State of California-Health and Human Services Agency



Department of Health Services





ARNOLD SCHWARZENEGGER Governor

May 6, 2005

N.L: 06-0505 Index: Benefits

TO: CALIFORNIA CHILDREN'S SERVICES (CCS) ADMINISTRATORS AND MEDICAL CONSULTANTS, GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP) AND STATE CHILDREN'S MEDICAL SERVICES (CMS) REGIONAL OFFICES STAFF

SUBJECT: INTERMEDIATE CARE FACILITY/DEVELOPMENTALLY DISABLED - NURSING (ICF/DD-N) STATEWIDE FACILITY LISTING

The purpose of this letter is to transmit an electronic file containing a statewide listing of Intermediate Care Facilities/Developmentally Disabled - Nursing (ICFs/DD-N). This listing will be helpful in determining if a CCS applicant or client is residing in an

ICF/DD-N. This listing represents all facilities licensed as ICFs/DD-N as of March 17, 2005. It is 70 pages long and will take a couple minutes to open.

Recently, questions have been raised regarding the authorization of enteral nutrition products and associated medical supplies for children with a CCS-eligible medical condition who reside in an ICF/DD-N. The California Code of Regulations (CCR), Title 22, has several provisions that support the conclusion that the ICF/DD-N is responsible for providing enteral nutrition products and associated medical supplies necessary for the care of the resident and that the Medi-Cal per diem includes payment for such items. These sections include: 51510.1(a) and (b); 51510.3(a)(G) and (b); 51313.3(e)(2); and 59998. The text of these regulations is available by clicking on <u>California Code of Regulations</u> and entering the regulation section number without the subsection parenthetical in the Search entry box.

As a reminder, N.L.: 04-0399, Nutrition Products as a CCS/GHPP Benefit, states the CCS policy regarding a range of nutrition products. In brief, that numbered letter states that parenteral solutions, replacement formulas or products, calorie dense formulas or products, and additives are CCS benefits on an <u>outpatient</u> basis when required as part of the medical management of a CCS-eligible condition.

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If you have any questions regarding this information, please contact your CMS Regional Office Consultant.

Marian Dalsey, M.D., **M.P.H.,** Acting Chief Children's Medical Services Branch

Program: ACL673 Report No: MR-ACL6		IENT OF HEALTH SERVICE – LICENSING AND CERTII FACILITY LISTING STATEWIDE	CATION Run Date: 03/17/2005 Page: 1	
FACILITY NAME STREET ADDRESS CITY / STATE / ZIP ADMINISTRATOR E-MAIL ADDRESS	TELEPHONE NO. FAX NUMBER	ACLAIMS ID. PROVIDER NO. OSHPD NO. FACILITY TYPE TOTAL CAPACITY COUNTY ACCREDIDATION STATUS CLOSURE/SUSPEND DATE PERSON ASSIGNED TO	LICENSE NUMBER	LICENSEE TYPE LICENSE DATES EFFECTIVE EXPIRATION LICENSE STATUS
ALOHA GARDEN ICF #1 311 REVERE AVENUE HAYWARD CA 94544	(510) 475-7825	020000905 INTERMEDIATE CARE DEV DIS NURS 6 01 ALAMEDA CLOSED 05/16/199	ARRM, INC. 25 BERRYESSA WAY 5 HILLSBOROUGH CA 94010 0200453	PROFIT CORPORATION 11/17/1994 05/16/1995 INACTIVE/CLOSED
ALOHA GARDEN ICF #2 31916 OLEAN STREET HAYWARD CA 94544	(510) 475-7835	020000907 INTERMEDIATE CARE DEV DIS NURS 6 01 ALAMEDA CLOSED 07/01/199	ARRM, INC. 25 BERRYESSA WAY HILLSBOROUGH CA 94010 0200454	PROFIT CORPORATION 05/17/1995 05/16/1996 INACTIVE/CLOSED
CASTANYA HOOSE 400 CASTANYA CT. DANVILLE CA 94526 KADER, JAN S	(925) 837-1242	020000951 INTERMEDIATE CARE DEV DIS NURS 6 01 ALAMEDA CLOSED 12/02/1994	JANS KADER 59 ACACIA DRIVE ORINDA CA 94563 0200473	PROFIT CORPORATION INACTIVE/CLOSED

