



“SNOWMAN” BY JOSHUA F.

Happy Holidays and Thank You for All You Do

The close of the 2012 calendar year is rapidly approaching and December is a busy time of year for everyone. We, at Managed Care, are grateful for our Medi-Cal Contract Providers who are doing a wonderful job providing mental health services to Fresno County Medi-Cal recipients. Thank you for making a positive difference in our community and in the world, at large. To put it succinctly, “You rock!” Thanks again, and happy holidays from Managed Care.

Exodus Recovery Crisis Stabilization Center

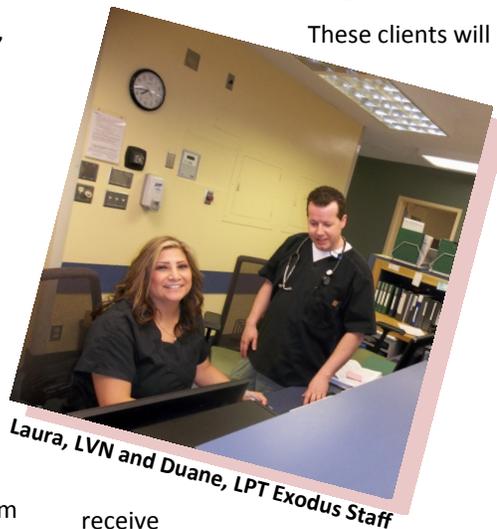
The Exodus Recovery 23-Hour Crisis Stabilization Center (CSC) is a welcoming environment where individuals in crisis can be assessed for stabilization services, medication evaluation and management, or hospitalization if necessary. The program is funded by Fresno County Department of Behavioral Health (DBH)

Depending on the needs of the client, our interdisciplinary treatment team is prepared to offer a full spectrum of

psychiatric treatment services, including linkage to crisis housing, shelter beds, sober living, community based outpatient program services and inpatient treatment for mental health needs.

The Crisis Stabilization Center (CSC) is LPS (Lanterman Petris Short Conservatorship) designated which allows our staff to evaluate and involuntarily detain those individuals determined to be a danger to themselves or others or gravely disabled.

These clients will



Laura, LVN and Duane, LPT Exodus Staff

receive comprehensive mental health services for up to 23 hours while enrolled at the Crisis Stabilization Center. Although clients are often referred to Exodus from area hospitals, the Crisis Stabilization Center

MANAGED CARE

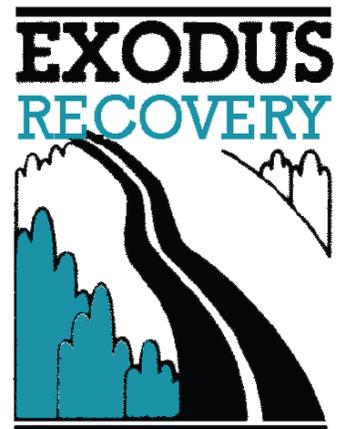


DECEMBER 2012

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also accepts walk-ins – something that might be helpful for your clients to know at this time of year which can be difficult for many people.



Exodus Recovery Crisis Stabilization Center
4411 E. Kings Canyon Road
Fresno, CA 93727
Phone: (559) 512-8335

Plan Of Care

A Plan of Care (POC) needs to be completed annually and it is always a good idea to do a reassessment annually for consumers you continue to see.

In order for the POC to be valid, both consumer and Therapist need to sign and date the POC. If the POC is not signed and dated by both Consumer and Therapist, it is not valid and services cannot be billed. The exception to this is when a Consumer refuses to sign the POC. If that happens, you may be able to provide and bill for services, but you will need to document on the POC that the consumer refused to sign and why they refused to sign. You will then need to continue to work at getting the Consumer to sign the POC and if they continue to refuse to sign, document their refusal so there is evidence of your continued work at acquiring a signature on their POC. Often Consumers become willing to sign the POC when they are told they may not be able to receive services if they do not sign the POC.

Also, if you ever have occasion to make a change on a POC – like adding another service and listing a new symptom, make certain that you and the Consumer initial and date the change on the POC. It is not enough for only the therapist to initial and date the change as there must be evidence that the consumer was involved in the formation/change of the POC. If the clinical picture has changed significantly – perhaps the primary diagnosis has changed – it is not only permissible, but actually advisable to conduct a reassessment and new POC to reflect those changes (services for which you may bill). Updating an assessment (reassessment) and POC makes good clinical sense and is a billable service.

Audit Reminder

If you haven't had an audit recently, we will be contacting you shortly to arrange a time for us to come to your office and review your records. Some providers welcome the

audit process and recognize it as a chance to receive feedback and support so they might grow in their practice and work. Other providers experience it as "the dreaded Managed Care audit."

We here at managed care want to do everything we can to make the audit experience a pleasant and positive experience for our providers. That being the case, below are a list of some of the things you will want to make certain are present in your records when we arrive to make certain your audit is a pleasant and profitable experience.

Progress Notes

Are you using the most updated progress note forms/templates Managed Care has to provide? Clearly, you can create your own progress note format as long as it contains the minimum elements required by the MHP for documentation. However, you might just want to check out the computer ready forms we've created and see if they might meet your needs. These have been updated from the older forms and allow you to type in your name and license title at the signature line – a requirement the State instituted recently when it comes to documentation. Just click on the link below (progress notes) that will take you to the Managed Care website page that has several progress note formats to choose from. Click on any of the titles to open and then save the formats we've created for you. Hopefully we've made your job a little easier by developing these new forms for your use.

[PROGRESS NOTES](#)

Documentation "Musts"

- ◆ Signed Consent for treatment
- ◆ Current Plan of Care
- ◆ A Progress Note for each billed service
- ◆ Direct time billed noted on each note
- ◆ Date of service on each note

Let Us Know

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hat questions do you have for Managed Care? Are there questions about audits? Billing? Documentation? We'd love to hear from you. Chances are someone else has the same question and would like to get an answer. Please forward questions you would like to have answered in the next newsletter to Jonathan Scott Halverstadt at jhalverstadt@co.fresno.ca.us or FAX your questions to Jonathan at (559) 600-4646.

How You Get Checks

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here is a major change coming for many providers in how those providers will receive their payment checks from Managed Care. Effective January 1, 2013 all checks to Mental Health Providers contracted under County Agreement A-06-134 will be delivered only through the US mail. Checks will no longer be hand delivered or handed out at the Managed Care office. Managed Care staff will continue to provide documentation for pending checks in the same manner as in the past. Should you have questions regarding payment, please contact Managed Care Provider Relations Specialists Arlene Liles and Christina Hernandez at (559) 600-4645 Monday – Friday 8:00am – 5:00pm.

Happy Holidays!

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anaged Care will be closed on the following dates as we observe the winter holidays:

December 25th 2012

And

January 1, 2013

We wish you and your family a joyous Holiday Season and a Happy New Year as we work together to make a positive difference in the lives of the consumers we serve.