



**COUNTY OF SAN LUIS OBISPO  
BEHAVIORAL HEALTH DEPARTMENT  
DMC-ODS SERVICES**

**Contracted Residential Treatment Provider**

**Provider Packet**

Provider Information for Submitting Residential Authorization Requests and Invoices to SLOBHD.  
Thank You for Partnering with County of SLOBHD for DMC-ODS Substance Use Disorder Services.

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***Process for Invoicing County of San Luis Obispo Behavioral Health Dept.***

***In-County or Out-of-County Provider with Shared Electronic Health Record***

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For each County of San Luis Obispo beneficiary placed with the contract provider, the following must be sent to SLOBHD for each 30-day period (or partial month) to document services from the 1<sup>st</sup> to the 30/31st:

1. **Treatment Documentation completed in SmartCare** that must include the following information:
  - a. Description of Treatment services provided each day that Treatment services are documented in the Residential Daily Progress Note.  
  
References: [BHIN 24-001](#) & [BHIN 23-068 Documentation Requirements for SMH DMC and DMC-ODS Services.pdf](#)
  
2. **Clinical Documentation completed in SmartCare to Support Reauthorization Request(s):**
  - a. CA ASAM Assessment
  - b. Daily Progress Note for DMC-ODS Residential Treatment  
  
Reference: [BHIN 23-068 Documentation Requirements for SMH DMC and DMC-ODS Services.pdf](#)
  
3. Submit the Invoice Generator for SUD Residential Treatment Day Claims and Targeted Case Management Services, and a separate Room & Board Invoice to Managed Care in one of the following manners:
  - a. **Email:** Security requirement: Password protect documents and send in encrypted email ONLY. Send password separately or by phone. Send to:

[BH.ManagedCareTeam@co.slo.ca.us](mailto:BH.ManagedCareTeam@co.slo.ca.us), [trobella@co.slo.ca.us](mailto:trobella@co.slo.ca.us), and  
[astednitz@co.slo.ca.us](mailto:astednitz@co.slo.ca.us)

b. **Mail:**

SLO Behavioral Health Managed Care Dept.

2945 McMillan Ave.

Suite #136

San Luis Obispo, CA 93401

c. **Fax:**

(805) 781-1177

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***Process from Managed Care to Residential Provider***

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Managed Care will authorize any/all of the following:

1. Reauthorization decision within 24 hours (or next business day) via the Authorization Tracking (Client) form in SmartCare:
  - a. Approved Reauthorization
  - b. Approved as Modified
  - c. Deferred
2. Payment:
  - a. Payment for services provided
  - b. Denial of payment - NOABD Denial Form
  - d. Denial

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***Process for Invoicing County of San Luis Obispo Behavioral Health Dept.***

***Out-of-County Contracted Provider (No Shared Electronic Health Record)***

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For each County of San Luis Obispo beneficiary placed with the contract provider, the following must be sent to SLOBHD for each 30-day period (or partial month) to document services from the 1<sup>st</sup> to the 30/31st:

1. **Treatment Invoice** that must include the following information:
  - a. Description of Treatment services provided each day that Treatment services are claimed.

References: [BHIN 24-001](#) & [BHIN 23-068 Documentation Requirements for SMH DMC and DMC-ODS Services.pdf](#)

2. **Room & Board Invoice**

3. **Clinical Documentation to Support Reauthorization Request(s):**

- a. Updated Problem List (if applicable)
- b. ASAM Assessment
- c. Daily Progress Note for DMC-ODS Residential Treatment

Reference: [BHIN 24-001](#) & [BHIN 23-068 Documentation Requirements for SMH DMC and DMC-ODS Services.pdf](#)

- d. Discharge Plan/Summary (if applicable)

4. **Submit to Managed Care in one of the following manners:**

- a. **Email:** Security requirement: Password protect documents and send in encrypted email ONLY. Send password separately or by phone. Send to: [BH.ManagedCareTeam@co.slo.ca.us](mailto:BH.ManagedCareTeam@co.slo.ca.us), [trobella@co.slo.ca.us](mailto:trobella@co.slo.ca.us), and [astednitz@co.slo.ca.us](mailto:astednitz@co.slo.ca.us)

- b. **Mail:**

SLO Behavioral Health Managed Care Dept.  
2945 McMillan Ave.  
Suite #136  
San Luis Obispo, CA 93401

c. **Fax:**

(805) 781-1177

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***Response Process from Managed Care to Residential Provider***

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Managed Care will authorize any/all of the following:

1. Reauthorization decision within 24 hours (or next business day) via the Authorization Tracking (Client) form:
  - a. Approved Reauthorization
  - b. Approved as Modified
  - c. Deferred
  - d. Denial
2. Payment:
  - b. Payment for services provided
  - c. Denial of payment - NOABD Denial Form

