

## Nursing Facility 2002 Payment Rates

Rates effective September 1, 2001 will remain in effect until August 31, 2003. There will be no additional increase September 1, 2002.

House Bill (HB) 154 requires the Health and Human Services Commission (HHSC) to ensure that the rate component derived from reported liability insurance costs is paid only to those facilities that purchase liability insurance acceptable to the commission. To comply with HB 154, the portion of the general and administrative rate component derived from reported liability insurance costs has been excluded from the rates listed below. The impact of this exclusion on the per diem rates effective September 1, 2001 is a reduction of \$1.17. The funds withheld from the rates due to HB 154 will be distributed to facilities that verify liability insurance coverage acceptable to HHSC.

### NONPARTICIPANT - NO LIABILITY INSURANCE PAYMENT RATES EFFECTIVE September 1, 2001

Nonparticipant - No Liability Insurance						
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total
201	\$79.89	\$29.28	\$10.11	\$19.55	\$6.17	\$145.00
202	\$68.61	\$25.15	\$10.11	\$19.55	\$6.17	\$129.59
203	\$63.58	\$23.31	\$10.11	\$19.55	\$6.17	\$122.72
204	\$49.11	\$18.00	\$10.11	\$19.55	\$6.17	\$102.94
205	\$43.84	\$16.07	\$10.11	\$19.55	\$6.17	\$95.74
206	\$44.61	\$16.35	\$10.11	\$19.55	\$6.17	\$96.79
207	\$38.26	\$14.02	\$10.11	\$19.55	\$6.17	\$88.11
208	\$36.12	\$13.24	\$10.11	\$19.55	\$6.17	\$85.19
209	\$32.04	\$11.74	\$10.11	\$19.55	\$6.17	\$79.61
210	\$24.73	\$9.06	\$10.11	\$19.55	\$6.17	\$69.62
211	\$22.94	\$8.41	\$10.11	\$19.55	\$6.17	\$67.18
212	\$22.94	\$8.41	\$10.11	\$19.55	\$6.17	\$67.18
Vent. - Cont	\$56.64	\$20.67				\$77.40
Vent. -< Cont.	\$22.66	\$8.30				\$30.96
Pediatric Trach.	\$33.98	\$12.46				\$46.44

**Level 0 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 0 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 0 and Nonparticipant Rate
201	\$83.53	\$29.28	\$10.11	\$19.55	\$6.17	\$148.64	\$3.64
202	\$71.73	\$25.15	\$10.11	\$19.55	\$6.17	\$132.71	\$3.12
203	\$66.48	\$23.31	\$10.11	\$19.55	\$6.17	\$125.62	\$2.90
204	\$51.34	\$18.00	\$10.11	\$19.55	\$6.17	\$105.17	\$2.23
205	\$45.84	\$16.07	\$10.11	\$19.55	\$6.17	\$97.74	\$2.00
206	\$46.65	\$16.35	\$10.11	\$19.55	\$6.17	\$98.83	\$2.04
207	\$40.00	\$14.02	\$10.11	\$19.55	\$6.17	\$89.85	\$1.74
208	\$37.76	\$13.24	\$10.11	\$19.55	\$6.17	\$86.83	\$1.64
209	\$33.49	\$11.74	\$10.11	\$19.55	\$6.17	\$81.06	\$1.45
210	\$25.85	\$9.06	\$10.11	\$19.55	\$6.17	\$70.74	\$1.12
211	\$23.98	\$8.41	\$10.11	\$19.55	\$6.17	\$68.22	\$1.04
212	\$23.98	\$8.41	\$10.11	\$19.55	\$6.17	\$68.22	\$1.04
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 1 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 1 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 1 and Nonparticipant Rate
201	\$83.83	\$29.28	\$10.11	\$19.55	\$6.17	\$148.94	\$3.94
202	\$72.03	\$25.15	\$10.11	\$19.55	\$6.17	\$133.01	\$3.42
203	\$66.78	\$23.31	\$10.11	\$19.55	\$6.17	\$125.92	\$3.20
204	\$51.64	\$18.00	\$10.11	\$19.55	\$6.17	\$105.47	\$2.53
205	\$46.14	\$16.07	\$10.11	\$19.55	\$6.17	\$98.04	\$2.30
206	\$46.95	\$16.35	\$10.11	\$19.55	\$6.17	\$99.13	\$2.34
207	\$40.30	\$14.02	\$10.11	\$19.55	\$6.17	\$90.15	\$2.04
208	\$38.06	\$13.24	\$10.11	\$19.55	\$6.17	\$87.13	\$1.94
209	\$33.79	\$11.74	\$10.11	\$19.55	\$6.17	\$81.36	\$1.75
