

FINAL

**Kern Regional Center
Targeted Case Management and
Nursing Home Reform
Monitoring Review Report**

Conducted by:

Department of Developmental Services

January 13-16, 2014

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) conducted a federal compliance monitoring review of the Targeted Case Management (TCM) and Nursing Home Reform (NHR) programs from January 13-16, 2014, at Kern Regional Center (KRC). The monitoring team selected 33 consumer records for the TCM review. A sample of three records was selected for consumers who had previously been referred to KRC for a NHR assessment.

Purpose of the Review

Case management services for regional center consumers with developmental disabilities were added as a medical benefit to the Medi-Cal State Plan in 1986 under Title XIX of the Social Security Act. TCM services are those “. . . services which will assist individuals in gaining access to needed medical, social, educational, and other services.” DDS implemented the TCM program statewide on July 1, 1988.

The NHR Pre-Admission Screening/Resident Review (PAS/RR) program involves determining whether an individual in a nursing facility with suspected developmental disabilities is developmentally disabled and requires specialized services.

Overview of the TCM/NHR Compliance Monitoring Protocol

The review criteria for the TCM and NHR programs are derived from federal and state statutes and regulations and the Center for Medicare & Medicaid Services guidelines relating to the provision of these services.

Findings

Section I – Targeted Case Management

Thirty-three consumer records, containing 2,804 billed units, were reviewed for three criteria. The sample records were 100% in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 77% in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 100% in compliance for criterion 3 (TCM service documentation identifies the individual who wrote the note and the date the note was completed).

Section II – Nursing Home Reform

Three consumer records were reviewed for three criteria. The three sample records were 100% in compliance for criterion 1 (records contain evidence of DDS' NHR referrals), 100% in compliance for criterion 2 (reporting disposition of referrals to DDS), and 100% in compliance for criterion 3 (submission of billing claims forms).

SECTION I TARGETED CASE MANAGEMENT

Criterion

1. The Targeted Case Management (TCM) service and unit documentation matches information transmitted to the Department of Developmental Services (DDS).

Finding

KRC transmitted 2,804 TCM units to DDS for the thirty-three sample consumers. All of the recorded units matched the number of units reported to DDS.

Recommendation

None

2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.

Allowable TCM units are based on services which assist consumers to gain access to needed social, educational, medical or other services and include the following components: 1) assessment and periodic reassessment to determine service needs; 2) development and periodic revision of an individual program plan (IPP) based on the information collected through the assessment or reassessment; 3) monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the IPP is effectively implemented and adequately addresses the needs of the consumer; and 4) referral and related activities to help the consumer obtain needed services. However, it is important to note that TCM does not include the direct provision of these needed services.

Finding

The sample of thirty-three consumer records contained 2,804 billed TCM units. Of this total, 2,145 (77%) of the units contained descriptions that were consistent with the definition of TCM services. Six hundred and fifty-nine of the billed units had descriptions of activities that were either not consistent with the definition of TCM services, did not support the amount of time claimed or were duplicative entries. A number of the identified units were for activities completed by clinical team members. Clinical team activities cannot be claimed as case management. Detailed information on these findings and the actions required will be sent under a separate cover letter.

Recommendation	Regional Center Plan/Response
KRC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	All units reversed. KRC to conduct Unit Orientation/Group Training in 2/2015 to ensure that staff is able to recognize when to claim TCM units and when activities are not billable.
KRC should ensure that clinical team activities are not claimed as case management.	XXXXXXXX Coordinator to change table of codes to ensure that non-case management staff are not entering eligible units.
KRC should determine if the clinicians are appropriately classified as case management staff.	XXXXXXXX Coordinator to change table of codes to ensure than non-case management staff are not entering eligible units.

- The TCM documentation identifies the service coordinator recording the notes and each note is dated.

Finding

The TCM documentation in the thirty-three sample consumer records identified the service coordinator or other individual who wrote the note and the date the note was completed.

Recommendation

None

SECTION II NURSING HOME REFORM

Criterion

1. There is evidence of dispositions for the Department of Developmental Services' (DDS) Nursing Home Reform (NHR) referrals.

Finding

The three sample consumer records contained a copy of the Pre-Admission Screening/Resident Review (PAS/RR) Level I form, or NHR automated printout.

Recommendation

None

2. The disposition is reported to DDS.

Finding

The three sample consumer records contained a PAS/RR Level II document or written documentation responding to DDS' request for a disposition.

Recommendation

None

3. The regional center submitted a claim for the referral disposition.

Finding

The billing information for the three sample consumers had been entered into the AS 400 computer system.

Recommendation

None

SAMPLE CONSUMERS
TCM Review

#	UCI
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX
12	XXXXXXXX
13	XXXXXXXX
14	XXXXXXXX
15	XXXXXXXX
16	XXXXXXXX
17	XXXXXXXX
18	XXXXXXXX
19	XXXXXXXX
20	XXXXXXXX
21	XXXXXXXX
22	XXXXXXXX
23	XXXXXXXX
24	XXXXXXXX
25	XXXXXXXX
26	XXXXXXXX
27	XXXXXXXX
28	XXXXXXXX
29	XXXXXXXX
30	XXXXXXXX
31	XXXXXXXX
32	XXXXXXXX
33	XXXXXXXX

NHR Review

#	UCI
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 33 Records Billed Units Reviewed: 2,804	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	2,804	0		100	0
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	2,145	659		77	23
3. The TCM documentation identifies the service coordinator recording the notes and each note is dated	2,804	0		100	0

NHR DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 3 Records	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. There is evidence of dispositions for DDS NHR referrals.	3	0		100	0
2. Dispositions are reported to DDS.	3	0		100	0
3. The regional center submits claims for referral dispositions.	3	0		100	0