

CILA Rate Sheet Overview

AID Family Council Meeting – January 23,
2025



Sections of the Rate Sheet:

1. Individual, Provider, and Site Information
2. Billable Supports
3. Detailed Breakout of Rate Components
4. Medical Supports
5. Community Day Services Supports
6. Total Rate Calculation
7. Site Identifiers and Notes

| CILA Resident, Residential Provider, CILA Site & ISC Information | | | | Detail of Annual Individual 60D CILA Rate | | | |
|---|--|--|--|---|--|--|--|
| Individual Information: | | | | Annual Residential Base Allowance Effective: 07/01/2024 | | | |
| Name of Individual: [REDACTED] | | | | Room & Board: \$10,374 | | | |
| Address of CILA Site: [REDACTED] | | | | Housing: \$5,406 | | | |
| City * State * Zip Code: Aurora Illinois 60506 | | | | Telephone: \$153 | | | |
| Soc Sec No. * Medicaid RIN * DOB: [REDACTED] | | | | Property / Building Insurance: \$207 | | | |
| ICAP Score * MBI Score * ICAP Date: 30 -17 05/09/2024 | | | | Maintenance & Housekeeping: \$1,356 | | | |
| Mobility Status * Gender: Ambulatory MALE | | | | Food Supplies: \$2,793 | | | |
| Self Med * FSR - HCL * Date: N/A 3 07/03/2023 | | | | NonFood Supplies: \$459 | | | |
| Residential Provider Information: | | | | Program: Annual \$115,338 Chicago Meter | | | |
| Residential Provider Agency Name: Association for Individual Development | | | | Staff & Supervision: Hours Cost | | | |
| Residential FEIN * Prefix * ID No. 362472748 2 400 | | | | GH 5Hr. Staff, Prime Time 957 \$21,466 | | | |
| CILA Site Information: | | | | GH 5Hr. Staff, Non-Prime Time 853 \$19,133 | | | |
| BALC Licensed Site Capacity: 8 Working Site Cap: 4 | | | | GH 5Hr. Staff, Night Time 1,165 \$26,131 | | | |
| CILA Site ID * Support Level * Night Shift: 3727 24HR Awake | | | | GH 5Hr. TOTAL Direct Support Staff 2,975 \$66,729 | | | |
| County * Network * Site Control: Kane North Suburban Agency | | | | GH 5Hr. Substitute Staff: 386 \$8,658 | | | |
| ISC Agency Name & Geo Area: Service Inc of Illinois E | | | | QDDP: 130 \$3,716.70 | | | |
| Budget Information: | | | | Supervisor: 130 \$3,261.70 | | | |
| Rate Type / Budget Type: [REDACTED] | | | | DSP Adjustment for GH 5Hr. Staff: 181 \$4,059.83 | | | |
| Original Location Type: [REDACTED] | | | | Pringe Benefits: Variable \$25,716 | | | |
| Start-Up: \$0 | | | | Order Supplies: \$306 | | | |
| Individual Staff Breakdown: | | | | Misc. Consultant Services: \$871 | | | |
| Annual Hours not Billable Hours | | | | Base Nursing: \$2,020 | | | |
| Required Base Staff Coverage (1) for Site: 7,456 | | | | Transportation: \$2,879 | | | |
| Individual's Portion of Base Staff Coverage: 1,864 | | | | Vehicle Payment: \$0 | | | |
| CILA GH 5Hr. Model Funded Staff (PNP): 3,132 | | | | Vehicle Operating Costs: \$0 | | | |
| Individual's Portion of Base Staff Coverage: 1,864 | | | | Program Support Factor: \$6,589 | | | |
| GH 5Hr. Model Funded Individual Staff H: 1,268 | | | | Administration: \$17,650 | | | |
| Long-Term Intensive Staff Hours (S3R): 1,099 | | | | Occupancy Factor: \$7,429 | | | |
| TOTAL Residential Individual Staff Hours: 2,367 | | | | Subtotal, Residential Base Allowance: \$160,259 | | | |
| Authorized Billable Supports Not in the CILA Rate: | | | | Individual Supports Included in Residential Rate Effective: 07/01/2024 | | | |
| Current Fiscal Year Billable Hours | | | | Type of Support Rate Hr./Year Annual | | | |
| Type of Support Program Code Hourly Rate Max Hrs. Per Fiscal Yr. | | | | Staff Training Reimb. - N/A TFN \$0.00 Per Diem N/A | | | |
