



Florida Agency for Health Care Administration

0001418-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : HCR Manor Care Services of Florida, Inc.

Provider Number : 0001418-00

County : Duval (16)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8357	116.72	71.94	188.66	189.28
Routine Home Care (61 +)	167.22	110.36	0.8357	92.23	56.86	149.09	149.58
Continuous Home Care	1522.63	1145.02	0.8357	956.89	377.61	1334.50	1338.79
Continuous Home Care - SIA	63.44	47.71	0.8357	39.87	15.73	55.60	55.78
Inpatient Respite	518.00	315.98	0.8357	264.06	202.02	466.08	467.62
General Inpatient Care	1110.76	705.33	0.8357	589.44	405.43	994.87	998.15

Continuous Home Care Hourly Rate = 1338.79 / 24 hours = \$55.78

Continuous Home Care - SIA Rate = 55.78 / 4 quarters = \$13.95



Florida Agency for Health Care Administration

0006026-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Vitas Healthcare Corp of Central Florida

Provider Number : 0006026-00

County : Brevard (5)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8728	121.90	71.94	193.84	194.48
Routine Home Care (61 +)	167.22	110.36	0.8728	96.32	56.86	153.18	153.68
Continuous Home Care	1522.63	1145.02	0.8728	999.37	377.61	1376.98	1381.41
Continuous Home Care - SIA	63.44	47.71	0.8728	41.64	15.73	57.37	57.56
Inpatient Respite	518.00	315.98	0.8728	275.79	202.02	477.81	479.38
General Inpatient Care	1110.76	705.33	0.8728	615.61	405.43	1021.04	1024.40

Continuous Home Care Hourly Rate = $1381.41 / 24 \text{ hours} = \57.56

Continuous Home Care - SIA Rate = $57.56 / 4 \text{ quarters} = \14.39



Florida Agency for Health Care Administration

0015728-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Odyssey Health Care Miami-Dade

Provider Number : 0015728-00

County : Dade (13)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9284	129.67	71.94	201.61	202.27
Routine Home Care (61 +)	167.22	110.36	0.9284	102.46	56.86	159.32	159.84
Continuous Home Care	1522.63	1145.02	0.9284	1063.04	377.61	1440.65	1445.47
Continuous Home Care - SIA	63.44	47.71	0.9284	44.29	15.73	60.02	60.23
Inpatient Respite	518.00	315.98	0.9284	293.36	202.02	495.38	497.01
General Inpatient Care	1110.76	705.33	0.9284	654.83	405.43	1060.26	1063.75

Continuous Home Care Hourly Rate = 1445.47 / 24 hours = \$60.23

Continuous Home Care - SIA Rate = 60.23 / 4 quarters = \$15.06



Florida Agency for Health Care Administration

0016361-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Regency Hospice of NW Florida, Inc.

Provider Number : 0016361-00

County : Escambia (17)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8021	112.03	71.94	183.97	184.58
Routine Home Care (61 +)	167.22	110.36	0.8021	88.52	56.86	145.38	145.86
Continuous Home Care	1522.63	1145.02	0.8021	918.42	377.61	1296.03	1300.27
Continuous Home Care - SIA	63.44	47.71	0.8021	38.27	15.73	54.00	54.18
Inpatient Respite	518.00	315.98	0.8021	253.45	202.02	455.47	456.97
General Inpatient Care	1110.76	705.33	0.8021	565.75	405.43	971.18	974.38

Continuous Home Care Hourly Rate = 1300.27 / 24 hours = \$54.18

Continuous Home Care - SIA Rate = 54.18 / 4 quarters = \$13.54



Florida Agency for Health Care Administration

0140437-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hernando-Pasco Hospice

Provider Number : 0140437-00

County : Pasco (51)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8793	122.81	71.94	194.75	195.39
Routine Home Care (61 +)	167.22	110.36	0.8793	97.04	56.86	153.90	154.41
Continuous Home Care	1522.63	1145.02	0.8793	1006.82	377.61	1384.43	1388.88
Continuous Home Care - SIA	63.44	47.71	0.8793	41.95	15.73	57.68	57.87
Inpatient Respite	518.00	315.98	0.8793	277.84	202.02	479.86	481.44
General Inpatient Care	1110.76	705.33	0.8793	620.20	405.43	1025.63	1029.01