210	\$26.15	\$9.06	\$10.11	\$19.55	\$6.17	\$71.04	\$1.42
211	\$24.28	\$8.41	\$10.11	\$19.55	\$6.17	\$68.52	\$1.34
212	\$24.28	\$8.41	\$10.11	\$19.55	\$6.17	\$68.57	\$1.34
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 2 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 2 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 2 and Nonparticipant Rate
201	\$84.13	\$29.28	\$10.11	\$19.55	\$6.17	\$149.24	\$4.24
202	\$72.33	\$25.15	\$10.11	\$19.55	\$6.17	\$133.31	\$3.72
203	\$67.08	\$23.31	\$10.11	\$19.55	\$6.17	\$126.22	\$3.50
204	\$51.94	\$18.00	\$10.11	\$19.55	\$6.17	\$105.77	\$2.83
205	\$46.44	\$16.07	\$10.11	\$19.55	\$6.17	\$98.34	\$2.60
206	\$47.25	\$16.35	\$10.11	\$19.55	\$6.17	\$99.34	\$2.64
207	\$40.60	\$14.02	\$10.11	\$19.55	\$6.17	\$90.45	\$2.34
208	\$38.36	\$13.24	\$10.11	\$19.55	\$6.17	\$87.43	\$2.24
209	\$34.09	\$11.74	\$10.11	\$19.55	\$6.17	\$81.66	\$2.05
210	\$26.45	\$9.06	\$10.11	\$19.55	\$6.17	\$71.34	\$1.72
211	\$24.58	\$8.41	\$10.11	\$19.55	\$6.17	\$68.82	\$1.64
212	\$24.58	\$8.41	\$10.11	\$19.55	\$6.17	\$68.82	\$1.64
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 3 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 3 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 3 and Nonparticipant Rate
201	\$84.43	\$29.28	\$10.11	\$19.55	\$6.17	\$149.54	\$4.54
202	\$72.63	\$25.15	\$10.11	\$19.55	\$6.17	\$133.61	\$4.02
203	\$67.38	\$23.31	\$10.11	\$19.55	\$6.17	\$126.52	\$3.80
204	\$52.24	\$18.00	\$10.11	\$19.55	\$6.17	\$106.07	\$3.13
205	\$46.74	\$16.07	\$10.11	\$19.55	\$6.17	\$98.64	\$2.90
206	\$47.55	\$16.35	\$10.11	\$19.55	\$6.17	\$99.73	\$2.94
207	\$40.90	\$14.02	\$10.11	\$19.55	\$6.17	\$90.75	\$2.64
208	\$38.66	\$13.24	\$10.11	\$19.55	\$6.17	\$87.73	\$2.54
209	\$34.39	\$11.74	\$10.11	\$19.55	\$6.17	\$81.96	\$2.35
210	\$26.75	\$9.06	\$10.11	\$19.55	\$6.17	\$71.64	\$2.02
211	\$24.88	\$8.41	\$10.11	\$19.55	\$6.17	\$69.12	\$1.94
212	\$24.88	\$8.41	\$10.11	\$19.55	\$6.17	\$69.12	\$1.94
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 4 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 4 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 4 and Nonparticipant Rate
201	\$84.73	\$29.28	\$10.11	\$19.55	\$6.17	\$149.84	\$4.84
202	\$72.93	\$25.15	\$10.11	\$19.55	\$6.17	\$133.91	\$4.32
203	\$67.68	\$23.31	\$10.11	\$19.55	\$6.17	\$126.82	\$4.10
204	\$52.54	\$18.00	\$10.11	\$19.55	\$6.17	\$106.37	\$3.43
205	\$47.04	\$16.07	\$10.11	\$19.55	\$6.17	\$98.94	\$3.20
206	\$47.85	\$16.35	\$10.11	\$19.55	\$6.17	\$100.03	\$3.24
207	\$41.20	\$14.02	\$10.11	\$19.55	\$6.17	\$91.05	\$2.94
208	\$38.96	\$13.24	\$10.11	\$19.55	\$6.17	\$88.03	\$2.84
209	\$34.69	\$11.74	\$10.11	\$19.55	\$6.17	\$82.26	\$2.65
210	\$27.05	\$9.06	\$10.11	\$19.55	\$6.17	\$71.94	\$2.32
211	\$25.18	\$8.41	\$10.11	\$19.55	\$6.17	\$69.42	\$2.24
212	\$25.18	\$8.41	\$10.11	\$19.55	\$6.17	\$69.42	\$2.24
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 5 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 5 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 5 and Nonparticipant Rate
201	\$85.03	\$29.28	\$10.11	\$19.55	\$6.17	\$150.14	\$5.14
202	\$73.23	\$25.15	\$10.11	\$19.55	\$6.17	\$134.21	\$4.62
203	\$67.98	\$23.31	\$10.11	\$19.55	\$6.17	\$127.12	\$4.40
204	\$52.84	\$18.00	\$10.11	\$19.55	\$6.17	\$106.67	\$3.73
205	\$47.34	\$16.07	\$10.11	\$19.55	\$6.17	\$99.24	\$3.50
206	\$48.15	\$16.35	\$10.11	\$19.55	\$6.17	\$100.33	\$3.54
