



CALIFORNIA DEPARTMENT OF  
**Mental Health**

Division of Program Compliance- Medi-Cal Oversight  
1600 9<sup>th</sup> Street, Room 410, Sacramento, CA 95814  
Phone: (916) 651-3837 Fax: (916) 651-3921

June 13, 2011

**FINAL REPORT**

**Return Receipt Requested**

Madelyn Schlaepfer, Ph.D., Director  
Stanislaus County Behavioral Health &  
Recovery Services  
800 Scenic Drive, Building 4  
Modesto, CA 95350

Dear Dr. Schlaepfer:

The State Department of Mental Health (DMH) has completed a Medi-Cal Oversight onsite review of Stanislaus County's Mental Health Plan (MHP) pursuant to the California Code of Regulations, title 9, chapter 11, section 1810.380. The purpose of the review was to verify that services were being provided in compliance with Chapter 11 and the provisions of the approved federal waiver for Medi-Cal Specialty Mental Health Services Consolidation.

The DMH utilized the review protocol attached to DMH Information Notice No. 10-16. Enclosed are the following:

1. The "Onsite Review Findings" report identifying the areas of compliance and noncompliance.
2. The "Plan of Correction" report detailing items out of compliance.
3. The "Recoupment Summary" report detailing items to be recouped.

**DATE OF THE REVIEW: January 24-27, 2011**

**REVIEW TEAM:**

Medi-Cal Oversight:	Lydia Garcia Crowell, AMHS, System Lead
Medi-Cal Oversight:	Adam Quintana, M.A., SSMI, System Support
Medi-Cal Oversight:	Christopher A. Medrano, M.A., SMHS, Chart Reviewer
Licensed Chart Reviewer:	Nancy O'Neal Hines, RN
Peer Reviewer:	Sherry Parkey, Amador County

The DMH is recouping dollars per the attached Recoupment Summary. The total amount to be recouped is: **FFP amount of \$2,625.30.**

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BOARD OF SUPERVISORS

Madelyn Schlaepfer, Ph.D., Director  
Stanislaus County Mental Health  
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A Plan of Correction (POC) for all out-of-compliance items is due within 60 days after receipt of the final report and should be sent to Carol Sakai, LCSW, Chief, Medi-Cal Oversight, Department of Mental Health, 1600 9<sup>th</sup> Street, Room 410, Sacramento, California 95814. Also, please forward an electronic version of the same POC to Carol Sakai by e-mail to Carol.Sakai@dmh.ca.gov.

If the MHP wishes to appeal any of the out-of-compliance items, the MHP may do so by submitting an appeal in writing within 15 working days after receipt of the final report. Please address the appeal to the attention of Rita McCabe, Chief, Program Development Support Branch, Department of Mental Health, 1600 9<sup>th</sup> Street, Room 130, Sacramento, California 95814. Please also cc: Carol Sakai, LCSW, Chief, Medi-Cal Oversight, Department of Mental Health, 1600 9<sup>th</sup> Street, Room 410, Sacramento, California 95814.

If you have any questions regarding this matter, please contact me at (916) 651-3837 or by e-mail to Carol.Sakai@dmh.ca.gov.

Sincerely,

*Carol Sakai, LCSW*

CAROL SAKAI, LCSW, Chief  
Medi-Cal Oversight

Enclosures

cc: Rollin Ives, Deputy Director, Program Compliance Division  
Lanette Castleman, Mental Health Program Administrator, Program Compliance Division  
Yvonne Shifflette, Administrative Support, County Programs Technical Assistance, Community Programs Branch, Community Services Division  
Dick Monteith, Chair, Stanislaus County Board of Supervisors  
Karl von Spreckelsen, Chair, Stanislaus County Mental Health Board  
Charles Anders, Chief, Cost Reporting and Financial Services, Local Program Financial Support, Administrative & Fiscal Services Division  
Sara Murillo, MBA, Chief, Financial Services, Administrative & Fiscal Services Division  
Walter J. Hill, Jr., Chief, Audits, Program Compliance Division

ATTACHMENTS AVAILABLE  
06/13/11 10:07 AM

COUNTY: STANISLAUS

REVIEW DATES: JANUARY 24-27, 2011

**STATE OF CALIFORNIA--DEPARTMENT OF MENTAL HEALTH  
ANNUAL REVIEW PROTOCOL OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND  
OTHER FUNDED SERVICES**

**ONSITE REVIEW FINDINGS CHECKLIST – FISCAL YEAR 2010-2011  
REVIEW OF STANISLAUS COUNTY ON JANUARY 24-27, 2011 DRAFT REPORT**

SECTION A ACCESS		*COMPLIANCE	
		Y	N
1.	Does the Mental Health Plan (MHP) provide beneficiaries with a booklet and a provider list upon request and when first receiving a Specialty Mental Health Service (SMHS)?	X	
2.	Regarding the provider list:	X	
2a.	Does the list contain the names, locations, telephone numbers of, and non-English languages spoken by, current contracted providers in the beneficiary's service areas by category?		
2b.	Does the provider list include alternatives and options for cultural/linguistic services?	X	
2c.	Does the provider list identify a means to inform beneficiaries of providers that are not accepting new beneficiaries?	X	
3.	Is there evidence that the MHP is making efforts to include culture-specific providers and services in the range of programs offered?	X	
4.	Is the beneficiary booklet and the provider list available in English and when applicable, in the MHP's identified threshold language(s)?	X	
5.	Does the MHP make written materials in English and the threshold language(s) available to beneficiaries in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency?	X	
6.	Does the MHP inform beneficiaries that information is available in alternative formats and how to access those formats?	X	
7.	Regarding the under-served target populations:	X	
7a.	Is there evidence of community information and education plans that enable the MHP's beneficiaries' access to SMHS?		
7b.	Is there evidence of outreach for informing under-served target populations of the availability of cultural/linguistic services and programs?	X	
8.	Regarding mental health services available to the persons who are homeless and hard-to-reach individuals:	X	
8a.	Is there evidence of assertive outreach to persons who are homeless with mental disabilities?		
8b.	Is there evidence of assertive outreach to hard-to-reach individuals with mental disabilities?	X	
9.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:		
9a.	Does the statewide toll-free telephone number make available information on how to access SMHS, with language capability in all languages spoken by beneficiaries of the county, including services needed to treat a beneficiary's urgent condition/crisis situation?		X

