



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 26, 2016

[REDACTED]
River Valley Care Center, Inc.
140 Main Street
Poughkeepsie, New York 12601

Re: MDS Final Audit Report
Audit #: 13-2382
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 River Valley Care Center, Inc. for the census period ending January 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.

In your response to the draft audit report dated November 10, 2015, you identified specific audit findings with which you disagreed. Your comments have been considered (see Attachment D) and the report has been either revised accordingly and/or amended to address your comments (see Attachment D).

The Medicaid overpayment of \$21,121.14 was calculated using the number of Medicaid days paid for the rate period July 1, 2012 through December 31, 2012 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
RIVER VALLEY CARE CENTER
AUDIT # 13-2382
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$1.02	20,707	\$21,121.14
Non-Medicare/Part D Eligible	\$1.04	0	\$0.00
Total			<u>\$21,121.14</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
RIVER VALLEY CARE CENTER
AUDIT #13-2382
FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS		
						DISALLOW ACTIVE DISEASE DIAGNOSIS	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW PHYSICAL THERAPY
1	[REDACTED]	RMB	RMB	1.22	1.22			
2	[REDACTED]	RMA	RMA	1.17	1.17			
3	[REDACTED]	RMA	RMA	1.17	1.17			
4	[REDACTED]	PA1	PA1	0.46	0.46			
5	[REDACTED]	CA1	CA1	0.77	0.77			
6	[REDACTED]	PA1	PA1	0.46	0.46			
7	[REDACTED]	RMA	RMA	1.17	1.17			
8	[REDACTED]	RVC	RVC	1.53	1.53			
9	[REDACTED]	RHB	RHB	1.27	1.27			
10	[REDACTED]	RMC	RMC	1.27	1.27			
11	[REDACTED]	PA1	PA1	0.46	0.46			
12	[REDACTED]	RMC	RMC	1.27	1.27			
13	[REDACTED]	RMA	RMA	1.17	1.17			
14	[REDACTED]	RUB	RUB	1.53	1.53			
15	[REDACTED]	RMA	RMA	1.17	1.17			
16	[REDACTED]	PA1	PA1	0.46	0.46			
17	[REDACTED]	RMA	CA1	1.17	0.77		1	
18	[REDACTED]	RMC	RMC	1.27	1.27			
19	[REDACTED]	PA1	PA1	0.46	0.46			

OFFICE OF THE MEDICAID INSPECTOR GENERAL
RIVER VALLEY CARE CENTER
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						DISALLOW ACTIVE DISEASE DIAGNOSIS	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW PHYSICAL THERAPY
20	[REDACTED]	PA1	PA1	0.46	0.46			
21	[REDACTED]	PD1	PD1	0.72	0.72			
22	[REDACTED]	RMA	PA1	1.17	0.46		1	
23	[REDACTED]	RMC	RMC	1.27	1.27			
24	[REDACTED]	PA1	PA1	0.46	0.46			
25	[REDACTED]	PA1	PA1	0.46	0.46			
26	[REDACTED]	PA1	PA1	0.46	0.46			
27	[REDACTED]	PC2	PC2	0.67	0.67			
28	[REDACTED]	IA1	IA1	0.61	0.61			
29	[REDACTED]	RHC	RHC	1.40	1.40			
30	[REDACTED]	RMA	RMA	1.17	1.17			
31	[REDACTED]	PD1	PD1	0.72	0.72			
32	[REDACTED]	PA1	PA1	0.46	0.46			
33	[REDACTED]	PA1	PA1	0.46	0.46			
34	[REDACTED]	SSC	SSC	1.12	1.12			
35	[REDACTED]	CA1	CA1	0.77	0.77		1	
36	[REDACTED]	RMC	RMC	1.27	1.27			
37	[REDACTED]	PD2	PD2	0.73	0.73			
38	[REDACTED]	SE2	SE2	1.37	1.37			1

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 RIVER VALLEY CARE CENTER
 AUDIT #13-2382
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Sample #	[REDACTED]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS		
						DISALLOW ACTIVE DISEASE DIAGNOSIS	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW PHYSICAL THERAPY
39	[REDACTED]	BA1	BA1	0.47	0.47			
40	[REDACTED]	RMB	RMB	1.22	1.22			
41	[REDACTED]	SSA	SSA	1.03	1.03	1		
42	[REDACTED]	RMA	RMA	1.17	1.17			
TOTALS	[REDACTED]					<u>1</u>	<u>2</u>	<u>2</u>

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
RIVER VALLEY CARE CENTER
AUDIT #13-2382
MDS DETAILED FINDINGS**

MDS FINDINGS**SAMPLE SELECTION****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 1 instance, documentation did not support cerebral palsy as an active physician documented diagnosis in the past 60 days. 41

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. 38

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 35

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

Physical Therapy

In 2 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 17, 22

RUGS-II Classifications Overturned

In 2 instances, the RUG classifications were overturned. 17, 22

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
RIVER VALLEY CARE CENTER
AUDIT #13-2382
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#17	O0400C Physical Therapy	<ul style="list-style-type: none"> • OMIG Findings by Sample Number • OMIG Attachment C • Physician Orders (dated 09/29/11) for Physical Therapy (two orders). • Physician Orders (dated 10/31/11) for Physical Therapy • Physical Therapy Evaluation/ Plan of Care/ Discharge Summary • Physical Therapy Progress Note • Physical Therapy Billing Log • Rehabilitation – PT/OT Screen 	Denied	MDS with ARD 10/28/11 documentation provided does not support the MDS Manual, Section O.

#22	O0400C Physical Therapy	<ul style="list-style-type: none"> • OMIG Findings by Sample Number • OMIG Attachment C • Physician Orders (dated 01/17/12) for Physical Therapy (two orders). • Nursing/Rehabilitation Communication Form • Physical Therapy Evaluation/ Plan of Care/ Discharge Summary • Physical Therapy Progress Note (two pages) • Physical Therapy Billing Log (two pages) 	Denied	MDS with ARD 01/25/12 documentation provided does not support the MDS Manual, Section O.
#30	O0400C Physical Therapy		Accepted	Disallowance was reversed and will be not be included in the Final Report.
#42	O0400C Physical Therapy		Accepted	Disallowance was reversed and will be not be included in the Final Report.