

**ICF/IID Rates**  
**Effective July 1, 2025 (Rebase)**  
**Private Providers**

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**PPI 1**

	<b>Rate 1 LOC (41) Pervasive</b>	<b>Rate 2 LOC (42) Extensive</b>	<b>Rate 3 LOC (43) Limited</b>	<b>Rate 4 LOC (44) Intermittent</b>
1-8 beds	\$287.48	\$261.44	\$236.84	\$222.37
9-15 beds	\$273.91	\$249.18	\$225.81	\$212.06
16-32 beds	\$252.67	\$230.31	\$209.19	\$196.77
33+ beds	\$240.84	\$219.60	\$199.54	\$187.74

Includes Provider Fee: \$16.15