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SECTION A ACCESS		*COMPLIANCE	
		Y	N
9b.	Does the MHP provide a statewide (24/7) toll-free telephone number that provides adequate Telecommunication Device for the Deaf (TDD) or Telecommunications Relay Services, including linguistic capability, in all the languages spoken by beneficiaries of the county?	X	
10.	Does the MHP maintain a written log of the initial requests via telephone, in writing or in person for SMHS from beneficiaries of the MHP? Does the written log contain the name of the beneficiary, the date of the request, and the initial disposition of the request?		X
11.	Is there evidence that Limited English Proficient (LEP) individuals are informed of the following in a language they understand?	X	
11a	LEP individuals have a right to free language assistance services.		
11b	LEP individuals are informed how to access free language assistance services.	X	
12.	Whenever feasible and at the request of the beneficiary, does the MHP provide an opportunity to change persons providing the SMHS, including the right to use culture-specific providers?	X	
13.	Has the MHP developed a process to provide culturally competent services as evidenced by:	X	
13a	A plan for cultural competency training for the administrative and management staff of the MHP, the persons providing SMHS employed by or contracting with the MHP, to provide interpreter or other support services to beneficiaries?		
13b	Implementation of training programs to improve the cultural competence skills of staff and contract providers.	X	
13c	A process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).		
14.	When the MHP is involved in the placement, does the MHP provide the DHCS issued Early and Periodic Screening, Diagnosis and Treatment (EPSDT) notice and DMH issued Therapeutic Behavioral Services (TBS) notice to Medi-Cal (MC) beneficiaries under 21 years of age and their representative in the following circumstances?	X	
14a	At the time of admission to a Skilled Nursing Facility (SNF) with a Specialized Treatment Program (STP) for the mentally disordered or a Mental Health Rehabilitation Center (MHRC) that has been designated as an Institution for Mental Diseases (IMD).		
14b	At the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home.	X	
14c	At the time of placement in a RCL 12 foster care group home when the MHP is involved in the placement.	X	

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SECTION B AUTHORIZATION		*COMPLIANCE	
		Y	N
<b>RE: HOSPITAL SERVICES UTILIZING A POINT OF AUTHORIZATION</b>			
1.	Regarding the Treatment Authorization Requests (TARs):	X	
1a.	Are the TARs being approved or denied by licensed mental health or waived/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?		
1b.	Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved in accordance with title 9 regulations by: <ul style="list-style-type: none"> <li>1) a physician</li> <li>2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice.</li> </ul>	X	
1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?		X
<b>RE: NON-HOSPITAL SPECIALTY MENTAL HEALTH SERVICES</b>			
2.	Does the MHP ensure that SMHS are available to treat beneficiaries who require services for an emergency or urgent condition 24/7?	X	
3.	Are payment authorization requests being approved or denied by licensed mental health professionals or waived/registered professionals of the beneficiary's MHP?	X	
<b>RE: UTILIZATION MANAGEMENT</b>			
4.	Does the MHP have a payment authorization system in place that meets the requirements regarding Day Treatment Intensive and Day Rehabilitation in accordance with title 9 regulations?	X	
5.	Regarding authorization timeframes:	X	
5a.	For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?		
5b.	For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 3 working days following receipt of the request for service or, when applicable, within 14 calendar days of an extension?	X	
6.	Is there evidence that the MHP is reviewing Utilization Management (UM) activities annually, including monitoring activities to ensure that the MHP meets the established standards for authorization decision making, action is taken to improve performance if necessary, and including a review of the consistency in the authorization process?	X	

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SECTION B AUTHORIZATION		*COMPLIANCE	
		Y	N
7.	Regarding Notices of Action (NOAs):		
7a.	NOA-A: Is the MHP providing a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS?	X	
7b.	NOA-B: Is the MHP providing a written NOA-B to the beneficiary when the MHP denies, modifies, or defers (beyond timeframes) a payment authorization request from a provider for SMHS?	X	
7c.	NOA-C: Is the MHP providing a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination?	X	
7d.	NOA-D: Is the MHP providing a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals?	X	
7e.	NOA-E: Is the MHP providing a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner, as determined by the Contractor (MHP)?	X	
8.	Does the MHP provide for a second opinion from a qualified health care professional within the MHP network, or arranges for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary?	X	
SECTION C BENEFICIARY PROTECTION		*COMPLIANCE	
		Y	N
1.	Regarding notice to the Quality Improvement Committee (QIC) and subsequent action:		
1a.	Does the MHP have procedures by which issues identified as a result of the grievance or appeal processes are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization?	X	
1b.	When applicable, has there been subsequent implementation of needed system changes?	X	
2.	Does the MHP maintain a grievance and appeal log(s) that contains, at least, the following entries?	X	
2a.	The name/identifier of the beneficiary.		
2b.	The date of receipt of the grievance/appeal.	X	
2c.	The nature of the problem.	X	
3.	Does the MHP provide written acknowledgement of each grievance and appeal to the beneficiary in writing?	X	
4.	Is the MHP notifying beneficiaries, or their representatives, of the grievance or appeal disposition and is this being documented?	X	
5.	Does the written notice of the appeal resolution include the following?	X	
5a.	The results of the resolution process and the date it was completed.		
5b.	For appeals, if beneficiary is dissatisfied with the decision the beneficiary has the right to request a State fair hearing, and how to do so.	X	
6.	Is the MHP notifying those providers cited by the beneficiary or otherwise involved in the grievance or appeal of the final disposition of the beneficiary's grievance or appeal?	X	
7.	Does the MHP ensure services are continued while an appeal or State fair hearing is pending?	X	

