

**FISCAL YEAR 2004-05
SHORT-DOYLE/MEDI-CAL
MAXIMUM REIMBURSEMENT RATES**

July 1, 2004 through June 30, 2005

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	\$913.58
Hospital Administrative Day		07, 08, 09	19	Client Day	7/1/04 - 7/31/04 \$236.82 8/1/04 - 6/30/05 \$236.82
Psychiatric Health Facility (PHF)		05	20-29	Client Day	\$505.15
Adult Crisis Residential		05	40-49	Client Day	\$284.85
Adult Residential		05	65-79	Client Day	\$138.94
B. DAY SERVICES	10	12, 18			
Crisis Stabilization					
Emergency Room			20-24	Client Hour	\$88.42
Urgent Care			25-29	Client Hour	\$88.42
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	\$134.81
Full Day			85-89	Client Full Day	\$189.33
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	\$78.64
Full Day			95-99	Client Full Day	\$122.75
C. OUTPATIENT SERVICES	15	12, 18			
Case Management, Brokerage			01-09	Staff Minute	\$1.89
Mental Health Services			10-19	Staff Minute	\$2.44
			30-59	Staff Minute	\$2.44
Medication Support			60-69	Staff Minute	\$4.51
Crisis Intervention			70-79	Staff Minute	\$3.63