Westside Regional Center

Targeted Case Management and Nursing Home Reform Monitoring Report

Conducted by: Department of Developmental Services

Review Dates: September 8-19, 2025

DDS Department of Developmental Services

TABLE OF CONTENTS

SECTION I: TARGETED CASE MANAGEMENT

Twenty-eight records of individuals supported by Westside Regional Center (WRC), containing 1,503 billed units, were reviewed for the review period of June 1, 2024, through May 31, 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 28 records contained 1,503 billed TCM units. Of this total, 1,487 (99 percent) of the units contained descriptions that were consistent with the definition of TCM services.

Recommendation	Regional Center Plan/Response
WRC should assure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	We agree with the administrative and/or duplication present in all identified T19 notes and will reverse all the claims accordingly. We will train our staff on appropriate T19 billing and develop missing guidance material by June 30, 2026.

SECTION II: NURSING HOME REFORM

There were no available sample records of individuals who were referred to WRC for the Pre-Admission Screening/Resident Review (PAS/RR) program were reviewed for the period of June 1, 2024, through May 31, 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.

Finding

Recommendation	Regional Center Plan/Response
WRC should assure billing is submitted to the Department timely for individuals referred for the Pre-Admission Screening/Resident Review (PAS/RR) program	WRC has implemented corrective measures to ensure timely billing submission to DDS for individuals referred under the PASRR program. Service Coordinators are now required to complete the PASRR Level II Summary Form within 9 working days of receiving a Level I screening, ensuring that all required clinical and service information is included: if the form cannot be fully completed it must still be submitted within the required timeframe with a written explanation. To promote consistency and completeness, the Level II Summary Form, PASRR Summary Report, and Nursing Home Reform Claim Form must be combined into one PDF and submitted to the WRC designated PASRR lead through a standardized document submission process. The designated PASRR lead is responsible for forwarding Nursing Home Reform Claim Forms to the WRC accounting designee for timely billing submission to DDS PASRR Team. Additionally, WRC has established a centralized tracking and monitoring system to oversee the receipt, submission, forwarding, and billing of all PASRR related documents, ensuring compliance with required timelines. This corrective action applies to initial Level II evaluations. Annual Reviews, and individuals with Case Status Code 4 to

	maintain ongoing compliance and ensure timely reimbursements.