

Rates: Facility Per Diem

Page updated: June 2024

This section contains per diem rates for Nursing Facilities Level A (NF-A), Institutions for Mental Disease (IMD), Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), Intermediate Care Facilities for the Developmentally Disabled/Habilitative (ICF/DD-H), Intermediate Care Facilities for the Developmentally Disabled/Nursing (ICF/DD-N), Distinct Part Nursing Facilities of Acute Care Hospitals Level B (DP/NF-B), Unlimited Swing Bed and Subacute Care. For rates for Facilities with All Beds as ICF/DD Continuous Nursing (ICF/DD-CN), refer to the *Home and Community-Based Services (HCBS) Billing Codes and Reimbursement Rates* section in this manual.

For FS/NF-B facility-specific rates, see the Department of Health Care Services (DHCS) [Freestanding Skilled Nursing Facilities and Subacute Units](#) web page.

For general policy information, refer to the *Rates: Facilities* section in this manual.

NF-A Per Diem Rates

Effective August 1, 2010

Table of Per Diem Rates

Value Code Amount†»	Revenue Code	Value Code†	S. F. * Bay Area Counties	Los Angeles County	All Other Counties
31	1001	24	\$105.10	\$105.10	\$73.81
32	0180	24	\$99.56	\$99.56	\$68.27

«Effective August 1, 2023»

Table of Per Diem Rates

Value Code Amount†»	«Revenue Code	Value Code†	S. F.+ Bay Area Counties	Los Angeles County	All Other Counties
21	0101	24	«\$114.02	\$114.02	\$82.73»
22	0180	24	«\$104.56	\$104.56	\$73.27»
23	0180	24	«\$104.56	\$104.56	\$73.27»

- Note 1:** Effective August 2, 2003, the NF-A per diem rate no longer uses 100+ beds to establish rates. NF-A rates are set solely by geographical location. Effective August 2, 2003, NF-A facilities with licensed bed capacities of 100+ that received a rate of \$89.54 effective August 1, 2002, will continue to receive this rate until their prospective county rate reaches this level.
- Note 2:** Effective May 12, 2023, payment for DP/NF-Bs, regardless of geographical location, is the lesser of projected costs or the class median rate of \$704.86. An exception is state-operated facilities whose payment shall be based on detail in the [Distinct Part Nursing Facilities, Level B \(DP/NF-B\) \(ca.gov\)](#) website.
- Note 3:** Effective August 1, 2022, the leave of absence and bed hold for acute hospitalization is \$9.46.
- Note 4:** The temporary COVID-19 increase is effective March 1, 2020, through the end of the public health emergency. The temporary COVID-10 increase expired on May 11, 2023.

IMD Per Diem Rates

Effective July 1, 2019

Total Beds 1 to 59

«Value Code Amount†»	«Revenue Code»	«Value Code†»	S.F. ¥ Bay Area Counties	Los Angeles County	All Other Counties
«07»	«0101»	«24»	\$220.83	\$178.32	\$191.87
«08»	«0180»	«24»	\$212.48	\$169.97	\$183.52
«09»	«0180»	«24»	\$212.48	\$169.97	\$183.52
11	«1001»	«24»	\$226.55	\$184.04	\$197.59
12	«0180»	«24»	\$218.20	\$175.69	\$189.24

Total Beds 60 Plus

«Value Code Amount†»	«Revenue Code»	«Value Code†»	S.F. ¥ Bay Area Counties	Los Angeles County	All Other Counties
«07»	«0101»	«24»	\$232.10	\$178.56	\$199.22
«08»	«0180»	«24»	\$223.75	\$170.21	\$190.87
«09»	«0180»	«24»	\$223.75	\$170.21	\$190.87
11	«1001»	«24»	\$237.82	\$184.28	\$204.94
12	«0180»	«24»	\$229.47	\$175.93	\$196.59

«The rates shown above for value code amounts 11 and 12, with their corresponding revenue and value codes, include the Special Treatment Program (STP) supplement of \$5.72 per day.»

Also effective for dates of service on or after July 1, 2020, the rate reduction for IMD leave of absence and bed hold for acute hospitalization is updated to \$8.75 per diem.

