METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR ~~THE MENTALLY RETARDED~~ INDIVIDUALS WITH INTELLECTUAL DISABILITIES

STANDARD PRIVATE INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF'S/IID) *(continued)*

A. COST ANALYSES *(continued)*

3. COMPUTATION OF THE STATEWIDE FACILITY BASE RATE *(continued)*

D. Adjustment For Change In Law Or Regulation *(continued)*

~~4. For the rate period beginning October 1, 2000 an adjustment of $3.33 per day will be added to the rate for the estimated cost of a minimum wage for specified salaries as mandated by HB 2019. The minimum wage will be $6.65 per day for the following specified positions: Registered nurse, Licensed practical nurse, Nurse aides, Certified medication aides, Dietary staff, Housekeeping staff, Maintenance staff, Laundry staff, Social service staff, and other activities staff. The OHCA will monitor this requirement and assess penalties as discussed in 2 above.~~

~~The adjustment is determined as follows:~~

~~1. Determine the total cost per day for salaries and wages for the Private ICF-M/R facilities plus the Specialized ICF/ MR 16 bed or less facilities.~~
~~2. Determine the total cost per day for the Private NF's and the Private NF's Serving Aids patients.~~
~~3. Determine the percent difference between 1 and 2. If the difference is positive leave the result as positive for the factor below in 7.~~
~~4. Determine the total cost per hour for salaries and wages for the Private ICF/ MR facilities plus the Specialized ICF/ MR16 bed or less facilities.~~
~~5. Determine the total cost per hour for the Private NF's and the Private NF's Serving Aids patients.~~
~~6. Determine the percent difference between 4 and 5. If the difference is positive then the result is negative for the factor below in 7.~~
~~7. Determine the salary cost add-on differential for M/R facilities by adding the results in 4 and 6.~~
~~8. Multiply this result by the add-on cost determined for Regular NF's on D.4, page 8.~~

~~This add-on will be trended forward by the same method as in 3.A.4, above.~~

~~5.~~ 4. For the rate period beginning December 1, 2000 the provider assessment fee set at September 1, 2000 will be adjusted to compensate for the actual fee determined by the surveys of data received.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR ~~THE MENTALLY RETARDED~~ INDIVIDUALS WITH INTELLECTUAL DISABILITIES

STANDARD PRIVATE INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF'S/IID) *(continued)*

A. COST ANALYSES *(continued)*

3. COMPUTATION OF THE STATEWIDE FACILITY BASE RATE *(continued)*

D. Adjustment For Change In Law Or Regulation *(continued)*

~~6. For the rate period beginning October 1, 2000 an adjustment of $3.33 per day will be added to the rate for the estimated cost of a minimum wage for specified salaries as mandated by HB 2019. The minimum wage will be $6.65 per day for the following specified positions: Registered nurse, Licensed practical nurse, Nurse aides. Certified medication aides, Dietary staff, Housekeeping staff, Maintenance staff, Laundry staff, Social service staff, and other activities staff. The OHCA will monitor this requirement and assess penalties as discussed in 2 above.~~

~~The adjustment is determined as follows:~~

~~9. Determine the total cost per day for salaries and wages for the Private ICF-M/R facilities plus the Specialized ICF/MR 16 bed or less facilities.~~
~~10. Determine the total cost per day for the Private NF's and the Private NF's Serving Aids patients.~~
~~11. Determine the percent difference between 1 and 2. If the difference is positive leave the result as positive for the factor below in 7.~~
~~12. Determine the total cost per hour for salaries and wages for the Private ICF-M/R facilities plus the Specialized ICF/MR 16 bed or less facilities.~~
~~13. Determine the total cost per hour for the Private NF's and the Private NF's Serving Aids patients.~~
~~14. Determine the percent difference between 4 and 5. If the difference is positive then the result is negative for the factor below in 7.~~
~~15. Determine the salary cost add-on differential for M/R facilities by adding the results in 4 and 6.~~
~~16. Multiply this result by the add-on cost determined for Regular NF's on D.4, page 8.~~

~~This add-on will be trended forward by the same method as in 3.A.4, above.~~

~~7.~~ 5. For the rate period beginning December 1, 2000 the provider assessment fee set at September 1, 2000 will be adjusted to compensate for the actual fee determined by the surveys of data

