North Los Angeles County Regional Center Targeted Case Management and Nursing Home Reform Monitoring Review Report

Conducted by:

Department of Developmental Services

July 29, 2024-August 16, 2024

TABLE OF CONTENTS

EXECUTIVE SUMMARY	. page 3
SECTION I: TARGETED CASE MANAGEMENT	page 4
SECTION II: NURSING HOME REFORM	. page 6
SAMPLE OF INDIVIDUALS SERVED	. page 7
ATTACHMENT I: TCM AND NHR DISTRIBUTION OF FINDINGS	, page 9

EXECUTIVE SUMMARY

The Department of Developmental Services (the Department) conducted a federal compliance monitoring review of the Targeted Case Management (TCM) and Nursing Home Reform (NHR) programs from July 29, 2024 through August 16, 2024 at North Los Angeles County Regional Center (NLACRC). The monitoring team selected 50 records of individuals served for the TCM review for the review period of April 1, 2023, through March 31, 2024. A sample of 10 records was selected from individuals who had previously been referred to (NLACRC) for an NHR assessment.

Purpose of the Review

Case management services for individuals served at the regional center who have 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, has a developmental disability 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

Fifty records of individuals served, containing 2,425 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), 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).

Section II – Nursing Home Reform

Ten records of individuals served were reviewed for three criteria. The 10 sample records were 100 percent in compliance for all 3 criteria.

SECTION I TARGETED CASE MANAGEMENT

Criterion

1. The Targeted Case Management (TCM) service and unit documentation matches information transmitted to the Department.

<u>Finding</u>

NLACRC transmitted 2,425 TCM units to the Department for the 50 sample records of individuals served. All of the recorded units matched the number of units reported to the Department.

Recommendation

None

2. The TCM service documentation billed to the Department is consistent with the definition of TCM service.

Allowable TCM units are based on services which assist individuals served 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 individual; and 4) referral and related activities to help the individual 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 50 records of individuals served contained 2,425 billed TCM units. Of this total, 2,406 (99 percent) of the units contained descriptions that were consistent with the definition of TCM services.

Recommendation	Regional Center Plan/Response
NLACRC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	The importance of billed TCM notes being consistent with the definition of TCM services was discussed at Case Management Leadership Meetings on 8/12/24 and 9/3/24. Units identified as inconsistent with TCM services were reversed or

reduced on 12/17/24. The responses are outlined in the TCM chart under separate cover letter. To ensure further compliance, ongoing targeted retraining is being provided to Service Coordinators, Supervisors, and Directors at unit meetings and Case Management Leadership Meetings. Supervisors to review requirements in monthly unit meetings and individualized supervisions

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

<u>Finding</u>

The TCM documentation in the 50 sample records of individuals served 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's Nursing Home Reform (NHR) referrals.

<u>Finding</u>

The 10 sample records of individuals served 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 the Department.

Finding

The 10 sample records of individuals served 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 of individuals served had been entered into the AS 400 computer system and electronically transmitted to the Department.

Recommendation

None

SAMPLE OF INDIVIDUALS SERVED

TCM Review

#	UCI					
1	7838097					
2	5801790					
3	5801592					
4	7835655					
5	7871125					
6	6631659					
7	7857501					
8	7898377					
9	7855018					
10	6027965					
11	5381835					
12	8236187					
13	5974290					
14	7842743					
15	7889940					
16	78818008					
17	7889494					
18	7883493					
19	7883359					
20	5381637					
21	7815137					
22	7817786					
23	7810807					
24	7858889					
25	7409856					
26	7804685					
27	6330154					
28	5186564					
29	7602264					
30	7881113					
31	7840135					
32	7851272					
33	7576239					
34	7899353					
35	7877725					
36	6725161					
37	7876752					
38	8108400					
39	7883101					
40	7699346					

41	7884544
42	7872233
43	7896258
44	5079132
45	7898120
46	8196429
47	8210961
48	8515664
49	8205362
50	8110651

NHR Review

#	UCI
1	5640818
2	H006155
3	7873802
4	6906154
5	H006304
6	7828452
7	H006070
8	6219552
9	H006601
10	7814916

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 50 Records Billed Units Reviewed: 2,425	# OF OCCURRENCES			% OF OCCURRENCES	
Billed Offits Reviewed. 2,425	YES	NO	NA	YES	NO
The TCM service and unit documentation matches the information transmitted to DDS.	2,425			100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	2,406	19		99	1
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	2,425			100	

NHR DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 10 Records	# OF OCCURRENCES		% OF OCCURRENCES		
	YES	NO	NA	YES	NO
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	