

ENCLOSURE B

County Request for State Hospital Beds During Fiscal Year 2014-15

County Name

County Mental Health Director's
Signature or county designee

Effective Date of Request

Please indicate the number and type of state hospital beds your county will utilize for FY 2014-15. Counties are charged for the number of beds used July 1, 2014 through June 30, 2015, on a monthly basis.

Enclosure B will be used to estimate bed usage amongst all counties within the hospitals based on the number of approved available beds for FY 2014-15; it will **not** be used to uphold a bed reservation commitment between DSH and the counties.

Please ensure that the Enclosure B is completed, signed by the County Mental Health Director, or county designee, and returned to the Department of State Hospitals by **September 10, 2014**; to be captured in the September billing period. Submissions after that date will also be accepted, but only for the billing months after the month the Enclosure B is received.

In addition to mail and fax submissions, scanned Enclosure B forms may be submitted to Christian Jones at CBBU@dsh.ca.gov.

Based on all counties' estimated usage, DSH shall make available beds for the care of patients admitted under the LPS Act, including Murphy Conservatorships and Penal Code conversions.

For FY 2014-15, DSH combined the current established rates for Acute/ICF into a single blended bed rate of \$626 per day. The SNF rate will remain at \$775. Counties may commit to purchase an Acute, ICF, or SNF bed.

Thank you for your assistance.

Level of Care	State Hospital			Total
	Napa	Metropolitan	Patton	
Blended (Acute & Intermediate Care Facility)				
Skilled Nursing (SNF)				
Total				

RETURN TO: Christian Jones, Administration Division, Fiscal Allocations and Estimates,
1600 9th Street, Room 150, Sacramento, California 95814 or E-MAIL CBBU@dsh.ca.gov or FAX
(916) 651-1377.