| Temporary Intensive Staff Supports: S3R \$0.00 0 | | | | Base Nursing LPN 34.2 Included | | | |
| Long-Term Intensive Staff Supports: S3R \$29.15 1,099 | | | | Base Nursing RN 2.9 Above | | | |
| Long-Term S3R Supports CURRENTLY Automatically Renew: 07/01/2025 | | | | Medication Administration | | | |
| Authorized Supports Below Do NOT Expire And Are Renewed At The Beginning of Each Fiscal Year | | | | NonNurse Staff: \$0.00 288.8 \$0 | | | |
| ISC for ISSA Services 592 \$51.27 999 | | | | RN Monitoring: \$54.53 36.1 \$1,969 | | | |
| Dietician Services: | | | | Nursing Treatments | | | |
| Physical Therapy: 52P \$111.00 0 | | | | LPN Staff: \$54.53 5.7 \$311 | | | |
| Occupational Therapy: 52O \$111.00 0 | | | | RN Monitoring: \$54.53 0.9 \$49 | | | |
| Speech Therapy: 52S \$111.00 0 | | | | Other, Not Elsewhere Classified: | | | |
| Any Combination 56U Level 1 or 2 Listed Below Up to 104 Hours per State Fiscal Year | | | | Staff 1 (1.9:1.72:1.00) \$29.14 0.0 \$0 | | | |
| Behavior Intervention: 56U - Level 1 \$99.11 104 | | | | Subtotal, Residential Individual Supports: \$2,329 | | | |
| Behavior Intervention: 56U - Level 2 \$78.07 104 | | | | Day Program Authorizations: Effective: 07/01/2024 | | | |
| Any Combination of the Supports Listed Below Up to 60 Hours per State Fiscal Year | | | | Day Program Type Code Rate Hr./Yr. | | | |
| Therapy - Individual 58U \$69.71 60 | | | | Community Day Services - OFF Site 31C \$19.20/\$22.02 1,200 Location | | | |
| Therapy - Group 58G \$23.24 60 | | | | Community Day Services - ON Site 31U \$16.98/\$19.28 1,200 Determines | | | |
| Counseling - Individual 57U \$50.41 60 | | | | Community Day Services - Virtual 31V N/A 0 Rate | | | |
| Counseling - Group 57G \$16.80 60 | | | | CDS Temporary Intensive Staff Supports: 53D \$0.00 0 Paid | | | |
| TOTAL ANNUAL & PER DIEM CILA TOPLINE RATE \$162,588 \$445 | | | | CDS Long-Term Intensive Staff Supports: 53D \$25.33/\$29.14 1,200 | | | |
| CILA Agency Payment Status: Post Payment Rate Sheet Run Date: 07/02/2024 | | | | Percentage & Daily Hrs. of Add-On: 100.00% Or Up To 5.00 Hours / Day | | | |
| NOTES & REMINDERS: | | | | DT Additional Staff Provider: 400 Association for Individual Development | | | |
| Total Per Diem for 24-Hour CILA includes 3rd Party Liability Payment. DHS Per Diem will be reduced by 3rd Party Liability Offset as reflected in your CILA Remittance Report. | | | | Rate paid is determined by location where services were delivered. DD Site ID Required. | | | |
| The Long-Term S3R hours from last Fiscal Year have been rolled over to FY25. The CILA Rate Sheet shows staff supports for FY25. | | | | SEP - G (Small Group 1-3) 33G N/A 0 Location | | | |
| The Long-Term S3R hours from last Fiscal Year have been rolled over to FY25. The CILA Rate Sheet shows staff supports for FY25. | | | | SEP - G (Large Group 1-6) 36G N/A 0 Location | | | |
| PLEASE REPORT ANY SUSPECTED ERRORS WITH THE INFORMATION ABOVE IMMEDIATELY TO THE CILA RATES UNIT AT 217.782.0632. | | | | SEP - I Individual 36U N/A 0 Determines | | | |
| G:\CILA\01-2024 FY25 GH 5HR CILA Log w 181 Adj INITIAL 08-01-2024 use for mailing 12M | | | | Adult Day Services 35U N/A 0 Rate | | | |
| | | | | Enhanced Residential Habilitation 37U N/A 0 Paid | | | |
| | | | | SEP - I Individual Extra Hours 39U N/A 0 | | | |
| | | | | CILA Site 3727 | | | |
| | | | | BALC ID 27925 | | | |
| | | | | Revised: 07-2024 | | | |

