

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

Conducted by:

Department of Developmental Services

May 17- 20, 2010

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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 May 17-20, 2010, at Tri-Counties Regional Center (TCRC). The monitoring team selected 50 consumer records for the TCM review. A sample of six 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 3,423 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), 94% 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

Six consumer records were reviewed for three criteria. The six 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 3,423 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 3,423 billed TCM units. Of this total, 3,225 (94%) of the units contained descriptions that were consistent with the definition of TCM services. One hundred ninety-eight of the billed units had descriptions of activities that were not consistent with the definition of TCM services. The vast majority of the descriptions were for consumer money management activities such as disbursing consumer funds for bills or spending money and reviewing account balances. This direct provision of services cannot be claimed as case management. Detailed information on these findings and the actions required will be sent under a separate cover letter.

Recommendations	Regional Center Plan/Response
1. TCRC should ensure that the time spent on the identified activities that are inconsistent with TCM services (sent separately) is reversed.	By October 15, 2010, TCRC will have reversed all of the identified units transmitted to DDS that were not consistent with TCM claimable services
2. TCRC should ensure that time spent on activities that are inconsistent with the definition of TCM services, including the direct provision of services for money management, is not transmitted to DDS for TCM claiming.	<p>Notification has been sent to all TCRC Service Coordinators to ensure all money management activities such as disbursing consumer funds for bills or spending money and reviewing account balances are direct care services and are not to be claimed as case management activity.</p> <p>TCRC Services and Support Managers will be participating in a conference call with DDS Federal Programs department on October 19, 2010, to review TCM requirements.</p> <p>TCRC will provide training and follow-up to ensure all services and support staff are only documenting activities that are consistent with the definition of TCM services</p>

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 six 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 six 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 six 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:	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	3,423			100	0
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	3,225	198		94	6
3. The TCM documentation identifies the service coordinator recording the notes and each note is dated	3,423	0		100	0

NHR DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 6 Records	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. There is evidence of dispositions for DDS NHR referrals.	6	0		100	
2. Dispositions are reported to DDS.	6	0		100	
3. The regional center submits claims for referral dispositions.	6	0		100	