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SECTION D FUNDING AND REPORTING REQUIREMENTS		*COMPLIANCE	
		Y	N
<b>MAINTENANCE OF EFFORT (MOE)</b>			
1.	Regarding the MOE requirements, is the county in compliance with either 1a or 1b?		
1a.	Is the county depositing its local matching funds per the schedule developed by the DMH?	X	
1b.	If the county elects not to apply MOE funds, is the county in compliance with section 17608.05(c) that prohibits the county from using the loss of these funds for realignment purposes?		
<b>FUNDING OF CHILDREN'S SERVICES</b>			
2.	Is the county in compliance with either 2a or 2b?		
2a.	The requirement to maintain its funding for children's services at a level equal to or more than the proportion expended for children's services in FY 83-84.	X	
2b.	The requirement to document the determination in a noticed public hearing that the need for new or expanded services to persons under 18 has significantly decreased.		
3.	Is the county in compliance?		
3a.	The requirement to allocate for services to persons under age 18, 50% of any new funding received for new or expanded mental health programs until the amount expended for mental health services to persons under age 18 equals not less than 25% of the county's gross budget for mental health or not less than the percentage of persons under age 18 in the total county population, whichever percentage is less.	X	
<b>SECTION E TARGET POPULATIONS AND ARRAY OF SERVICES</b>		<b>*COMPLIANCE</b>	
<b>BRONZAN – MCCORQUODALE NON MEDI-CAL SERVICES</b>		<b>Y</b>	<b>N</b>
1.	Regarding program principles and the array of treatment options required under W&IC sections 5600.2 to 5600.9 inclusive:		
1a.	To the extent resources are available, are services encouraged in every geographic area and are the services to the target populations planned and delivered so as to ensure access by members of the target populations, including all ethnic groups in the state?	X	
1b.	To the extent resources are available, is the county organized to provide an array of treatment options in every geographic area to the target population categories as described in W&IC section 5600.3, including all ethnic groups?	X	
<b>MEDI-CAL SPECIALITY MENTAL HEALTH SERVICES</b>			
2.	Is the county organized to provide the Specialty Mental Health Services as listed in accordance with CCR, title 9, section 1810.247?	X	

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SECTION F INTERFACE WITH PHYSICAL HEALTH CARE		*COMPLIANCE	
		Y	N
<b>RE: RELATIONSHIP WITH PHYSICAL HEALTH CARE PROVIDERS WHO DO NOT BELONG TO A MEDI-CAL MANAGED CARE PLAN</b>			
1.	Regarding coordination with:		
	A. Primary Care Physicians (PCPs) when no Medi-Cal Managed Care Plans are present		
	B. PCPs who do not belong to a Medi-Cal Managed Care Plan		
	C. Federally Qualified Health Centers, Indian Health Centers, or Rural Health Centers		
	Are the following conditions being met?		
1a.	A process is in place for the MHP to provide clinical consultation and training, including consultation and training on medications.	X	
1b.	A process is in place for the exchange of medical records information that maintains confidentiality in accordance with applicable State and federal laws and regulations.	X	
SECTION G PROVIDER RELATIONS		*COMPLIANCE	
		Y	N
1.	Does the MHP have an ongoing monitoring system in place that ensures all contracted individual, group, and organizational providers utilized by the MHP are in compliance with the documentation standards requirements as per title 9 regulations?	X	
2.	Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers are certified and recertified as per title 9 regulations?	X	
3.	Does the MHP maintain and monitor a network of appropriate providers that is supported by written agreements that consider the following:		
3a.	In establishing and maintaining the network, did the MHP consider the anticipated MC enrollment?	X	
3b.	The expected utilization of services?	X	
3c.	The numbers and types of providers required?	X	
3d.	The number of network providers who are not accepting new beneficiaries?	X	
3e.	The geographic location of providers?	X	
4.	Regarding the MHP's provider network, does the MHP ensure the following:	X	
4a.	Providers meet State standards for timely access to care and services, taking into account the urgency of need for services?		
4b.	Providers offer hours of operation that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid fee-for-service, if the provider serves only Medicaid beneficiaries?	X	
4c.	Services are available 24/7 when medically necessary?	X	
4d.	Mechanisms have been established to ensure compliance?	X	
4e.	Providers are regularly monitored to determine compliance?	X	
4f.	Corrective action is taken if there is a failure to comply?	X	
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SECTION H QUALITY IMPROVEMENT PROGRAM		*COMPLIANCE	
		Y	N
1.	Is the QIC involved in or overseeing the following QI activities:		
1a.	Recommending policy changes?	X	
1b.	Reviewing and evaluating the results of QI activities?	X	
1c.	Instituting needed QI actions?	X	
1d.	Ensuring follow-up of QI processes?	X	
2.	Regarding the annual QI work plan:		
2a.	Does the MHP evaluate the effectiveness of the QI program and show how QI activities have contributed to improvement in clinical care and beneficiary service?	X	
3.	Does the QI work plan monitor previously identified issues, including tracking of issues over time?	X	
4.	Does the QI work plan include goals and monitoring activities and is the MHP conducting activities to meet the following work plan areas?		
4a.	Monitoring the service delivery capacity of the MHP as evidenced by:		
	1) A description of the current number, types, and geographic distribution of mental health services within the MHP's delivery system.	X	
	2) Goals are set for the number, type, and geographic distribution of mental health services.	X	
4b.	Monitoring the accessibility of services as evidenced by:		
	In addition to meeting statewide standards, goals have been set and mechanisms have been established to monitor the following:		
	1) Timeliness of routine mental health appointments.	X	
	2) Timeliness of services for urgent conditions.	X	
	3) Access to after-hours care.	X	
	4) Responsiveness of the 24/7 toll-free number.	X	
4c.	Monitoring beneficiary satisfaction as evidenced by:		
	1) Annual survey of beneficiary satisfaction.	X	
	2) Annual evaluation of beneficiary grievances and fair hearings.	X	
	3) Annual review of requests for changing persons providing services.	X	
	4) Providers are informed of the results of the beneficiary/family satisfaction surveys.	X	