Continuous Home Care Hourly Rate = 1388.88 / 24 hours = \$57.87

Continuous Home Care - SIA Rate = 57.87 / 4 quarters = \$14.47



Florida Agency for Health Care Administration

0153280-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Seasons Hospice & Palliative Care Broward FL LLC

Provider Number : 0153280-00

County : Broward (6)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9328	130.28	71.94	202.22	202.89
Routine Home Care (61 +)	167.22	110.36	0.9328	102.94	56.86	159.80	160.33
Continuous Home Care	1522.63	1145.02	0.9328	1068.07	377.61	1445.68	1450.52
Continuous Home Care - SIA	63.44	47.71	0.9328	44.50	15.73	60.23	60.44
Inpatient Respite	518.00	315.98	0.9328	294.75	202.02	496.77	498.41
General Inpatient Care	1110.76	705.33	0.9328	657.93	405.43	1063.36	1066.86

Continuous Home Care Hourly Rate = 1450.52 / 24 hours = \$60.44

Continuous Home Care - SIA Rate = 60.44 / 4 quarters = \$15.11



Florida Agency for Health Care Administration

0159861-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Covenant Hospice, Inc

Provider Number : 0159861-00

County : Escambia (17)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8021	112.03	71.94	183.97	184.58
Routine Home Care (61 +)	167.22	110.36	0.8021	88.52	56.86	145.38	145.86
Continuous Home Care	1522.63	1145.02	0.8021	918.42	377.61	1296.03	1300.27
Continuous Home Care - SIA	63.44	47.71	0.8021	38.27	15.73	54.00	54.18
Inpatient Respite	518.00	315.98	0.8021	253.45	202.02	455.47	456.97
General Inpatient Care	1110.76	705.33	0.8021	565.75	405.43	971.18	974.38

Continuous Home Care Hourly Rate = $1300.27 / 24 \text{ hours} = \54.18

Continuous Home Care - SIA Rate = $54.18 / 4 \text{ quarters} = \13.54



Florida Agency for Health Care Administration

0162544-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Odyssey Healthcare of Marion County

Provider Number : 0162544-00

County : Orange (48)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8830	123.33	71.94	195.27	195.91
Routine Home Care (61 +)	167.22	110.36	0.8830	97.45	56.86	154.31	154.82
Continuous Home Care	1522.63	1145.02	0.8830	1011.05	377.61	1388.66	1393.21
Continuous Home Care - SIA	63.44	47.71	0.8830	42.13	15.73	57.86	58.05
Inpatient Respite	518.00	315.98	0.8830	279.01	202.02	481.03	482.61
General Inpatient Care	1110.76	705.33	0.8830	622.81	405.43	1028.24	1031.63

Continuous Home Care Hourly Rate = $1393.21 / 24 \text{ hours} = \58.05

Continuous Home Care - SIA Rate = $58.05 / 4 \text{ quarters} = \14.51



Florida Agency for Health Care Administration

0192558-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : HCR Manor Care Services of Florida Inc.

Provider Number : 0192558-00

County : Dade (13)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9284	129.67	71.94	201.61	202.27
Routine Home Care (61 +)	167.22	110.36	0.9284	102.46	56.86	159.32	159.84
Continuous Home Care	1522.63	1145.02	0.9284	1063.04	377.61	1440.65	1445.47
Continuous Home Care - SIA	63.44	47.71	0.9284	44.29	15.73	60.02	60.23
Inpatient Respite	518.00	315.98	0.9284	293.36	202.02	495.38	497.01
General Inpatient Care	1110.76	705.33	0.9284	654.83	405.43	1060.26	1063.75