Individual, Provider, and Site Information

| CILA Resident, Residential Provider, CILA Site & ISC Information | | | |
|--|--|---------------------------|-----------------------|
| Individual Information: | | | |
| Name of Individual: ██████████ | | | |
| Address of CILA Site: ██████████ | | | |
| City * State * Zip Code: | | Aurora | Illinois 60506 |
| Soc Sec No. * Medicaid RIN * DOB | | ██████████ | ██████████ |
| ICAP Score * MBI Score * ICAP Date | | 11 | -40 05/28/2024 |
| Mobility Status * Gender | | Ambulatory | FEMALE |
| Self Med * PSR - HCL * Date | | N/A | 4 11/06/2023 |
| Residential Provider Information: | | | |
| Residential Provider Agency Name: Association for Individual Development | | | |
| Residential FEIN * Prefix * ID No. | | 362472748 | 2 400 |
| CILA Site Information: | | | |
| BALC Licensed Site Capacity: | | 8 | Working Site Cap: 4 |
| CILA Site ID * Support Level * Night Shift | | 351 | 24HR Awake |
| County * Network * Site Control | | Kane | North Suburban Agency |
| ISC Agency Name & Geo Area: | | Service Inc of Illinois E | |

- Individual’s Legal Name
- CILA Complete Address**
- ICAP Service Score, Maladaptive Behavior Index (MBI), Date Assessed**
- Mobility Status**, Gender
- Self-Administration of Medication Assessment Status, Health Care Level, Date Assessed**
- Provider Agency Name; Federal and State Identifiers for Provider
- Licensed Capacity = Total Clients Licensed to Reside at CILA (Shared Bedrooms)
- Working Capacity = Total Clients Actually Residing at CILA (No Shared Bedrooms at AID)
- Site Identifier, Supervision Level, Night Shift Status
- Site County**, DDD Network Region, CILA Owner
- ISC Agency and Region

Rate Factors Impacted

| Individual Staff Breakdown: | <i>Max. Hours Annual Basis</i> | <i>Daily Hours Weekdays (M-F)</i> | <i>Daily Hours Sat, Sun, Hol.</i> |
|---|------------------------------------|---------------------------------------|---------------------------------------|
| Annual Hours are not Billable Hours | | | |
| Required Base Staff Coverage (1) for Site: | 7,456 | 19.0 | 24.0 |
| Individual's Portion of Base Staff Coverage | 1,864 | 4.8 | 6.0 |
| CILA GH 5Hr. Model Funded Staff (P:NP): | 3,255 | Includes Part of DSP Adjustment Hour | |
| Individual's Portion of Base Staff Coverage | 1,864 | | |
| GH 5Hr. Model Funded Individual Staff Hours | 1,391 | 3.5 | 4.5 |
| Long-Term Intensive Staff Hours (53R): | 0 | 0.0 | 0.0 |
| TOTAL Residential Individual Staff Hours | 1,391 | 3.5 | 4.5 |

