

**Tri-Counties Regional Center
Targeted Case Management and
Nursing Home Reform
Monitoring Review Report**

Conducted by:

Department of Developmental Services

April 16 – 19, 2012

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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 April 16 – 19, 2012, at Tri-Counties Regional Center (TCRC). The monitoring team selected 50 consumer records for the TCM review. A sample of ten records was selected for consumers who had previously been referred to TCRC 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 Center for Medicare & Medicaid Services guidelines relating to the provision of these services.

Findings

Section I – Targeted Case Management

Fifty consumer records, containing 2,704 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), 97% 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

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

Finding

TCRC transmitted 2,704 TCM units to DDS for the fifty 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 50 sample consumer records contained 2,704 billed TCM units. Of this total, 2,620 (97%) of the units contained descriptions that were consistent with the definition of TCM services. Eighty-four 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.

Recommendations	Regional Center Plan/Response
TCRC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	TCRC has reversed or reduced the identified TCM activities.

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

Finding

The TCM documentation in the fifty sample consumer records identified the service coordinator or other individual who wrote the note and the date the note 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 ten 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 ten sample consumer records contained a PASRR Level II document or written documentation responding to DDS' request for a disposition.

Recommendation

None

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

Finding

The billing information for all ten sample consumers had been entered into the AS 400 computer system.

Recommendation

None

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 50 Records Billed Units Reviewed: 2,704	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
The TCM service and unit documentation matches the information transmitted to DDS.	2,704			100	
The TCM service documentation billed to DDS is consistent with the definition of TCM service.	2,620	84		97	3
The TCM documentation identifies the service coordinator recording the notes and each note is dated	2,704			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	