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4d.	Monitoring the MHP's service delivery system as evidenced by:		
	1) Relevant clinical issues, including the safety and effectiveness of medication practices, are identified?	X	
	2) The interventions implemented when occurrences of potential poor care are identified	X	
	3) Providers, beneficiaries, and family members are evaluating data to identify barriers to improvement related to clinical practice and/or administrative aspects of the delivery system?	X	
4e.	Monitoring provider appeals as per title 9 regulations?	X	

SECTION I MENTAL HEALTH SERVICES ACT		*COMPLIANCE	
		Y	N
1.	Is there evidence that a Personal Service Coordinator/Case manager or other qualified individual known to the client and/or family is available to respond to the client and/or family 24 hours a day, 7 days a week for after-hour intervention?	X	
2.	Is there evidence that the county collects program outcome data for all Full Service Partnership (FSP) programs?	X	
3.	Is there evidence that the county collects program outcome data for all Full Service Partnership (FSP) programs?	X	
4.	Is there evidence that the Workforce Education and training programs and activities address workforce shortages and deficits identified in the Workforce Needs Assessment as required by CCR, title 9, section 3830?	X	
5.	Does the County have a PEI Plan and if applicable, is there evidence that the County is providing prevention and early intervention services through outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses?	X	

SECTION J CHART REVIEW—NON-HOSPITAL SERVICES		*COMPLIANCE	
		Y	N
1.	Does the beneficiary meet all three of the following reimbursement criteria (1a., b., and 1c. below)?	X	
1a.	The beneficiary has a DSM IV diagnosis contained in the CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R)		
1b.	The beneficiary, as a result of a mental disorder listed in 1a, must have, at least, one of the following criteria (1-4 below):	X	
	1) A significant impairment in an important area of life functioning.		
	2) A probability of significant deterioration in an important area of life functioning.		
	3) A probability that the child will not progress developmentally as individually appropriate.		
	4) For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder that SMHS can correct or ameliorate.		

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SECTION J CHART REVIEW—NON-HOSPITAL SERVICES		*COMPLIANCE	
		Y	N
1c.	Must meet <u>each</u> of the intervention criteria listed below (1 and 2):  1) The focus of the proposed intervention is to address the condition identified in No. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder that SMHS can correct or ameliorate per No. 1b. (4)?  2) The expectation is that the proposed intervention will do, at least, one of the following (A, B, C, or D):  A) Significantly diminish the impairment. B) Prevent significant deterioration in an important area of life functioning. C) Allow the child to progress developmentally as individually appropriate. D) For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.	X	
<b>RE: ASSESSMENT</b>			
2.	Regarding the Assessment, are the following conditions met?	X	
2a.	Has an assessment been completed and, as appropriate, does it contain areas addressed in the MHP Contract with the DMH?		
2b.	Documentation that is legible.	X	
<b>RE: CLIENT PLAN</b>			
3.	Does the client's plan contain the following elements?		X
3a.	Specific, observable, or quantifiable goals.		
3b.	The proposed type(s) of intervention(s).		X
3c.	The proposed duration of the intervention(s).	X	
3d.	Documentation that is legible.	X	
3e.	A signature (or electronic equivalent) of, at least, one of the following (1, 2, or 3): 1) A person providing the service(s). 2) A person representing the MHP providing the service(s). 3) When the plan is used to establish that services are provided under the direction of an approved category of staff, and if the above staff are not of the approved categories, one of the following must sign: a. A Physician. b. A Licensed/Waivered Psychologist. c. A Licensed/Registered/Social Worker. d. A Licensed/Registered/Marriage and Family Therapist. e. A Registered Nurse.	X	

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SECTION J CHART REVIEW—NON-HOSPITAL SERVICES		*COMPLIANCE	
		Y	N
3f.	Is the documentation of the beneficiary's degree of participation and agreement with the client plan as evidenced by one of the following?  1) When the beneficiary is a long-term client, as defined by the MHP, and the client is receiving more than one type of service from the MHP, the client's signature, or an explanation of why the signature could not be obtained, is documented on the plan.  2) When the beneficiary is not a long-term beneficiary, examples of documentation include, but are not limited to, reference to the client's participation and agreement in the body of the plan, the client's signature on the plan, or a description of the client's participation and agreement in the progress notes.	X	
<b>RE: PROGRESS NOTES</b>			
4.	Do progress notes document the following:		X
4a.	The date services were provided.		
4b.	Beneficiary encounters, including clinical decisions and interventions.		X
4c.	A signature (or electronic equivalent) of the staff providing the service with professional degree, license, or job title.	X	
4d.	Documentation that is legible.	X	
4e.	Timeliness/frequency as following: 1) Every service contact for: A. Mental health services? B. Medication support services? C. Crisis intervention?  2) Daily for: A. Crisis residential? B. Crisis stabilization (one per 23/hour period)? C. Day treatment intensive?  3) Weekly for: A. Day treatment intensive? B. Day rehabilitation? C. Adult residential?  4) Other notes as following:  A) Psychiatric health facility services: each shift?	X	