- Base Coverage for All Residents per Working Capacity
- Model-Funded is Based on ICAP and Health Care Level for Individual
- Intensive Staff Hours - Awarded by Application Process

| Transportation: | | \$2,879 |
|--------------------------|-----|----------------|
| Vehicle Payment: | \$0 | \$1,241 |
| Vehicle Operating Costs: | \$0 | \$1,638 |

- Non-Ambulatory Mobility Status Generates Higher Award to Cover Accessible Vehicle Costs

| <i>Type of Support</i> | <i>Rate</i> | <i>Hr. / Year</i> | <i>Annual</i> |
|----------------------------------|-----------------|-------------------|---------------|
| Staff Training Reimb. - N/A TFN | \$0.00 Per Diem | | N/A |
| Base Nursing | LPN | 37.8 | Included |
| Base Nursing | RN | 3.2 | Above |
| Medication Administration | | | |
| NonNurse Staff: | \$0.00 | 319.2 | \$0 |
| RN Monitoring: | \$54.53 | 39.9 | \$2,176 |
| Nursing Treatments | | | |
| LPN Staff: | \$54.53 | 0.0 | \$0 |
| RN Monitoring: | \$54.53 | 0.0 | \$0 |
| Other, Not Elsewhere Classified: | | | |
| | \$0.00 | 0.0 | \$0 |

- Based on Health Care Level, Nursing Treatments, and Medications Outlined in Health Risk Screening Tool; performed by Program RN.

Billable Supports in Rate

| Authorized Billable Supports Not in the CILA Rate: | | Current Fiscal Year Billable Hours | |
|--|--------------|------------------------------------|-------------------------|
| Type of Support | Program Code | Hourly Rate Including Fringe | Max Hrs. Per Fiscal Yr. |
| Temporary Intensive Staff Supports: | 53R | \$0.00 | 0 |
| Long-Term Intensive Staff Supports: | 53R | \$29.15 | 1,099 |
| Long-Term 53R Supports CURRENTLY Automatically Renew: | | | 07/01/2025 |
| Authorized Supports Below Do NOT Expire And Are Renewed At The Beginning of Each Fiscal Year | | | |

| | | | |
|--|---------------|----------|-----|
| ISC for ISSA Services | 592 | \$51.27 | 999 |
| Dietician Services: | | | |
| Physical Therapy: | 52P | \$111.00 | 0 |
| Occupational Therapy: | 52O | \$111.00 | 0 |
| Speech Therapy: | 52S | \$111.00 | 0 |
| <i>Any Combination 56U Level 1 or 2 Listed Below Up to 104 Hours per State Fiscal Year</i> | | | |
| Behavior Intervention: | 56U - Level 1 | \$99.11 | 104 |
| Behavior Intervention: | 56U - Level 2 | \$78.07 | 104 |
| <i>Any Combination of the Supports Listed Below Up to 60 Hours per State Fiscal Year</i> | | | |
| Therapy - Individual | 58U | \$69.71 | 60 |
| Therapy - Group | 58G | \$23.24 | 60 |
| Counseling - Individual | 57U | \$50.41 | 60 |
| Counseling - Group | 57G | \$16.80 | 60 |

- Intensive Staff Supports -
 - Awarded on Temporary (limited amount, does not renew) or Long-Term Basis (automatically renews; recalculated annually or with significant change for individual or overall CILA factors).
- ISC Services - Provided and billed by Service Inc of Illinois
- Behavior Intervention
 - Level 1 Services Provided by Board-Certified Behavior Analyst
 - Level 2 Services Provided by Behavior Therapist (education plus supervised work experience)
- Therapy and Counseling
 - 57U/57G Provided by Licensed Social Worker (LSW)
 - 58U/58G Provided by Licensed Clinical Social Worker (LCSW)