Continuous Home Care Hourly Rate = 1445.47 / 24 hours = \$60.23

Continuous Home Care - SIA Rate = 60.23 / 4 quarters = \$15.06



Florida Agency for Health Care Administration

0246214-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Seasons Hospice & Palliative Care of Tampa

Provider Number : 0246214-00

County : Hillsborough (29)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8793	122.81	71.94	194.75	195.39
Routine Home Care (61 +)	167.22	110.36	0.8793	97.04	56.86	153.90	154.41
Continuous Home Care	1522.63	1145.02	0.8793	1006.82	377.61	1384.43	1388.88
Continuous Home Care - SIA	63.44	47.71	0.8793	41.95	15.73	57.68	57.87
Inpatient Respite	518.00	315.98	0.8793	277.84	202.02	479.86	481.44
General Inpatient Care	1110.76	705.33	0.8793	620.20	405.43	1025.63	1029.01

Continuous Home Care Hourly Rate = 1388.88 / 24 hours = \$57.87

Continuous Home Care - SIA Rate = 57.87 / 4 quarters = \$14.47



Florida Agency for Health Care Administration

0870005-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of I.R.C.

Provider Number : 0870005-00

County : Indian River (31)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8000	111.74	71.94	183.68	184.28
Routine Home Care (61 +)	167.22	110.36	0.8000	88.29	56.86	145.15	145.63
Continuous Home Care	1522.63	1145.02	0.8000	916.02	377.61	1293.63	1297.86
Continuous Home Care - SIA	63.44	47.71	0.8000	38.17	15.73	53.90	54.08
Inpatient Respite	518.00	315.98	0.8000	252.78	202.02	454.80	456.30
General Inpatient Care	1110.76	705.33	0.8000	564.26	405.43	969.69	972.88

Continuous Home Care Hourly Rate = 1297.86 / 24 hours = \$54.08

Continuous Home Care - SIA Rate = 54.08 / 4 quarters = \$13.51



Florida Agency for Health Care Administration

0872466-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Vitas Healthcare Corporation - Dade County

Provider Number : 0872466-00

County : Dade (13)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9284	129.67	71.94	201.61	202.27
Routine Home Care (61 +)	167.22	110.36	0.9284	102.46	56.86	159.32	159.84
Continuous Home Care	1522.63	1145.02	0.9284	1063.04	377.61	1440.65	1445.47
Continuous Home Care - SIA	63.44	47.71	0.9284	44.29	15.73	60.02	60.23
Inpatient Respite	518.00	315.98	0.9284	293.36	202.02	495.38	497.01
General Inpatient Care	1110.76	705.33	0.9284	654.83	405.43	1060.26	1063.75

Continuous Home Care Hourly Rate = $1445.47 / 24 \text{ hours} = \60.23

Continuous Home Care - SIA Rate = $60.23 / 4 \text{ quarters} = \15.06



Florida Agency for Health Care Administration

0872555-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : St. Francis Hospice

Provider Number : 0872555-00

County : Brevard (5)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8728	121.90	71.94	193.84	194.48
Routine Home Care (61 +)	167.22	110.36	0.8728	96.32	56.86	153.18	153.68
Continuous Home Care	1522.63	1145.02	0.8728	999.37	377.61	1376.98	1381.41
Continuous Home Care - SIA	63.44	47.71	0.8728	41.64	15.73	57.37	57.56
Inpatient Respite	518.00	315.98	0.8728	275.79	202.02	477.81	479.38
General Inpatient Care	1110.76	705.33	0.8728	615.61	405.43	1021.04	1024.40

Continuous Home Care Hourly Rate = $1381.41 / 24 \text{ hours} = \57.56

Continuous Home Care - SIA Rate = $57.56 / 4 \text{ quarters} = \14.39



Florida Agency for Health Care Administration

0872563-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of the Comforter

Provider Number : 0872563-00

County : Seminole (59)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8830	123.33	71.94	195.27	195.91
Routine Home Care (61 +)	167.22	110.36	0.8830	97.45	56.86	154.31	154.82
Continuous Home Care	1522.63	1145.02	0.8830	1011.05	377.61	1388.66	1393.21
Continuous Home Care - SIA	63.44	47.71	0.8830	42.13	15.73	57.86	58.05
Inpatient Respite	518.00	315.98	0.8830	279.01	202.02	481.03	482.61
General Inpatient Care	1110.76	705.33	0.8830	622.81	405.43	1028.24	1031.63

