



M E M O R A N D U M

Date: November 28, 2018
To: DMC-ODS Alcohol and Drug Providers
From: Santa Barbara County Behavioral Wellness *CF*
Subject: Admissions & Services Reporting of Self-pay and Private Insurance Clients
CC: ADP, Fiscal, QCM

This memo supersedes the memo dated June 6, 2017 with subject "Admissions & Services Reporting of Private Insurance Clients".

In order to accommodate service recording, avoid errors in billing, and meet reporting requirements of Self-pay *and* Private Insurance clients, we redeveloped the program "ADP for Private Insurance", now identified as "Self-pay/Private Insurance", ShareCare Program ID #140. It is our intention to manage billing and track services provided to clients who are paying for services using the ADP sliding fee scale or who have Private Insurance coverage.

Clients who **do not** have current Medi-Cal coverage may enter into a payment agreement or provide other insurance coverage if applicable. Cost of service will be charged using the County-approved sliding fee scale included in the current DMC-ODS Provider Contract.

Clients who are paying for services using a payment agreement (Self-pay) or who have other insurance (Private Insurance), **must** be admitted in the "*Self-pay/Private Insurance*" program under your facility. Their services can be documented under the same fac/prog in Clinician's Gateway. Services under this program are blocked from being submitted to the State for DMC reimbursement. Additionally, they will be blocked from being reimbursed by any non-DMC funds.

Please note that the Scope of DHCS CalOMS Tx Data Report mandates that data must be collected of all clients, regardless of payor, who are receiving services from a facility that receives funding from DHCS. Therefore, CalOMS admission assessments, annual updates, and discharge assessments must be completed for all Self-pay and/or Private Insurance clients.

Clients who were previously admitted to the "ADP for Private Insurance" or "Self-pay/Private Insurance" program (prior to 12/1/18) do **not** need to be discharged/readmitted with the implementation of the DMC-ODS. No further action is needed until the client is discharged from treatment or becomes a Medi-Cal beneficiary.

The Department of Behavioral Wellness remains committed to offering ongoing training and technical support for all service delivery, documentation and billing activities. Regularly scheduled ShareCare/Clinicians Gateway User group meetings, ADP Staffs/Administrators, Fiscal Division and the Helpdesk of the Department of Behavioral Wellness are all available to provide assistance for any issues that you may encounter.