



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 1, 2016

[REDACTED]
Dutchess Center for Rehabilitation and Healthcare
(aka The Grand Rehabilitation and Nursing at Pawling)
9 Reservoir Road
Pawling, New York 12564

Re: MDS Final Audit Report
Audit #: 13-4371
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 Dutchess Center for Rehabilitation and Healthcare (aka The Grand Rehabilitation and Nursing at Pawling) 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.

Since you did not respond to our draft audit report dated March 23, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$17,735.24 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.

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

[REDACTED]

Page 2
August 1, 2016

Questions regarding the request for a hearing should be directed to the Office of Counsel, at [REDACTED].

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 [REDACTED]
[REDACTED].

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 DUTCHESS CENTER FOR REHABILITATION AND HEALTHCARE
 AUDIT 13-4371
 CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.16	12,162	\$14,107.92
Non-Medicare/Part D Eligible	\$1.18	3,074	\$3,627.32
Total			\$17,735.24

*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
 DUTCHESS CENTER FOR REHABILITATION AND HEALTHCARE
 AUDIT #13-4371
 FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported	Derived	Reported	Derived	DETAILED FINDINGS		
		RUG	RUG	RUG Weight	RUG Weight	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SPECIAL TREATMENTS, PROCEDURES
1	[REDACTED]	RMB	RMB	1.22	1.22			
2	[REDACTED]	RVC	RVC	1.53	1.53			
3	[REDACTED]	CB1	CB1	0.86	0.86		1	
4	[REDACTED]	CC1	CC1	0.98	0.98			
5	[REDACTED]	RVB	RVB	1.39	1.39			
6	[REDACTED]	CC2	CC2	1.12	1.12			
7	[REDACTED]	CB2	CB2	0.91	0.91		1	
8	[REDACTED]	RHC	RHC	1.40	1.40			
9	[REDACTED]	RMX	RMX	1.96	1.96			
10	[REDACTED]	RHC	RHC	1.40	1.40			
11	[REDACTED]	RMC	RMC	1.27	1.27			
12	[REDACTED]	RMA	RMA	1.17	1.17			
13	[REDACTED]	RUC	RUC	1.82	1.82			
14	[REDACTED]	PE1	PE1	0.79	0.79			
15	[REDACTED]	RHC	RHC	1.40	1.40			

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 DUTCHESS CENTER FOR REHABILITATION AND HEALTHCARE
 AUDIT #13-4371
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS		
					DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SPECIAL TREATMENTS, PROCEDURES
16	SSC	SSC	1.12	1.12			
17	CA2	CA2	0.84	0.84			
18	SE2	SE2	1.37	1.37			1
19	RMB	RMB	1.22	1.22			
20	CC1	CC1	0.98	0.98			1
21	RMX	RMB	1.96	1.22	1	1	1
TOTALS					<u>1</u>	<u>1</u>	<u>5</u>

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
DUTCHESS CENTER FOR REHABILITATION AND HEALTHCARE
AUDIT #13-4371
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*

Eating Self-Performance

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

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 21

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 2 instances, documentation did not support the number of days with MD exams during the look back period. 3, 7

In 2 instances, documentation did not support the number of days with MD orders during the look back period. 18, 20

In 1 instance, documentation did not support a drug or biological given by intravenous push, epidural pump, or drip through a central line or peripheral port during the look back period. 21

RUGS-II Classifications Overturned

In 1 instance, the RUG classifications were overturned. 21

10 NYCRR §86-2.10, Volume A-2