STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF MENTAL HEALTH
1600 - 9TH STREET
SACRAMENTO, CA 95814
(916) 654-2378

March 2, 1995

DMH INFORMATION NOTICE NO.: 95- 06

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, MENTAL HEALTH ADVISORY BOARDS

SUBJECT: REGIONAL RATES FOR NONCONTRACT PROVIDERS OF ACUTE PSYCHIATRIC INPATIENT HOSPITAL SERVICES

REFERENCE: SECTION 1752, TITLE 9, CALIFORNIA CODE OF REGULATIONS

EXPIRES: Retain Until Rescinded

The following table represents regional rates for providers of acute psychiatric inpatient hospital services that have not negotiated a rate with a Mental Health Plan. Rates for the hospitals that do not have a negotiated rate were established by computing a weighted average negotiated rate for all Fee-for-Service/Medi-Cal (FFS/MC) psychiatric inpatient hospitals in the region in which the hospital is located. The procedure for establishing the regional rates is described in Section 1752 of Title 9, California Code of Regulations.

The state is not releasing information about rates negotiated between county Mental Health Plans and providers, due to confidentiality of negotiations. If a Medi-Cal beneficiary from your county has been admitted to a hospital with a negotiated rate in another county, you should contact that provider or the Mental Health Plan in that county for rate information.

You may contact Alan Inouye of County Financial Program Support at (916) 654-2314 if you should have any questions.

Linda A. Powell

LINDA A. POWELL
Deputy Director
Administrative Services

Enclosure

cc: Chief, Technical Assistance and Training
California Mental Health Planning Council

MEDI-CAL PSYCHIATRIC INPATIENT HOSPITAL SERVICES
REGIONAL AVERAGE NEGOTIATED RATES
JANUARY 1, 1995

ACCOMMODATION CODES

REGION	97	98	114	124	134	154	204
Bay	$533.00	$268.63	$465.00	$479.00	$440.00	$442.00	$471.00
LA	$430.00	$268.63	$441.00	$438.00	$434.00	$445.00	$441.00
North	$375.00	$268.63	$375.00	$375.00	$375.00	$375.00	$375.00
South	$415.00	$268.63	$396.00	$419.00	$411.00	$397.00	$402.00
Valley	$393.00	$268.63	$395.00	$424.00	$393.00	$393.00	$445.00

KEY
97 Psychiatric Acute (Adolescent and Child)
98 Administrative Day*
114 Room and Board - Private, Psychiatric
124 Room and Board - Semi-Private 2 Bed, Psychiatric
134 Room and Board - Semi-Private 3 or 4 Bed, Psychiatric
154 Room and Board - Ward (Medical or General), Psychiatric
204 Intensive Care, Psychiatric

* Reimbursement for administrative day services is established in accordance with Section 1751(d) and 1752(d), Title 9, California Code of Regulations.