

**FISCAL YEAR 1999-2000  
SHORT-DOYLE/MEDI-CAL  
MAXIMUM REIMBURSEMENT RATES**

July 1, 1999 through June 30, 2000

	MODE OF SERVICE CODE		SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/MEDI-CAL MAXIMUM ALLOWANCE
	CR/DC Code	SD/MC Claiming Code			
<b>SERVICE FUNCTION</b>					
<b>A. 24-HOUR SERVICES</b>	<b>05</b>				
Hospital Inpatient		<b>07, 08, 09</b>	10-18	Client Day	\$750.23
Hospital Administrative Day		<b>07, 08, 09</b>	19	Client Day	\$218.68
Psychiatric Health Facility (PHF)		<b>05</b>	20-29	Client Day	\$427.39
Adult Crisis Residential		<b>05</b>	40-49	Client Day	\$241.00
Adult Residential		<b>05</b>	65-79	Client Day	\$117.54
<b>B. DAY SERVICES</b>	<b>10</b>	<b>12, 18</b>			
Crisis Stabilization					
Emergency Room			20-24	Client Hour	\$74.82
Urgent Care			25-29	Client Hour	\$74.82
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	\$114.05
Full Day			85-89	Client Full Day	\$160.18
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	\$66.54
Full Day			95-99	Client Full Day	\$103.85
<b>C. OUTPATIENT SERVICES</b>	<b>15</b>	<b>12, 18</b>			
Case Management, Brokerage			01-09	Staff Minute	\$1.60
Mental Health Services			10-19		
			30-59	Staff Minute	\$2.05
Medication Support			60-69	Staff Minute	\$3.82
Crisis Intervention			70-79	Staff Minute	\$3.08