

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

**Conducted by:**

**Department of Developmental Services**

**October 27- 29, 2008**

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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 October 27-29, 2008 at San Diego Regional Center (SDRC). The monitoring team selected 50 consumer records for the TCM review. A sample of nine records was selected from consumers who had previously been referred to SDRC 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 Centers for Medicare & Medicaid Services guidelines relating to the provision of these services.

### Findings

#### Section I – Targeted Case Management

Fifty consumer records, containing 2,310 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), 96% 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), 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).

### Findings

SDRC transmitted 2,310 TCM units to DDS for the 50 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 50 consumer records contained 2,310 billed TCM units. Of this total, 2,210 (96%) of the units contained descriptions that were consistent with the definition of TCM services. One hundred 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
SDRC should ensure that the time claimed on those identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	SDRC reversed the TCM units which were inconsistent with the TCM claimable services guidelines. Changes were made on the I-5 (AS/400) and transmitted to DDS in July 2009.

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

#### Findings

The TCM documentation in the 50 sample consumer records identified the service coordinator 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

The nine sample consumer records contained a PAS/RR Level II document or written documentation responding to the Level I referral.

### Recommendations

None.

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

### Findings

The billing information for the nine sample consumers had been entered into the AS400 computer system. The billing information for consumers #X, #X, #X, #X, #X, and #X indicated that a "full assessment" was completed in response to the Level I PAS/RR referral. However, the consumers' records did not document all the activities (e.g. medical, psychological and social assessments) required for a "full assessment" billing.

Recommendation	Regional Center Plan/Response
SDRC should review the activities conducted in response to the PAS/RR for consumers #X, #X, #X, #X, #X, and #X and adjust the amounts billed to the appropriate levels.	SDRC adjusted the amounts billed for these consumers to the appropriate levels of assessment that was conducted. Staff training was provided.

**SAMPLE CONSUMERS  
 TCM Review**

	<b>UCI</b>	<b>#</b>	<b>UCI</b>
1	XXXXXXXX	26	XXXXXXXX
2	XXXXXXXX	27	XXXXXXXX
3	XXXXXXXX	28	XXXXXXXX
4	XXXXXXXX	29	XXXXXXXX
5	XXXXXXXX	30	XXXXXXXX
6	XXXXXXXX	31	XXXXXXXX
7	XXXXXXXX	32	XXXXXXXX
8	XXXXXXXX	33	XXXXXXXX
9	XXXXXXXX	34	XXXXXXXX
10	XXXXXXXX	35	XXXXXXXX
11	XXXXXXXX	36	XXXXXXXX
12	XXXXXXXX	37	XXXXXXXX
13	XXXXXXXX	38	XXXXXXXX
14	XXXXXXXX	39	XXXXXXXX
15	XXXXXXXX	40	XXXXXXXX
16	XXXXXXXX	41	XXXXXXXX
17	XXXXXXXX	42	XXXXXXXX
18	XXXXXXXX	43	XXXXXXXX
19	XXXXXXXX	44	XXXXXXXX
20	XXXXXXXX	45	XXXXXXXX
21	XXXXXXXX	46	XXXXXXXX
22	XXXXXXXX	47	XXXXXXXX
23	XXXXXXXX	48	XXXXXXXX
24	XXXXXXXX	49	XXXXXXXX
25	XXXXXXXX	50	XXXXXXXX

**NHR Review**

<b>#</b>	<b>UCI</b>
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX

## ATTACHMENT I

### TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 50 Records Billed Units Reviewed: 2,310	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	2,311	0		100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	2,211	100		96	4
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	2,310	0		100	

### 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.	9	0		100	
3. The regional center submits claims for referral dispositions.	9	0		100	