Detailed Breakout

| Annual Residential Base Allowance | | Effective: 07/01/2024 | |
|--|---------------------|-----------------------|---------------------------------|
| Room & Board: | | \$10,374 | |
| Housing: | \$5,406 | | |
| Telephone: | \$153 | | |
| Property / Building Insurance: | \$207 | | |
| Maintenance & Housekeeping: | \$1,356 | | |
| Food Supplies: | \$2,793 | | |
| NonFood Supplies: | \$459 | | |
| Program: | <i>Annual Hours</i> | <i>Annual Cost</i> | \$115,338 |
| Staff & Supervision: | | | Chicago Metro Wage Rates |
| GH 5Hr. Staff, Prime Time | 957 | \$21,466 | 22.43 |
| GH 5Hr. Staff, Non-Prime Time | 853 | \$19,133 | 22.43 |
| GH 5Hr. Staff, Night Time | 1,165 | \$26,131 | 22.43 |
| GH 5Hr. TOTAL Direct Support Staff | 2,975 | \$66,729 | |
| GH 5Hr. Substitute Staff: | 386 | \$8,658 | 22.43 |
| QIDP: | 130 | \$3,716.70 | 28.59 |
| Supervisor: | 130 | \$3,261.70 | 25.09 |
| DSP Adjustment for GH 5Hr. Staffin | 181 | \$4,059.83 | 22.43 |
| 1) Fringe Benefits: | Variable | \$25,716 | |
| Other Supplies: | | \$306 | |
| Misc. Consultant Services: | | \$871 | |
| Base Nursing: | | \$2,020 | |
| Transportation: | | \$2,879 | |
| Vehicle Payment: | \$0 | \$1,241 | |
| Vehicle Operating Costs: | \$0 | \$1,638 | |
| Program Support Factor: | | | \$6,589 |
| Administration: | | | \$17,650 |
| Occupancy Factor: | | | \$7,429 |
| Subtotal, Residential Base Allowance: | | | \$160,259 |

- Room and Board Costs
 - Determined by County and Working Capacity of CILA Site
 - Overall Cost Distribution is Awarded as Indicated; Provider Can Distribute as Needed to Cover Actual Costs
- Staff and Supervision
 - Identifies Hours Awarded by Position and Reimbursement Rates.
 - Prime = Most Active, Night = Individuals' Sleeping Hours, Non-Prime = All Other Hours
 - Includes DDD Promised Adjustment of 181 Hours
- Fringe, Nursing, Miscellaneous
 - Covers all additional costs to employ CILA staff
- Transportation Costs
- Program Support and Administration Costs
 - Determined as a Percentage of Overall Rate Awarded
- Occupancy Factor
 - Supplements Individual Absences from CILA for 18.5 Days

Community Day Services

| Day Program Authorizations: | | | | Effective: 07/01/2024 |
|---|-------|------------------------|----------|-----------------------|
| Day Program Type | Code | Rate | Hrs./Yr. | |
| Community Day Services - OFF Site | 31C | \$19.20/\$22.02 | 1,200 | Location |
| Community Day Services - ON Site | 31U | \$16.98/\$19.28 | 1,200 | Determines |
| Community Day Services - Virtual | 31V | N/A | 0 | Rate |
| CDS Temporary Intensive Staff Supports: | 53D | \$0.00 | 0 | Paid |
| CDS Long-Term Intensive Staff Supports: | 53D | \$0.00 | 0 | |
| Percentage & Daily Hrs. of Add-On: | 0.00% | Or Up To | 0.00 | Hours / Day |
| | N/A | No Provider Authorized | | |
| Rate paid is determined by location where services were delivered. DD Site ID Required. | | | | |
| SEP - G (Small Group 1:3) | 33G | N/A | 0 | |
| SEP - G (Large Group 1:6) | 36G | N/A | 0 | Location |
| SEP - I Individual | 36U | N/A | 0 | Determines |
| Adult Day Services | 35U | N/A | 0 | Rate |
| Enhanced Residential Habilitation | 37U | \$21.24/\$24.32 | 1,200 | Paid |
| | | | 0 | |
| SEP - I Individual Extra Hours | 39U | N/A | 0 | |

