

To:	BHS Contracted Service Providers
From:	Behavioral Health Services
Date:	October 6, 2026
Title	Recovery Residence Housing Ledger Guide

The Recovery Residence (RR) Housing Ledger is used to document member housing stays, monthly billing information, and required Transitional Rent (TR) eligibility elements. Providers must complete all required fields each month using accurate, verifiable information. The ledger is designed with built-in validations: any required cell left blank will automatically flag in red, indicating that provider action is needed before submission. Some fields auto-calculate based on dates and rates entered, while all other columns require direct entry by the provider. The instructions below identify each column or row by letter, describe the purpose of each field, and specify whether it is provider-entered or formula-calculated.

Instructions

Row 1 – Header

- **Column A – Contract Number**
 - This field captures the County contract identifier associated with the program submitting the RR ledger. Providers must enter the correct contract number to ensure the invoice aligns with the correct funding source and program authorization.
- **Column C – Program Name**
 - This field identifies the name of the contracted program responsible for the member's housing services. Enter the exact program name as listed in the contract or as used in County billing records.
- **Column E – Invoice Month/Year**
 - This field sets the billing period for the ledger (e.g., "August 2026"). Providers must enter the applicable month and year so the County can verify that the services and TR-related documentation fall within the correct reporting period.

Row 3 – Ledger Details

- **Column A – SmartCare Client ID**
 - The unique identifier assigned to the member in SmartCare. Used to match housing billing entries with clinical records.
- **Column B – Name of Recovery Residence**
 - The name of the RR facility where the member is residing for the invoice month.
- **Column C – Recovery Residence Address**
 - Physical street address of the residence. Supports verification of housing location and type.
- **Column D – Member of the Recovery Residence Association (Yes/No)**
 - Indicates whether the RR is part of the County's recognized Recovery Residence Association. Used for quality and compliance tracking.
- **Column E – Start Date**
 - The date the member began residing at the RR during the invoice month.
- **Column F – End Date**
 - The date the member's RR stay ended within the invoice month.
- **Column G – Will the member's stay extend beyond the current month?**
 - Indicates whether the member will remain in RR past the end of the billing month.

For More Information:

- Contact your Contracting Officer's Representative (COR)

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- **Column H – Was provider charged for move-out date?**
 - Indicates whether the RR billed the program for the member’s final date of residence.
- **Column I – Total Number of Days for Invoice Month**
 - Auto-calculates based on the Start Date and End Date.
- **Column J – Rate Invoiced (Dollar Amount)**
 - Auto-calculates to reflect the daily rate used to bill for the member’s RR stay.
- **Column K – Total Invoice Amount**
 - Auto-calculates total charges based on rate and number of days.
- **Column L – Member Contribution**
 - The specific amount the member paid toward their housing cost.
- **Column M – Member Housing Placement Post Recovery Residence Exit (If Applicable)**
 - Defines the housing type the member transitions to upon leaving RR (e.g., Apartment, ILF, Hotel).
- **Column N – Member Housing Placement Post Recovery Residence Exit OTHER**
 - Used only if Column M is “Other.” Provider specifies the housing type.
- **Column O – Was the member referred to Housing Navigation Services? If yes, indicate MCP.**
 - Documents whether the provider referred the member to HTNS, and if yes, which MCP. Required for TR compliance.
- **Column P – Does the member have a Housing Support Plan?**
 - Indicates whether the member has an active Housing Support Plan.
- **Column Q – Has the member been screened for TR?**
 - Shows whether the TR eligibility screening has been completed.
- **Column R – If yes and does not qualify, why?**
 - Records the specific reason the member was determined ineligible for TR when applicable.
- **Column S – If housing setting not TR allowable, identify housing type**
 - Indicates the housing setting that does not meet DHCS Transitional Rent eligibility requirements or MCP reimbursable rate caps (e.g., Board & Care, motel not serving as primary residence, congregate setting >4 people per room, non-renewable-lease units).
- **Column T – If yes and eligibility determined, date of TR approval**
 - The date the member was approved for TR.
- **Column U – If applicable, is program providing funding attestation post-TR?**
 - Indicates whether the program is attesting to funding after TR benefit ends.
- **Column V – Notes**
 - Free-text field for any key information needed for invoice review or clarification.

Questions?

For housing ledger related questions, please contact your COR.

For Transitional Rent related questions, please contact: TransitionalRent.BHS@sdcounty.ca.gov

Thank you for your continued collaboration.

For More Information:

- Contact your Contracting Officer’s Representative (COR)