

**Eastern Los Angeles Regional Center
Targeted Case Management and
Nursing Home Reform
Monitoring Review Report**

Conducted by:

Department of Developmental Services

February 21-March 3, 2023

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 9

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 21-March 3, 2023, at Eastern Los Angeles Regional Center (ELARC). The monitoring team selected 31 consumer records for the TCM review. A sample of 10 records was selected from consumers who had previously been referred to ELARC 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 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

Thirty-one consumer records, containing 3,017 billed units, were reviewed for three criteria. The sample records were 100 percent in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 97 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

Ten consumer records were reviewed for three criteria. The 10 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).

Finding

ELARC transmitted 3,017 TCM units to DDS for the 31 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.

Findings

The sample of 31 consumer records contained 3,017 billed TCM units. Of this total, 2,930 (97 percent) of the units contained descriptions that were consistent with the definition of TCM services.

Recommendation	Regional Center Plan/Response
ELARC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	Units claimed will be changed to 0 (zero) as the activity did occur but is an administrative task. Other claims have been reduced and additional descriptions added to clarify the case management activities.

	Effective immediately, detailed training on Targeted Case Management will be incorporated into the Medicaid Wavier Training for new staff, which is held on a monthly basis. This training will be open as well to senior staff who may need a refresher. Effective immediately supervisors will be directed to select random samples of TCM's from their Service Coordinators which conducting supervision with Service Coordinators to assess if the Service Coordinators are claiming the correct types of activities. If the Supervisor identified any concerns or patterns from a Service Coordinator, that Service Coordinator will be instructed to retake the TCM portion of the Medicaid Waiver training. Effective immediately Targeted Case Management activities will also be discussed periodically during the Consumer Services all staff trainings which are held 4 times throughout the calendar year.
--	--

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

Finding

The TCM documentation in the 31 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 10 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 10 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 10 sample consumers had been entered into the AS 400 computer system and electronically transmitted to DDS.

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

NHR Review

#	UCI
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: 31 Records Billed Units Reviewed: 3,017	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	3,017			100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	2,930	87		97	3
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	3,017			100	

NHR DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 10 Records	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. There is evidence of dispositions for DDS NHR referrals.	10			100	
2. Dispositions are reported to DDS.	10			100	
3. The regional center submits claims for referral dispositions.	10			100	