



Provider Alert

Issue No.: Updated TAR 26-01
Issue Date: August 31, 2026

FY 26-27 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.

This Provider Alert replaces Alert issued on June 30, 2026

CONTRACTOR RATES (Effective July 1, 2026)

Type of Facility	Statement of Work (SOW) #	Medi-Cal Services ^{1, 2, 4}	Non Medi-Cal Services ³
Acute Psychiatric Medi-Cal	Exhibit A	GACH: \$1,220 APH: \$1,220	\$0 Reimbursement
Acute Psychiatric (IMD Exclusion & Uninsured/Indigent)	Service Exhibits I	\$0 Reimbursement	Acute Only: \$1,220 bundled rate No Admin Day Reimbursement <i>Manual Invoicing</i>
Acute Psychiatric (Behavioral Health & Physical Health)	Service Exhibits II	M/C Acute: \$1,220 + \$100 (GACH Specialized Bed) M/C Admin: \$894.62 M/C Admin Patch: \$425.38	\$1,320: Acute & Admin bundled rate <i>Manual Invoicing</i>
Acute Psychiatric (Medi-Cal Child & Adolescent)	Service Exhibits III	GACH: \$1,220 APH: \$1,220	\$0 Reimbursement
Acute Psychiatric (Guaranteed Bed/FIT) Acute Only	Service Exhibits V	M/C Acute: \$1,220 + \$100 (GACH Specialized Bed)	Up to 20% of total Indigent FIT beds Acute Only: \$1,320 bundled rate No Admin Day Reimbursement <i>Manual Invoicing</i>
Acute Psychiatric (Release Bed)	Service Exhibits VI	M/C Acute: \$1,220 + \$100 (GACH Specialized Bed) M/C Admin: \$894.62 M/C Admin Patch: \$425.38	\$1,320: Acute & Admin bundled rate <i>Manual Invoicing</i>
Acute Psychiatric (Surge Response)	Service Exhibits VII	\$0 Reimbursement	Indigent Acute: \$1,220 bundled rate Indigent Admin: \$1,220 bundled rate <i>Manual Invoicing</i>

¹ Hospitals shall submit claims for Medi-Cal psychiatric acute psychiatric inpatient hospital services 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

⁴ Pursuant to BHIN 25-038 and State Plan Amendment (SPA) 23-0045, the above rates are applicable to acute hospitals that submitted their Centers for Medicare and Medicaid Services (CMS) 2552 that result in a rate limit that is equal to, or greater than, the above rate. All other acute hospitals will be reimbursed at the Regional Rate, by accommodation code, as calculated by DHCS.

If you have any questions or require further information, please email TAR Unit at TARUNIT@dmh.lacounty.gov.