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	B) Targeted case management: every service contact, daily, or weekly summary?		
<b>SECTION J CHART REVIEW—NON-HOSPITAL SERVICES</b>		<b>*COMPLIANCE</b>	
		<b>Y</b>	<b>N</b>
<b>RE: OTHER CHART DOCUMENTATION</b>			
5.	Is there a process to notify the beneficiary that a copy of the client's plan is available upon request?	X	
6.	When applicable, was information provided to beneficiaries in an alternative format?	X	
7.	Regarding cultural/linguistic services:		
7a.	Is there any evidence that mental health interpreter services are offered?	X	
7b.	When applicable, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCPR?	X	
7c.	Is service-related personal correspondence in the beneficiary's preferred language?	X	
<b>SECTION K CHART REVIEW--SD/MC HOSPITAL SERVICES</b> <b>SECTION L UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES</b> <b>SECTION M THERAPEUTIC BEHAVIORAL SERVICES</b>  These sections were not reviewed as part of this review process. Where applicable, these sections will be reviewed under separate review processes.			

\*Y means IN COMPLIANCE; N means NON-COMPLIANCE  
 Each "N" requires a plan of correction

Stanislaus County FINAL Checklist FY 2010-2011

CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES  
FISCAL YEAR 2010-2011  
STANISLAUS COUNTY REVIEW  
JANUARY 24-27, 2011  
FINAL REPORT

ITEMS OUT OF COMPLIANCE -- PLAN OF CORRECTION

ITEM NO. 1, Section A, "Access," Question 9a:

9. Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:

9a. Does the statewide toll-free telephone number make available information on how to access SMHS, with language capability in all languages spoken by beneficiaries of the county, including services needed to treat a beneficiary's urgent condition/crisis situation?

*CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1); CFR, title 42, section 438.406 (a)(1)*

*DMH Information Notice No. 02-03, Enclosures, Pages 15-16; and DMH Information Notice No. 10-02, Enclosure, Page 21*

**FINDING:**

The DMH team conducted five (5) test calls to the 24/7 toll-free number requesting initial specialty mental health services (SMHS). Two of the five calls were made in Spanish, the threshold language of the MHP and of these two calls, one call took approximately 3 minutes for a Spanish speaking translator to come to the phone. The MHP did not provide information as requested regarding services. Rather the caller was told to "go to the clinic for information and to collect a booklet." A second threshold call was answered by an MHP staff. The caller was told, "They're not in yet, they don't come in until 8:30 a.m." "What do you need?", "hold on a second". The caller was transferred to what he thought would be a language line, but was told by the answering staff (who spoke in Spanish) that the number he reached was for assessments and that he needed to call back at 8:30 a.m. No other information was provided to the caller, such as the location of a clinic. Nor was the caller assessed for urgent condition.

**PLAN OF CORRECTION:**

Regarding the statewide toll-free telephone number, the MHP shall inform the DMH how it will make information available on how to access SMHS, including services needed to treat a beneficiary's urgent condition/crisis situation, in accordance with title 9, section 1810.405.

ITEM NO. 2, Section A, "Access," Question 10:

10. Does the MHP maintain a written log of the initial requests via telephone, in writing or in person for SMHS from beneficiaries of the MHP? Does the written



log contain the name of the beneficiary, the date of the request, and the initial disposition of the request?

*CCR, title 9, chapter 11, section 1810.405(f)*

**FINDING:**

All of the five DMH test calls made to the toll-free number were initial requests for SMHS from Medi-Cal beneficiaries and are required to be logged. Three of the five test calls for SMHS assistance were not logged by the MHP. The MHP stated they only log callers who are requesting services. However, when DMH made initial requests for SMHS, the requests were not logged. The results of the DMH test calls indicate that the MHP did not maintain a written log of all initial requests for SMHS via telephone, in writing, or in person from beneficiaries of the MHP.

**PLAN OF CORRECTION:**

Regarding the written log of the initial requests, the MHP shall inform the DMH how it will maintain a written log of the initial requests via telephone, in writing, or in person for beneficiaries to receive SMHS from the MHP. The written log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request in accordance with title 9 regulations.

**ITEM NO. 3, Section B, "Authorization," Question 1c:**

**1. Regarding the Treatment Authorization Requests (TARs):**

**1c. Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?**

*CCR, title 9, chapter 11, sections 1810.242, 1820.220(c)(d), 1820.220 (f), 1820.220 (h), and 1820.215.*

**FINDING:**

1c) Of the 66 TARs reviewed by the Review Team, one did not meet the 14 calendar day requirement of approval or denial in accordance with title 9 regulations.

**PLAN OF CORRECTION:**

1c) The MHP shall inform DMH how it will ensure TARs are approved or denied within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations.

**ATTESTATION ITEMS**

All Attestation Items were found to be in compliance.

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ITEM NO. 4, Section J, "Chart Review – Non-Hospital Services," Questions 3a-3b:

3. Does the client's plan contain the following elements?

3a. Specific, observable, or quantifiable goals.

3b. The proposed type(s) of intervention(s).

*CCR, title 9, chapter 11, sections 1840.314 and 1810.440(c)*

**FINDING: 3a-3b**, the following medical records reviewed (Line # 1, 2, 4, 9, 14, 15, 16, and 17) had treatment plan goals and interventions; however, it was unclear as to how some of the goals and/ or interventions were related to the beneficiary's mental health condition. In some instances, the documented goals were not specific or quantifiable. In other instances, the interventions were vague. **Examples are noted below:**

Line # 15: **"Measurable Goal"** "Client will learn to build healthy relationships w/ family and peers by practicing positive appropriate interaction 75% of the time vs 25% of the time, 2x per week over the next twelve mos as reported by client." It is not clear how this goal is connected to the beneficiary's functional impairment.

