County of San Diego 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.
 - o If a client resides in more than one recovery residence during the billing month, use multiple rows.
 - o For clients with non-consecutive stays within the billing month, use multiple rows.
 - o 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	Contract Number	Enter the contract number of the program the Recovery Residence Ledger is being submitted for
Program Name	Row 1 Column C	Program Name	Enter the name of the program the Recovery Residence Ledger is being submitted for
Invoice Month/Year	Row 1 Column E	Invoice Month/Year	Select the billing month the Recovery Residence Ledger is being submitted for from the dropdown menu
SmartCare Client ID	Row 3 Column A	SmartCare Client ID	Enter the SmartCare Client ID
Name of Recovery Residence	Row 3 Column B	Name of Recovery Residence	 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	Recovery Residence Address	 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	Member of the Recovery Residence Association (Yes/No)	 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
Start Date	Row 3 Column E	Start Date	 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	End Date	 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	Will the client's stay extend beyond the current month?	 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	Was provider charged for move-out date?	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	Total Number of Days for Invoice Month	 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	Rate Invoiced (Dollar Amount)	Enter the recovery residence daily rate
Total Invoice Amount	Row 3 Column K	Total Invoice Amount	 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	Client Contribution	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	Client Housing Placement Post Recovery Residence Exit (If Applicable)	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	Client Housing Placement Post Recovery Residence Exit OTHER	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