207	\$41.50	\$14.02	\$10.11	\$19.55	\$6.17	\$91.35	\$3.24
208	\$39.26	\$13.24	\$10.11	\$19.55	\$6.17	\$88.33	\$3.14
209	\$34.99	\$11.74	\$10.11	\$19.55	\$6.17	\$82.56	\$2.95
210	\$27.35	\$9.06	\$10.11	\$19.55	\$6.17	\$72.24	\$2.62
211	\$25.48	\$8.41	\$10.11	\$19.55	\$6.17	\$69.72	\$2.54
212	\$25.48	\$8.41	\$10.11	\$19.55	\$6.17	\$69.72	\$2.54
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 6 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 6 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 6 and Nonparticipant Rate
201	\$85.33	\$29.28	\$10.11	\$19.55	\$6.17	\$150.44	\$5.44
202	\$73.53	\$25.15	\$10.11	\$19.55	\$6.17	\$134.51	\$4.92
203	\$68.28	\$23.31	\$10.11	\$19.55	\$6.17	\$127.42	\$4.70
204	\$53.14	\$18.00	\$10.11	\$19.55	\$6.17	\$106.97	\$4.03
205	\$47.64	\$16.07	\$10.11	\$19.55	\$6.17	\$99.54	\$3.80
206	\$48.45	\$16.35	\$10.11	\$19.55	\$6.17	\$100.63	\$3.84
207	\$41.80	\$14.02	\$10.11	\$19.55	\$6.17	\$91.65	\$3.54
208	\$39.56	\$13.24	\$10.11	\$19.55	\$6.17	\$88.63	\$3.44
209	\$35.29	\$11.74	\$10.11	\$19.55	\$6.17	\$82.86	\$3.25
210	\$27.65	\$9.06	\$10.11	\$19.55	\$6.17	\$72.54	\$2.92
211	\$25.78	\$8.41	\$10.11	\$19.55	\$6.17	\$70.02	\$2.84
212	\$25.78	\$8.41	\$10.11	\$19.55	\$6.17	\$70.02	\$2.84
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 7 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 7 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 7 and Nonparticipant Rate
201	\$85.63	\$29.28	\$10.11	\$19.55	\$6.17	\$150.74	\$5.74
202	\$73.83	\$25.15	\$10.11	\$19.55	\$6.17	\$134.81	\$5.22
203	\$68.58	\$23.31	\$10.11	\$19.55	\$6.17	\$127.72	\$5.00
204	\$53.44	\$18.00	\$10.11	\$19.55	\$6.17	\$107.27	\$4.33
205	\$47.94	\$16.07	\$10.11	\$19.55	\$6.17	\$99.84	\$4.10
206	\$48.75	\$16.35	\$10.11	\$19.55	\$6.17	\$100.93	\$4.14
207	\$42.10	\$14.02	\$10.11	\$19.55	\$6.17	\$91.95	\$3.84
208	\$39.86	\$13.24	\$10.11	\$19.55	\$6.17	\$88.93	\$3.74
209	\$35.59	\$11.74	\$10.11	\$19.55	\$6.17	\$83.16	\$3.55
210	\$27.95	\$9.06	\$10.11	\$19.55	\$6.17	\$72.84	\$3.22
211	\$26.08	\$8.41	\$10.11	\$19.55	\$6.17	\$70.32	\$3.14
212	\$26.08	\$8.41	\$10.11	\$19.55	\$6.17	\$70.32	\$3.14
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 8 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 8 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 8 and Nonparticipant Rate
201	\$85.93	\$29.28	\$10.11	\$19.55	\$6.17	\$151.04	\$6.04
202	\$74.13	\$25.15	\$10.11	\$19.55	\$6.17	\$135.11	\$5.52
203	\$68.88	\$23.31	\$10.11	\$19.55	\$6.17	\$128.02	\$5.30
204	\$53.74	\$18.00	\$10.11	\$19.55	\$6.17	\$107.57	\$4.63
205	\$48.24	\$16.07	\$10.11	\$19.55	\$6.17	\$100.14	\$4.40
206	\$49.05	\$16.35	\$10.11	\$19.55	\$6.17	\$101.23	\$4.44
207	\$42.40	\$14.02	\$10.11	\$19.55	\$6.17	\$92.25	\$4.14
208	\$40.16	\$13.24	\$10.11	\$19.55	\$6.17	\$89.23	\$4.04
209	\$35.89	\$11.74	\$10.11	\$19.55	\$6.17	\$83.46	\$3.85
210	\$28.25	\$9.06	\$10.11	\$19.55	\$6.17	\$73.14	\$3.52
211	\$26.38	\$8.41	\$10.11	\$19.55	\$6.17	\$70.62	\$3.44
212	\$26.38	\$8.41	\$10.11	\$19.55	\$6.17	\$70.62	\$3.44
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 9 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 9 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 9 and Nonparticipant Rate
201	\$86.23	\$29.28	\$10.11	\$19.55	\$6.17	\$151.34	\$6.34
202	\$74.43	\$25.15	\$10.11	\$19.55	\$6.17	\$135.41	\$5.82
203	\$69.18	\$23.31	\$10.11	\$19.55	\$6.17	\$128.32	\$5.60
