



COUNTY
of SAN LUIS
OBISPO

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.

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

Out-of-County Contracted Provider

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 1st 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
[Reference: MHSUDS Information Notice No.: 18-001](#)
 - b. Total number of treatment hours per week
[Reference: MHSUDS Information Notice No.: 17-017](#)
[Reference: AOD Standards Sec 8000\(d\)\(1\)](#)
2. **Room & Board Invoice**
3. **Clinical Documentation to Support Reauthorization Request(s):**
 - a. Initial Treatment Plan
 - b. Updated Treatment Plan (if applicable)
 - c. ASAM Assessment
 - d. Weekly Summary of Client Progress
[Reference: AOD Standards Sec 8000\(c\)\(4\)\(C\)](#)
 - e. Discharge Plan/Summary (if applicable)

Submit to Managed Care in one of the following manners:

1. **Mail:**

SLO Behavioral Health Managed Care Dept.

2945 McMillan Ave.

Suite #136

San Luis Obispo, CA 93401

2. **Fax:**

(805) 781-1177

3. **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

Response Process from Managed Care to Residential Provider

Managed Care will authorize any/all of the following:

1. Payment:

- a. Payment for services provided
- b. Denial of payment - NOABD Denial Form

2. Reauthorization decision within 24 hours (or next business day) via the Residential Authorization Form:

- a. Approved Reauthorization
- b. Approved as Modified
- c. Deferred
- d. Denial

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

In-County Provider with Shared Electronic Health Record

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 1st to the 30/31st:

1. **Treatment Documentation completed in Anasazi** that must include the following information:
 - a. Description of Treatment services provided each day that Treatment services are claimed on *Daily Perinatal Residential Treatment Assessment*.
[Reference: MHSUDS Information Notice No.: 18-001](#)
 - b. Total number of treatment hours per week recorded in weekly Progress Note.
[Reference: MHSUDS Information Notice No.: 17-017](#)
[Reference: AOD Standards Sec 8000\(d\)\(1\)](#)
2. **Clinical Documentation completed in Anasazi to Support Reauthorization Request(s):**
 - a. ASAM Assessment
 - b. Weekly Summary of Client Progress in weekly Progress Note
[Reference: AOD Standards Sec 8000\(c\)\(4\)\(C\)](#)

Submit the Room & Board Invoice to Managed Care in one of the following manners:

1. **Mail:**

SLO Behavioral Health Managed Care Dept.

2945 McMillan Ave.

Suite #136

San Luis Obispo, CA 93401

2. **Fax:**

(805) 781-1177

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Send to: BH.ManagedCareTeam@co.slo.ca.us

Process from Managed Care to Residential Provider

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Residential Authorization Form:

- a. Approved Reauthorization
- b. Approved as Modified
- c. Deferred
- d. Denial

Treatment Record & Therapeutic Activity Example

Client Name <i>John Smith</i>					
Date	Treatment Hours	Treatment Services	Structured Therapeutic Activity Hours	Activity Services	Total for Day
4-29-18	NA	NA	NA	NA	NA
4-30-18	3.50	<i>Intake, Collateral</i>	1.0	<i>Recovery/Coping Skill Development: Walking Group</i>	4.50
4-31-18	1.50	<i>Group Counseling</i>	1.50	<i>12 Step Discussion</i>	3.00
5-1-18	1.50	<i>Group Counseling</i>	1.0	<i>Recovery/Coping Skill Development: Art Activity</i>	2.50
5-2-18	3.00	<i>Group Counseling</i>	1.50	<i>12 Step Discussion</i>	4.50
5-3-18	4.0	<i>Indv. Coun., Group Coun.</i>	1.0	<i>Recovery/Coping Skill Development: Walking Group</i>	5.0
5-4-18	2.0	<i>Crisis Intervention</i>	NA	NA	2.0
Weekly Subtotal					21.50
5-5-18	1.0	<i>Crisis Intervention</i>	NA	NA	1.0
5-6-18	1.0	<i>Discharge Services</i>	NA	NA	1.0
5-7-18	NA	NA	NA	NA	NA
5-8-18	NA	NA	NA	NA	NA
5-9-18	NA	NA	NA	NA	NA
5-10-18	NA	NA	NA	NA	NA
Weekly Subtotal					2.0

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
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						\$ -	\$ -	\$ -
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INVOICE TOTALS				0		\$ -	\$ -	\$ -
FOR DRUG & ALCOHOL SERVICES ACOCUNTING USE ONLY FOR ADJUSTMENTS & REVISIONS								
TOTAL REVISED INVOICE AMOUNT								

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
						\$ -	\$ -	\$ -
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INVOICE TOTALS				0		\$ -	\$ -	\$ -
FOR DRUG & ALCOHOL SERVICES ACOUNTING USE ONLY FOR ADJUSTMENTS & REVISIONS								
TOTAL REVISED INVOICE AMOUNT								

Provider Support Webpage

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>

Case Coordination

Treatment staff from SLOBHD will remain in contact with the residential provider to coordinate care and discharge planning for each of its beneficiaries. As described in the contract, the contract provider shall notify SLOBHD within 24-hours of an adverse event (ex. beneficiary left residential program). The contract provider should contact the SLOBHD Treatment staff member listed on the SA Authorization for Residential Treatment form, or the Treatment staff member that has been in most recent contact with the contract provider to coordinate care.

Additionally, should 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:

Incident Reports

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 as a result 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, Michelle Shoresman, at 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

Contract

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

Contact List

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

Contract:

Scott Seyer, Admin Services Officer I
(805) 788-2156
sseyer@co.slo.ca.us

Invoice Preparation:

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

Documentation Requirements:

Julianne Schmidt, LMFT
(805) 781-4858
jschmidt@co.slo.ca.us

Placement Decisions:

Colin Quennell, LMFT
(805) 461-6083
cquennell@co.slo.ca.us

Patient Rights Advocate:

(805) 781-4783
BH.PatientRightsAdvocate@co.slo.ca.us

Residential Authorization:

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