

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

**Conducted by:**

**Department of Developmental Services**

**August 10 – 13, 2009**

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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 August 10 - 13, 2009 at Westside Regional Center (WRC). The monitoring team selected 37 consumer records for the TCM review. A sample of nine records was selected for consumers who had previously been referred to WRC 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-seven consumer records, containing 3,485 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), 90% 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

Nine consumer records were reviewed for three criteria. The nine sample records were 100% in compliance for criterion 1 (records contain evidence of DDS' NHR referrals), 78% 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).

### Findings

WRC transmitted 3,485 TCM units to DDS for the thirty-seven sample consumers. All of the recorded units matched the number of units reported to DDS.

### Recommendations

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.

### Findings

The sample of thirty-seven consumer records contained 3,485 billed TCM units. Of this total, 3,155 (91%) of the units contained descriptions that were consistent with the definition of TCM services. Three hundred thirty of the billed units had descriptions of activities that were not consistent with the definition of TCM services. Detailed information on these findings and the actions required will be sent under a separate cover letter.

Recommendation	Regional Center Plan/Response
WRC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	WRC agrees to reverse these claims and will provide training to insure more accurate claims in the future.

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

#### Findings

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

#### Recommendations

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.

### Findings

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

### Recommendations

None

2. The disposition is reported to DDS.

### Findings

Seven of the nine sample consumer records contained a PASRR Level II document or written documentation responding to DDS' request for a disposition. However, WRC did not provide written documentation responding to DDS' request for a disposition for consumers #X and #X.

2. Recommendations	Regional Center Plan/Response
WRC should ensure that DDS is notified of the disposition of NHR referrals for consumers #X and #X within 30 days of the receipt of the referral.	WRC has instituted a plan that will insure that DDS will be notified of the disposition of any NHR referral within 30 days of their receipt

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

### Findings

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

### Recommendations

None

**SAMPLE CONSUMERS  
TCM Review**

#	UCI	#	UCI
1	XXXXXXXX	20	XXXXXXXX
2	XXXXXXXX	21	XXXXXXXX
3	XXXXXXXX	22	XXXXXXXX
4	XXXXXXXX	23	XXXXXXXX
5	XXXXXXXX	24	XXXXXXXX
6	XXXXXXXX	25	XXXXXXXX
7	XXXXXXXX	26	XXXXXXXX
8	XXXXXXXX	27	XXXXXXXX
9	XXXXXXXX	28	XXXXXXXX
10	XXXXXXXX	29	XXXXXXXX
11	XXXXXXXX	30	XXXXXXXX
12	XXXXXXXX	31	XXXXXXXX
13	XXXXXXXX	32	XXXXXXXX
14	XXXXXXXX	33	XXXXXXXX
15	XXXXXXXX	34	XXXXXXXX
16	XXXXXXXX	35	XXXXXXXX
17	XXXXXXXX	36	XXXXXXXX
18	XXXXXXXX	37	XXXXXXXX
19	XXXXXXXX		

**NHR Review**

#	UCI
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX

## ATTACHMENT I

### TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 37 Records Billed Units Reviewed: 3,485	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	3,485	0		100	0
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	3,155	330		91	9
3. The TCM documentation identifies the service coordinator recording the notes and each note is dated	3,485	0		100	0

### NHR DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 9 Records	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. There is evidence of dispositions for DDS NHR referrals.	9	0		100	
2. Dispositions are reported to DDS.	7	2		78	22
3. The regional center submits claims for referral dispositions.	7	0	2	100	