



GRANDIS

Evaluation Center

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From: Michael and Joanne Grandis and Office Manager Christine Joura

Subject: Person-Centered Plan Reference

Dear Valued Referral Agency

We often receive questions about why our name has to appear on the PCP and where it should go, etc.... Believe me we are not trying to make your mountain of paperwork just a little more overwhelming!

Here's the scoop as we understand it. For Medicaid reimbursement we are required, to be listed on the PCP along with the service(s) that we provide. It is part of their checks and balances for procedures. The PCP is considered a team approach, so team players (support services) need to be documented.

To the best of our knowledge this information can be added to page #6 of the PCP under "Additional Assessments Recommended." However we have also been told that our services should be listed on the "Action Plan" as a "Short Range Goal" with our name listed as the "Provider" page #7. We also need the signature sheet of the PCP.

In the past, documenting an assessment as a "Psychological Evaluation" was accepted as a "catch-all" definition. However with today's narrowing of definitions this may not describe the entirety of services we provide. Our records have to document the consistency between the referral question and the services given. The most accurate way to describe our services for the majority of the assessments we do is;

Psychological, Behavioral and/or Developmental Assessment

Issues to address are typically (but not always) Current level of development, overall functioning , diagnostic clarification and recommendations for services and/or treatment. (Now there's a mouthfull!)

This terminology definition covers most referral questions. We hope this answers questions you may have. Our goal is to make the referral process as easy for you as possible. Please post or circulate this information if possible. Thanks again for letting us meet your assessment needs.

PS Prior to the appointment we need a CURRENT COPY of the client's Medicaid card. Too often when folks arrive for their appointment their Medicaid status has changed and it is very hard for everyone involved to turn them away because of reimbursement issues.

Thanks Again