

Alta California Regional Center Targeted Case Management and Nursing Home Reform Monitoring Report

Conducted by: Department of
Developmental Services

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SECTION I: TARGETED CASE MANAGEMENT

Fifty records of individuals supported by Alta California Regional Center (ACRC), containing 4,415 billed units, were reviewed for the review period of March 1, 2024, through February 28, 2025, to ensure that the regional center is in compliance with the Federal and State laws and regulations and the Centers for Medicare & Medicaid Services’ guidelines relating to the provision of Targeted Case Management (TCM).

The sample records were 100 percent in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to the Department), 99 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).

Findings

Criterion 2: The sample of 50 records contained 4,415 billed TCM units. Of this total, 4,403 (99 percent) of the units contained descriptions that were consistent with the definition of TCM services.

Recommendation	Regional Center Plan/Response
ACRC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	ACRC has reversed all of the time identified as not consistent with TCM claimable services. Alta staff will receive ongoing training on T-19 note documentation.

SECTION II: NURSING HOME REFORM

A sample of 10 records of individuals who were referred to ACRC for the Pre-Admission Screening/Resident Review (PAS/RR) program were reviewed for the period of March 1, 2024, through February 28, 2025 to ensure that the regional center is in compliance with the Centers for Medicare & Medicaid Services' guidelines relating to Nursing Home Reform (NHR) to determine whether an individual in a nursing facility with suspected developmental disabilities, has a developmental disability and requires specialized services.

The 10 sample records were 100 percent in compliance for criterion 1 (records contained a copy of the PAS/RR Level I form, or NHR automated printout), criterion 2 (records of individuals served contained a PAS/RR Level II document or written documentation responding to the Level I referral), and criterion 3 (the billing information for the 10 sample of individuals served had been entered into the AS 400 computer system and electronically transmitted to the Department).

Findings

None