Line # 16: **"Measurable Goal"** " CI will decrease Depression Symptoms (Target problems) from daily to 1-3 a week for next 6 mos. CI will learn at least 3 coping techniques which will reduce depression in the next 12 mos. CI will participate in 1-3 pleasurable activities a month in the next twelve months." It is not clear what "coping techniques" the beneficiary is to utilize and/or what "pleasurable activities" the beneficiary is to participate in order to reduce their depressive symptoms.

Line # 2: **"Measurable Goal"** " Decrease use of negative coping skills (alcohol) and increase the use of positive coping skills to effectively reduce anxiety and depression symptoms from daily to weekly over the next four months". It is not identified what coping skills the beneficiary is to utilize to "effectively reduce anxiety and depression symptoms".

Line # 14: **"Intervention with Time Frames"** "Will meet with casemanager weekly to discuss stressful events and gain assistance with dealing with stress of her mental illness and being a single parent." It is not clear how meeting with a case manager on a weekly basis to discuss stressful events will reduce and/or diminishes the beneficiaries' functional impairment(s) or what assistance will be provided on behalf of the beneficiary in order to reduce his/her stress level.

Line # 9: **"Intervention with Time Frames"** " over the next 12 months client will meet with CM team weekly to be educated about appropriate coping skills, discuss current status,

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assist cl. With goals, needs, & resources." It is not clear how educating a beneficiary regarding appropriate coping skills would decrease his/her functional impairment(s). In addition "appropriate coping skills "are not defined within the care plan.

Line # 15: "Intervention with Time Frames" "meet W/ cl 2 x mo over the 12 mos to discuss coping skills for setting boundaries and appropriate interactions over the next 12 mos as

reported by cm." It is not clear how meeting with a beneficiary to discuss coping skills for setting boundaries is going to decrease his/her functional impairment(s).

**PLAN OF CORRECTION:** The MHP shall submit a plan of correction (POC) that indicates how the MHP will:

- 1) Ensure that the care plans include specific/observable and quantifiable goals, and detailed descriptions of the proposed interventions.
- 2) Ensure that the care plans are individualized and the goals and interventions address the functional impairments of the beneficiary which are related to the included diagnosis.

**ITEM NO. 5, Section J, "Chart Review – Non-Hospital Services," Questions 4a-4b:**

**4. Do progress notes document the following?**

**4a. The date services were provided.**

**4b. Beneficiary encounters, including clinical decisions and interventions.**

*CCR, title 9, chapter 11, section 1810.440(c)*

**FINDING: 4a,** The following medical chart (Line # 6) had one claim recouped for recoupment reason # 9 "No Note". Per the claims data, a crisis service was initiated on 5/12/10 for 90 minutes. The "Crisis Contact" progress note has a documented time of "In: 1400" and "Out: 1500". The time on the crisis contact progress note does not match with the claims data and there is no date following the staff's signature. MHP staff was shown the "Crisis Contact" progress note. MHP staff concurred with the findings.

**4b,** The following medical charts (Line # 1, 2, 4, 9, 10, 11, 12, 14, 15, 16, 17, and 19) had multiple progress notes documenting activities and services provided to beneficiaries. The progress note(s) failed to include interventions related directly to the beneficiaries' documented impairment(s) and/or failed to describe interventions that would be expected to diminish the actual impairment(s) documented in the beneficiaries care plan. Therefore, the claims identified within the medical records (above) were recouped.



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Examples are noted below:

Line # 2:**Date of Service: 6/4/10****Units Recouped: 18 minutes**

**Recoupment Reason # 3 & 4: Does not address MH condition, intervention not related to impairment.** "Group core content was the Seeking Safety chapter titled Setting Boundaries in Relationships. The quote for the group was "Let your heart guide you. It whispers, so listen closely." Clients shared their perceptions of what the quote meant to them. The group discussed what healthy boundaries are and defined flexible, safe and connected boundaries. Clients shared their experiences setting healthy boundaries, and gave examples of when they've set unhealthy boundaries. Client participated in group and was open to feed back from peers."

Line # 4:**Date of Service: 6/8/10****Units Recouped: 11 minutes**

**Recoupment Reason # 3 & 4: Does not address MH condition, intervention not related to impairment.** " Phone call to client to provide her with phone number to "Literacy center" for GED prep classes and to check on her obtaining pool key from land lord. Client agreed to contact center and she has not picked up pool key. Client agreed to obtain pool key soon. Overall, client claims to med compliant and managing house hold duties. Praised client for her efforts. Writer will continue to follow up as needed.

Line # 9:**Date of Service: 6/10/10****Units Recouped: 30 minutes**

**Recoupment Reason # 3 & 4: Does not address MH condition, intervention not related to impairment.** "Contacted cl by phone to introduce self and arrange to meet with cl. It had been suggested to writer, by cl's CM to call cl before going to his home due to cl's dogs. Cl's regular CM is out of town and writer was keeping in touch with cl while she is out. Writer introduced self to cl and explained wanting to come to his home and meet with him. Cl stated that today would not really be a good day for him because he is babysitting a family member. Writer suggested next week, cl added that he rarely gets asked to babysit, today was just one of those times. Writer asked cl how things were going for him and if he'd been having any problems that writer might be able to help him with. Cl answered saying that everything was going pretty good for him right now and he couldn't think of any problems. Writer informed cl that writer will be contacting him next week and make an appointment to meet with sometime then. PLAN: Writer will follow up with cl, and make arrangements to meet with cl at a later date."

Line #10:**Date of Service: 4/8/10****Units Recouped: 25 minutes**

**Recoupment Reason # 3 & 4: Does not address MH condition, intervention not related to impairment.** "Client came into office. SDI ran out. Now unemployment only possible income while waiting for SSI to be approved. Needs letter from doctor saying she's released

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to work in order to apply. Signed released of info for EDD. Encouraged to call her SSI lawyer to get a better understanding what this could mean for her SSI application. Consulted with MD who agreed to letter but wants to speak with client about it. T/C to client who stated she did call attorney and was told it would be ok, may hurt case, may not. But at least she is trying. Given to clerical to schedule."

