

**FISCAL YEAR 2005-06
SHORT-DOYLE/MEDI-CAL
MAXIMUM REIMBURSEMENT RATES**
July 1, 2005 through June 30, 2006

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	\$952.86
Hospital Administrative Day			07, 08, 09	19	Client Day	7/1/05 - 7/31/05 \$236.82 8/1/05 - 6/30/06 \$299.80
Psychiatric Health Facility (PHF)			05	20-29	Client Day	\$521.82
Adult Crisis Residential			05	40-49	Client Day	\$294.25
Adult Residential			05	65-79	Client Day	\$143.53
B. DAY SERVICES			10	12, 18		
Crisis Stabilization						
Emergency Room		20-24			Client Hour	\$91.34
Urgent Care		25-29			Client Hour	\$91.34
Day Treatment Intensive						
Half Day		81-84			Client 1/2 Day	\$139.26
Full Day		85-89			Client Full Day	\$195.58
Day Rehabilitation						
Half Day		91-94	Client 1/2 Day	\$81.24		
Full Day		95-99	Client Full Day	\$126.80		
C. OUTPATIENT SERVICES	15	12, 18				
Case Management, Brokerage				01-09	Staff Minute	\$1.95
Mental Health Services				10-19	Staff Minute	\$2.52
				30-59	Staff Minute	\$2.52
Medication Support				60-69	Staff Minute	\$4.66
Crisis Intervention				70-79	Staff Minute	\$3.75