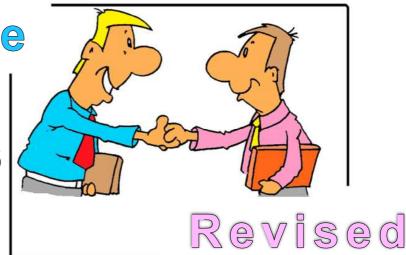




The "B" means BUSINESS

CBO Dispatch No.: NGA 16-023 Issue Date: June 30, 2016

Countywide Maximum | Allowances



The Department of Mental Health (DMH) has reviewed and revised the Countywide Maximum Allowance (CMA) rates for Specialty Mental Health Services delivered by Department of Mental Health (DMH) Legal Entity (LE) contractors. Please see the attached updated CMA schedule.

DMH will continue to follow the DMH Provisional Rate Setting Policy No. 800.08, which can be accessed at the link below beginning July 11, 2016. The policy allows for a Cost of Living Adjustment of 2.5 percent above the last approved cost report rate, up to the new CMA.

http://lacdmh.lacounty.gov/ContractorsPolicies/Documents/800/800_08.pdf

The policy also addresses other documentation that may need to be submitted along with your Provisional Rate Request. DMH will review each request to ensure that the LE contractors' requested rates closely approximate their actual cost and are limited to the CMA.

If you have any questions or require further information, please contact Michael Boyle, Chief of Reimbursement and Audit Support Division (RASD), at (213) 738-2853 or by email at mboyle@dmh.lacounty.gov.





LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH SPECIALTY MENTAL HEALTH SERVICES MAXIMUM REIMBURSEMENT RATES FISCAL YEAR 2015-16

| | | E OF E CODE SD/MC Claiming Code | SERVICE FUNCTION CODE | TIME BASE | PROPOSED COUNTY MAXIMUM ALLOWANCE |
|--|----|---|--|--|---|
| SERVICE FUNCTION A. 24-HOUR SERVICES Hospital Inpatient Hospital Administrative Day | 05 | 07, 08, 09 07, 08, 09 | 10-18 19 | Client Day Client Day | \$1,297.76 \$437.83 |
| Psychiatric Health Facility (PHF) Adult Crisis Residential Adult Residential | | 05 05 05 | 20-29 40-49 65-79 | Client Day Client Day Client Day | \$654.86 \$369.28 \$180.12 |
| B. DAY SERVICES Crisis Stabilization Emergency Room Urgent Care Day Treatment Intensive Half Day Full Day Day Rehabilitation Half Day Full Day | 10 | 12, 18 | 20-24 25-29 81-84 85-89 91-94 95-99 | Client Hour Client Hour Client 1/2 Day Client Full Day Client 1/2 Day Client Full Day | \$106.01 \$106.01 \$161.62 \$227.00 \$94.29 \$147.17 |
| C. OUTPATIENT SERVICES Case Management, Brokerage Mental Health Services Medication Support Crisis Intervention | 15 | 12, 18 | 01-09 10-19 30-59 60-69 70-79 | Staff Minute Staff Minute Staff Minute Staff Minute Staff Minute | \$2.26 \$2.93 \$2.93 \$5.40 \$4.35 |