Line #11:

**Date of Service: 6/21/10**

**Units Recouped: 15 minutes**

**Recoupment Reason # 3 & 4: Does not address MH condition, intervention not related to impairment.** " This staff spoke with YYY this day. She says that the weekend was hard because she is still having trouble with people trying to tell her how to run her life. She began to get tearful and stated that she wished that the people around her would trust her to make the right choices now that she has "learned her lesson". This staff listened to her vent her frustrations and offered to come over to see her today but she stated that she couldn't because she had too much to do. She told this staff that she would call sometime later in the week to set up a time to meet."

Line # 14:

**Date of Service: 6/11/10**

**Units Recouped: 60 minutes**

**Recoupment Reason # 3 & 4: Does not address MH condition, intervention not related to impairment.** (Intervention)"I: Went to client's house to offer assistance with going to Modesto Recovery Services for IOP groups. Client had just woke up and reports that her phone is lost; therefore she had not received this workers call. Listened to client and encouraged client to find her phone. Encouraged client to come for intake appt on this day. This worker offered to wait for client, as she got ready. Spoke with client about using resources to benefit her recovery."

Line # 19:

**Date of Service: 5/5/10**

**Units Recouped: 15 minutes**

**Recoupment Reason # 3 & 4: Does not address MH condition, intervention not related to impairment.** " Contacted housing support services staff YX BHSII for Client's referral. Explained to Staff client is in need of housing, doing well with treatment and willing to live independently. Provided client's general information. Client will be in a waiting list pending housing availability."

**PLAN OF CORRECTION:** The MHP shall submit a POC that shall indicate how the MHP will:

- 1) Ensure that progress notes contain the elements as required in the contract between DMH and the MHP. The plan shall include the process to be used by the MHP to monitor and provide training in areas pertaining to documentation of a beneficiary encounter, including relevant clinical decisions and interventions including the relationship between the intervention(s) to the medical necessity: a) how the

intervention reduced the impairment, b) restored functioning, and/or c) prevented significant deterioration in an important area of life functioning.

- 2) Ensure staff provides the necessary documentation to substantiate the Medi-Cal services provided to the beneficiary.

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\*For details to the chart review findings noted within this plan of correction, refer to the following documents:

- REASONS FOR RECOUPMENT IN FISCAL YEAR 2010-2011, NON-HOSPITAL SERVICES and
- SHORT-DOYLE/MEDI-CAL STATE REVIEW RECOUPMENT SUMMARY FOR REVIEWS CONDUCTED IN FY 2010-2011

FINAL



**SHORT-DOYLE/MEDI-CAL STATE REVIEW RECOUPMENT SUMMARY FOR REVIEWS CONDUCTED IN FY 10-11**

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 REVIEW PERIOD April, May, June 2010  
 REVIEW DATES 1/24/11 - 1/27/11

LINE #	PROVIDER NUMBER	DATE OF RECOUPMENT	MODE/ SER. FUN.	RECOUP- MENT #	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@58.77%)	COMMENTS
1	5062	6/23/10	18/39	3 & 4	90	\$234.90	\$138.05	Does not address MH condition, intervention not related to impairment.
2	50A6	6/1/10	18/39	3 & 4	18	\$46.98	\$27.61	Does not address MH condition, intervention not related to impairment.
2	50A6	6/4/10	18/39	3 & 4	18	\$46.98	\$27.61	Does not address MH condition, intervention not related to impairment.
2	50A6	6/7/10	18/39	3 & 4	20	\$52.20	\$30.68	Does not address MH condition, intervention not related to impairment.
2	50A6	6/8/10	18/39	3 & 4	18	\$46.98	\$27.61	Does not address MH condition, intervention not related to impairment.
2	50A6	6/9/10	18/39	3 & 4	20	\$52.20	\$30.68	Does not address MH condition, intervention not related to impairment.
2	50A6	6/14/10	18/39	3 & 4	20	\$52.20	\$30.68	Does not address MH condition, intervention not related to impairment.
2	50A6	6/15/10	18/39	3 & 4	18	\$46.98	\$27.61	Does not address MH condition, intervention not related to impairment.
2	50A6	6/16/10	18/39	3 & 4	19	\$49.59	\$29.14	Does not address MH condition, intervention not related to impairment.
2	50A6	6/17/10	18/39	3 & 4	18	\$46.98	\$27.61	Does not address MH condition, intervention not related to impairment.
<b>SUBTOTALS:</b>					<b>259</b>	<b>\$675.99</b>	<b>\$397.28</b>	
<b>TOTALS:</b>					<b>259</b>	<b>\$675.99</b>	<b>\$397.28</b>	

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LINE #	PROVIDER NUMBER	DATE OF RECOUPMENT	MODE/ SER. FUN.	RECOUP- MENT #	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@58.77%)	COMMENTS
4	5068	6/8/10	18/39	3 & 4	11	\$28.71	\$16.87	Does not address MH condition, intervention not related to impairment.
4	5068	6/18/10	18/39	3 & 4	29	\$75.69	\$44.48	Does not address MH condition, intervention not related to impairment.
6	50BH	5/12/10	18/79	9	90	\$349.20	\$205.22	No Note
9	50BF	6/10/10	18/39	3 & 4	30	\$78.30	\$46.02	Does not address MH condition, intervention not related to impairment.
10	5012	4/8/10	18/09	3 & 4	25	\$50.50	\$29.68	Does not address MH condition, intervention not related to impairment.
10	5012	4/15/10	18/69	3 & 4	30	\$144.60	\$84.98	Does not address MH condition, intervention not related to impairment.
10	5012	4/20/10	18/09	3,4 & 17	25	\$50.50	\$29.68	Does not address MH condition, intervention not related to impairment. Solely clerical
11	50A7	6/14/10	18/09	3 & 4	60	\$121.20	\$71.23	Does not address MH condition, intervention not related to impairment.
11	50A7	6/15/10	18/09	3 & 4	15	\$30.30	\$17.81	Does not address MH condition, intervention not related to impairment.
11	50A7	6/21/10	18/09	3 & 4	15	\$30.30	\$17.81	Does not address MH condition, intervention not related to impairment.
<b>SUBTOTALS:</b>					<b>330</b>	<b>\$959.30</b>	<b>\$563.78</b>	
<b>TOTALS:</b>					<b>589</b>	<b>\$1,635.29</b>	<b>\$961.06</b>	