Facilities with ICF/DD, ICF/DD-H and ICF/DD-N Services Rates

Effective August 1, 2022 †

Table of Service Rates

Facility Type	«Value Code Amount†»	«Revenue Code»	«Value Code†»	Temporary COVID-19 Increased 2020-21 Rate (Exclusive of Prop. 56)
ICF/DD	41 (1 to 59 beds)	«0101»	«24»	\$369.73
ICF/DD	42 (60 plus beds)	«0101»	«24»	\$388.37
ICF/DD-H	61 (4 to 6 beds)	«0101»	«24»	\$357.69
ICF/DD-H	65 (7 to 15 beds)	«0101»	«24»	\$371.78
ICF/DD-N	62 (4 to 6 beds)	«0101»	«24»	\$394.48
ICF/DD-N	66 (7 to 15 beds)	«0101»	«24»	\$445.65

«Facilities with ICF/DD, ICF/DD-H and ICF/DD-N Services Rates, Leave Days»

Effective August 1, 2022 †

Table of Service Rates

Facility Type	«Value Code Amount†»	«Revenue Code»	«Value Code†»	Temporary COVID-19 Increased 2021-22 Rate Minus Bed Hold (\$9.46) (Exclusive of Prop. 56)
ICF/DD	43 (1 to 59 beds)	«0180»	«24»	\$360.27
ICF/DD	44 (60 plus beds)	«0180»	«24»	\$378.91
ICF/DD-H	63 (4 to 6 beds)	«0180»	«24»	\$348.23
ICF/DD-H	68 (7 to 15 beds)	«0180»	«24»	\$362.32
ICF/DD-N	64 (4 to 6 beds)	«0180»	«24»	\$385.02
ICF/DD-N	69 (7 to 15 beds)	«0180»	«24»	\$436.19

Rural Hospital Swing Bed

«Table of Rural Hospital Swing Bed Rates»

Effective May 12, 2023

«Value Code Amount†»	«Revenue Code»	«Value Code†»	Rate
04	«0101»	«24»	\$314.67 α
05	«0180»	«24»	\$305.21 β

Effective May 12, 2023, (exempt from Assembly Bill 97) for DP/NF-B providers located in designated rural/frontier areas only.

«Table of Rural Hospital Swing Bed Rates Exempt from Assembly Bill 97»

«Value Code Amount†»	«Revenue Code»	«Value Code†»	Rate
04	«0101»	«24»	\$566.06 μ
05	«0180»	«24»	\$566.06 μ

Note: Effective August 1, 2022, the leave of absence and bed hold rate for acute hospitalization is \$9.46.

Distinct-Part Adult Subacute Rates π

Effective May 12, 2023

Table of Regular Service Rates

«Value Code Amount†»	«Revenue Code»	«Value Code†»	Rate
71	«0190»	«24»	\$1,147.06
72	«0190»	«24»	\$1,135.17

Table of Bed Hold Rates

«Value Code Amount† Σ »	«Revenue Code»	«Value Code†»	Rate
73	«0185»	«24»	\$1,137.60
74	«0185»	«24»	\$1,125.71

Table of Leave of Absence Rates

«Value Code Amount† Σ »	«Revenue Code»	«Value Code†»	Rate
79	«0180»	«24»	\$1,137.60
80	«0180»	«24»	\$1,125.71

Note 1: The rate reduction for leave of absence and bed hold for acute hospitalization is \$9.46 per diem for dates of service on or after May 12, 2023.

Note 2: A distinct-part adult subacute provider is reimbursed at the lesser of its projected costs or the maximum reimbursement rate shown above.

Note 3: «Value code amounts 71, 72, 73, 74, 79 and 80, with their corresponding revenue and value codes, are the median for distinct-part adult subacute facilities.»

Effective May 12, 2023, the COVID-19 increased reimbursement ceased, and reimbursement rates for distinct-part adult subacute facilities reverted to the rate year 2022-2023 annual per diem rates.

«The Distinct-Part Adult Subacute Nursing Facility rates are posted on the [Subacute Care Facilities](#) web page of the DHCS website.»

