

**FISCAL YEAR 2000-2001
SHORT-DOYLE/MEDI-CAL
MAXIMUM REIMBURSEMENT RATES**

July 1, 2000 through June 30, 2001

SERVICE FUNCTION	MODE OF SERVICE CODE		SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/MEDI-CAL MAXIMUM ALLOWANCE
	CR/DC Code	SD/MC Claiming Code			
A. 24-HOUR SERVICES	05				
Hospital Inpatient		07, 08, 09	10-18	Client Day	\$772.74
Hospital Administrative Day		07, 08, 09	19	Client Day	7/1/00 - 7/31/00 \$221.64 8/1/00 - 6/30/01 \$230.29
Psychiatric Health Facility (PHF)		05	20-29	Client Day	\$441.92
Adult Crisis Residential		05	40-49	Client Day	\$249.19
Adult Residential		05	65-79	Client Day	\$121.54
B. DAY SERVICES	10	12, 18			
Crisis Stabilization					
Emergency Room			20-24	Client Hour	\$77.36
Urgent Care			25-29	Client Hour	\$77.36
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	\$117.93
Full Day			85-89	Client Full Day	\$165.63
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	\$68.80
Full Day			95-99	Client Full Day	\$107.38

C. OUTPATIENT SERVICES	15	12, 18			
Case Management, Brokerage			01-09	Staff Minute	\$1.65
Mental Health Services			10-19		
			30-59	Staff Minute	\$2.12
Medication Support			60-69	Staff Minute	\$3.95
Crisis Intervention			70-79	Staff Minute	\$3.18