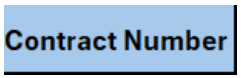
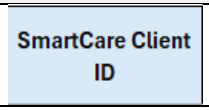
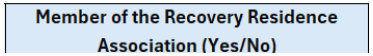
County of San Diego, Health and Human Services Agency
Behavioral Health Services
Recovery Residence Ledger Guide

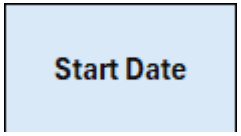
- Providers will submit a Recovery Residence Ledger for each program that utilizes recovery residence funds.
- One client's information is to be entered per row.
    - If a client resides in more than one recovery residence during the billing month, use multiple rows.
    - For clients with non-consecutive stays within the billing month, use multiple rows.
    - For clients whose bed day rate changes within the billing month (cost reimbursement only), use multiple rows.

Data Point	Row and Column	Picture	Instructions
Contract Number	Row 1 Column A		• Enter the contract number of the program the Recovery Residence Ledger is being submitted for
Program Name	Row 1 Column C		• Enter the name of the program the Recovery Residence Ledger is being submitted for
Invoice Month/Year	Row 1 Column E		• Select the billing month the Recovery Residence Ledger is being submitted for from the dropdown menu
SmartCare Client ID	Row 3 Column A		• Enter the SmartCare Client ID

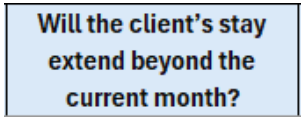
Name of Recovery Residence	Row 3 Column B		• Enter the name of the recovery residence where the client stayed
			    ○ Ensure the name and spelling are accurate
			    ○ Example: Chula Vista Resident Recovery Home

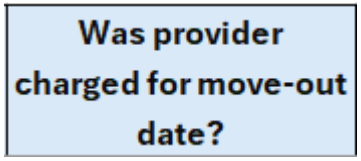
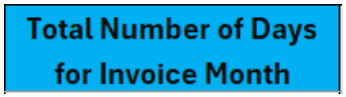
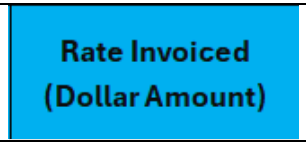
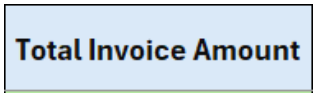
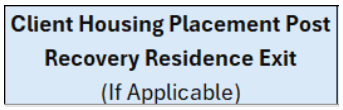
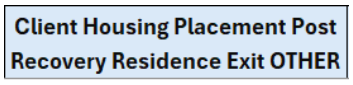
Recovery Residence Address	Row 3 Column C		• Enter the address of the recovery residence where the client stayed
			    ○ Ensure the address and spelling are accurate
			    ○ Example: 1349 Lucero Court Chula Vista, CA 91911

Member of the Recovery Residence Association (Yes/No)	Row 3 Column D		• If the recovery residence is a Recovery Residence Association member select "Yes" from the dropdown menu
			• If the recovery residence is **not** a Recovery Residence Association member select "No" from the dropdown menu
			  ○ Information can be verified at the Recovery Residence Association website:
			  ▪ https://rrasd.org/

Start Date	Row 3 Column E		• If the client has been residing in the recovery residence prior to the billing month enter the first day of the month
			  ○ Example: 1/1/2024
			• If the client moved into the recovery residence after the first day of the billing month enter the move in date
			  ○ Example: 1/15/2024

End Date	Row 3 Column F		• If the client did not move out of the recovery residence during the billing month enter the last day of the month
			  ○ Example: 1/31/2024
			• If the client moved out of the recovery residence before the last day of the billing month enter the move out day
			  ○ Example: 1/26/2024

Will the client's stay extend beyond the current month?	Row 3 Column G		• If the client's recovery residence stay will extend into the next billing month select "Yes" from the dropdown menu • If the client's recovery residence stay will **not** extend into the next billing month select "No" from the dropdown menu

Was provider charged for move-out date?	Row 3 Column H		• Starting in January 2025 service providers may bill for the move out date if provider has been charged for move out day by the recovery residence. Provider will not invoice the County for the move out day in the following situations: ○ If recovery residences funds are being used for a hotel stay, select "No" ○ If there is an agreement between the service provider and recovery residence where the service provider does not pay for the move out date, select "No"
Total Number of Days for Invoice Month	Row 3 Column I		• No action is needed for this field because there is a formula ○ The formula determines the number of days based on the "Start Date", "End Date" and if the move out date should be counted
Rate Invoiced (Dollar Amount)	Row 3 Column J		• Enter the recovery residence daily rate
Total Invoice Amount	Row 3 Column K		• No action is needed for this field because there is a formula ○ The formula multiplies the "Total Number of Days for Billing Month" field by the "Rate Invoiced (Dollar Amount)" field
Client Contribution	Row 3 Column L		• Enter the dollar amount the client contributed to their recovery residence stay if applicable
Client Housing Placement Post Recovery Residence Exit (If Applicable)	Row 3 Column M		• If a client has exited the recovery residence select their new housing placement from the dropdown menu
Client Housing Placement Post Recovery Residence Exit OTHER	Row 3 Column N		• If the "Other" option was selected for the Client Housing Placement Post Recovery Residence Exit field enter the housing placement

Notes	Row 3 Column O	Notes	• Enter any miscellaneous information that is helpful for tracking purposes if applicable