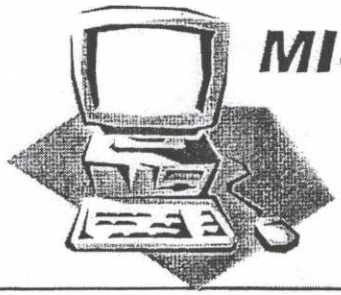

MIS INFO-LINE

SUBJECT: **REQUEST FOR DELETIONS and REQUEST TO CHANGE ADMISSION/DISCHARGE DATE FORMS**

Directed To: **All Providers**

Attached are revised copies of the Request for Deletions and Request to Change Admission/Discharge Date forms. The forms were revised to:

1) Ensure that Medi-Cal units are not re-billed to State DHS for additional FFP revenue. The Request for Deletions form is now separated into two forms: Request to Delete Medi-Cal Units and Request to Delete Non-Medi-Cal Units. Additionally, the Request to Delete Medi-Cal Units requires certification that the units will not be re-billed to Medi-Cal.

2) Include signatures for both the requesting Program Manager/Designee and the approving DMH Manager/Designee. Both the Request for Deletions and the Request to Change Admission/Discharge Date forms must be submitted to the appropriate DMH Manager/Designee prior to submission to the MIS Division. A copy of the DMH Department's Manager list is also attached.

Providers should begin using these new forms immediately.

Attachments

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

Date: _____

To: _____

_____

From: _____
Provider Name

_____
Provider Number

_____
Contact Person **Telephone Number**

Subject: **REQUEST TO DELETE MEDI-CAL UNITS**

I am requesting the following Medi-Cal units to be deleted from MIS (Please attach a print out for the specific screen(s) you want deleted).

DELETIONS:

Client Name:_____ **MIS I.D. #:**_____
Reporting Unit:_____ **Episode #:**_____
Activity Date:_____ **Activity Code:**_____
Justification:

_____

Client Name:_____ **MIS I.D. #:**_____
Reporting Unit:_____ **Episode #:**_____
Activity Date:_____ **Activity Code:**_____
Justification:

_____

PROGRAM APPROVAL:
I am certifying that the above units **will not** be re-billed to Medi-Cal.

_____ _____
Program Manager/Designee Date

DMH ADMINISTRATION APPROVAL:

_____ _____
DMH Manager/Designee Date

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

Date: _____

To: _____

_____

From: _____

Provider Name

_____

Provider Number

_____

Contact Person **Telephone Number**

Subject: **REQUEST TO DELETE NON MEDI-CAL UNITS**

I am requesting the following Medi-Cal units to be deleted from MIS (Please attach a print out for the specific screen(s) you want deleted).

DELETIONS:

Client Name:_____ **MIS I.D. #:**_____
Reporting Unit:_____ **Episode #:**_____
Activity Date:_____ **Activity Code:**_____
Justification:

_____

Client Name:_____ **MIS I.D. #:**_____
Reporting Unit:_____ **Episode #:**_____
Activity Date:_____ **Activity Code:**_____
Justification:

_____

PROGRAM APPROVAL:
I am certifying that the above units **will not** be re-billed to Medi-Cal.

_____ _____
Program Manager/Designee Date

DMH ADMINISTRATION APPROVAL:

_____ _____
DMH Manager/Designee Date

Revised 6/26/02-cb

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

Date: _____

To: _____

_____

From: _____
Provider Name

_____
Provider Number

_____
Contact Person Telephone Number

Subject: **REQUEST FOR EPIS ADMISSION/DISCHARGE DATE CHANGE**

I am requesting the following data to be changed:

ADMISSION/DISCHARGE DATE CHANGE:

Client Name: _____ MIS ID#: _____
Reporting Unit: _____ Episode#: _____
Admission Date: From: _____ To: _____
Discharge Date: From: _____ To: _____
Justification: _____

_____

Client Name: _____ MIS ID#: _____
Reporting Unit: _____ Episode#: _____
Admission Date: From: _____ To: _____
Discharge Date: From: _____ To: _____
Justification: _____

_____

PROGRAM APPROVAL:

_____ _____
Program Manager/Designee Date

DMH ADMINISTRATION APPROVAL:

_____ _____
DMH Manager/Designee Date

Revised 6/02 cb

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

DMH ADMINISTRATIVE STAFF
AUTHORIZED TO APPROVE DELETION REQUESTS

Name	***Bureau***	***Telephone/FAX***	***Address***
Angel Baker	Service Areas 6 and 8	(213) 738-3963/ 381-5497	DMH, 550 S. Vermont Avenue, LA 90020
Lisa Wicker	Service Areas 1 and 3	(213) 738-2217/ 639-1804	DMH, 550 S. Vermont Avenue, LA 90020
Angela McConner	Service Areas 2 and 5 and Older Adults	(213) 351-5244/ 351-2493	DMH, 550 S. Vermont Avenue, LA 90020
Antonette Jiminez	Jail MH, Justice Programs and Camps	(213) 739-7376/ 738-4640	DMH, 550 S. Vermont Avenue, LA 90020
Miriam Brown	Service Areas 4 and 7 & Countywide Emergency Svcs	(213) 738-3489/ 386-5282	DMH, 550 S. Vermont Avenue, LA 90020
Imelda Allen	Critical Care (SD/MC Inpatient and OHS)	(310) 222-3166/ 320-6973	Harbor General Hospital, Dept. of Psychiatry, 1000 W. Carson Street, Torrance 90509
Dale Hata	Managed Care (FFS Inpatient)	(213) 739-7303/ 427-6164	DMH, 550 S. Vermont Avenue, LA 90020