

TEXAS NON-STATE OPERATED INTERMEDIATE CARE FACILITIES FOR PERSONS WITH MENTAL RETARDATION (ICF/MR) MEDICAID RATE SETS
 Effective September 1, 2010

Base Rates							
	Day Habilitation Attendant Compensation	Day Habilitation Other Direct Care	Day Habilitation Indirect	Residential Attendant Compensation	Residential Other Direct Care	Residential Indirect	Total
Small - Intermittent	\$6.55	\$1.03	\$5.72	\$44.32	\$22.93	\$66.80	\$147.35
Small - Limited	\$8.20	\$1.29	\$7.17	\$51.23	\$22.82	\$73.48	\$164.19
Small - Extensive	\$10.90	\$1.71	\$9.54	\$62.70	\$22.69	\$79.20	\$186.74
Small - Pervasive	\$16.38	\$2.57	\$14.32	\$85.03	\$28.17	\$82.20	\$228.67
Small - Pervasive +	\$65.55	\$10.30	\$57.25	\$160.98	\$26.82	\$93.92	\$414.82
Medium - Intermittent	\$6.55	\$1.03	\$5.72	\$34.20	\$20.10	\$52.96	\$120.56
Medium - Limited	\$8.20	\$1.29	\$7.17	\$40.88	\$20.23	\$59.16	\$136.93
Medium - Extensive	\$10.90	\$1.71	\$9.54	\$52.06	\$20.37	\$67.73	\$162.31
Medium - Pervasive	\$16.38	\$2.57	\$14.32	\$62.35	\$30.22	\$68.47	\$194.31
Medium - Pervasive +	\$65.55	\$10.30	\$57.25	\$158.98	\$25.03	\$77.01	\$394.12
Large - Intermittent	\$6.49	\$1.02	\$5.72	\$24.13	\$15.89	\$61.23	\$114.48
Large - Limited	\$8.12	\$1.28	\$7.17	\$27.33	\$16.46	\$61.84	\$122.20
Large - Extensive	\$10.80	\$1.70	\$9.54	\$31.93	\$17.26	\$64.85	\$136.08
Large - Pervasive	\$16.23	\$2.55	\$14.32	\$50.07	\$34.14	\$65.95	\$183.26
Large - Pervasive +	\$64.92	\$10.20	\$57.25	\$147.06	\$45.43	\$70.69	\$395.55

Attendant Compensation Rate Enhancement Rate Add-on Amounts For Intermediate Care Facilities for Persons with Mental Retardation

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

ICF/MR State Operated Payment Rates

STATE OPERATED LARGE MEDICAID ONLY

		Fiscal Year
September 1, 2010 thru August 31, 2011	\$537.41	FY11
September 1, 2009 thru August 31, 2010	\$469.88	FY10
September 1, 2008 thru August 31, 2009	\$409.98	FY09
September 1, 2007 thru August 31, 2008	\$381.26	FY08
September 1, 2006 thru August 31, 2007	\$345.87	FY07
April 1, 2006 thru August 31, 2006	\$331.89	FY06
September 1, 2005 thru March 31, 2006	\$308.75	FY06
September 1, 2004 thru August 31, 2005	\$294.72	FY05
September 1, 2003 thru August 31, 2004	\$279.86	FY04
September 1, 2002 thru August 31, 2003	\$265.77	FY03
September 1, 2001 thru August 31, 2002	\$244.10	FY02

STATE OPERATED LARGE DUALY ELIGIBLE FOR MEDICAID AND MEDICARE

		Fiscal Year
September 1, 2010 thru August 31, 2011	\$516.23	FY11
September 1, 2009 thru August 31, 2010	\$450.30	FY10
September 1, 2008 thru August 31, 2009	\$392.41	FY09
September 1, 2007 thru August 31, 2008	\$365.09	FY08
September 1, 2006 thru August 31, 2007	\$338.59	FY07
April 1, 2006 thru August 31, 2006	\$324.61	FY06
January 1, 2006 thru March 31, 2006	\$301.47	FY06

STATE OPERATED SMALL

		Fiscal Year
September 1, 2010 thru August 31, 2011	\$603.64	FY11
September 1, 2009 thru August 31, 2010	\$452.40	FY10
September 1, 2008 thru August 31, 2009	\$394.49	FY09
September 1, 2007 thru August 31, 2008	\$340.99	FY08
September 1, 2006 thru August 31, 2007	\$188.30	FY07
September 1, 2005 thru August 31, 2006	\$223.98	FY06
September 1, 2004 thru August 31, 2005	\$199.04	FY05
September 1, 2003 thru August 31, 2004	\$191.84	FY04
September 1, 2002 thru August 31, 2003	\$205.99	FY03
November 1, 2001 thru August 31, 2002	\$205.99	FY02
September 1, 2001 thru October 31, 2001	\$193.47	FY02