- Community Day Services
 - Off-Site (31C) Reimburses at a Higher Rate for Community Activity
 - On-Site (31U) Reimburses for All Services Provided at Agency Locations
 - Virtual (31V) Was a COVID Era Offering; discontinued
 - Enhanced Residential Habilitation (37U) Reimburses for Structured Activity Provided in the Individual's Residence
 - Combination of Services Can Be Billed for up to 1200 Hours per Year
 - Intensive Staff Supports May Be Applicable as Awarded; also available on Temporary and Long-Term Basis.
- Supported Employment Services
 - Partnership with DRS; Application Sent Once Competitive Employment is Secured
 - Revalidated Annually

Applications Required

These Services and Supports Require Submissions to ISC for DDD Review of Requests:

| Authorized Billable Supports Not in the CILA Rate: | | Current Fiscal Year Billable Hours | |
|--|--------------|------------------------------------|-------------------------|
| Type of Support | Program Code | Hourly Rate Including Fringe | Max Hrs. Per Fiscal Yr. |
| Temporary Intensive Staff Supports: | 53R | \$0.00 | 0 |
| Long-Term Intensive Staff Supports: | 53R | \$29.15 | 1,099 |
| Long-Term 53R Supports CURRENTLY Automatically Renew: | | | 07/01/2025 |
| Authorized Supports Below Do NOT Expire And Are Renewed At The Beginning of Each Fiscal Year | | | |

| |
|------------------|
| Dietician |
|------------------|

| | | |
|---|--------------------------------------|------------|
| | Community Day Services - Virtual | 31V |
| CDS | Temporary Intensive Staff Supports: | 53D |
| CDS | Long-Term Intensive Staff Supports: | 53D |
| | Percentage & Daily Hrs. of Add-On: | 100.00% |
| | DT Additional Staff Provider: | 400 |
| Rate paid is determined by location where services | | |
| | SEP - G (Small Group 1:3) | 33G |
| | SEP - G (Large Group 1:6) | 36G |
| | SEP - I Individual | 36U |
| | Adult Day Services | 35U |
| | Enhanced Residential Habilitation | 37U |
| | SEP - I Individual Extra Hours | 39U |

Other Requests not Outlined in Rate Sheets May Include:

- Remote Supports
- Adaptive Equipment
- Assistive Technology

Submissions Often Require a Request Form, Cover Letter, Supporting Documentation, and Additional DDD Forms Completed by Case Manager and Program Team Members.

Total Rate and Notes

Illinois Department of Human Services - Division of Developmental Disabilities
Bureau of Reimbursement & Program Support, CILA Rates Unit
24 Hour Shift Staff 60D CILA Support Determination Rate Sheet

