Intermediate Care Facility/DD 1-59
2016 Annual Rate Update - Effective August 1, 2016

						Accommodation Code 41	Accommodation Code 43
	Facility Name	NPI	Owner	Location	Bed Size 1-59	Total 2016-17 Rate w/add-on and QAF	Bedhold $7.35
1	BLOOMFIELD WEST, INC	1487740452	2	1	59	$197.14	$189.79
2	Hillside House	1467653303	1	1	59	$198.45	$191.10