

A. County of San Luis Obispo Behavioral Health Department

B. Client Name:

C. MR Number:

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## Advance Beneficiary Notice of Non-coverage (ABN)

**D: Medicare generally pays for the Mental Health services bolded below under section F, when provided by an MD, Psychologist or LCSW.** Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for some of the services in section F below.

**E: Medicare does not pay for MH services provided by LPT, LVN, LMFT or LPCC.**  
(If you have Medicare and Medi-Cal, services provided by this category of staff may be billed to Medi-cal. If you have Medicare only, you may be billed up to the amount you agree upon, on the Client Cost Agreement with the Behavioral Health Department.)

### F: Estimated Cost

(The cost per service below represents an estimate for a full hour of the service listed. If a service is provided under one hour's time, the cost will be prorated.)

### Service Descriptions (recommended services for you are marked below):

- Assessment per 15-minute range depending on providers license \$81.62-\$313.61**  
(Evaluation for mental health needs, eligibility for services and treatment recommendations.)
- Medication Support per 15-minute range depending on providers license \$140.65-\$313.61**  
(As necessary, medical staff help you to obtain and take medication as prescribed.)
- Targeted Case Management per 15-minute range depending on provider's license \$57.37- \$355.42**  
(We help you apply for or maintain community resources.)
- Individual Therapy per 30-minute range depending on providers license \$163.23-\$627.31**  
(Psychotherapy one on one, with a licensed professional.)
- Group Therapy per 15-minute range depending on providers license \$18.14-\$69.69**  
(A group led by a therapist for social support, education, and coping skills development.)
- Family Therapy per 50-minute range depending on providers license \$272.06-\$1,045.35**  
(A therapist helps you with your family relationships to support your wellbeing.)
- Plan Development at least 20-minute range depending on providers license \$229.47-\$1,254.42**  
(We work with you on a plan for you to meet your mental health goals.)
- Individual Rehabilitation per 15-minute range depending on provider's license \$12.75-\$313-61**  
(Individual coaching on life skills.)
- Group Rehabilitation per 15-minute range depending on providers license \$157.37-\$313.61**  
(Teaching about wellness and recovery with group support and interaction.)

## WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the services selected from the list above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

### G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the services selected from the list above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the services selected from the list above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
- OPTION 3.** I don't want the services selected from the list above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicare would pay.

### H. Additional Information:

**This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You may ask to receive a copy.

**I. Signature:**

**J. Date:**

**You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.