| CILA Resident, Residential Provider, CILA Site & ISC Information | | | | Detail of Annual Individual 60D CILA Rate | | | |
|---|--|--|--|---|--|--|--|
| Individual Information: | | | | Annual Residential Base Allowance Effective: 07/01/2024 | | | |
| Name of Individual: [REDACTED] | | | | Room & Board: \$10,374 | | | |
| Address of CILA Site: [REDACTED] | | | | Housing: \$5,406 | | | |
| City * State * Zip Code: Aurora Illinois 60506 | | | | Telephone: \$153 | | | |
| Soc Sec No. * Medicaid RIN * DOB: [REDACTED] | | | | Property / Building Insurance: \$207 | | | |
| ICAP Score * MBI Score * ICAP Date: 30 -17 05/09/2024 | | | | Maintenance & Housekeeping: \$1,356 | | | |
| Mobility Status * Gender: Ambulatory MALE | | | | Food Supplies: \$2,793 | | | |
| Self Med * PSR - HCL * Date: N/A 3 07/03/2023 | | | | NonFood Supplies: \$459 | | | |
| Residential Provider Information: | | | | Program: Annual Annual \$115,338 Chicago Metro | | | |
| Residential Provider Agency Name: Association for Individual Development | | | | Staff & Supervision: Hours Cost | | | |
| Residential FEIN * Prefix * ID No. 362472748 2 400 | | | | GH 5Hr. Staff, Prime Time 957 \$21,466 22.43 | | | |
| CILA Site Information: | | | | GH 5Hr. Staff, Non-Prime Time 853 \$19,133 22.43 | | | |
| BALC Licensed Site Capacity: 8 Working Site Cap: 4 | | | | GH 5Hr. Staff, Night Time 1,165 \$26,131 22.43 | | | |
| CILA Site ID * Support Level * Night Shift: 3727 24HR Asleep | | | | GH 5Hr. TOTAL Direct Support Staff 2,975 \$66,729 | | | |
| County * Network * Site Control: Kane North Suburban Agency | | | | GH 5Hr. Substitute Staff: 386 \$8,658 22.43 | | | |
| ISC Agency Name & Geo Area: Service Inc of Illinois E | | | | QIDP: 130 \$3,716.70 28.59 | | | |
| Budget Information: | | | | Supervisor: 130 \$3,261.70 25.09 | | | |
| Rate Type / Budget Type: [REDACTED] | | | | DSP Adjustment for GH 5Hr. Staff: 181 \$4,059.83 22.43 | | | |
| Original Location Type: [REDACTED] | | | | Fringe Benefits: Variable \$25,716 | | | |
| Start-Up: \$0 | | | | Other Supplies: \$306 | | | |
| Individual Staff Breakdown: | | | | Misc. Consultant Services: \$871 | | | |
| Annual Hours are not Billable Hours | | | | Base Nursing: \$2,020 | | | |
| Required Base Staff Coverage (1) for Site: 7,456 19.0 24.0 | | | | Transportation: \$2,879 | | | |
| Individual's Portion of Base Staff Coverage: 1,864 4.8 6.0 | | | | Vehicle Payment: \$0 \$1,241 | | | |
| CILA GH 5Hr. Model Funded Staff (P-NP): 3,132 Includes Part of DSP Adjustment Hours | | | | Vehicle Operating Costs: \$0 \$1,638 | | | |
| Individual's Portion of Base Staff Coverage: 1,864 | | | | Program Support Factor: \$6,589 | | | |
| GH 5Hr. Model Funded Individual Staff H: 1,268 3.2 4.1 | | | | Administration: \$17,650 | | | |
| Long-Term Intensive Staff Hours (53R): 1,099 2.8 3.5 | | | | Occupancy Factor: \$7,429 | | | |
| TOTAL Residential Individual Staff Hours: 2,367 6.0 7.6 | | | | Subtotal, Residential Base Allowance: \$160,259 | | | |
| Authorized Billable Supports Not in the CILA Rate: Current Fiscal Year Billable Hours | | | | Individual Supports Included in Residential Rate Effective: 07/01/2024 | | | |
| Type of Support Program Code Hourly Rate Max Hrs. Per Fiscal Yr. | | | | Type of Support Rate Hr. / Year Annual | | | |
| Temporary Intensive Staff Supports: 53R \$0.00 0 | | | | Staff Training Reimb. - N/A TFN \$0.00 Per Diem N/A | | | |
| Long-Term Intensive Staff Supports: 53R \$29.15 1,099 | | | | Base Nursing LPN - 34.2 Included | | | |
| Long-Term 53R Supports CURRENTLY Automatically Renew: 07/01/2025 | | | | Base Nursing RN - 2.9 Above | | | |
