

**FISCAL YEAR 2001-2002
SHORT-DOYLE/MEDI-CAL
MAXIMUM REIMBURSEMENT RATES**

July 1, 2001 through June 30, 2002

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	\$806.74
Hospital Administrative Day		07, 08, 09	19	Client Day	7/1/01 - 7/31/01 \$230.29 8/1/01 - 6/30/02 \$231.30
Psychiatric Health Facility (PHF)		05	20-29	Client Day	\$457.83
Adult Crisis Residential		05	40-49	Client Day	\$258.16
Adult Residential		05	65-79	Client Day	\$125.92
B. DAY SERVICES	10	12, 18			
Crisis Stabilization					
Emergency Room			20-24	Client Hour	\$80.14
Urgent Care			25-29	Client Hour	\$80.14
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	\$122.18
Full Day			85-89	Client Full Day	\$171.59
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	\$71.28
Full Day			95-99	Client Full Day	\$111.25
C. OUTPATIENT SERVICES	15	12, 18			
Case Management, Brokerage			01-09	Staff Minute	\$1.71
Mental Health Services			10-19		
			30-59	Staff Minute	\$2.20
Medication Support			60-69	Staff Minute	\$4.09
Crisis Intervention			70-79	Staff Minute	\$3.29