Exhibit H

Revised 12/06/2010

FISCAL YEAR 2010-11
SHORT-DOYLE/MEDI-CAL
MAXIMUM REIMBURSEMENT RATES
July 1, 2010 through June 30, 2011

SERVICE FUNCTION	MODE OF SERVICE CODE: CR/DC Code	MODE OF SERVICE CODE: SD/MC Claiming Code	SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/ MEDI-CAL MAXIMUM ALLOWANCE
A. 24-HOUR SERVICES	05				
Hospital Inpatient		07, 08, 09	10-18	Client Day	$1,172.71
Hospital Administrative Day		07, 08, 09	19	Client Day	7/1/10 - 7/31/10 $381.37 8/1/10 - 6/30/11 $409.48
Psychiatric Health Facility (PHF)		05	20-29	Client Day	$597.88
Adult Crisis Residential		05	40-49	Client Day	$337.15
Adult Residential		05	65-79	Client Day	$164.45
B. DAY SERVICES	10	12, 18			
Crisis Stabilization					
Emergency Room			20-24	Client Hour	$94.54
Urgent Care			25-29	Client Hour	$94.54
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	$144.13
Full Day			85-89	Client Full Day	$202.43
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	$84.08
Full Day			95-99	Client Full Day	$131.24
C. OUTPATIENT SERVICES	15	12, 18			
Case Management, Brokerage			01-09	Staff Minute	$2.02
Mental Health Services			10-19	Staff Minute	$2.61
			30-59	Staff Minute	$2.61
Medication Support			60-69	Staff Minute	$4.82
Crisis Intervention			70-79	Staff Minute	$3.66