Continuous Home Care Hourly Rate = 1393.21 / 24 hours = \$58.05

Continuous Home Care - SIA Rate = 58.05 / 4 quarters = \$14.51



Florida Agency for Health Care Administration

0874078-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Community Hospice of Northeast

Provider Number : 0874078-00

County : Duval (16)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8357	116.72	71.94	188.66	189.28
Routine Home Care (61 +)	167.22	110.36	0.8357	92.23	56.86	149.09	149.58
Continuous Home Care	1522.63	1145.02	0.8357	956.89	377.61	1334.50	1338.79
Continuous Home Care - SIA	63.44	47.71	0.8357	39.87	15.73	55.60	55.78
Inpatient Respite	518.00	315.98	0.8357	264.06	202.02	466.08	467.62
General Inpatient Care	1110.76	705.33	0.8357	589.44	405.43	994.87	998.15

Continuous Home Care Hourly Rate = 1338.79 / 24 hours = \$55.78

Continuous Home Care - SIA Rate = 55.78 / 4 quarters = \$13.95



Florida Agency for Health Care Administration

0875147-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Martin & St. Lucie

Provider Number : 0875147-00

County : Martin (43)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9054	126.46	71.94	198.40	199.05
Routine Home Care (61 +)	167.22	110.36	0.9054	99.92	56.86	156.78	157.30
Continuous Home Care	1522.63	1145.02	0.9054	1036.70	377.61	1414.31	1418.98
Continuous Home Care - SIA	63.44	47.71	0.9054	43.20	15.73	58.93	59.12
Inpatient Respite	518.00	315.98	0.9054	286.09	202.02	488.11	489.72
General Inpatient Care	1110.76	705.33	0.9054	638.61	405.43	1044.04	1047.48

Continuous Home Care Hourly Rate = 1418.98 / 24 hours = \$59.12

Continuous Home Care - SIA Rate = 59.12 / 4 quarters = \$14.78



Florida Agency for Health Care Administration

0875163-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Palm Beach County

Provider Number : 0875163-00

County : Palm Beach (50)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8922	124.61	71.94	196.55	197.20
Routine Home Care (61 +)	167.22	110.36	0.8922	98.46	56.86	155.32	155.83
Continuous Home Care	1522.63	1145.02	0.8922	1021.59	377.61	1399.20	1403.81
Continuous Home Care - SIA	63.44	47.71	0.8922	42.57	15.73	58.30	58.49
Inpatient Respite	518.00	315.98	0.8922	281.92	202.02	483.94	485.53
General Inpatient Care	1110.76	705.33	0.8922	629.30	405.43	1034.73	1038.14

Continuous Home Care Hourly Rate = 1403.81 / 24 hours = \$58.49

Continuous Home Care - SIA Rate = 58.49 / 4 quarters = \$14.62



Florida Agency for Health Care Administration

0875201-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Marion County

Provider Number : 0875201-00

County : Marion (42)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8721	121.81	71.94	193.75	194.39
Routine Home Care (61 +)	167.22	110.36	0.8721	96.25	56.86	153.11	153.61
Continuous Home Care	1522.63	1145.02	0.8721	998.57	377.61	1376.18	1380.69
Continuous Home Care - SIA	63.44	47.71	0.8721	41.61	15.73	57.34	57.53
Inpatient Respite	518.00	315.98	0.8721	275.57	202.02	477.59	479.16
General Inpatient Care	1110.76	705.33	0.8721	615.12	405.43	1020.55	1023.91