**Treatment Record Example (For Contracted Providers that do not use SmartCare)**

| Client Name <i>John Smith</i> |                     |                 |                   |                 |                   |                 |
|-------------------------------|---------------------|-----------------|-------------------|-----------------|-------------------|-----------------|
| Date                          | Treatment Service   | Treatment Hours | Treatment Service | Treatment Hours | Treatment Service | Treatment Hours |
| 4-29-23                       | NA                  | NA              | NA                | NA              |                   | NA              |
| 4-30-23                       | Intake              | 2.0             | Group Counseling  | 1.0             | NA                | NA              |
| 4-31-23                       | Group Counseling    | 1.5             | Group Counseling  | 1.50            | NA                | NA              |
| 5-1-23                        | Group Counseling    | 1.5             | Ind. Counseling   | 1.0             | Group Counseling  | 1.5             |
| 5-2-23                        | Group Counseling    | 1.5             | Group Counseling  | 1.5             | NA                | NA              |
| 5-3-23                        | Ind. Counseling     | 1.0             | Group Counseling  | 1.0             | NA                | NA              |
| 5-4-23                        | Crisis Intervention | 2.0             | Group Counseling  | 1.5             | NA                | 2.0             |
| 5-5-23                        | Crisis Intervention | 1.0             | Group Counseling  | 1.5             | NA                | 1.0             |
| 5-6-23                        | Discharge Services  | 1.0             | NA                | NA              | NA                | NA              |
| 5-7-23                        | NA                  | NA              | NA                | NA              | NA                | NA              |
| 5-8-23                        | NA                  | NA              | NA                | NA              | NA                | NA              |
| 5-9-23                        | NA                  | NA              | NA                | NA              | NA                | NA              |
| 5-10-23                       | NA                  | NA              | NA                | NA              | NA                | NA              |

**Invoice Example: Treatment Services**

| Name of Facility   |               |  |                  |                      |                            |            |                    |                      |
|--|---------------|--|------------------|----------------------|----------------------------|------------|--------------------|----------------------|
| Month and Year   |               | MONTHLY BILLING LOG FOR RESIDENTIAL TREATMENT DAYS |                  |                      |                            |            |                    |                      |
| RESIDENT NAME  | Client Number | BILLING START DATE                                 | BILLING END DATE | TOTAL TREATMENT DAYS | RESIDENTIAL TREATMENT RATE | TOTAL COST | LESS CLIENT BILLED | TOTAL INVOICE AMOUNT |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
|  |               |  |                  |                      |                            | \$ -       | \$ -               | \$ -                 |
| <b>INVOICE TOTALS</b>  |               |  |                  | 0                    |                            | \$ -       | \$ -               | \$ -                 |
| <b>FOR DRUG &amp; ALCOHOL SERVICES ACOCUNTING USE ONLY FOR ADJUSTMENTS &amp; REVISIONS</b> |               |  |                  |                      |                            |            |                    |                      |
|  |               |  |                  |                      |                            |            |                    |                      |
|  |               |  |                  |                      |                            |            |                    |                      |
|  |               |  |                  |                      |                            |            |                    |                      |
| <b>TOTAL REVISED INVOICE AMOUNT</b>  |               |  |                  |                      |                            |            |                    |                      |

**Invoice Example: Bed Day Billing**

| Name of Facility   |           |                    |   |                      |              |            |                    |                      |
|--|-----------|--------------------|---|----------------------|--------------|------------|--------------------|----------------------|
| Month and Year   |           |                    | MONTHLY BILLING LOG FOR RESIDENTIAL FACILITY BED DAYS |                      |              |            |                    |                      |
| RESIDENT NAME  | ACCOUNT # | BILLING START DATE |   | TOTAL TREATMENT DAYS | BED DAY RATE | TOTAL COST | LESS CLIENT BILLED | TOTAL INVOICE AMOUNT |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
|  |           |                    |   |                      |              | \$ -       | \$ -               | \$ -                 |
| <b>INVOICE TOTALS</b>  |           |                    |   | 0                    |              | \$ -       | \$ -               | \$ -                 |
| <b>FOR DRUG &amp; ALCOHOL SERVICES ACOOUNTING USE ONLY FOR ADJUSTMENTS &amp; REVISIONS</b> |           |                    |   |                      |              |            |                    |                      |
|  |           |                    |   |                      |              |            |                    |                      |
|  |           |                    |   |                      |              |            |                    |                      |
|  |           |                    |   |                      |              |            |                    |                      |
|  |           |                    |   |                      |              |            |                    |                      |
| <b>TOTAL REVISED INVOICE AMOUNT</b>  |           |                    |   |                      |              |            |                    |                      |

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### ***Provider Support Webpage***

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The County of San Luis Obispo Health Agency provides an online resource page for contractors and network providers. The contents of the page also help support compliance with HIPAA and other contractual and legal obligations.

Please visit: <http://www.slocounty.ca.gov/Departments/Health-Agency/Compliance-and-Privacy-Program/Compliance-and-Privacy-Program-Services/Health-Agency-Contractor-and-Network-Provider-Supp.aspx>

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### ***SmartCare Provider Documentation***

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For providers using SmartCare as their Electronic Health Record (EHR), please follow the “SUD Residential Documentation Workflow” provided by the County.

Please visit [SmartCare Guidance - County of San Luis Obispo](#).

