | 1 | | 1 | | | | | | |
| 21 | PB1 | PA1 | 0.58 | 0.46 | | | | | | 1 | | | | | | |
| 22 | IA1 | IA1 | 0.61 | 0.61 | | | | | | | | | | | | |
| 23 | PD1 | PA1 | 0.72 | 0.46 | | 1 | | 1 | 1 | | | | | | | |
| 24 | PB1 | PA1 | 0.58 | 0.46 | | | | 1 | | | | | | | | |
| Totals | | | | | 1 | 12 | 1 | 16 | 1 | 4 | 16 | 1 | 2 | 2 | 2 | 2 |

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
SULLIVAN COUNTY ADULT CARE CENTER
AUDIT #14-4904
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 frequency of resistance to care. 19

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. 14

| | |
|--|---------------------------------|
| In 5 instances, documentation did not support resident required weight bearing assist three or more times. | 7, 8, 9, 16, 23 |
| In 6 instances, documentation did not support resident required non weight bearing assist three or more times. | 4, 6, 10, 12, 15, 20 |
| <u>Bed Mobility Support Provided</u> | |
| In 1 instance, documentation did not support resident was a one person physical help at least once. | 15 |
| <u>Transfer Self-Performance</u> | |
| In 3 instances, documentation did not support resident required total assist every time. | 14, 16, 18 |
| In 3 instances, documentation did not support resident required weight bearing assist three or more times. | 7, 8, 15 |
| In 9 instances, documentation did not support resident required non weight bearing assist three or more times. | 4, 6, 9, 10, 11, 12, 20, 23, 24 |
| In 1 instance, documentation did not support resident required supervision one or more times. | 2 |
| <u>Transfer Support Provided</u> | |
| In 1 instance, documentation did not support resident was a one (1) person physical help at least once. | 15 |
| <u>Eating Self-Performance</u> | |
| In 1 instance, documentation did not support resident required total assist every time. | 11 |
| In 2 instances, documentation did not support resident required weight bearing assist three or more times. | 7, 8 |
| In 1 instance, documentation did not support resident required supervision one or more times. | 23 |
| <u>Toilet Use Self-Performance</u> | |
| In 5 instances, documentation did not support resident required total assist every time. | 8, 9, 14, 16, 18 |

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 7, 12, 15

In 8 instances, documentation did not support resident required non weight bearing assist three or more times. 2, 4, 6, 10, 11, 20, 21, 23

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a one person physical help at least once. 15

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 2 instances, documentation did not support dementia as a physician documented diagnosis in the past 60 days. 2, 19

In 2 instances, documentation did not support dementia as an active diagnosis during the 7 day look back. 2, 19

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. 18

In 2 instances, documentation did not support the number of days with MD orders during the look back period. 15, 18

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. 1

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 3

Dementia Add-on

In 2 instances, documentation did not support the diagnosis of Alzheimer's/dementia required for the add-on. 2, 19

10 NYCRR §86-2.40 (z)(1)

RUGS-II Classifications Overturned

In 19 instances, the RUG classifications were overturned. 1, 2, 3, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 18, 19, 20, 21, 23, 24

10 NYCRR §86-2.10, Volume A-2