



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

July 25, 2011

**REVISED 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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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, Chief  
Medi-Cal Oversight

Enclosures

cc: Dick Monteith, Chair, Stanislaus County Board of Supervisors  
Karl von Spreckelsen, Chair, Stanislaus County Mental Health Board

CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES  
FISCAL YEAR 2010-2011  
STANISLAUS COUNTY REVIEW  
JANUARY 24-27, 2011  
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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. Two of the five calls were made in Spanish, the threshold language of the MHP. Of these two calls, one call took approximately three (3) minutes for a Spanish speaking translator to come to the phone. The MHP did not provide the requested information and the caller was advised to "go to the clinic for the 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

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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:**

Four 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. Two of the four test calls for initial SMHS services were not logged by the MHP. 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.

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

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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 cls 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



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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