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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 3@ Health Care Services

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Article 7@ Payment for Services and Supplies

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Section 51516@ Reimbursement for Short-Doyle/Medi-Cal Services

51516 Reimbursement for Short-Doyle/Medi-Cal Services

(a)

The federal Medicaid share of reimbursement for Short-Doyle Medi-Cal mental health services shall be based on the lowest of the following. (1) The provider's usual and customary charge to the general public for the same or similar services, unless the provider is a nominal charge provider pursuant to Medicare rules at 42 CFR 413.13. (2) The provider's reasonable and allowable cost of rendering the services, based on year-end cost reports and Medicare principles of reimbursement pursuant to 42 CFR Part 413 and as described in HCFA Publication 15-1, for providers not contracting on a negotiated rate basis. (3) The negotiated rates as approved by the Department of Mental Health for Short-Doyle/Medi-Cal providers contracting on a negotiated rate basis pursuant to section 5705.2 of the Welfare and Institutions Code. (4) The following maximum allowances are effective for fiscal year 1998-1999:

| Service Function | Maximum Allowance |
|---|-------------------|
| Hospital inpatient services, per day..... | \$724.16 |
| Psychiatric Health Facilities, per day..... | 414.13 |
| Adult crisis residential services, per day..... | 233.53 |
| Adult residential services, per day..... | 113.89 |
| Day treatment intensive, half day..... | 110.51 |
| Day treatment intensive, full day..... | 155.22 |
| Day rehabilitative services, half day..... | 64.47 |

| | | |
|-------------------------|--------|--|
| services, full day..... | 100.63 | Mental health services, |
| per minute..... | 1.99 | Medication support services, per |
| minute..... | 3.70 | Crisis intervention services, per |
| minute..... | 2.98 | Crisis stabilization - emergency room, |
| per hour..... | 72.50 | Crisis stabilization - urgent care, |
| per hour..... | 72.50 | Case management, brokerage, per |
| minute..... | 1.55 | |

(1)

The provider's usual and customary charge to the general public for the same or similar services, unless the provider is a nominal charge provider pursuant to Medicare rules at 42 CFR 413.13.

(2)

The provider's reasonable and allowable cost of rendering the services, based on year-end cost reports and Medicare principles of reimbursement pursuant to 42 CFR Part 413 and as described in HCFA Publication 15-1, for providers not contracting on a negotiated rate basis.

(3)

The negotiated rates as approved by the Department of Mental Health for Short-Doyle/Medi-Cal providers contracting on a negotiated rate basis pursuant to section 5705.2 of the Welfare and Institutions Code.

(4)

The following maximum allowances are effective for fiscal year 1998-1999: Service

| | | |
|---------------------------|----------|--|
| FunctionMaximum Allowance | | Hospital inpatient services, per |
| day..... | \$724.16 | Psychiatric Health Facilities, per |
| day..... | 414.13 | Adult crisis residential services, per |
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| | | |
|-------------|--------|--|
| day..... | 113.89 | Day treatment intensive, half |
| day..... | 110.51 | Day treatment intensive, full |
| day..... | 155.22 | Day rehabilitative services, half |
| day..... | 64.47 | Day rehabilitative services, full |
| day..... | 100.63 | Mental health services, per |
| minute..... | 1.99 | Medication support services, per |
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| minute..... | 2.98 | Crisis stabilization - emergency room, per |
| hour..... | 72.50 | Crisis stabilization - urgent care, per |
| hour..... | 72.50 | Case management, brokerage, per |
| minute..... | 1.55 | |

(b)

Negotiated rates, as defined in section 5705.2 of the Welfare and Institutions Code, shall be established by the standard service function categories and reimbursement principles delineated in (a)(4) above. Reimbursement based on negotiated rates shall be subject to retrospective cost settlement which shares equally with the federal government the portion of the federal reimbursement that exceeds actual costs in the aggregate by legal entity. In no case will payments exceed the established maximum allowances.