2015-16 ICF/DD
Reimbursement Rates

*Sorted by NPI #

PROVIDER TYPE 17 WITH 1-59 Bed ACCOMMODATION CODES 41 & 43 FACILITY NAME	NPI#	41	43 (rate less bedhold $7.08)	Comments
HILLDALE HABILITATION CENTER	1073736427	$169.50	$162.42	
HILLSIDE HOUSE	1467653303	$187.07	$179.99	
CASA DE VIDA	1689889131	$187.07	$179.99	
HELEN EVANS HOME	1821218306	$187.07	$179.99	
BLOOMFIELD WEST, INC	1487740452	$182.57	$175.49	

*Sorted by NPI #

PROVIDER TYPE 17 WITH 60+ Bed ACCOMMODATION CODES 41 & 43 FACILITY NAME	NPI#	41	43 (rate less bedhold $7.08)	Comments
HY-LOND GARDEN GROVE	1033244470	$173.77	$166.69	
EL ENCANTO HEALTHCARE & HABILITATION CENTER	1205839081	$157.53	$150.45	
EDGEWOOD CENTER	1467587899	$158.01	$150.93	
GLENRIDGE CENTER	1477688810	$159.32	$152.24	
GOLDEN STATE CARE CENTER	1689655045	$173.77	$166.69	