| Authorized Supports Below Do NOT Expire And Are Renewed At The Beginning of Each Fiscal Year | | | | Medication Administration | | | |
| | | | | NonNurse Staff: \$0.00 285.8 \$0 | | | |
| | | | | RN Monitoring: \$54.53 36.1 \$1,969 | | | |
| | | | | Nursing Treatments | | | |
| | | | | LPN Staff: \$54.53 5.7 \$311 | | | |
| | | | | RN Monitoring: \$54.53 0.9 \$49 | | | |
| | | | | Other, Not Elsewhere Classified: | | | |
| | | | | Staff I (1.9:1.72:1.00) \$29.14 0.0 \$0 | | | |
| | | | | \$0.00 0.0 \$0 | | | |
| | | | | \$0.00 0.0 \$0 | | | |
| | | | | Subtotal, Residential Individual Supports: \$2,329 | | | |
| ISC for ISSA Services: 592 \$51.27 999 | | | | Day Program Authorizations: Effective: 07/01/2024 | | | |
| Dietician Services: | | | | Day Program Type Code Rate Hrs./Yr. | | | |
| Physical Therapy: 52P \$111.00 0 | | | | Community Day Services - OFF Site 31C \$19.20/\$22.02 1,200 Location | | | |
| Occupational Therapy: 52O \$111.00 0 | | | | Community Day Services - ON Site 31U \$16.98/\$19.21 1,200 Determines | | | |
| Speech Therapy: 52S \$111.00 0 | | | | Community Day Services - Virtual 31V N/A 0 Rate | | | |
| Any Combination 56U Level 1 or 2 Listed Below Up to 104 Hours per State Fiscal Year | | | | CDS Temporary Intensive Staff Supports: 53D \$0.00 0 Paid | | | |
| Behavior Intervention: 56U - Level 1 \$99.11 104 | | | | CDS Long-Term Intensive Staff Supports: 53D \$25.33/\$29.14 1,200 | | | |
| Behavior Intervention: 56U - Level 2 \$78.07 104 | | | | Percentage & Daily Hrs. of Add-On: 100.00% Or Up To 5.00 Hours / Day | | | |
| Any Combination of the Supports Listed Below Up to 60 Hours per State Fiscal Year | | | | DT Additional Staff Provider: 400 Association for Individual Development | | | |
| Therapy - Individual 58U \$69.71 60 | | | | Rate paid is determined by location where services were delivered. DD Site ID Required. | | | |
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| Counseling - Individual 57U \$50.41 60 | | | | SEP - G (Large Group 1:6) 36G N/A 0 Location | | | |
| Counseling - Group 57G \$16.80 60 | | | | SEP - I Individual 36U N/A 0 Determines | | | |
| | | | | Adult Day Services 35U N/A 0 Rate | | | |
| | | | | Enhanced Residential Habilitation 37U N/A 0 Paid | | | |
| | | | | SEP - I Individual Extra Hours 39U N/A 0 | | | |
| TOTAL ANNUAL & PER DIEM CILA TOPLINE RATE: \$162,588 \$445 | | | | | | | |
| CILA Agency Payment Status: Post Payment Rate Sheet Run Date: 07/02/2024 | | | | | | | |
| NOTES & REMINDERS: | | | | | | | |
| Total Per Diem for 24-Hour CILA includes 3rd Party Liability Payment. DHS Per Diem will be reduced by 3rd Party Liability Offset as reflected in your CILA Remittance Report. | | | | | | | |
| The Long-Term 53D hours from last Fiscal Year have been rolled over to FY25. The CILA Rate Sheet shows staff supports for FY25. | | | | CILA Site ID: 3727 | | | |
| The Long-Term 53R hours from last Fiscal Year have been rolled over to FY25. The CILA Rate Sheet shows staff supports for FY25. | | | | BALC ID: 27925 | | | |
| PLEASE REPORT ANY SUSPECTED ERRORS WITH THE INFORMATION ABOVE IMMEDIATELY TO THE CILA RATES UNIT AT 217.782.0632. | | | | | | | |
| Q:\CILA\07-01-2024 FY25 GH SHR CILA Log w 181 Adj INITIAL 08-01-2024 use for mailing.12M | | | | Revised: 07-2024 | | | |

- Section 6 - Annual and Topline Rate
 - Total Annual and Per Day Rate for all Included Supports
 - Is Reduced by Annual Unearned Income Collected by Provider
- Section 7 - Notes and Site Identifiers
 - Each CILA Site is Identified by BALC (Accreditation, Licensure, and Certification) and DDD with a Unique Site ID
 - Notes are Messages From DDD to Providers About Information Needed, Reminders About Collecting Unearned Income, Etc.

Thank You

