

San Bernardino County Department of Behavioral Health  
 CalAIM Payment Reform Rate Schedule  
 Flat Rates  
 Effective January 1, 2026

Flat Rate Services		
Procedure Code	Procedure Code Name	Fee-For-Services Rates
H0018	MH ADULT CRISIS RESIDENTIAL	\$ 652.86
H0019	MH ADULT RESIDENTIAL TRTMNT SVC	\$ 576.18
H0019U1	SUD RES 3.1	\$ 207.49
H0019U2	SUD RES 3.3 DAY	\$ 286.59
H0019U3	SUD RES 3.5 DAY	\$ 277.73
H0020UAHG	SUD NTP DOSE-METHADONE	\$ 22.66
H2012	MH DAY TREATMENT INTENSIVE/REHAB	\$ 548.05
H2013	MH PSYCHIATRIC HEALTH FACILITY	\$ 1,452.06
S5000UAHG	SUD NTP MAT GENERIC DRUG	\$ 34.94
S5001IB	SUD NTP MAT BRAND INJ BUP	\$ 2,164.57
S5001IN	SUD NTP MAT BRAND INJ NAL	\$ 2,364.31
S5001UAHG	SUD NTP MAT BRAND NAME DRUG	\$ 153.83
S5145	MH THERAPEUTIC FOSTER CARE	\$ 306.49