Program: ACL673 Report No: MR-ACL67		IENT OF HEALTH SERVICE – LICENSING AND CERTIF FACILITY LISTING STATEWIDE	CATION Run Date: 03/17/2005 Page: 2	
FACILITY NAME STREET ADDRESS CITY / STATE / ZIP ADMINISTRATOR E-MAIL ADDRESS	TELEPHONE NO. FAX NUMBER	ACLAIMS ID. PROVIDER NO. OSHPD NO. FACILITY TYPE TOTAL CAPACITY COUNTY ACCREDIDATION STATUS CLOSURE/SUSPEND DATE PERSON ASSIGNED TO	LICENSE NUMBER	LICENSEE TYPE LICENSE DATES EFFECTIVE EXPIRATION LICENSE STATUS
GENESIS DEVELOPMENT SERVICES – BARROW 225 BARROII STREET SAN LEANDRO, CA 94577 PETERSON, RON	(510) 352-8537	020001156 55-G239 INTERMEDIATE CARE DEV DIS NURS 6 01 ALAMEDA OPEN	GENESIS DEVELOPMENTAL SERVICES P.O. BOX 626 PISMO BEACH CA 93448 0200577 (805) 489-9472	PROFIT CORPORATION 12/10/2004 12/09/2005 ACTIVE
GENESIS DEVELOPMENT SERVICES – 3336 BRIDLE DRIVE HAYWARD, CA 94541 PETERSON, RON	(510) 582-2873	020001179 55-G263 INTERMEDIATE CARE DEV DIS NURS 6 01 ALAMEDA OPEN	GENESIS DEVELOPMENT SERVICES P.O. BOX 626 PISMO BEACH CA 93448 0200583 (805) 489-9472	PROFIT CORPORATION 04/14/2004 04/13/2005 ACTIVE
GENESIS DEVELOPMENT SERVICES – 21860 MAIN STREET HAYWARD CA 94541 PETERSON, RON	(510) 727-1518	020001114 55-G122 INTERMEDIATE CARE DEV DIS NURS 6 01 ALAMEDA OPEN	RON DODGEN P.O. BOX 626 PISMO BEACH CA 93420 0200549	INDIVIDUAL 04/23/2005 04/22/2006 ACTIVE

Program: ACL673 DEPARTMENT OF HEALTH SERVICE – LICENSING AND CERTIFICATION Run Date: 03/17/2005 Report No: MR-ACL673-R001 FACILITY LISTING Page: 3 STATEWIDE				
FACILITY NAME STREET ADDRESS CITY / STATE / ZIP ADMINISTRATOR E-MAIL ADDRESS	TELEPHONE NO. FAX NUMBER	ACLAIMS ID.PROVIDER NO.OSHPD NO.TOTAL CAPACITYFACILITY TYPETOTAL CAPACITYCOUNTYACCREDIDATIONSTATUSCLOSURE/SUSPEND DATEPERSON ASSIGNED TO		LICENSEE TYPE LICENSE DATES EFFECTIVE EXPIRATION LICENSE STATUS
NEAL'S HOME 25247 CALAROGA AVENUE HAYWARD CA 94545	(510) 782-3448	020001289 INTERMEDIATE CARE DEV DIS NURS 6 01 ALAMEDA OPEN	L&N, INC. 1916 SHOREVIEW AVENUE SAN MATEOCA 94401 0200651 (510) 247-9283	PROFIT CORPORATION 12/15/2004 06/14/2005 ACTIVE
PERLITA HOUSE 2627 PERILITA COURT HAYWARD CA 94541 LAGAN, NILDA	(510) 247-9283	020001272 55-G466 INTERMEDIATE CARE DEV DIS NURS 6 01 ALAMEDA OPEN	L&N, INC. 1916 SHOREVIE AVENUE SAN MATEO CA 94401 0200644 (510) 247-9283	PROFIT CORPORATION 11/21/2004 11/20/2005 ACTIVE
RIEGER PLACE 1303 RIEGER AVENUE HAYWARD CA 94545 BISHOP, AMY	(510) 568-9214	020000995 55-G003 INTERMEDIATE CARE DEV DIS NURS 6 01 ALAMEDA OPEN	VOLUNTEERS OF AMERICA BAY AREA INC. 1701 HARBOR BAY PARK AY SUITE 220 ALAMEDA CA 94502 0200499	NONPROFIT CORPORATION 01/02/2005 01/01/2006 ACTIVE

