



Provider Alert

Issue No.: TAR 24-01

Issue Date: June 1, 2024

FY 24-25 Acute Psychiatric Hospital Contract Rate

Pursuant to the Department of Mental Health (DMH) Acute Psychiatric Inpatient Hospital Contracts, Exhibit A, Service Exhibit I, II, III, V, VI, VII, this Rate Schedule provides reimbursement rates for Psychiatric Inpatient Services. **The rates are effective July 1, 2024 and will remain in effect until further notice.**

CONTRACTOR RATES (Effective July 1, 2024)

Type of Facility	Statement of Work (SOW) #	Medi-Cal Services ^{1,2}	Non Medi-Cal Services ³
Acute Psychiatric Medi-Cal	Exhibit A	GACH: \$1,173 APH: \$1,110	
Acute Psychiatric (IMD Exclusion & Uninsured/Indigent)	Service Exhibits I		Acute Only: \$1,110 (bundled) No Admin Day Reimbursement Manual Invoicing
Acute Psychiatric (Behavioral Health & Physical Health)	Service Exhibits II	\$1,273	\$1,273 (bundled rate) Manual Invoicing
Acute Psychiatric (Medi-Cal Child & Adolescent)	Service Exhibits III	GACH: \$1,173 APH: \$1,110	
Acute Psychiatric (Guaranteed Bed)	Service Exhibits V	Acute: \$1,273 M/C Admin: \$817.64	Indigent Acute Only: \$1,273 (bundled) No Admin Day Reimbursement Manual Invoicing
Acute Psychiatric (Release Bed)	Service Exhibits VI	M/C Acute: \$1,273 M/C Admin: \$817.64 M/C Admin Patch: \$455.36	Indigent Acute: \$1,273 (bundled) Indigent Admin \$1,273 (bundled) Manual Invoicing
Acute Psychiatric (Surge Response)	Service Exhibits VII		Indigent Acute: \$1,110 (bundled) Indigent Admin: \$1,110 (bundled) Manual Invoicing

¹ hospital shall submit claims for Medi-Cal psychiatric inpt hosp svcs to the State fiscal intermediary based on days authorized on TARS.

² General Acute Care Hospital (GACH) and Acute Psychiatric Hospital (APH).

³ Bundled Rate means the Rate includes Professional Services provided by the Psychiatrist

If you have any questions or require further information, please email Helen Wang at hwang@dmh.lacounty.gov or by phone at (213) 943-8712.