



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
 & RECOVERY SERVICES**

ACKNOWLEDGMENT OF NOTIFICATION*

To Whom it May Concern:

This is to acknowledge notification of a psychiatric admission to _____ (Hospital)
 for the following San Mateo County client:

NAME: _____ **DOB:** _____

(Signature of PES Nurse) _____ **(Date)** _____

San Mateo County Psychiatric Emergency Services (PES):

Phone: (650) 573-2662 **Fax:** (650) 573-2489

For discharge planning please notify:

Adults: BHRS Facilities Utilization Management

Melinda Ricossa: (Phone) 650-372-8573 (E-mail) mricossa@smcgov.org

Youth: BHRS Youth Case Management

Matilde Brito: (Phone) 650-779-8747 (E-mail) mbrito@smcgov.org

Julie Leong: (Phone) 650-779-8742 (E-mail) JLeong@smcgov.org

For Concurrent Review, TAR (for Medi-Cal) or claim (for non-Medi-cal):

(Please fax information to number below)

Holly Severson RN, MSN

Facilities Utilization Management (FUM)

Behavioral Health and Recovery Services

1950 Alameda de las Pulgas

San Mateo CA 94403

Fax: (650) 522-9830

San Mateo County authorizes payment for the first three (3) days of psychiatric hospitalization. Additional authorization days are based on medical necessity being demonstrated.

***Payment is contingent upon medical necessity being demonstrated in the medical record for each day of hospitalization.**

*To authorize payment for inpatient psychiatric admission for San Mateo County clients, San Mateo County must receive information showing the client met Medical Necessity criteria in Title 9. Initial Documentation is due within 24 hours of admission (see **Documentation required for Inpatient Authorization**).*