Program: ACL673 Report No: MR-ACL6		IENT OF HEALTH SERVICE – LICENSING AND CERTIF FACILITY LISTING STATEWIDE	ICATION Run Date: (Page: 4	
FACILITY NAME STREET ADDRESS CITY / STATE / ZI ADMINISTRATOR E-MAIL ADDRESS	TELEPHONE NO. FAX NUMBER	ACLAIMS ID. PROVIDER NO. OSHPD NO. FACILITY TYPE TOTAL CAPACIT COUNTY ACCREDIDATIO STATUS CLOSURE/SUSPEND DAT PERSON ASSIGNED TO	LICENSEE NAME STREET ADDRESS CITY / STATE / ZIP LICENSE NUMBER PHONE NO.	LICENSEE TYPE LICENSE DATES EFFECTIVE EXPIRATION LICENSE STATUS
SLEEPY HOLLOWOME 27289 SLEEPY HLLOW AVENUE HAYWARD CA 9445 BISHOP, AMY	(510) 568-9214	020000946 05-G927 INTERMEDIATE CARE DEV DIS NURS 6 01 ALAMEDA OPEN	VOLUNTEERS OF AMERICA 3640 GRAND AVENUE, SUITE 209 OAKLAND CA 94610 0200472	NONPROFIT CORPORATION 08/31/2004 08/30/2005 ACTIVE
ALPINE HOME II,HE 1269 KLING COURT PARADISE CA 9599 CARLI, MARNA E	(530) 872-3352 (530) 872-3353	230000557 05-G879 INTERMEDIATE CARE DEV DIS NURS 6 04 BUTTE OPEN 0258	MARNA E. & ROBERT M. CARLI 1269 KLING COURT PARADISE CA 95969 2300243	INDIVIDUAL 06/12/2004 06/11/2005 ACTIVE
ALPINE HOME III, HE 5577 ICLING CO PARADISE CA 9599 CARLI, MARNE E	(530) 872-3352 (530) 872-2297	230000700 55-G230 INTERMEDIATE CARE DEV DIS NURS 6 04 BUTTE OPEN 0258	MARNA E. CARLI 5577 CARLI COURT PARADISE CA 95969 2300299	INDIVIDUAL 12/17/2004 12/16/2005 ACTIVE
ALPINE HOME TH156 RIPLEY LANE PARISE CA 95969 CARLI, MARNA E	(53D) 877-4006 (530) 877-4068	230D00427 05-G579 INTERMEDIATE CARE DEV DIS NURS 6 04 BUTTE NON ACCREDITED OPEN 0258	MARNA E. CARLI 5577 CARLI CCXJRT PARADISE CA 95969 2300197	INDIVIDUAL 05/08/2004 05/07/2005 ACTIVE

Program: ACL673 DEPARTMENT OF HEALTH SERVICE – LICENSING AND CERTIFICATION Run Date: 03/17/2005 Report No: MR-ACL673-R001 FACILITY LISTING Page: 5 STATEWIDE					
FACILITY NAME STREET ADDRESS CITY / STATE / ZIP ADMINISTRATOR E-MAIL ADDRESS	TELEPHONE NO. FAX NUMBER	ACLAIMS ID.PROVIDER NO.OSHPD NO.TOTAL CAPACITYFACILITY TYPETOTAL CAPACITYCOUNTYACCREDIDATIONSTATUSCLOSURE/SUSPEND DATEPERSON ASSIGNED TO		LICENSEE TYPE LICENSE DATES EFFECTIVE EXPIRATION LICENSE STATUS	
ELGIN HOME, THE 556 VALLEY VIEW OR. PARADISE CA 95969 FRYE, NANCY nancyfryez@aot.com	(530) 876-9646 (530) 876-9647	230000363 05-G458 INTERMEDIATE CARE DEV DIS NURS 6 04 BUTTE NON ACCREDITED OPEN 0258	NANCY FRYE 1890 HOLL RD, PARADISE CA 95969 2300172	INDIVIDUAL 10/19/2004 10/18/2005 ACTIVE	
NOVE DEVELOPMENTAL ARCH WAY HOUSE 1494 ARCH WAY CHICO CA 95973 GREEN, GARY	(530) 343-2445 (530) 343-4033	230000682 55-G204 INTERMEDIATE CARE DEV DIS NURS 6 04 BUTTE OPEN 0258	GARY M. GREEN 1494 ARCH WAY CHICO CA 95973 2300294	INDIVIDUAL 06/19/2004 06/18/2005 ACTIVE	
ALAMEDA DIABLO HOME 2374 ALAMEDA DIABLO DIABLO CA 94528	(925) 837-7209	020000989 INTERMEDIATE CARE DEV DIS NURS 6 07 CONTRA COSTA CLOSED 07/15/1995	PRISCILLA M. CABRITO 1189 ROLLING HILL WAY MARTINEZ CA 94553 0200496	INDIVIDUAL INACTIVE/CLOSED	
AMERICAN STAR HOME II ICF/00-N 5102 SIMS MOUNTAIN COURT ANTIOCH CA 94531	(925) 757-4121	140001371 INTERMEDIATE CARE DEV DIS NURS 6 07 CONTRA COSTA OPEN	AMERICAN STAR HOME 1627 SHOREVIEW AVENUE SAN MATEO CA 94401 1400706 (650) 343-2617	PROFIT CORPORATION 01/02/2005 07/01/2005 ACTIVE	

