



**Office of the  
Medicaid Inspector  
General**

**ANDREW M. CUOMO**  
Governor

**DENNIS ROSEN**  
Medicaid Inspector General

June 10, 2016

██████████  
Northern Dutchess Residential Health Care Facility  
P.O. Box 514  
6525 Springbrook Avenue  
Rhinebeck, New York 12572

Re: MDS Final Audit Report  
Audit #: 13-4459  
Provider ID#: ██████████

Dear ██████████

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 Northern Dutchess Residential Health Care Facility 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 April 21, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$10,918.94 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

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

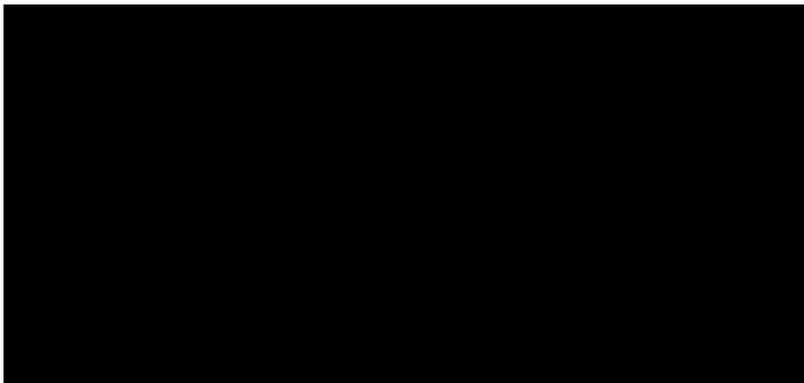
Pursuant to 18 NYCRR §519.18, at the hearing you have the right to:

- (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]



Division of Medicaid Audit  
Office of the Medicaid Inspector General



OFFICE OF THE MEDICAID INSPECTOR GENERAL  
NORTHERN DUTCHESS RESIDENTIAL HEALTH CARE FACILITY  
AUDIT # 13-4459  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$0.99	10,866	\$10,757.34
Non-Medicare/Part D Eligible	\$1.01	160	\$161.60
Total			<u>\$10,918.94</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  
 NORTHERN DUTCHESS RESIDENTIAL HEALTH CARE FACILITY  
 AUDIT #13-4459  
 FINDINGS BY SAMPLE NUMBER

Sample #	Name	ARD	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS									
							DISALLOW COGNITIVE PATTERN	DISALLOW BEHAVIOR	DISALLOW BED MOBILITY	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW OCCUPATION THERAPY	DISALLOW NURSING REHABILITATION CLAIMED		
1	I.B.	05/09/2012	RMC	RMC	1.27	1.27				1		1				
2	C.C.	06/21/2012	PD2	PD2	0.73	0.73										
3	M.C.	07/12/2012	PA2	PA1	0.48	0.46										1
4	R.C.	06/28/2012	RMC	PD2	1.27	0.73			1		1		1			
5	B.C.	05/30/2012	IA1	IA1	0.61	0.61										
6	F.D.	05/24/2012	BA1	PA1	0.47	0.46		1								
7	J.F.	07/03/2012	IB2	IB1	0.80	0.78										1
8	H.G.	07/03/2012	PA2	PA1	0.48	0.46										1
9	C.H.	06/27/2012	IB1	PD1	0.78	0.72			1	1		1				
10	J.M.	07/03/2012	CB1	CA1	0.86	0.77				1						
11	E.M.	05/03/2012	IB1	IB1	0.78	0.78										
12	G.R.	07/03/2012	IA1	IA1	0.61	0.61										
13	J.R.	07/11/2012	IB2	BB1	0.80	0.66		1			1					1
14	R.S.	06/29/2012	RMA	RMA	1.17	1.17										
15	L.T.	06/20/2012	PE1	PE1	0.79	0.79						1				
16	K.W.	07/11/2012	SSB	SSB	1.06	1.06			1			1				
17	E.Z.	07/03/2012	RHB	RHB	1.27	1.27										
TOTALS								1	1	3	3	2	4	1	4	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
NORTHERN DUTCHESS RESIDENTIAL HEALTH CARE FACILITY  
AUDIT #13-4459  
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 1 instance, documentation did not support staff assessment for impaired cognition. 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 1 instance, documentation did not support the frequency of resistance to care. 6

**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. 16

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 4

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 9

**Transfer Self-Performance**

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

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 10

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 9

**Eating Self-Performance**

In 1 instance, documentation did not support resident required total assist every time. 13

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 4

Toilet Use Self-Performance

In 3 instances, documentation did not support resident required total assist every time. 1, 15, 16

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 9

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 medical necessity for therapy and/or therapy was not reasonable for resident condition. 4

Restorative Nursing Programs

In 2 instances, documentation did not support resident participated in a nursing rehabilitation program. 8, 13

In 1 instance, documentation did not support greater than 15 minutes of nursing therapy per day. 3

In 1 instance, documentation did not support measurable goals and/or periodic evaluation of the nursing rehabilitation program. 7

**RUGS-II Classifications Overturned**

In 8 instances, the RUG classifications were overturned. 3, 4, 6, 7, 8, 9, 10, 13

*10 NYCRR §86-2.10, Volume A-2*