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR ~~THE MENTALLY RETARDED~~ INDIVIDUALS WITH INTELLECTUAL DISABILITIES

STANDARD PRIVATE INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF'S/IID) *(continued)*

A. COST ANALYSES *(continued)*

3. COMPUTATION OF THE STATEWIDE FACILITY BASE RATE *(continued)*

D. Adjustment For Change In Law Or Regulation *(continued)*

received. The rate adjustment needed for this decreased cost is $(1.20). Surveys were sent to the nursing facilities collecting revenue and patient day data for calendar 1999. Per HB2019 this data was to be used to set provider fee assessment rates for the different facility types. The assessment fee for the period beginning 09-01-00 was set at $4.77. This adjustment is needed for the remainder of the state fiscal year to appropriately reflect the actual costs and adjust for the estimated assessment reimbursement portion of the rate set at 09-01-00 and revised at 10-01-00 (see D.3 above). The adjustment needed was determined by multiplying the difference between the estimated assessment in the rates at 09-01-00 and the actual assessments from the surveys by the total months that a difference occurred and dividing this total by the estimated days remaining in the rate period. After the initial rate period these adjustments will be amended to an annual basis.

~~8.~~ 6. HB 2019 directed the Nursing Facilities and ~~ICF's/MR~~ ICFs/IID to provide for dentures, eyeglasses and non-emergency transportation attendants for Medicaid clients in nursing facilities. For the rate period beginning December 1, 2000 the rate adjustment for the estimated cost of these added items of coverage is $2.45 per day.

The costs were determined as follows:

For the transportation travel attendant the base year cost report average hourly cost for a social worker was brought forward to the rate state fiscal year and an adjustment made for the effects of minimum wage and benefits. The cost of two FTE's per 100 bed home were determined by multiplying that total by 2080. From the cost report data percent of occupancy it was estimated that this 100 bed home would have 29,000 patient days which when divided into the cost of the two FTE's gives an add-on of $1.78 per day.

For the cost of dentures it was estimated that 50% of the 25,000 Medicaid clients need eyeglasses once every three years. That correlates to an average of 4,165 services per year. The cost of those services was estimated at the Medicaid rates for one upper or lower one re-base and one reline (codes D5130, D5214, D5720 and D5751), or $567.47. This cost times the number of services divided by the estimated Medicaid patient days is the add-on needed for these services.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR ~~THE MENTALLY RETARDED~~ INDIVIDUALS WITH INTELLECTUAL DISABILITIES

STANDARD PRIVATE INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF'S/IID) *(continued)*

A. COST ANALYSES *(continued)*

3. COMPUTATION OF THE STATEWIDE FACILITY BASE RATE *(continued)*

D. Adjustment For Change In Law Or Regulation *(continued)*

For the cost of eyeglasses the total number of services needed is 75% of the 25,000 total population of Medicaid patients. It is estimated that 80% of those need services, or 15,000. The average cost per service was determined to be the total for one lens plus one frame plus one exam (codes W0105 to 0109,V2020 and 92002/92012). This total average cost per service is multiplied by the estimated total services per year and divided by the total estimated Medicaid days to get the per diem add-on.

This add-on will be trended forward by the same method as in 3.A.4 on page 3.

~~9.~~ 7. For the rate period beginning December 1, 2000 the OHCA has added $2.69 to the rate to cover the loss of the "major fraction thereof" provision in meeting the minimum direct care staffing requirements. The add-on was determined as follows:

1. The additional hours needed to cover the loss of the "major fraction thereof" provision in meeting the minimum staffing requirements was determined by arraying the required hours for levels of patients from 17 to 136 with the provision and without the provision. The average percent change in required hours was determined.
2. The per day cost of the direct care salaries plus benefits was determined from the base year cost reports.
3. ~~The cost in 2 above was increased by a factor to cover the minimum wage requirements of HB 2019. The factor was determined by dividing the cost per day added to the rate in D .4 above by the direct care cost per day in 2.~~
4. ~~The factor in 3 was applied to the cost per day determined in 2 to get the current cost per day.~~
5. ~~5.~~ 3. The cost per day determined in ~~4~~ 2 was multiplied by the percent determined in 1 to determine the rate add-on required to fund the loss of the "major fraction thereof" provision.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR ~~THE MENTALLY RETARDED~~ INDIVIDUALS WITH INTELLECTUAL DISABILITIES

STANDARD PRIVATE INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF'S/IID) *(continued)*

A. COST ANALYSES *(continued)*

3. **COMPUTATION OF THE STATEWIDE FACILITY BASE RATE** *(continued)*

D. Adjustment for Change in Law or Regulation *(continued)*

This add-on will be trended forward by the same method as in 3.A.4 on page 3.

