

**COUNTY OF LOS ANGELES**

MARVIN J. SOUTHARD, D.S.W.  
*Director*

ROBIN KAY, Ph.D.  
*Chief Deputy Director*

RODERICK SHANER, M.D.  
*Medical Director*



BOARD OF SUPERVISORS  
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MICHAEL D. ANTONOVICH

**DEPARTMENT OF MENTAL HEALTH**

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601  
Fax: (213) 386-1297

July 3, 2012

TO: Each Supervisor  
FROM: *Robin Kay for*  
Marvin J. Southard, D.S.W.  
Director  
SUBJECT: **TERMINATION OF MENTAL HEALTH SERVICES AGREEMENT WITH  
KAREN M. DEMOTT, M.F.T.**

This is to advise your Board of the termination of the Mental Health Services Agreement – Medi-Cal Professional Services (No. MH29052) between Karen M. Demott, M.F.T., and the County of Los Angeles Department of Mental Health, effective July 3, 2012, pursuant to Paragraph 2B (1) of the Agreement, at the written request of the Contractor, dated June 1, 2012.

The Board approved the Agreement format identified on June 2, 2009, Agenda Item Number 23, in regards to the renewal of Mental Health Services Agreement – Medi-Cal Professional Services.

If you have any questions or concerns regarding this termination, please contact me, or your staff may contact Richard Kushi, Chief, Contracts Development and Administration Division, at (213) 738-4684.

MJS:RK:SK:ek

Enclosure

c: Executive Officer, Board of Supervisors  
Chief Executive Officer  
County Counsel  
Robin Kay, Ph.D.  
Roderick Shaner, M.D.  
Richard Kushi  
Mike Motodani  
Pansy Washington

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Reply To: FFS2@dmh.lacounty.gov  
Fax: (213) 351-2024

http://dmh.lacounty.gov

May 2, 2012

Dear Fee-For-Service (FFS) Network Provider:

INTENT TO CONTINUE AS A MEDI-CAL FFS NETWORK PROVIDER

As you are aware, Federal, State and County regulations require that by 2014, all administrative and financial health care transactions are to be exchanged electronically. The Department of Mental Health, Managed Care Division is willing to assist you during this transition period. It is imperative for you to inform us of your intent to continue to participate in the Fee-For-Service Provider Network.

Our Integrated System indicates that you did not submit any claims for providing mental health services since July 1, 2010. We must hear from you or your office by May 17, 2012 of your intent.

You can respond to this letter by email to FFS2@dmh.lacounty.gov, fax to (213) 351-2024, or by mail to Department of Mental Health at 550 S. Vermont Avenue, Room 704, Los Angeles, CA 90020 with attention to Becky Pang. If you have any questions, please contact Provider Relations Unit at (213) 738-3311.

Sincerely,

*Pansy Washington*  
Pansy Washington,  
Chief, Managed Care Division

PW:bp

I intend to continue as a FFS Network provider

I intend to discontinue as a FFS Network provider

*Karen DeMott*

*Karen DeMott*

*6/1/12*

Name of Provider

Signature

Date

Return by May 17, 2012.

*I am sorry that I can no longer continue as a Medi-Cal provider.*

*You are all great people, especially Kathy Jones*

"To Enrich Lives Through Effective And Caring Service"

*Karen DeMott  
62615775282  
who I worked with in the past. Thanks so much.*

*h*