

AGENCY FOR HEALTH CARE ADMINISTRATION

Statewide Medicaid Managed Care (SMMC) Long-Term Care (LTC) Capitation Rates Effective Date: February 1, 2025 Through September 30, 2025

Region	Non-HCBS Rate ¹	HCBS Rate
A	\$6,778.81	\$2,030.51
B	\$6,929.96	\$2,098.67
C	\$6,881.22	\$1,989.13
D	\$6,925.80	\$2,386.38
E	\$6,967.42	\$2,700.50
F	\$6,976.13	\$2,440.00
G	\$7,205.90	\$2,569.53
H	\$7,598.48	\$2,747.60
I	\$7,542.08	\$3,003.99

Rates are on a per member per month (PMPM) basis and net of patient liability.

1.HCBS refers to Home and Community-Based Service