E. Statewide Base Rate

The statewide facility base rate is the sum of the primary operating per diem, the administrative services per diem, the capital per diem and the adjustments for changes in law or regulation ~~less the enhancement in 4 below~~.

~~4. **ENHANCEMENTS**~~

~~The Authority may further adjust the statewide facility base rate to include estimates of the cost of enhancements in services that are not otherwise~~

~~required by law but which the Authority wishes to recommend as the basis for inclusion in the ICF/MR rates.~~

~~Effective May 1, 1997, the State will pay an interim adjustment of $4.20 per diem for specified staff to facilities who have elected to participate in the wage enhancement program.~~

~~Allowable costs include the salaries and fringe benefits for the following classifications: licensed practical nurses (LPNs), nurse aides (NAs), certified medication aides (CMAs), social service director (SSDs), other social service staff (OSSS), activities directors (ADs), other activities staff (OAS), and therapy aid assistants (TAA). These classifications do not include contract staff.~~

~~A settlement will be made based on the variance in the amount of enhanced payments and the amount expended for wages and benefits paid for the specified staff. The settlement will be capped at $4.20 per day.~~

~~Facility-specific target rates were determined for each provider. Fiscal year 1995 costs were used to set the rates. The target rates were calculated as follows:~~

~~1. The reported salaries and wages for the specified staff were summed for each facility (specified staff salaries).~~
~~2. An employee benefits ratio was determined by dividing total facility benefits by total facility salaries and wages.~~

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

~~4. ENHANCEMENTS (CONTD)~~

~~3. Total specified staff salaries were multiplied by the employee benefits ratio calculated in 2 above, to determine allowable employee benefits.~~
~~4. Specified staff salaries and allowable employee benefits were summed and divided by total facility patient days to arrive at the base year allowable cost per diem.~~
~~5. The base year allowable cost per diem for each facility was trended forward by factors of 2.9 percent and 3.1 percent.~~
~~6. An adjustment of $4.20 per day was added to the trended base year costs to arrive at the target rate for each facility.~~
~~7. For facilities demonstrating compliance for two consecutive quarters as of June 30, 2000, the reporting requirement is waived. Facilities not in compliance or not participating at July 1, 2000, may not participate in the program and receive the enhanced rate adjustment of $4.20. New facilities and facilities under new ownership may participate in the wage enhancement program and will be subject to the compliance requirements of the program. As of July 1, 2007, the adjustment for wage enhancement will be applied to 100 percent of the facilities due to 100 percent compliance in expenditure levels and due to the adjustments.~~

STANDARD PRIVATE INTERMEDIATE CARE FACILITIES FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS (ICF'S/IID) *(continued)*

A. COST ANALYSES *(continued)*

~~5.~~ 4. RATE ADJUSTMENTS BETWEEN REBASING PERIODS

Beginning January 1, 2010, the rates will be adjusted annually on January 1, in an amount equal to the estimated savings or loss to the program as a result of the automatic cost of living adjustment on Social Security benefits as published in the Federal Register and the resulting effect to the spend-down required of the recipients. The estimated total funds will include the estimated savings or loss to the program as a result of the automatic cost of living adjustment on Social Security benefits as published in the federal register and the resulting effect to the spend-down required of the recipients. For Standard Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) the effect is $.22 per day for each one (1) percent change in the SSI determined from the average effect of SSI increases from CY 2004 to CY 2009.

For the rate period beginning July 1, 2006, the statewide rate will be increased by 10.32%.

For the rate period beginning July 1, 2008, the statewide rate will be increased by 4.57%.

For the rate period beginning April 1, 2010, the statewide rate will be decreased by 2.81%.

For the rate period beginning September 1, 2012, the statewide rate will be increased by 1.93%.

