

## PROVISIONAL RATE REQUEST/APPROVAL

Legal Entity Name: \_\_\_\_\_

Legal Entity No.: \_\_\_\_\_

Agreement Period: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

MENTAL HEALTH SERVICES			Mode of Service	Service Function Code Range	Requested Provisional Rates	Actual Cost Rates from Last Cost Report FY _____	% Increase/Decrease
<b>A.</b>	<b>24-HOUR SERVICES</b>						
	Hospital Inpatient		05	10 - 18			
	Hospital Inpatient		05	12			
	Hospital Administrative Day		05	19			
	Psychiatric Health Facility (PHF)		05	20 - 29			
	SNF Intensive		05	30 - 34			
	IMD/STP Basic (No Patch)	Beds 1-59	05	35			
		Beds 60 & over	05	35			
	Patch for IMD		05	36 - 39			
	Mentally Ill Offenders	Regular	05	36 - 39			
		Indigent	05	36 - 39			
	IMD-Like		05	36 - 39			
	IMD (w/Patch) Sub-Acute (60 days)		05	38			
	Adult Crisis Residential		05	40 - 49			
	Residential Others		05	60 - 64			
	Adult Residential		05	65 - 79			
	Semi-Supervised Living		05	80 - 84			
	Independent Living		05	85 - 89			
	MH Rehab. Centers		05	90 - 94			
<b>B.</b>	<b>DAY SERVICES</b>						
	Vocational Services		10	30 - 39			
	Socialization		10	40 - 49			
	SNF Augmentation		10	60 - 69			
	Day Treatment Intensive - Half Day		10	81 - 84			
	Day Treatment Intensive - Full Day		10	85 - 89			
	Day Rehabilitative - Half Day		10	91 - 94			
	Day Rehabilitative - Full Day		10	95 - 99			
<b>C.</b>	<b>OUTPATIENT SERVICES</b>						
	Targeted Case Management Services (TCMS)		15	01 - 09			
	Mental Health Services		15	10 - 19/ 30 - 59			
	Therapeutic Behavioral Services (TBS)		15	58			
	Medication Support		15	60 - 69			
	Crisis Intervention		15	70 - 79			
<b>D.</b>	<b>OUTREACH SERVICES</b>						
	Mental Health Promotion		45	10 - 19			
	Community Client Services		45	20 - 29			
<b>E.</b>	<b>SUPPORT SERVICES</b>						
	Life Support/Board & Care		60	40 - 49			
	Case Management Support		60	60 - 69			
	Client Supportive Services		60	64 70 - 79			
<b>F.</b>	<b>MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA)</b>						
	MAA		55	01 - 35			

Requested By: \_\_\_\_\_

Contractor

Date

  

Approved: \_\_\_\_\_

DMH Lead Manager/District Chief

Date

  

Approved: \_\_\_\_\_

DMH Director of Finance

Date

  

Rate Table Change: \_\_\_\_\_

Chief Information Office Bureau

Date