

FISCAL YEAR 2014-15
SHORT-DOYLE/MEDI-CAL
COUNTY MAXIMUM REIMBURSEMENT RATES
July 1, 2014 through June 30, 2015

SERVICE FUNCTION	MODE OF SERVICE CODE		SERVICE FUNCTION CODE	TIME BASE	COUNTY MAXIMUM ALLOWANCE
	CR/DC Code	SD/MC Claiming Code			
A. 24-HOUR SERVICES	05	07, 08, 09	10-18	Client Day	\$1,294.30
Hospital Inpatient			19	Client Day	\$443.96
Hospital Administrative Day		05	20-29	Client Day	\$653.12
Psychiatric Health Facility (PHF)			40-49	Client Day	\$368.30
Adult Crisis Residential			65-79	Client Day	\$179.64
Adult Residential					
B. DAY SERVICES	10	12, 18	20-24	Client Hour	\$100.81
Crisis Stabilization			25-29	Client Hour	\$100.81
Emergency Room			81-84	Client 1/2 Day	\$153.70
Urgent Care			85-89	Client Full Day	\$215.86
Day Treatment Intensive			91-94	Client 1/2 Day	\$89.66
Half Day			95-99	Client Full Day	\$139.95
Full Day					
Day Rehabilitation					
Half Day					
Full Day					
C. OUTPATIENT SERVICES	15	12, 18	01-09	Staff Minute	\$2.15
Case Management, Brokerage			10-19	Staff Minute	\$2.78
Mental Health Services			30-59	Staff Minute	\$2.78
Medication Support			60-69	Staff Minute	\$5.14
Crisis Intervention			70-79	Staff Minute	\$4.14