For the rate period beginning July 1, 2013, the statewide rate will be increased by 0.56%.

For the rate period beginning July 1, 2016, the statewide rate will be increased by 0.2951%, resulting in a rate of $122.32 per patient per day.

For the rate period beginning July 1, 2017, the statewide rate will be increased by 0.3104%, resulting in a rate of $122.77 per patient per day.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR ~~THE MENTALLY RETARDED~~ INDIVIDUALS WITH INTELLECTUAL DISABILITIES

SPECIALIZED PRIVATE ICFs/IID 16 BED OR LESS

A. COST ANALYSES *(continued)*

3. **COMPUTATION OF THE STATEWIDE FACILITY BASE RATE** *(continued)*

D. Adjustment for Change in Law or Regulation *(continued)*

63 of the Oklahoma Statutes. In general, direct care staff includes any nursing or therapy staff providing hands-on care. Prior to Sept. 1, 2002 Activity and Social Work staff not providing hands-on care are allowable. On Sept. 1, 2002 Activity and Social Work staff not providing hands-on care shall not be included in the direct care staff-to-patient ratios. The direct care staff-to-patient ratios

will be monitored by the Authority through required monthly Quality of Care Reports. These reports and rules may be found in the Oklahoma Administrative Code at OAC 317:30-5-131.2. This section of the Code also includes rules for penalties for non-timely filing and the methods of collection of such penalties. Non compliance with the required staff-to-patient ratios will be forwarded to the Oklahoma State Department of Health who in turn under Title 63 Section 1-1912 through 1-1917 of the Oklahoma Statutes (and through the Oklahoma Administrative Act Code at 310:675) will determine "willful" non-compliance. The Health Department will inform the Authority as to any penalties to collect by methods noted in OAC 317:30-5-131.2.

This add-on will be trended forward by the same method as in 3.A.4 on page 3.

3. 56 Okla. Stat. § 2002 requires that all licensed nursing facilities pay a statewide average per patient day Quality of Care assessment fee based on the maximum percentage allowed under federal law of the average gross revenue per patient day Gross revenues are defined as Gross Receipts (i.e. total cash receipts less donations and contributions). The assessment is an allowable cost and a part of the base rate component as it relates to Medicaid services.

~~4. For the rate period beginning October 1, 2000 an adjustment of $3.33 per day will be added to the rate for the estimated cost of a minimum wage for specified salaries as mandated by HB 2019.~~

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED

The minimum wage will be $6.65 per day for the following specified positions: Registered nurse, Licensed practical nurse, Nurse aides, Certified medication aides, Dietary staff, Housekeeping staff, Maintenance staff, Laundry staff, Social service staff, and other activities staff. The OHCA will monitor this requirement and assess penalties as discussed in 2 above.

The adjustment is determined as follows:

1. Determine the total cost per day for salaries and wages for the Private ICF M/R facilities plus the Specialized ICF/MR 16 bed or less facilities.
2. Determine the total cost per day for the Private NF's and the Private NF's Serving Aids patients.
3. Determine the percent difference between 1 and 2. If the difference is positive leave the result as positive for the factor below in 7.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR ~~THE MENTALLY RETARDED~~ INDIVIDUALS WITH INTELLECTUAL DISABILITIES

SPECIALIZED PRIVATE ICFs/IID 16 BED OR LESS

A. COST ANALYSES *(continued)*

3. **COMPUTATION OF THE STATEWIDE FACILITY BASE RATE** *(continued)*

D. Adjustment for Change in Law or Regulation *(continued)*

~~4. Determine the total cost per hour for salaries and wages for the Private ICF-M/R facilities plus the Specialized ICF/MR 16 bed or less facilities.~~
~~5. Determine the total cost per hour for the Private NF's and the Private NF's Serving Aids patients.~~
~~6. Determine the percent difference between 4 and 5. If the difference is positive then the result is negative for the factor below in 7.~~
~~7. Determine the salary cost add-on differential for M/R facilities by adding the results in 4 and 6.~~
~~8. Multiply this result by the add-on cost determined for Regular NF's on D.4, page 8.~~

~~This add-on will be trended forward by the same method as in 3.A.4 on page 3.~~

