

**FISCAL YEAR 2007-08
SHORT-DOYLE/MEDI-CAL
MAXIMUM REIMBURSEMENT RATES**
July 1, 2007 through June 30, 2008

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	\$1,035.57
Hospital Administrative Day		07, 08, 09	19	Client Day	7/1/07 - 7/31/07 \$310.68 8/1/07 - 6/30/08 Pending DHS
Psychiatric Health Facility (PHF)		05	20-29	Client Day	\$555.20
Adult Crisis Residential		05	40-49	Client Day	\$313.08
Adult Residential		05	65-79	Client Day	\$152.71
B. DAY SERVICES	10	12, 18			
Crisis Stabilization					
Emergency Room			20-24	Client Hour	\$97.19
Urgent Care			25-29	Client Hour	\$97.19
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	\$148.17
Full Day			85-89	Client Full Day	\$208.10
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	\$86.43
Full Day			95-99	Client Full Day	\$134.91
C. OUTPATIENT SERVICES	15	12, 18			