204	\$54.04	\$18.00	\$10.11	\$19.55	\$6.17	\$107.87	\$4.93
205	\$48.54	\$16.07	\$10.11	\$19.55	\$6.17	\$100.44	\$4.70
206	\$49.35	\$16.35	\$10.11	\$19.55	\$6.17	\$101.53	\$4.74
207	\$42.70	\$14.02	\$10.11	\$19.55	\$6.17	\$92.55	\$4.44
208	\$40.46	\$13.24	\$10.11	\$19.55	\$6.17	\$89.53	\$4.34
209	\$36.19	\$11.74	\$10.11	\$19.55	\$6.17	\$83.76	\$4.15
210	\$28.55	\$9.06	\$10.11	\$19.55	\$6.17	\$73.44	\$3.82
211	\$26.68	\$8.41	\$10.11	\$19.55	\$6.17	\$70.92	\$3.74
212	\$26.68	\$8.41	\$10.11	\$19.55	\$6.17	\$70.92	\$3.74
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 10 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 10 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 10 and Nonparticipant Rate
201	\$86.53	\$29.28	\$10.11	\$19.55	\$6.17	\$151.64	\$6.64
202	\$74.73	\$25.15	\$10.11	\$19.55	\$6.17	\$135.71	\$6.12
203	\$69.48	\$23.31	\$10.11	\$19.55	\$6.17	\$128.62	\$5.90
204	\$54.34	\$18.00	\$10.11	\$19.55	\$6.17	\$108.17	\$5.23
205	\$48.84	\$16.07	\$10.11	\$19.55	\$6.17	\$100.74	\$5.00
206	\$49.65	\$16.35	\$10.11	\$19.55	\$6.17	\$101.83	\$5.04
207	\$43.00	\$14.02	\$10.11	\$19.55	\$6.17	\$92.85	\$4.74
208	\$40.76	\$13.24	\$10.11	\$19.55	\$6.17	\$89.83	\$4.64
209	\$36.49	\$11.74	\$10.11	\$19.55	\$6.17	\$84.06	\$4.45
210	\$28.85	\$9.06	\$10.11	\$19.55	\$6.17	\$73.74	\$4.12
211	\$26.98	\$8.41	\$10.11	\$19.55	\$6.17	\$71.22	\$4.04
212	\$26.98	\$8.41	\$10.11	\$19.55	\$6.17	\$71.22	\$4.04
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 11 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 11 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 11 and Nonparticipant Rate
201	\$86.83	\$29.28	\$10.11	\$19.55	\$6.17	\$151.94	\$6.94
202	\$75.03	\$25.15	\$10.11	\$19.55	\$6.17	\$136.01	\$6.42
203	\$69.78	\$23.31	\$10.11	\$19.55	\$6.17	\$128.92	\$6.20
204	\$54.64	\$18.00	\$10.11	\$19.55	\$6.17	\$108.47	\$5.53
205	\$49.14	\$16.07	\$10.11	\$19.55	\$6.17	\$101.04	\$5.30
206	\$49.95	\$16.35	\$10.11	\$19.55	\$6.17	\$102.13	\$5.34
207	\$43.30	\$14.02	\$10.11	\$19.55	\$6.17	\$93.15	\$5.04
208	\$41.06	\$13.24	\$10.11	\$19.55	\$6.17	\$90.13	\$4.94
209	\$36.79	\$11.74	\$10.11	\$19.55	\$6.17	\$84.36	\$4.75
210	\$29.15	\$9.06	\$10.11	\$19.55	\$6.17	\$74.04	\$4.42
211	\$27.28	\$8.41	\$10.11	\$19.55	\$6.17	\$71.52	\$4.34
212	\$27.28	\$8.41	\$10.11	\$19.55	\$6.17	\$71.52	\$4.34
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 12 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 12 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 12 and Nonparticipant Rate
201	\$87.13	\$29.28	\$10.11	\$19.55	\$6.17	\$152.24	\$7.24
202	\$75.33	\$25.15	\$10.11	\$19.55	\$6.17	\$136.31	\$6.72
203	\$70.08	\$23.31	\$10.11	\$19.55	\$6.17	\$129.22	\$6.50
204	\$54.94	\$18.00	\$10.11	\$19.55	\$6.17	\$108.77	\$5.83
205	\$49.44	\$16.07	\$10.11	\$19.55	\$6.17	\$101.34	\$5.60
206	\$50.25	\$16.35	\$10.11	\$19.55	\$6.17	\$102.43	\$5.64
207	\$43.60	\$14.02	\$10.11	\$19.55	\$6.17	\$93.45	\$5.34
208	\$41.36	\$13.24	\$10.11	\$19.55	\$6.17	\$90.43	\$5.24
209	\$37.09	\$11.74	\$10.11	\$19.55	\$6.17	\$84.66	\$5.05
210	\$29.45	\$9.06	\$10.11	\$19.55	\$6.17	\$74.34	\$4.72
211	\$27.58	\$8.41	\$10.11	\$19.55	\$6.17	\$71.82	\$4.64
212	\$27.58	\$8.41	\$10.11	\$19.55	\$6.17	\$71.82	\$4.64
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 13 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 13 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 13 and Nonparticipant Rate
