

**NON-STATE OPERATED INTERMEDIATE CARE FACILITIES
FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY (ICF/IID)
PAYMENT RATES EFFECTIVE SEPTEMBER 1, 2011**

Service - New rates effective September 1, 2011	Day Hab Attendant Compensation	Day Hab Other Direct Care	Day Hab Indirect	Residential Attendant Compensation	Residential Other Direct Care	Residential Indirect	Total
Small LON1 - Non-participant	\$6.29	\$0.99	\$5.49	\$42.53	\$22.00	\$64.10	\$141.40
Small LON5 - Non-participant	\$7.87	\$1.24	\$6.88	\$49.16	\$21.90	\$70.51	\$157.56
Small LON8 - Non-participant	\$10.46	\$1.64	\$9.16	\$60.16	\$21.77	\$76.00	\$179.19
Small LON6 - Non-participant	\$15.72	\$2.47	\$13.74	\$81.60	\$27.03	\$78.88	\$219.44
Small LON9 - Non-participant	\$62.90	\$9.88	\$54.94	\$154.48	\$25.74	\$90.13	\$398.07
Medium LON1 - Non-participant	\$6.29	\$0.99	\$5.49	\$32.82	\$19.29	\$50.82	\$115.70
Medium LON5 - Non-participant	\$7.87	\$1.24	\$6.88	\$39.23	\$19.41	\$56.77	\$131.40
Medium LON8 - Non-participant	\$10.46	\$1.64	\$9.16	\$49.96	\$19.55	\$64.99	\$155.76
Medium LON6 - Non-participant	\$15.72	\$2.47	\$13.74	\$59.83	\$29.00	\$65.70	\$186.46
Medium LON9 - Non-participant	\$62.90	\$9.88	\$54.94	\$152.56	\$24.02	\$73.90	\$378.20
Large LON1 - Non-participant	\$6.23	\$0.98	\$5.49	\$23.15	\$15.25	\$58.76	\$109.86
Large LON5 - Non-participant	\$7.79	\$1.23	\$6.88	\$26.23	\$15.80	\$59.34	\$117.27
Large LON8 - Non-participant	\$10.36	\$1.63	\$9.16	\$30.64	\$16.56	\$62.23	\$130.58
Large LON6 - Non-participant	\$15.57	\$2.45	\$13.74	\$48.05	\$32.76	\$63.28	\$175.85
Large LON9 - Non-participant	\$62.30	\$9.79	\$54.94	\$141.12	\$43.60	\$67.83	\$379.58

* These rates are nonparticipant rates without enhancement level add-on rates.

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Participant Level	Day Habilitation	
	Additional Amount Added to Each Level	Total Enhancement Add on for Each Level
Participant - Level 1	\$0.05	\$0.05
Participant - Level 2	\$0.05	\$0.10
Participant - Level 3	\$0.05	\$0.15
Participant - Level 4	\$0.05	\$0.20
Participant - Level 5	\$0.05	\$0.25
Participant - Level 6	\$0.05	\$0.30
Participant - Level 7	\$0.05	\$0.35
Participant - Level 8	\$0.05	\$0.40
Participant - Level 9	\$0.05	\$0.45
Participant - Level 10	\$0.05	\$0.50
Participant - Level 11	\$0.05	\$0.55
Participant - Level 12	\$0.05	\$0.60
Participant - Level 13	\$0.05	\$0.65
Participant - Level 14	\$0.05	\$0.70
Participant - Level 15	\$0.05	\$0.75
Participant - Level 16	\$0.05	\$0.80
Participant - Level 17	\$0.05	\$0.85
Participant - Level 18	\$0.05	\$0.90
Participant - Level 19	\$0.05	\$0.95
Participant - Level 20	\$0.05	\$1.00
Participant - Level 21	\$0.05	\$1.05
Participant - Level 22	\$0.05	\$1.10
Participant - Level 23	\$0.05	\$1.15
Participant - Level 24	\$0.05	\$1.20
Participant - Level 25	\$0.05	\$1.25

