FISCAL YEAR 1996-97
SHORT-DOYLE/MEDI-CAL
MAXIMUM REIMBURSEMENT RATES

July 1, 1996 through June 30, 1997

SERVICE FUNCTION	MODE OF SERVICE CODE	SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/ MEDI-CAL MAXIMUM ALLOWANCE
A. 24-HOUR SERVICES	**05:**			
Hospital Inpatient		10-18	Client Day	$692.46
Hospital Administrative Day		19	Client Day	$214.90
Psychiatric Health Facility (PHF)		20-29	Client Day	$387.35
Adult Crisis Residential		40-49	Client Day	$218.42
Adult Residential		65-79	Client Day	$106.53
B. DAY SERVICES	**10:**			
Crisis Stabilization				
Emergency Room		20-24	Client Hour	$67.81
Urgent Care		25-29	Client Hour	$67.81
Day Treatment Intensive				
Half Day		81-84	Client 1/2 Day	$103.36
Full Day		85-89	Client Full Day	$145.18
Day Rehabilitation				
Half Day		91-94	Client 1/2 Day	$60.30
Full Day		95-99	Client Full Day	$94.12
C. OUTPATIENT SERVICES	**15:**			
Case Management, Brokerage		01-09	Staff Minute	$1.45
Mental Health Services		10-19 30-59	Staff Minute	$1.86
Medication Support		60-69	Staff Minute	$3.46
Crisis Intervention		70-79	Staff Minute	$2.79