201	\$87.43	\$29.28	\$10.11	\$19.55	\$6.17	\$152.54	\$7.54
202	\$75.63	\$25.15	\$10.11	\$19.55	\$6.17	\$136.61	\$7.02
203	\$70.38	\$23.31	\$10.11	\$19.55	\$6.17	\$129.52	\$6.80
204	\$55.24	\$18.00	\$10.11	\$19.55	\$6.17	\$109.07	\$6.13
205	\$49.74	\$16.07	\$10.11	\$19.55	\$6.17	\$101.64	\$5.90
206	\$50.55	\$16.35	\$10.11	\$19.55	\$6.17	\$102.73	\$5.94
207	\$43.90	\$14.02	\$10.11	\$19.55	\$6.17	\$93.75	\$5.64
208	\$41.66	\$13.24	\$10.11	\$19.55	\$6.17	\$90.73	\$5.54
209	\$37.39	\$11.74	\$10.11	\$19.55	\$6.17	\$84.96	\$5.35
210	\$29.75	\$9.06	\$10.11	\$19.55	\$6.17	\$74.64	\$5.02
211	\$27.88	\$8.41	\$10.11	\$19.55	\$6.17	\$72.12	\$4.94
212	\$27.88	\$8.41	\$10.11	\$19.55	\$6.17	\$72.12	\$4.94
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 14 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 14 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 14 and Nonparticipant Rate
201	\$87.73	\$29.28	\$10.11	\$19.55	\$6.17	\$152.84	\$7.84
202	\$75.93	\$25.15	\$10.11	\$19.55	\$6.17	\$136.91	\$7.32
203	\$70.68	\$23.31	\$10.11	\$19.55	\$6.17	\$129.82	\$7.10
204	\$55.54	\$18.00	\$10.11	\$19.55	\$6.17	\$109.37	\$6.43
205	\$50.04	\$16.07	\$10.11	\$19.55	\$6.17	\$101.94	\$6.20
206	\$50.85	\$16.35	\$10.11	\$19.55	\$6.17	\$103.03	\$6.24
207	\$44.20	\$14.02	\$10.11	\$19.55	\$6.17	\$94.05	\$5.94
208	\$41.96	\$13.24	\$10.11	\$19.55	\$6.17	\$91.03	\$5.84
209	\$37.69	\$11.74	\$10.11	\$19.55	\$6.17	\$85.26	\$5.65
210	\$30.05	\$9.06	\$10.11	\$19.55	\$6.17	\$74.94	\$5.32
211	\$28.18	\$8.41	\$10.11	\$19.55	\$6.17	\$72.42	\$5.24
212	\$28.18	\$8.41	\$10.11	\$19.55	\$6.17	\$72.42	\$5.24
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 15 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 15 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 15 and Nonparticipant Rate
201	\$88.03	\$29.28	\$10.11	\$19.55	\$6.17	\$153.14	\$8.14
202	\$76.23	\$25.15	\$10.11	\$19.55	\$6.17	\$137.21	\$7.62
203	\$70.98	\$23.31	\$10.11	\$19.55	\$6.17	\$130.12	\$7.40
204	\$55.84	\$18.00	\$10.11	\$19.55	\$6.17	\$109.67	\$6.73
205	\$50.34	\$16.07	\$10.11	\$19.55	\$6.17	\$102.24	\$6.50
206	\$51.15	\$16.35	\$10.11	\$19.55	\$6.17	\$103.33	\$6.54
207	\$44.50	\$14.02	\$10.11	\$19.55	\$6.17	\$94.35	\$6.24
208	\$42.26	\$13.24	\$10.11	\$19.55	\$6.17	\$91.33	\$6.14
209	\$37.99	\$11.74	\$10.11	\$19.55	\$6.17	\$85.56	\$5.95
210	\$30.35	\$9.06	\$10.11	\$19.55	\$6.17	\$75.24	\$5.62
211	\$28.48	\$8.41	\$10.11	\$19.55	\$6.17	\$72.72	\$5.54
212	\$28.48	\$8.41	\$10.11	\$19.55	\$6.17	\$72.72	\$5.54
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 16 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 16 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 16 and Nonparticipant Rate
201	\$88.33	\$29.28	\$10.11	\$19.55	\$6.17	\$153.44	\$8.44
202	\$76.53	\$25.15	\$10.11	\$19.55	\$6.17	\$137.51	\$7.92
203	\$71.28	\$23.31	\$10.11	\$19.55	\$6.17	\$130.42	\$7.70
204	\$56.14	\$18.00	\$10.11	\$19.55	\$6.17	\$109.97	\$7.03
205	\$50.64	\$16.07	\$10.11	\$19.55	\$6.17	\$102.54	\$6.80
206	\$51.45	\$16.35	\$10.11	\$19.55	\$6.17	\$103.63	\$6.84
207	\$44.80	\$14.02	\$10.11	\$19.55	\$6.17	\$94.65	\$6.54
208	\$42.56	\$13.24	\$10.11	\$19.55	\$6.17	\$91.63	\$6.44
209	\$38.29	\$11.74	\$10.11	\$19.55	\$6.17	\$85.86	\$6.25
210	\$30.65	\$9.06	\$10.11	\$19.55	\$6.17	\$75.54	\$5.92
211	\$28.78	\$8.41	\$10.11	\$19.55	\$6.17	\$73.02	\$5.84
212	\$28.78	\$8.41	\$10.11	\$19.55	\$6.17	\$73.02	\$5.84
