



**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.

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

***Out-of-County Contracted Provider***

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

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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. 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

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

***In-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 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

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](mailto:BH.ManagedCareTeam@co.slo.ca.us)

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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. 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

**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	Intake, Collateral	1.0	Recovery/Coping Skill Development: Walking Group	4.50
4-31-18	1.50	Group Counseling	1.50	12 Step Discussion	3.00
5-1-18	1.50	Group Counseling	1.0	Recovery/Coping Skill Development: Art Activity	2.50
5-2-18	3.00	Group Counseling	1.50	12 Step Discussion	4.50
5-3-18	4.0	Indv. Coun., Group Coun.	1.0	Recovery/Coping Skill Development: Walking Group	5.0
5-4-18	2.0	Crisis Intervention	NA	NA	2.0
<b>Weekly Subtotal</b>					<b>21.50</b>
5-5-18	1.0	Crisis Intervention	NA	NA	1.0
5-6-18	1.0	Discharge Services	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
<b>Weekly Subtotal</b>					<b>2.0</b>

*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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<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
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
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<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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### ***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 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.

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, Dave Michaels, 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:

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](mailto:BH.PatientRightsAdvocate@co.slo.ca.us)

Residential Authorization:

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