Continuous Home Care Hourly Rate = 1380.69 / 24 hours = \$57.53

Continuous Home Care - SIA Rate = 57.53 / 4 quarters = \$14.38



Florida Agency for Health Care Administration

0875228-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Health First

Provider Number : 0875228-00

County : Brevard (5)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8728	121.90	71.94	193.84	194.48
Routine Home Care (61 +)	167.22	110.36	0.8728	96.32	56.86	153.18	153.68
Continuous Home Care	1522.63	1145.02	0.8728	999.37	377.61	1376.98	1381.41
Continuous Home Care - SIA	63.44	47.71	0.8728	41.64	15.73	57.37	57.56
Inpatient Respite	518.00	315.98	0.8728	275.79	202.02	477.81	479.38
General Inpatient Care	1110.76	705.33	0.8728	615.61	405.43	1021.04	1024.40

Continuous Home Care Hourly Rate = 1381.41 / 24 hours = \$57.56

Continuous Home Care - SIA Rate = 57.56 / 4 quarters = \$14.39



Florida Agency for Health Care Administration

0875236-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Volusia

Provider Number : 0875236-00

County : Volusia (64)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8171	114.12	71.94	186.06	186.67
Routine Home Care (61 +)	167.22	110.36	0.8171	90.18	56.86	147.04	147.52
Continuous Home Care	1522.63	1145.02	0.8171	935.60	377.61	1313.21	1317.61
Continuous Home Care - SIA	63.44	47.71	0.8171	38.98	15.73	54.71	54.90
Inpatient Respite	518.00	315.98	0.8171	258.19	202.02	460.21	461.73
General Inpatient Care	1110.76	705.33	0.8171	576.33	405.43	981.76	984.99

Continuous Home Care Hourly Rate = 1317.61 / 24 hours = \$54.90

Continuous Home Care - SIA Rate = 54.90 / 4 quarters = \$13.73



Florida Agency for Health Care Administration

0875244-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Big Bend Hospice

Provider Number : 0875244-00

County : Leon (37)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8238	115.06	71.94	187.00	187.62
Routine Home Care (61 +)	167.22	110.36	0.8238	90.91	56.86	147.77	148.26
Continuous Home Care	1522.63	1145.02	0.8238	943.27	377.61	1320.88	1325.31
Continuous Home Care - SIA	63.44	47.71	0.8238	39.30	15.73	55.03	55.22
Inpatient Respite	518.00	315.98	0.8238	260.30	202.02	462.32	463.84
General Inpatient Care	1110.76	705.33	0.8238	581.05	405.43	986.48	989.73

Continuous Home Care Hourly Rate = 1325.31 / 24 hours = \$55.22

Continuous Home Care - SIA Rate = 55.22 / 4 quarters = \$13.81



Florida Agency for Health Care Administration

0875261-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Lake and Sumter

Provider Number : 0875261-00

County : Lake (35)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8830	123.33	71.94	195.27	195.91
Routine Home Care (61 +)	167.22	110.36	0.8830	97.45	56.86	154.31	154.82
Continuous Home Care	1522.63	1145.02	0.8830	1011.05	377.61	1388.66	1393.21
Continuous Home Care - SIA	63.44	47.71	0.8830	42.13	15.73	57.86	58.05
Inpatient Respite	518.00	315.98	0.8830	279.01	202.02	481.03	482.61
General Inpatient Care	1110.76	705.33	0.8830	622.81	405.43	1028.24	1031.63

Continuous Home Care Hourly Rate = 1393.21 / 24 hours = \$58.05

Continuous Home Care - SIA Rate = 58.05 / 4 quarters = \$14.51



Florida Agency for Health Care Administration

0875279-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Tidewell Hospice & Palliative Care

Provider Number : 0875279-00

County : Sarasota (58)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9324	130.23	71.94	202.17	202.84
Routine Home Care (61 +)	167.22	110.36	0.9324	102.90	56.86	159.76	160.29
Continuous Home Care	1522.63	1145.02	0.9324	1067.62	377.61	1445.23	1450.04
Continuous Home Care - SIA	63.44	47.71	0.9324	44.48	15.73	60.21	60.42
Inpatient Respite	518.00	315.98	0.9324	294.62	202.02	496.64	498.28
General Inpatient Care	1110.76	705.33	0.9324	657.65	405.43	1063.08	1066.58

