Department For Behavioral Health, Developmental and Intellectual Disabilities Administration and Financial Management Rate Notice

Facility: Outwood

Fiscal Year 2024

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	Nursing Cost			
1. 2. 3. 4. 5. 6. 7.	Total Allowed Nursing Cost Trending Factor Trended Nursing Cost Indexing Factor Indexed Nursing Cost Patient Days Nursing Services Per Diem Payment Rate	\$ 4,26	45,468.00 1.0550000 67,968.74 1.0300000 96,007.80 12,249 358.89	
	All Other Cost			
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Other Care Related Costs Other Operating Costs Indirect Ancillary Costs Total All Other Costs (Other Than Capital) - calculated Trending Factor All Other Costs Trended - calculated Indexing Factor All Other Costs Indexed Capital Costs Total All Other Costs (Trended and Indexed) Patient Days All Other Cost Per Diem	\$ 3,87 \$ 62 \$ 5,28 \$ 5,57 \$ 5,74 \$ 65	32,531.00 77,409.00 28,550.00 38,490.00 1.0550000 79,356.95 1.0300000 46,737.66 54,990.00 01,727.66 12,249 522.63	
Payment Rate Computation				
1. 2.	Nursing Services Per Diem Payment Rate All Other Cost Per Diem Rate	\$ \$	358.89 522.63	
	TOTAL RATE	\$	881.52	