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 17 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 17 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 17 and Nonparticipant Rate
201	\$88.63	\$29.28	\$10.11	\$19.55	\$6.17	\$153.74	\$8.74
202	\$76.83	\$25.15	\$10.11	\$19.55	\$6.17	\$137.81	\$8.22
203	\$71.58	\$23.31	\$10.11	\$19.55	\$6.17	\$130.72	\$8.00
204	\$56.44	\$18.00	\$10.11	\$19.55	\$6.17	\$110.27	\$7.33
205	\$50.94	\$16.07	\$10.11	\$19.55	\$6.17	\$102.84	\$7.10
206	\$51.75	\$16.35	\$10.11	\$19.55	\$6.17	\$103.93	\$7.14
207	\$45.10	\$14.02	\$10.11	\$19.55	\$6.17	\$94.95	\$6.84
208	\$42.86	\$13.24	\$10.11	\$19.55	\$6.17	\$91.93	\$6.74
209	\$38.56	\$11.74	\$10.11	\$19.55	\$6.17	\$86.16	\$6.55
210	\$30.95	\$9.06	\$10.11	\$19.55	\$6.17	\$75.84	\$6.22
211	\$29.08	\$8.41	\$10.11	\$19.55	\$6.17	\$73.32	\$6.14
212	\$29.08	\$8.41	\$10.11	\$19.55	\$6.17	\$73.32	\$6.14
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 18 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 18 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 18 and Nonparticipant Rate
201	\$88.93	\$29.28	\$10.11	\$19.55	\$6.17	\$154.04	\$9.04
202	\$77.13	\$25.15	\$10.11	\$19.55	\$6.17	\$138.11	\$8.52
203	\$71.88	\$23.31	\$10.11	\$19.55	\$6.17	\$131.02	\$8.30
204	\$56.74	\$18.00	\$10.11	\$19.55	\$6.17	\$110.57	\$7.63
205	\$51.24	\$16.07	\$10.11	\$19.55	\$6.17	\$103.14	\$7.40
206	\$52.05	\$16.35	\$10.11	\$19.55	\$6.17	\$104.23	\$7.44
207	\$45.40	\$14.02	\$10.11	\$19.55	\$6.17	\$95.25	\$7.14
208	\$43.16	\$13.24	\$10.11	\$19.55	\$6.17	\$92.23	\$7.04
209	\$38.89	\$11.74	\$10.11	\$19.55	\$6.17	\$86.46	\$6.85
210	\$31.25	\$9.06	\$10.11	\$19.55	\$6.17	\$76.14	\$6.52
211	\$29.38	\$8.41	\$10.11	\$19.55	\$6.17	\$73.62	\$6.44
212	\$29.38	\$8.41	\$10.11	\$19.55	\$6.17	\$73.62	\$6.44
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 19 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 19 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 19 and Nonparticipant Rate
201	\$89.23	\$29.28	\$10.11	\$19.55	\$6.17	\$154.34	\$9.34
202	\$77.43	\$25.15	\$10.11	\$19.55	\$6.17	\$138.41	\$8.82
203	\$72.18	\$23.31	\$10.11	\$19.55	\$6.17	\$131.32	\$8.60
204	\$57.04	\$18.00	\$10.11	\$19.55	\$6.17	\$110.87	\$7.93
205	\$51.54	\$16.07	\$10.11	\$19.55	\$6.17	\$103.44	\$7.70
206	\$52.35	\$16.35	\$10.11	\$19.55	\$6.17	\$104.53	\$7.74
207	\$45.70	\$14.02	\$10.11	\$19.55	\$6.17	\$95.55	\$7.44
208	\$43.46	\$13.24	\$10.11	\$19.55	\$6.17	\$92.53	\$7.34
209	\$39.19	\$11.74	\$10.11	\$19.55	\$6.17	\$86.76	\$7.15
210	\$31.55	\$9.06	\$10.11	\$19.55	\$6.17	\$76.44	\$6.82
211	\$29.68	\$8.41	\$10.11	\$19.55	\$6.17	\$73.92	\$6.74
212	\$29.68	\$8.41	\$10.11	\$19.55	\$6.17	\$73.92	\$6.74
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 20 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 20 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 20 and Nonparticipant Rate
201	\$89.53	\$29.28	\$10.11	\$19.55	\$6.17	\$154.64	\$9.64
202	\$77.73	\$25.15	\$10.11	\$19.55	\$6.17	\$138.71	\$9.12
203	\$72.48	\$23.31	\$10.11	\$19.55	\$6.17	\$131.62	\$8.90
204	\$57.34	\$18.00	\$10.11	\$19.55	\$6.17	\$111.17	\$8.23
205	\$51.84	\$16.07	\$10.11	\$19.55	\$6.17	\$103.74	\$8.00
206	\$52.65	\$16.35	\$10.11	\$19.55	\$6.17	\$104.83	\$8.04
207	\$46.00	\$14.02	\$10.11	\$19.55	\$6.17	\$95.85	\$7.74
208	\$43.76	\$13.24	\$10.11	\$19.55	\$6.17	\$92.83	\$7.64
209	\$39.49	\$11.74	\$10.11	\$19.55	\$6.17	\$87.06	\$7.45