~~5.~~ 4. For the rate period beginning December 1, 2000 the provider assessment fee set at September 1, 2000 will be adjusted to compensate for the actual fee determined by the surveys of data received. The rate adjustment needed for this decreased cost is $(.85). Surveys were sent to the nursing facilities collecting revenue and patient day data for calendar 1999. Per HB2019 this data was to be used to set provider fee assessment rates for the different facility types. The assessment fee for the period beginning 09-01-00 was set at $4.77. This adjustment is needed for the remainder of the state fiscal year to appropriately reflect the actual costs and adjust for the estimated assessment reimbursement portion of the rate set at 09-01-00 and revised at 10-01-00 (see D.3 above). The adjustment needed was determined by multiplying the difference between the estimated assessment in the rates at 09-01 and the actual assessments from the surveys by the total months that a difference occurred and dividing this total by the estimated days remaining in the rate period. After the initial rate period these adjustments will be amended to an annual basis.

~~6.~~ 5. HB 2019 directed the Nursing Facilities and SF's/MR/16 to provide for dentures, eyeglasses and non-emergency transportation attendants for Medicaid clients in nursing facilities. For the rate period beginning December 1, 2000 the rate adjustment for the estimated cost of these added items of coverage is $2.45 per day.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR ~~THE MENTALLY RETARDED~~ INDIVIDUALS WITH INTELLECTUAL DISABILITIES

SPECIALIZED PRIVATE ICFs/IID 16 BED OR LESS

A. COST ANALYSES *(continued)*

3. **COMPUTATION OF THE STATEWIDE FACILITY BASE RATE** *(continued)*

D. Adjustment for Change in Law or Regulation *(continued)*

The costs were determined as follows:

For the transportation travel attendant the base year cost report average hourly cost for a social worker was brought forward to the rate state fiscal year and an adjustment made for the effects of minimum wage and benefits. The cost of two FTE's per 100 bed home were determined by multiplying that total by 2080. From the cost report data percent of occupancy it was estimated that this 100 bed home would have 29,000 patient days which when divided into the cost of the two FTE's gives an add-on of $1.78 per day.

For the cost of dentures it was estimated that 50% of the 25,000 Medicaid clients need eyeglasses once every three years. That correlates to an average of 4,165 services per year. The cost of those services was estimated at the Medicaid rates for one upper or lower one re-base and one reline (codes D5130, D5214, D5720 and D5751), or $567.47. This cost times the number of services divided by the estimated Medicaid patient days is the add-on needed for these services.

For the cost of eyeglasses the total number of services needed is 75% of the 25,000 total population of Medicaid patients. It is estimated that 80% of those need services, or 15,000. The average cost per service was determined to be the total for one lens plus one frame plus one exam (codes W0105 to 0109,V2020 and 92002/92012). This total average cost per service is multiplied by the estimated total services per year and divided by the total estimated Medicaid days to get the per diem add-on.

This add-on will be inflated in the same manner as the Primary Operating Cost in 3.A.4.

This add-on will be trended forward by the same method as in 3.A.4 on page 3.

~~7.~~ 6. For the rate period beginning December 1, 2000 the OHCA has added $6.79 to the rate to cover the loss of the "major fraction thereof" provision in meeting the minimum direct care staffing requirements. The add-on was determined as follows:

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR ~~THE MENTALLY RETARDED~~INDIVIDUALS WITH INTELLECTUAL DISABILITIES

SPECIALIZED PRIVATE ICFs/IID 16 BED OR LESS

A. COST ANALYSES *(continued)*

3. **COMPUTATION OF THE STATEWIDE FACILITY BASE RATE** *(continued)*

D. Adjustment for Change in Law or Regulation *(continued)*

1. The additional hours needed to cover the loss of the "major fraction thereof" provision in meeting the minimum staffing requirements was determined by arraying the required hours for levels of patients from 1 to 16 with the provision and without the provision. The average percent change in required hours was determined.
2. The per day cost of the direct care salaries plus benefits was determined from the base year cost reports.
~~3. The cost in 2 above was increased by a factor to cover the minimum wage requirements of HB 2019. The factor was determined by dividing the cost per day added to the rate in D .4 above by the direct care cost per day in 2.~~
~~4. The factor in 3 was applied to the cost per day determined in 2 to get the current cost per day.~~
~~5.~~ 3. The cost per day determined in ~~4~~ 2 was multiplied by the percent determined in 1 to determine the rate add-on required to fund the loss of the "major fraction thereof" provision.