Pediatric Subacute Care Rates

Effective May 12, 2023, the COVID-19 increased reimbursement ceased, and reimbursement rates for DP/PSA facilities reverted to the RY 2022-23 annual per diem rates.

Regular Service

Hospital Based Distinct-Part Pediatric Subacute DP/PSA

«Effective February 1, 2024»

Value Code Amount†	Revenue Code	Value Code†	Rate
85	0190	24	«\$1,375»
86	0190	24	«\$1,259.58»

Temporary COVID-19 Increased Rates – Free-Standing Pediatric Subacute (FS/PSA)

Value Code Amount†	Revenue Code	Value Code†	Rate
91	0190	24	\$1,316.13
92	0190	24	\$1,198.56

Bed Hold

Free-Standing Hospital Based DP/PSA

«Effective February 1, 2024»

Value Code Amount†	Revenue Code	Value Code†	Rate Ψ
87	0185	24	«\$1,365.48»
88	0185	24	«\$1,250.06»

Temporary COVID-19 Increased Rates – Free-Standing FS/PSA

Value Code Amount†	Revenue Code	Value Code†	Rate Ψ
93	0185	24	\$1,306.67
94	0185	24	\$1,189.10

Leave of Absence

Hospital Based DP/PSA

«Effective February 1, 2024»

Value Code Amount†	Revenue Code	Value Code†	Rate Ψ
89	0180	24	«\$1,365.48»
90	0180	24	«\$1,250.06»

Temporary COVID-19 Increased Rates – Free-Standing FS/PSA

Value Code Amount†	Revenue Code	Value Code†	Rate Ψ
95	0180	24	\$1,306.67
96	0180	24	\$1,189.10

Pediatric Subacute: Supplemental Rehabilitation Therapy Services and Ventilator Weaning Services

«Effective January 1, 2024»

DP/PSA Rates

Value Code Amount†	«Revenue Code»	Value Code†	Rehab. Therapy Supplement	Ventilator Weaning
83	0199	24	«\$85.64»	N/A
84	0199	24	N/A	«\$79.84»

FS/PSA Rates

Value Code Amount†	Revenue Code	Value Code†	Rehab. Therapy Supplement	Ventilator Weaning
97	0199	24	\$86.91	N/A
98	0199	24	N/A	\$81.03

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	San Francisco Bay Area counties and county codes: San Francisco Bay Area counties include San Francisco (38), Marin (21), Alameda (01), Contra Costa (07), Santa Clara (43), San Mateo (41), Napa (28) and Sonoma (49).
+	2022-2023 temporary COVID-19 increased rates.
¥	San Francisco Bay Area counties include Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara and Sonoma.
‡	ICF/DD, ICF/DD-H and ICF/DD-N providers will receive temporary COVID-19 increased rates with a rate reduction for leave of absence and bed hold of \$9.46 per diem for dates of service on or after August 1, 2022, until the COVID-19 public health emergency ends. Provider rates are posted on the Intermediate Care Facilities page of the DHCS website.
α	2008 rate of \$305.15 plus 2022 \$9.52 add-ons.
β	\$314.67 rate minus 2022 leave of absence/bed hold rate of \$9.46.
μ	Includes 2022 \$1.61 add-ons.
Ω	2022 leave of absence/bed hold rate of \$9.46.
∑	The rate reduction for LOA and BH for acute hospitalization is \$8.35 per diem for dates of service on or after March 1, 2020.
π	A distinct-part adult subacute provider is reimbursed at the lesser of its projected costs or the maximum reimbursement rate shown above.
ψ	The rate reduction for leave of absence and bed hold for acute hospitalization is \$8.35 per diem for the period August 1, 2020, through July 31, 2021, rate year. The rate reduction for leave of absence and bed hold for DP/PSAs and FS/PSAs is \$8.75 per diem for the period August 1, 2020, through July 31, 2021, rate year.
£	Temporary COVID-19 increased rate.
«†	The <u>value code</u> is the Medicaid Rate Code (MRC). The <u>value code amount</u> is the Designated State Level Medicaid Rate Code (DSL MRC), which identifies the type of facility that the patient resides and the level of care the patient receives.»