

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

**Conducted by:**

**Department of Developmental Services**

**February 29–March 4, 2016**

## TABLE OF CONTENTS

|   |        |
|---|--------|
| EXECUTIVE SUMMARY.....                                  | page 3 |
| SECTION I: TARGETED CASE MANAGEMENT .....               | page 4 |
| SECTION II: NURSING HOME REFORM.....                    | page 6 |
| SAMPLE CONSUMERS .....                                  | page 7 |
| ATTACHMENT I: TCM AND NHR DISTRIBUTION OF FINDINGS..... | page 8 |

## 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 February 29 – March 4, 2016, at Redwood Coast Regional Center (RCRC). The monitoring team selected 19 consumer records for the TCM review. A sample of four records was selected from consumers who had previously been referred to RCRC for an 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 Centers for Medicare & Medicaid Services guidelines relating to the provision of these services.

### Findings

#### Section I – Targeted Case Management

Nineteen consumer records, containing 886 billed units, were reviewed for three criteria. The sample records were 99 percent in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 96 percent in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 100 percent 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

Four consumer records were reviewed for three criteria. The four sample records were 100 percent in compliance for all three criteria.

## 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

RCRC transmitted 886 TCM units to DDS for the 19 sample consumers. Of this total, 880 (99 percent) of the units matched the number of units reported to DDS. Six of the units did not have descriptions of the activities billed. A detailed description of this finding and the actions required will be sent under a separate cover letter.

| Recommendation   | Regional Center Plan/Response                 |
|--|---|
| RCRC should ensure that the time claimed on this identified activity is consistent with described activities (sent separately). The time should be reversed. | RCRC will reverse the time for these entries. |

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 19 consumer records contained 886 billed TCM units. Of this total, 848 (96 percent) of the units contained descriptions that were consistent with the definition of TCM services.

| Recommendation   | Regional Center Plan/Response  |
|--|--|
| RCRC should ensure that the time spent on the identified activities that are inconsistent with TCM services (sent separately) is reversed. | RCRC will review the identified entries and reverse them as appropriate. |

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

Finding

The TCM documentation in the 19 sample consumer records identified the service coordinator who wrote the note and the date the service 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 four 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 four sample consumer records contained a PAS/RR Level II document or written documentation responding to the Level I referral.

### Recommendation

None.

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

### Finding

The billing information for the four sample consumers had been entered into the AS 400 computer system and electronically transmitted to DDS.

### Recommendation

None.

## SAMPLE CONSUMERS

### TCM Review

| #  | UCI    |
|----|--------|
| 1  | XXXXXX |
| 2  | XXXXXX |
| 3  | XXXXXX |
| 4  | XXXXXX |
| 5  | XXXXXX |
| 6  | XXXXXX |
| 7  | XXXXXX |
| 8  | XXXXXX |
| 9  | XXXXXX |
| 10 | XXXXXX |
| 11 | XXXXXX |
| 12 | XXXXXX |
| 13 | XXXXXX |
| 14 | XXXXXX |
| 15 | XXXXXX |
| 16 | XXXXXX |
| 17 | XXXXXX |
| 18 | XXXXXX |
| 19 | XXXXXX |

### NHR Review

| # | UCI    |
|---|--------|
| 1 | XXXXXX |
| 2 | XXXXXX |
| 3 | XXXXXX |
| 4 | XXXXXX |

## ATTACHMENT I

### TCM DISTRIBUTION OF FINDINGS

| CRITERION PERFORMANCE INDICATOR<br>Sample Size: 19 Records<br>Billed Units Reviewed: 886         | # OF OCCURRENCES |    |    | % OF OCCURRENCES |    |
|--|------------------|----|----|------------------|----|
|  | YES              | NO | NA | YES              | NO |
| 1. The TCM service and unit documentation matches the information transmitted to DDS.            | 880              | 6  |    | 99               | 1  |
| 2. The TCM service documentation billed to DDS is consistent with the definition of TCM service. | 848              | 38 |    | 96               | 4  |
| 3. The TCM service documentation is signed and dated by appropriate regional center personnel.   | 886              | 0  |    | 100              | 0  |

### NHR DISTRIBUTION OF FINDINGS

| CRITERION PERFORMANCE INDICATOR<br>Sample Size: 4 Records        | # OF OCCURRENCES |    |    | % OF OCCURRENCES |    |
|--|------------------|----|----|------------------|----|
|  | YES              | NO | NA | YES              | NO |
| 1. There is evidence of dispositions for DDS NHR referrals.      | 4                | 0  |    | 100              | 0  |
| 2. Dispositions are reported to DDS.                             | 4                | 0  |    | 100              | 0  |
| 3. The regional center submits claims for referral dispositions. | 4                | 0  |    | 100              | 0  |