Program: ACL673 DEPARTMENT OF HEALTH SERVICE – LICENSING AND CERTIFICATION Run Date: 03/17/2 Report No: MR-ACL673-R001 FACILITY LISTING Page: 6 STATEWIDE					
FACILITY NAME STREET ADDRESS CITY / STATE / ZIP ADMINISTRATOR E-MAIL ADDRESS	TELEPHONE NO. FAX NUMBER	OSHPD NO. FACILITY TYPE COUNTY STATUS CLOSUF PERSON ASSIGNED TO	DER NO. TOTAL CAPACITY ACCREDIDATION RE/SUSPEND DATE	LICENSE NUMBER PHONE NO.	LICENSEE TYPE LICENSE DATES EFFECTIVE EXPIRATION LICENSE STATUS
BEL AIR HOME #1 9785 ALCOSTA BLVD. SAN RAMON CA 94583 CARUSO, CAROL	(925) 803-8848	020001091 INTERMEDIATE CARE DE 07 CONTRA COSTA CLOSED	EV DIS NURS 0 11/05/1996	HARRY E. RICHARDSON 4151 GARATTI COURT PLEASANTON CA 94566 0200540	INDIVIDUAL INACTIVE/CLOSED
C. & V. CARING FRIENDS-N 4853 BUCKBOARD WAY RICHMOND CA 94803 FULLER, VIRGINIA	(510) 758-9658	020000778 05-G902 INTERMEDIATE CARE DE 07 CONTRA COSTA CLOSED	EV DIS NURS 6 05/15/2000	VIRGINIA FULLER- KENDALL 1745 E. 20TH OAKLAND CA 94606 0200384	INDIVIDUAL 09/10/1999 09/09/2000 INACTIVE/CLOSED
CHILDREN'S HOMES FOUNDATION OBA CHILDREN'S HOME I 1741 SAN JOSE DRIVE ANTIOCH CA 94509 LADESIC, LINDA A	(925) 778-4694	020000857 05-G821 INTERMEDIATE CARE DE 07 CONTRA COSTA CLOSED	EV DIS NURS 6	LINDA A. LADESIC 1741 SAN JOSE DRIVE ANTIOCH CA 94509 0200432	NONPROFIT CORPORATION 07/28/1994 01/27/1995 INACTIVE/CLOSED
FRANCISCO ICF 3359 SO, FRANCISCO WAY ANTIOCH CA 93638 VERIDIANO, ROSEMARIE T	(925) 755-3447	140001348 55-G240 INTERMEDIATE CARE DE 07 CONTRA COSTA OPEN	EV DIS NURS 6	ANTIOCH ICF, INC. 3559 CALLAN BLVD. SOUTH SAN FRANCISCO CA 94080 1400695 (650) 580- 2983	PROFIT CORPORATION 11/24/2004 05/23/2005 ACTIVE

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FACILITY NAME STREET ADDRESS CITY / STATE / ZIP ADMINISTRATOR E-MAIL ADDRESS K.C.'S SUNSHINE HOMES, ANGELIC II 125 BROWNSTONE	TELEPHONE NO. FAX NUMBER (925) 625-5159	07 CONTRA CO	ACCREI CLOSURE/SUSPE NED TO 744 CARE DEV DIS NU		LICENSE NUMBER PHONE NO. KATHLEEN COOK 3125 WESTBOURNE DRIVE	LICENSEE TYPE LICENSE DATES EFFECTIVE EXPIRATION LICENSE STATUS INDIVIDUAL 08/01/2004 01/31/2005
ROAD OAKLEY CA 94561 COOK, KATHLEEN		OPEN			ANTIOCH CA 94509 1400682 (925) 757-7966	ACTIVE
K.C.'S SUNSHINE HOMES, HEAVENLY 1 115 OXFORD DRIVE OAKLEY CA 94561 HANHARDT, NICHOLAS	(925) 625-7354	07 CONTRA COS CLOSED	11	IRS 6	KATHLEEN COOK 3125 WESTBOURNE DRIVE ANTIOCH CA 94509 1400700 (925) 757-7966	INDIVIDUAL 05/01/2003 04/30/2004 VOLUNTARY SUSPENSION
NEW WAY ICF/DD-N #N1 1325 YOSEMITE CIRCLE OAKLEY CA 94561 WITTE, RAYMOND	(925) 625-3932	140001316 05-G INTERMEDIATE 07 CONTRA CO OPEN	CARE DEV DIS NU	IRS 6	NEW WAY SERVICES, INC. 1130 BURNETT AVENUE, #M CONCORD CA 94520 1400679 (925) 688-1520	PROFIT CORPORATION 04/15/2004 04/14/2005 ACTIVE