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LINE #	PROVIDER NUMBER	DATE OF RECOUPMENT	MODE/SER. FUN.	RECOUP-MENT #	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@58.77%)	COMMENTS
12	50A6	6/10/10	18/69	3 & 4	20	\$96.40	\$56.65	Does not address MH condition, intervention not related to impairment.
12	50A6	6/15/10	18/39	3 & 4	100	\$261.00	\$153.39	Does not address MH condition, intervention not related to impairment.
12	50A6	6/15/10	18/39	3 & 4	18	\$46.98	\$27.61	Does not address MH condition, intervention not related to impairment.
12	50A6	6/17/10	18/39	3 & 4	18	\$46.98	\$27.61	Does not address MH condition, intervention not related to impairment.
12	50A6	6/21/10	18/39	3 & 4	19	\$48.59	\$28.56	Does not address MH condition, intervention not related to impairment.
12	50A6	6/22/10	18/39	3 & 4	20	\$50.20	\$29.50	Does not address MH condition, intervention not related to impairment.
12	50A6	6/24/10	18/39	3 & 4	18	\$46.98	\$27.61	Does not address MH condition, intervention not related to impairment.
12	50A6	6/25/10	18/39	3 & 4	18	\$46.98	\$27.61	Does not address MH condition, intervention not related to impairment.
12	50A6	6/29/10	18/39	3 & 4	21	\$54.81	\$32.21	Does not address MH condition, intervention not related to impairment.
12	50A6	6/30/10	18/39	3 & 4	16	\$41.76	\$24.54	Does not address MH condition, intervention not related to impairment.
<b>SUBTOTALS:</b>					<b>268</b>	<b>\$740.68</b>	<b>\$435.30</b>	
<b>TOTALS:</b>					<b>857</b>	<b>\$2,375.97</b>	<b>\$1,396.36</b>	



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LINE #	PROVIDER NUMBER	DATE OF RECOUPMENT	MODE/SER. FUN.	RECOUP-MENT#	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@58.77%)	COMMENTS
14	5077	6/9/10	18/39	3 & 4	95	\$247.95	\$145.72	Does not address MH condition, intervention not related to impairment
14	5077	6/11/10	18/39	3 & 4	60	\$156.60	\$92.03	Does not address MH condition, intervention not related to impairment
14	5077	6/16/10	18/39	3 & 4	75	\$195.75	\$115.04	Does not address MH condition, intervention not related to impairment
14	5077	6/22/10	18/39	3 & 4	30	\$78.30	\$46.02	Does not address MH condition, intervention not related to impairment
14	5077	6/25/10	18/39	3 & 4	120	\$313.20	\$184.07	Does not address MH condition, intervention not related to impairment
15	50A7	6/9/10	18/39	3 & 4	90	\$234.90	\$138.05	Does not address MH condition, intervention not related to impairment
15	50A7	6/11/10	18/39	3 & 4	90	\$234.90	\$138.05	Does not address MH condition, intervention not related to impairment
15	50A7	6/22/10	18/09	3 & 4	25	\$50.50	\$29.68	Does not address MH condition, intervention not related to impairment
16	5018	4/29/10	18/69	3 & 4	15	\$72.30	\$42.49	Does not address MH condition, intervention not related to impairment
17	5068	6/3/10	18/09	3 & 4	35	\$70.70	\$41.55	Does not address MH condition, intervention not related to impairment
<b>SUBTOTALS:</b>					<b>635</b>	<b>\$1,655.10</b>	<b>\$972.70</b>	
<b>TOTALS:</b>					<b>1492</b>	<b>\$4,031.07</b>	<b>\$2,369.06</b>	

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LINE #	PROVIDER NUMBER	DATE OF RECOUPMENT	MODE/SER. FUN.	RECOUP-MENT #	UNITS RECOUPED	AMOUNT PAID	RECOUPED (FFP@58.77%)	COMMENTS
17	5068	6/4/10	18/09	3 & 4	45	\$90.90	\$53.42	Does not address MH condition, intervention not related to impairment
17	5068	6/7/10	18/09	3 & 4	10	\$20.20	\$11.87	Does not address MH condition, intervention not related to impairment
17	5068	6/17/10	18/09	3 & 4	45	\$90.90	\$53.42	Does not address MH condition, intervention not related to impairment
17	5068	6/21/10	18/09	3 & 4	75	\$151.50	\$89.04	Does not address MH condition, intervention not related to impairment
19	5018	5/5/10	18/09	3 & 4	15	\$30.30	\$17.81	Does not address MH condition, intervention not related to impairment
19	5061	6/16/10	18/39	3 & 4	20	\$52.20	\$30.68	Does not address MH condition, intervention not related to impairment
							\$0.00	
							\$0.00	
							\$0.00	
							\$0.00	
<b>SUBTOTALS:</b>						<b>210</b>	<b>\$436.00</b>	<b>\$256.24</b>
<b>TOTALS:</b>						<b>1702</b>	<b>\$4,467.07</b>	<b>\$2,625.30</b>