Continuous Home Care Hourly Rate = 1450.04 / 24 hours = \$60.42

Continuous Home Care - SIA Rate = 60.42 / 4 quarters = \$15.10



Florida Agency for Health Care Administration

0875287-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of the Treasure Coast

Provider Number : 0875287-00

County : St Lucie (56)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9054	126.46	71.94	198.40	199.05
Routine Home Care (61 +)	167.22	110.36	0.9054	99.92	56.86	156.78	157.30
Continuous Home Care	1522.63	1145.02	0.9054	1036.70	377.61	1414.31	1418.98
Continuous Home Care - SIA	63.44	47.71	0.9054	43.20	15.73	58.93	59.12
Inpatient Respite	518.00	315.98	0.9054	286.09	202.02	488.11	489.72
General Inpatient Care	1110.76	705.33	0.9054	638.61	405.43	1044.04	1047.48

Continuous Home Care Hourly Rate = 1418.98 / 24 hours = \$59.12

Continuous Home Care - SIA Rate = 59.12 / 4 quarters = \$14.78



Florida Agency for Health Care Administration

0875295-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice by the Sea

Provider Number : 0875295-00

County : Palm Beach (50)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8922	124.61	71.94	196.55	197.20
Routine Home Care (61 +)	167.22	110.36	0.8922	98.46	56.86	155.32	155.83
Continuous Home Care	1522.63	1145.02	0.8922	1021.59	377.61	1399.20	1403.81
Continuous Home Care - SIA	63.44	47.71	0.8922	42.57	15.73	58.30	58.49
Inpatient Respite	518.00	315.98	0.8922	281.92	202.02	483.94	485.53
General Inpatient Care	1110.76	705.33	0.8922	629.30	405.43	1034.73	1038.14

Continuous Home Care Hourly Rate = 1403.81 / 24 hours = \$58.49

Continuous Home Care - SIA Rate = 58.49 / 4 quarters = \$14.62



Florida Agency for Health Care Administration

0875325-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of the Florida Suncoast

Provider Number : 0875325-00

County : Pinellas (52)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8793	122.81	71.94	194.75	195.39
Routine Home Care (61 +)	167.22	110.36	0.8793	97.04	56.86	153.90	154.41
Continuous Home Care	1522.63	1145.02	0.8793	1006.82	377.61	1384.43	1388.88
Continuous Home Care - SIA	63.44	47.71	0.8793	41.95	15.73	57.68	57.87
Inpatient Respite	518.00	315.98	0.8793	277.84	202.02	479.86	481.44
General Inpatient Care	1110.76	705.33	0.8793	620.20	405.43	1025.63	1029.01

Continuous Home Care Hourly Rate = 1388.88 / 24 hours = \$57.87

Continuous Home Care - SIA Rate = 57.87 / 4 quarters = \$14.47



Florida Agency for Health Care Administration

0875350-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hope Hospice & Palliative Care

Provider Number : 0875350-00

County : Lee (36)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9056	126.49	71.94	198.43	199.08
Routine Home Care (61 +)	167.22	110.36	0.9056	99.94	56.86	156.80	157.32
Continuous Home Care	1522.63	1145.02	0.9056	1036.93	377.61	1414.54	1419.22
Continuous Home Care - SIA	63.44	47.71	0.9056	43.21	15.73	58.94	59.13
Inpatient Respite	518.00	315.98	0.9056	286.15	202.02	488.17	489.78
General Inpatient Care	1110.76	705.33	0.9056	638.75	405.43	1044.18	1047.62