210	\$31.85	\$9.06	\$10.11	\$19.55	\$6.17	\$76.74	\$7.12
211	\$29.98	\$8.41	\$10.11	\$19.55	\$6.17	\$74.22	\$7.04
212	\$29.98	\$8.41	\$10.11	\$19.55	\$6.17	\$74.22	\$7.04
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 21 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 21 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 21 and Nonparticipant Rate
201	\$89.83	\$29.28	\$10.11	\$19.55	\$6.17	\$154.94	\$9.94
202	\$78.03	\$25.15	\$10.11	\$19.55	\$6.17	\$139.01	\$9.42
203	\$72.78	\$23.31	\$10.11	\$19.55	\$6.17	\$131.92	\$9.20
204	\$57.64	\$18.00	\$10.11	\$19.55	\$6.17	\$111.47	\$8.53
205	\$52.14	\$16.07	\$10.11	\$19.55	\$6.17	\$104.04	\$8.30
206	\$52.95	\$16.35	\$10.11	\$19.55	\$6.17	\$105.13	\$8.34
207	\$46.30	\$14.02	\$10.11	\$19.55	\$6.17	\$96.15	\$8.04
208	\$44.06	\$13.24	\$10.11	\$19.55	\$6.17	\$93.13	\$7.94
209	\$39.79	\$11.74	\$10.11	\$19.55	\$6.17	\$87.36	\$7.75
210	\$32.15	\$9.06	\$10.11	\$19.55	\$6.17	\$77.04	\$7.42
211	\$30.28	\$8.41	\$10.11	\$19.55	\$6.17	\$74.52	\$7.34
212	\$30.28	\$8.41	\$10.11	\$19.55	\$6.17	\$74.52	\$7.34
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 22 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 22 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 22 and Nonparticipant Rate
201	\$90.13	\$29.28	\$10.11	\$19.55	\$6.17	\$155.24	\$10.24
202	\$78.33	\$25.15	\$10.11	\$19.55	\$6.17	\$139.31	\$9.72
203	\$73.08	\$23.31	\$10.11	\$19.55	\$6.17	\$132.22	\$9.50
204	\$57.94	\$18.00	\$10.11	\$19.55	\$6.17	\$111.77	\$8.83
205	\$52.44	\$16.07	\$10.11	\$19.55	\$6.17	\$104.34	\$8.60
206	\$53.25	\$16.35	\$10.11	\$19.55	\$6.17	\$105.43	\$8.64
207	\$46.60	\$14.02	\$10.11	\$19.55	\$6.17	\$96.45	\$8.34
208	\$44.36	\$13.24	\$10.11	\$19.55	\$6.17	\$93.43	\$8.24
209	\$40.09	\$11.74	\$10.11	\$19.55	\$6.17	\$87.66	\$8.05
210	\$32.45	\$9.06	\$10.11	\$19.55	\$6.17	\$77.34	\$7.72
211	\$30.58	\$8.41	\$10.11	\$19.55	\$6.17	\$74.82	\$7.64
212	\$30.58	\$8.41	\$10.11	\$19.55	\$6.17	\$74.82	\$7.64
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 23 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 23 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 23 and Nonparticipant Rate
201	\$90.43	\$29.28	\$10.11	\$19.55	\$6.17	\$155.54	\$10.54
202	\$78.63	\$25.15	\$10.11	\$19.55	\$6.17	\$139.61	\$10.02
203	\$73.38	\$23.31	\$10.11	\$19.55	\$6.17	\$132.52	\$9.80
204	\$58.24	\$18.00	\$10.11	\$19.55	\$6.17	\$112.07	\$9.13
205	\$52.74	\$16.07	\$10.11	\$19.55	\$6.17	\$104.64	\$8.90
206	\$53.55	\$16.35	\$10.11	\$19.55	\$6.17	\$105.73	\$8.94
207	\$46.90	\$14.02	\$10.11	\$19.55	\$6.17	\$96.75	\$8.64
208	\$44.66	\$13.24	\$10.11	\$19.55	\$6.17	\$93.73	\$8.54
209	\$40.39	\$11.74	\$10.11	\$19.55	\$6.17	\$87.96	\$8.35
210	\$32.75	\$9.06	\$10.11	\$19.55	\$6.17	\$77.64	\$8.02
211	\$30.88	\$8.41	\$10.11	\$19.55	\$6.17	\$75.12	\$7.94
212	\$30.88	\$8.41	\$10.11	\$19.55	\$6.17	\$75.12	\$7.94
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 24 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 24 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 24 and Nonparticipant Rate
201	\$90.73	\$29.28	\$10.11	\$19.55	\$6.17	\$155.84	\$10.84
202	\$78.83	\$25.15	\$10.11	\$19.55	\$6.17	\$139.91	\$10.32
203	\$73.68	\$23.31	\$10.11	\$19.55	\$6.17	\$132.82	\$10.10
204	\$58.54	\$18.00	\$10.11	\$19.55	\$6.17	\$112.37	\$9.43
205	\$53.04	\$16.07	\$10.11	\$19.55	\$6.17	\$104.94	\$9.20