Residential Services	
Additional Amount Added to Each Level	Total Enhancement Add on for Each Level
\$0.05	\$0.05
\$0.05	\$0.10
\$0.05	\$0.15
\$0.05	\$0.20
\$0.05	\$0.25
\$0.05	\$0.30
\$0.05	\$0.35
\$0.05	\$0.40
\$0.05	\$0.45
\$0.05	\$0.50
\$0.05	\$0.55
\$0.05	\$0.60
\$0.05	\$0.65
\$0.05	\$0.70
\$0.05	\$0.75
\$0.05	\$0.80
\$0.05	\$0.85
\$0.05	\$0.90
\$0.05	\$0.95
\$0.05	\$1.00
\$0.05	\$1.05
\$0.05	\$1.10
\$0.05	\$1.15
\$0.05	\$1.20
\$0.05	\$1.25

The total enhancement add-on amount for each level is added to the base rate to calculate the total rate for each participant level. Providers can participate for Day Habilitation Only, for Residential Only or for both Day Habilitation and Residential. Providers can participate at different levels for Day Habilitation and Residential Services.

**LARGE, STATE-OPERATED ICF/IID RATES
MEDICAID-ONLY**

		Fiscal Year
September 1, 2014 through August 31, 2015	\$770.11	FY15
September 1, 2013 through August 31, 2014	\$706.00	FY14
September 1, 2012 through August 31, 2013	\$656.00	FY13
September 1, 2011 through August 31, 2012	\$582.57	FY12
September 1, 2010 through August 31, 2011	\$537.41	FY11
September 1, 2009 through August 31, 2010	\$469.88	FY10
September 1, 2008 through August 31, 2009	\$409.98	FY09
September 1, 2007 through August 31, 2008	\$381.26	FY08
September 1, 2006 through August 31, 2007	\$345.87	FY07
April 1, 2006 through August 31, 2006	\$331.89	FY06
September 1, 2005 through March 31, 2006	\$308.75	FY06
September 1, 2004 through August 31, 2005	\$294.72	FY05
September 1, 2003 through August 31, 2004	\$279.86	FY04
September 1, 2002 through August 31, 2003	\$265.77	FY03
September 1, 2001 through August 31, 2002	\$244.10	FY02

**LARGE, STATE-OPERATED ICF/IID RATES
DUALY ELIGIBLE FOR MEDICAID AND MEDICARE**

		Fiscal Year
September 1, 2014 through August 31, 2015	\$747.69	FY15
September 1, 2013 through August 31, 2014	\$683.29	FY14
September 1, 2012 through August 31, 2013	\$634.26	FY13
September 1, 2011 through August 31, 2012	\$562.13	FY12
September 1, 2010 through August 31, 2011	\$516.23	FY11
September 1, 2009 through August 31, 2010	\$450.30	FY10
September 1, 2008 through August 31, 2009	\$392.41	FY09
September 1, 2007 through August 31, 2008	\$365.09	FY08
September 1, 2006 through August 31, 2007	\$338.59	FY07
April 1, 2006 through August 31, 2006	\$324.61	FY06
January 1, 2006 through March 31, 2006	\$301.47	FY06

* Rates are per person per day

SMALL, STATE-OPERATED ICF/IID RATES

Fiscal Year

September 1, 2014 through August 31, 2015	\$649.60	FY15
September 1, 2013 through August 31, 2014	\$628.31	FY14
September 1, 2012 through August 31, 2013	\$625.18	FY13
September 1, 2011 through August 31, 2012	\$595.20	FY12
September 1, 2010 through August 31, 2011	\$603.64	FY11
September 1, 2009 through August 31, 2010	\$452.40	FY10
September 1, 2008 through August 31, 2009	\$394.49	FY09
September 1, 2007 through August 31, 2008	\$340.99	FY08
September 1, 2006 through August 31, 2007	\$188.30	FY07
September 1, 2005 through August 31, 2006	\$ 223.98	FY06
September 1, 2004 through August 31, 2005	\$ 199.04	FY05
September 1, 2003 through August 31, 2004	\$ 191.84	FY04
September 1, 2002 through August 31, 2003	\$ 205.99	FY03
November 1, 2001 through August 31, 2002	\$ 205.99	FY02
September 1, 2001 through October 31, 2001	\$ 193.47	FY02

Rates are per person per day