

NEBRASKA DHHS DIVISION OF MEDICAID & LONG-TERM CARE
FYE 6-30-11 ADMINISTRATOR COMPENSATION MAXIMUMS
471 NAC 12-011.06K

Cost Report Period Ending 6-30-11

Bed Size	MAXIMUM
000-074	\$82,101
075-099	83,576
100-149	99,308
150-200	100,291
200+	147,486

FYE 6-30-11 COMPENSATION MAXIMUMS

CHAIN OPERATIONS (WORKING OWNERS):

ADMINISTRATOR MAXIMUM 200 BEDS	\$100,291
ADMINISTRATOR MAXIMUM 99 BEDS	83,576
DIFFERENCE	16,715

BEDS	MAXIMUM
150-200	\$100,291
201-399	117,006
400-499	133,721
500-599	150,436
600-699	167,151
700-799	183,866
800-899	200,581
900-999	217,296
1000-1099	234,011
1100-1199	250,726
1200-1299	267,441
1300-1399	284,156
1400-1499	300,871
1500-1599	317,586
1600-1699	330,958
1700-1799	340,987
1800-1899	347,673
1900 & UP	351,016