206	\$53.85	\$16.35	\$10.11	\$19.55	\$6.17	\$106.03	\$9.24
207	\$47.20	\$14.02	\$10.11	\$19.55	\$6.17	\$97.05	\$8.94
208	\$44.96	\$13.24	\$10.11	\$19.55	\$6.17	\$94.03	\$8.84
209	\$40.69	\$11.74	\$10.11	\$19.55	\$6.17	\$88.26	\$8.65
210	\$33.05	\$9.06	\$10.11	\$19.55	\$6.17	\$77.94	\$8.32
211	\$31.18	\$8.41	\$10.11	\$19.55	\$6.17	\$75.42	\$8.24
212	\$31.18	\$8.41	\$10.11	\$19.55	\$6.17	\$75.42	\$8.24
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 25 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 25 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 25 and Nonparticipant Rate
201	\$91.03	\$29.28	\$10.11	\$19.55	\$6.17	\$156.14	\$11.14
202	\$79.23	\$25.15	\$10.11	\$19.55	\$6.17	\$140.21	\$10.62
203	\$73.98	\$23.31	\$10.11	\$19.55	\$6.17	\$133.12	\$10.40
204	\$58.84	\$18.00	\$10.11	\$19.55	\$6.17	\$112.67	\$9.73
205	\$53.34	\$16.07	\$10.11	\$19.55	\$6.17	\$105.24	\$9.50
206	\$54.15	\$16.35	\$10.11	\$19.55	\$6.17	\$106.33	\$9.54
207	\$47.50	\$14.02	\$10.11	\$19.55	\$6.17	\$97.35	\$9.24
208	\$45.26	\$13.24	\$10.11	\$19.55	\$6.17	\$94.33	\$9.14
209	\$40.99	\$11.74	\$10.11	\$19.55	\$6.17	\$88.56	\$8.95
210	\$33.35	\$9.06	\$10.11	\$19.55	\$6.17	\$78.24	\$8.62
211	\$31.48	\$8.41	\$10.11	\$19.55	\$6.17	\$75.72	\$8.54
212	\$31.48	\$8.41	\$10.11	\$19.55	\$6.17	\$75.72	\$8.54
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 26 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 26 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 26 and Nonparticipant Rate
201	\$91.33	\$29.28	\$10.11	\$19.55	\$6.17	\$156.44	\$11.44
202	\$79.53	\$25.15	\$10.11	\$19.55	\$6.17	\$140.51	\$10.92
203	\$74.28	\$23.31	\$10.11	\$19.55	\$6.17	\$133.42	\$10.70
204	\$59.14	\$18.00	\$10.11	\$19.55	\$6.17	\$112.97	\$10.03
205	\$53.64	\$16.07	\$10.11	\$19.55	\$6.17	\$105.54	\$9.80
206	\$54.45	\$16.35	\$10.11	\$19.55	\$6.17	\$106.63	\$9.84
207	\$47.80	\$14.02	\$10.11	\$19.55	\$6.17	\$97.65	\$9.54
208	\$45.56	\$13.24	\$10.11	\$19.55	\$6.17	\$94.63	\$9.44
209	\$41.29	\$11.74	\$10.11	\$19.55	\$6.17	\$88.86	\$9.25
210	\$33.65	\$9.06	\$10.11	\$19.55	\$6.17	\$78.54	\$8.92
211	\$31.78	\$8.41	\$10.11	\$19.55	\$6.17	\$76.02	\$8.84
212	\$31.78	\$8.41	\$10.11	\$19.55	\$6.17	\$76.02	\$8.84
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55

**Level 27 - NO LIABILITY INSURANCE**  
**PAYMENT RATES EFFECTIVE September 1, 2001**

<b>Level 27 - No Liability Insurance</b>							
TILE	Direct Care Staff	Other Resident Care	Dietary	General and Admin.	Fixed Capital	Total	Difference Between Level Rate 27 and Nonparticipant Rate
201	\$91.63	\$29.28	\$10.11	\$19.55	\$6.17	\$156.74	\$11.74
202	\$79.83	\$25.15	\$10.11	\$19.55	\$6.17	\$140.81	\$11.22
203	\$74.58	\$23.31	\$10.11	\$19.55	\$6.17	\$133.72	\$11.00
204	\$59.44	\$18.00	\$10.11	\$19.55	\$6.17	\$113.27	\$10.33
205	\$53.94	\$16.07	\$10.11	\$19.55	\$6.17	\$105.84	\$10.10
206	\$54.75	\$16.35	\$10.11	\$19.55	\$6.17	\$106.93	\$10.14
207	\$48.10	\$14.02	\$10.11	\$19.55	\$6.17	\$97.95	\$9.84
208	\$45.86	\$13.24	\$10.11	\$19.55	\$6.17	\$94.93	\$9.74
209	\$41.59	\$11.74	\$10.11	\$19.55	\$6.17	\$89.16	\$9.55
210	\$33.95	\$9.06	\$10.11	\$19.55	\$6.17	\$78.84	\$9.22
211	\$32.08	\$8.41	\$10.11	\$19.55	\$6.17	\$76.32	\$9.14
212	\$32.08	\$8.41	\$10.11	\$19.55	\$6.17	\$76.32	\$9.14
Vent. - Cont	\$59.22	\$20.67				\$79.98	\$2.58
Vent. -< Cont.	\$23.69	\$8.30				\$31.99	\$1.03
Pediatric Trach.	\$35.53	\$12.46				\$47.99	\$1.55