This add-on will be trended forward by the same method as in 3.A.4 on page 3.

E. Statewide Base Rate

The statewide facility base rate is the sum of the primary operating per diem, the administrative services per diem, the capital per diem and the adjustments for changes in law or regulation ~~less the enhancement in 4 below~~.

~~4. **ENHANCEMENTS**~~

~~The Authority may further adjust the statewide facility base rate to include estimates of the cost of enhancements in services that are not otherwise required by law but which the Authority wishes to recommend as the basis for inclusion in the SCF/MR/16 rates.~~

~~Effective May 1, 1997 the State will pay an interim adjustment of $5.15 per diem for specified staff to facilities which have elected to participate in the wage enhancement program.~~

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED

Allowable costs include the salaries and fringe benefits for the following classifications: licensed practical nurses (LPNs), nurse aides (NAs), certified medication aides (CMAs), social service director (SSDs), other social service staff (OSSS), activities directors (ADs), other activities staff (OAS), and therapy aid assistants (TAA). These classifications do not include contract staff.

A settlement will be made based on the variance in the amount of enhanced payments and the amount expended for wages and benefits paid for the specified staff. The settlement will be capped at $5.15 per day.

Facility-specific target rates were determined for each provider. Fiscal year 1995 costs were used to set the rates. The target rates were calculated as follows:

1. The reported salaries and wages for the specified staff were summed for each facility (specified staff salaries).
2. An employee benefits ratio was determined by dividing total facility benefits by total facility salaries and wages.
3. Total specified staff salaries were multiplied by the employee benefits ratio calculated in 2 above, to determine allowable employee benefits.
4. Specified staff salaries and allowable employee benefits were summed and divided by total facility patient days to arrive at the base year allowable cost per diem.
5. The base year allowable cost per diem for each facility was trended forward by factors of 2.9 percent and 3.1 percent.
6. An adjustment of $5.15 per day was added to the trended base year costs to arrive at the target rate for each facility.
7. For facilities demonstrating compliance for two consecutive quarters as of June 30, 2000, the reporting requirement is waived. Facilities not in compliance or not participating at July 1, 2000 may not participate in the program and receive the enhanced rate adjustment of $5.15. New facilities and facilities under new ownership may participate in the wage enhancement program and will be subject to the compliance requirements of the program. As of July 1, 2007, the adjustment for wage enhancement will be applied to 100% of the facilities due to 100% compliance in expenditure levels and due to the adjustments in 6 below.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

SPECIALIZED PRIVATE ICFs/IID 16 BED OR LESS

A. COST ANALYSES *(continued)*

~~5.~~ 4. RATE ADJUSTMENTS BETWEEN REBASING PERIODS

Beginning January 1, 2010, the rates will be adjusted annually on January 1, in an amount equal to the estimated savings or loss to the program as a result of the automatic cost of living adjustment on Social Security benefits as published in the Federal Register and the resulting effect to the spend-down required of the recipients. The estimated total funds will include the estimated savings or loss to the program as a result of the automatic cost of living adjustment on Social Security benefits as published in the federal register and the resulting effect to the spend-down required of the recipients. For Specialized Private Intermediate Care Facilities for Individuals with Intellectual Disabilities 16 Bed or Less, the effect is $.20 per day for each one (1) percent change in the SSI determined from the average effect of SSI increases from CY 2004 to CY 2009.

For the rate period beginning July 1, 2006, the statewide rate will be increased by 10.90%.

For the rate period beginning July 1, 2008, the statewide rate will be increased by 3.90%

For the rate period beginning April 1, 2010, the statewide rate will be decreased by 2.93%.

For the rate period beginning September 1, 2012, the statewide rate will be increased by 1.86%.

For the rate period beginning July 1, 2013, the statewide rate will be increased by 0.30%.

For the rate period beginning July 1, 2016, the statewide rate will be increased by 0.2048%, resulting in a rate of $156.51 per patient per day.

For the rate period beginning July 1, 2017, the statewide rate will be increased by 0.2937%, resulting in a rate of $157.03 per patient per day.

The state has a public process in place which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

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