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FACILITY NAME STREET ADDRESS CITY / STATE / ZIP ADMINISTRATOR E-MAIL ADDRESS	TELEPHONE NO. FAX NUMBER	ACLAIMS ID.PROVIDER NO.OSHPD NO.TOTAL CAPACITYFACILITY TYPETOTAL CAPACITYCOUNTYACCREDIDATIONSTATUSCLOSURE/SUSPEND DATEPERSON ASSIGNED TO	LICENSE NUMBER	LICENSEE TYPE LICENSE DATES EFFECTIVE EXPIRATION LICENSE STATUS	
NEW WAY ICF/DD-N #N2 606 GLACIER WAY OAKLEY CA 94561 WITTE, RAYMOND	(925) 625-0313	140001320 05-G378 INTERMEDIATE CARE DEV DIS NURS 6 07 CONTRA COSTA OPEN	NEW WAY SERVICES, INC. 1130 BURNETT AVENUE, #M CONCORD CA 94520 1400681 (925) 688-1520	PROFIT CORPORATION 05/17/2004 05/16/2005 ACTIVE	
NEW WAY ICF/DD-N #N3 92 LOZOYA WAY OAKLEY CA 94561 WITTE, RAYMOND	(925) 625-4503	140001330 05-G719 INTERMEDIATE CARE DEV DIS NURS 6 07 CONTRA COSTA OPEN	NEW WAY SERVICES, INC. 1130 BURNETT AVENUE, #M CONCORD CA 94520 1400686 (925) 688-1520	PROFIT CORPORATION 04/15/2004 04/14/2005 ACTIVE	
NEW WAY ICF/DD-N #N4 385 HILL AVENUE OAKLEY CA 94561 WITTE, RAYMOND	(925) 688-1520	140001328 05-G522 INTERMEDIATE CARE DEV DIS NURS 6 07 CONTRA COSTA OPEN	NEW WAY SERVICES, INC. 1130 BURNETT AVENUE, #M CONCORD CA 94520 1400685 (925) 688-1520	PROFIT CORPORATION 04/15/2004 04/14/2005 ACTIVE	

FACILITY NAME STREET ADDRESS		ACLAIMS ID. PROVIDER NO. OSHPD NO.	LICENSEE NAME STREET ADDRESS	LICENSEE TYPE
CITY / STATE / ZIP		FACILITY TYPE TOTAL CAPACITY		DATES
ADMINISTRATOR	TELEPHONE	COUNTY ACCREDIDATION		EFFECTIVE
E-MAIL ADDRESS	NO.	STATUS CLOSURE/SUSPEND DATE	PHONE NO.	EXPIRATION
	FAX NUMBER	PERSON ASSIGNED TO		LICENSE STATUS
NIM'S NURSERY 4320 ARLEDA LANE	(925) 689-1546	020000741 INTERMEDIATE CARE DEV DIS NURS 6	NIHIA R. SARDALLA 1188 PLEASANT	INDIVIDUAL WITHDRAWN
CONCORD CA 94521		07 CONTRA COSTA	HILL C	
YEHO, MABNGUKIRA Y		CLOSED 08/21/1990	-	
			94549	
			0000005	
PUTNAM ICF	(925) 755-0910	140001344 55-G218	0200365 ANTIOCH ICF, INC.	PROFIT
1204 PUTNAM ANTIOCH	(323) 733-0310	INTERMEDIATE CARE DEV DIS NURS 6	3559 CALLAN BLVD.	CORPORATION
CA 94509		07 CONTRA COSTA	SOUTH SAN	05/24/2004
TAMSOT, ROSEMARIE B		OPEN	FRANCISCO CA	11/23/2004
			94080	ACTIVE
			1400693	ACTIVE
			(650) 580-2983	
			· · ·	
PUTNAM WEST ICF	(925) 754-6872		ANTIOCH ICF, INC.	PROFIT
1228 PUTNAM STREET ANTIOCH CA 94509		INTERMEDIATE CARE DEV DIS NURS 6 07 CONTRA COSTA	3559 CALLAN BLVD. SOUTH SAN	CORPORATION 05/24/2004
TAMBOT, ROSEMARIE		OPEN	FRANCISCO CA	11/23/2004 ACTIVE
,			94080	
			4 4 9 9 9 9 9	
			1400698	
			(650) 580-2983	

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