DMH INFORMATION NOTICE NO.: 08-35

Enclosure 1

FISCAL YEAR 2008-09 SHORT-DOYLE/MEDI-CAL MAXIMUM REIMBURSEMENT RATES

July 1, 2008 through June 30, 2009

	MODE OF		SHORT-DOYLE/		
			SERVICE		MEDI-CAL
	CR/DC Code	SD/MC Claiming Code	FUNCTION CODE	TIME BASE	MAXIMUM ALLOWANCE
SERVICE FUNCTION		Ĭ			
A. 24-HOUR SERVICES	05				
Hospital Inpatient		07, 08, 09	10-18	Client Day	\$1,084.24
Hospital Administrative Day		07, 08, 09	19	Client Day	7/1/08 - 7/31/08
					\$318.19
					8/1/08 - 6/30/09 \$351.26
Psychiatric Health Facility (PHF)		05	20-29	Client Day	\$570.91
Adult Crisis Residential		05	40-49	Client Day	\$321.94
Adult Residential		05	65-79	Client Day	\$157.03
B. DAY SERVICES	10	12, 18			
Crisis Stabilization					
Emergency Room		l	20-24	Client Hour	\$94.54
Urgent Care		I	25-29	Client Hour	\$94.54
Day Treatment Intensive		1			• • • • • •
Half Day Full Day			81-84 85-89	Client 1/2 Day Client Full Day	\$144.13 \$202.43
Day Rehabilitation			05-09	Chefit i di Day	ψ202.43
Half Day		1	91-94	Client 1/2 Day	\$84.08
Full Day			95-99	Client Full Day	\$131.24
C. OUTPATIENT SERVICES	15	12, 18			
Case Management, Brokerage		i I	01-09	Staff Minute	\$2.02
Mental Health Services		i	10-19	Staff Minute	\$2.61
			30-59	Staff Minute	\$2.61
Medication Support			60-69	Staff Minute	\$4.82
Crisis Intervention		 !	70-79	Staff Minute	\$3.88