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### ***Case Coordination***

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Treatment staff from SLOBHD will remain in contact with the residential provider to coordinate care and discharge planning for each of its beneficiaries. The contract provider should contact the SLOBHD Treatment case manager/primary contact at the time of referral, or the Treatment staff member that has been in most recent contact with the contract provider to coordinate care.

Along with providing monthly ASAM assessments, the residential provider will be asked to provide a copy of the client's physical health exam which is completed while the client is placed the provider's care. Upon client discharge from Residential Treatment, a copy of the Discharge Plan or Summary must be sent to SLOBHD within 5 business days. The County of SLO places a high priority to a providing Narcan/Naloxone kit as a prevention to death and overdose. When a client leaves Residential Treatment, after having had a period without substance use, the client is at increased risk of overdose (like other situations in which an individual is at higher risk of overdose after a length of sobriety such as when leaving custody or having been pregnant). The residential provider shall offer clients who are discharging the option to receive a Naloxone kit which will be provided to the residential program by SLOBHD for County of SLO beneficiaries upon request.

Additionally, should a County of San Luis Obispo beneficiary wish to file a grievance or complaint, please make sure this is filed with SLOBHD due to patient confidentiality and 42 CFR. The SLOBHD Patient Rights information is at the end of this document and forms can be found at this webpage:

<https://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Patients-Rights-Advocate.aspx>

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## ***Incident Reports***

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An Incident Report is a confidential, risk management and quality improvement document. Incidents involving a County of San Luis Obispo beneficiary of the following types must be reported to SLOBHD:

1. Client death.
2. Serious suicide attempt.
3. Major accident, significant injury, or assault occurs on site.
4. When staff make a Tarasoff warning to protect others from a serious threat of harm.
5. When a client requires or receives emergency medical care or experiences negative consequences because of an unexpected side effect of prescribed medication or a medication error.
6. When Emergency Medical Services, Law Enforcement, or Fire Department respond to a client or site.
7. When drugs/alcohol are found in the possession of a client or at the site.
8. When drugs/alcohol are used or suspected to be used by a client(s) at the site.
9. When there is a known or suspected breach of Protected Health Information (PHI).
10. When staff become aware of a significant ethical violation in the provision of client care. (Note: The Incident Reporting process does not replace or eliminate the need for other legal or personnel actions).
11. At the discretion of the Program Supervisor or Agency Director/Manager.

Incident Reports shall be sent the SLOBHD Quality Support Team (QST) for review within five (5) working days of discovery of the incident (or in the case of death, within two (2) working days). The original report shall be kept in a secure location at the contractor's site.

Incidents involving potential breaches of client PHI shall be reported immediately to the Health Agency Privacy Officer, Scott Gil, at [privacy@co.slo.ca.us](mailto:privacy@co.slo.ca.us). Security requirement: Password protect documents and send in encrypted email ONLY. Send password separately or by phone to (805)781-5192.

QST will review the Incident Report and may follow up should there be questions or quality of care concerns. Please send Incident Reports to SLOBHD QST via an encrypted email, with the document password protected:

Amanda Getten, Division Manager of QST

[agetten@co.slo.ca.us](mailto:agetten@co.slo.ca.us)

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### ***Adverse Event Phone Message Line***

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For any adverse event involved a SLOBHD beneficiary, please contact 1-805-781-1553 and leave a message within 24-hours of the event/incident. This message line is dedicated to Residential Treatment Providers and Recovery Residences that are contracted with the County of SLO and serves as a means for providers to make an official report of adverse incidents. Messages are collected from this message line on business days.

Please note, this is not an emergency phone line and providers must contact their local emergency services during an emergency. Please also note that leaving a

message on this line does not fulfill the requirement of completing an Incident Report (see previous section). However, it is encouraged that the provider reference/document the date and time of placed phone call/message left on the Adverse Event Phone Message Line in an Incident Report.

Any of the incident types described in the Incident Report section indicate the need for a message to be placed on the Adverse Event Phone Line. Other Adverse Event examples include:

1. Client leaves facility without permission or against medical advice.
2. Client experiences an overdose.
3. Client misuse of medication.
4. Program violations (with or without dismissal from program).

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### ***Contract***

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Please refer to your agency's contract with SLOBHD for information about additional monitoring activities that may be conducted.

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## Contact List

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For questions, please contact the following SLOBHD staff members for assistance:

Contract:

Maria Brown, Admin Services Officer  
(805) 781-1304  
magbrownr@co.slo.ca.us

Invoice Preparation:

Tina Robella, Accountant III  
(805) 781-4794  
trobella@co.slo.ca.us

Documentation Requirements:

Alexandra Hernandez, LMFT  
(805) 781-4821  
amhernandez@co.slo.ca.us

Placement Decisions:

Jaime Christensen, LMFT  
(805) 781-4790  
jchristensen@co.slo.ca.us

Patient Rights Advocate:

(805) 781-4783  
[BH.PatientRightsAdvocate@co.slo.ca.us](mailto:BH.PatientRightsAdvocate@co.slo.ca.us)

Residential Authorization:

Managed Care  
(805) 781-4881  
[BH.ManagedCare.Clinicians.Team@co.slo.ca.us](mailto:BH.ManagedCare.Clinicians.Team@co.slo.ca.us)