Continuous Home Care Hourly Rate = 1419.22 / 24 hours = \$59.13

Continuous Home Care - SIA Rate = 59.13 / 4 quarters = \$14.78



Florida Agency for Health Care Administration

0875376-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Avow Hospice

Provider Number : 0875376-00

County : Collier (11)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8797	122.87	71.94	194.81	195.45
Routine Home Care (61 +)	167.22	110.36	0.8797	97.08	56.86	153.94	154.45
Continuous Home Care	1522.63	1145.02	0.8797	1007.27	377.61	1384.88	1389.36
Continuous Home Care - SIA	63.44	47.71	0.8797	41.97	15.73	57.70	57.89
Inpatient Respite	518.00	315.98	0.8797	277.97	202.02	479.99	481.57
General Inpatient Care	1110.76	705.33	0.8797	620.48	405.43	1025.91	1029.29

Continuous Home Care Hourly Rate = 1389.36 / 24 hours = \$57.89

Continuous Home Care - SIA Rate = 57.89 / 4 quarters = \$14.48



Florida Agency for Health Care Administration

0875694-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Catholic Hospice

Provider Number : 0875694-00

County : Dade (13)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9284	129.67	71.94	201.61	202.27
Routine Home Care (61 +)	167.22	110.36	0.9284	102.46	56.86	159.32	159.84
Continuous Home Care	1522.63	1145.02	0.9284	1063.04	377.61	1440.65	1445.47
Continuous Home Care - SIA	63.44	47.71	0.9284	44.29	15.73	60.02	60.23
Inpatient Respite	518.00	315.98	0.9284	293.36	202.02	495.38	497.01
General Inpatient Care	1110.76	705.33	0.9284	654.83	405.43	1060.26	1063.75

Continuous Home Care Hourly Rate = 1445.47 / 24 hours = \$60.23

Continuous Home Care - SIA Rate = 60.23 / 4 quarters = \$15.06



Florida Agency for Health Care Administration

1003132-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : North Broward Hospital District

Provider Number : 1003132-00

County : Broward (6)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9328	130.28	71.94	202.22	202.89
Routine Home Care (61 +)	167.22	110.36	0.9328	102.94	56.86	159.80	160.33
Continuous Home Care	1522.63	1145.02	0.9328	1068.07	377.61	1445.68	1450.52
Continuous Home Care - SIA	63.44	47.71	0.9328	44.50	15.73	60.23	60.44
Inpatient Respite	518.00	315.98	0.9328	294.75	202.02	496.77	498.41
General Inpatient Care	1110.76	705.33	0.9328	657.93	405.43	1063.36	1066.86

Continuous Home Care Hourly Rate = 1450.52 / 24 hours = \$60.44

Continuous Home Care - SIA Rate = 60.44 / 4 quarters = \$15.11



Florida Agency for Health Care Administration

1009447-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Seasons Hospice & Palliative Care of Pinellas County

Provider Number : 1009447-00

County : Hillsborough (29)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8793	122.81	71.94	194.75	195.39
Routine Home Care (61 +)	167.22	110.36	0.8793	97.04	56.86	153.90	154.41
Continuous Home Care	1522.63	1145.02	0.8793	1006.82	377.61	1384.43	1388.88
Continuous Home Care - SIA	63.44	47.71	0.8793	41.95	15.73	57.68	57.87
Inpatient Respite	518.00	315.98	0.8793	277.84	202.02	479.86	481.44
General Inpatient Care	1110.76	705.33	0.8793	620.20	405.43	1025.63	1029.01

Continuous Home Care Hourly Rate = 1388.88 / 24 hours = \$57.87

Continuous Home Care - SIA Rate = 57.87 / 4 quarters = \$14.47



Florida Agency for Health Care Administration

1018097-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Compassionate Care Hospice of Central Florida, Inc.

Provider Number : 1018097-00

County : Polk (53)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8242	115.12	71.94	187.06	187.68
Routine Home Care (61 +)	167.22	110.36	0.8242	90.96	56.86	147.82	148.31
Continuous Home Care	1522.63	1145.02	0.8242	943.73	377.61	1321.34	1325.79
Continuous Home Care - SIA	63.44	47.71	0.8242	39.32	15.73	55.05	55.24
Inpatient Respite	518.00	315.98	0.8242	260.43	202.02	462.45	463.97
General Inpatient Care	1110.76	705.33	0.8242	581.33	405.43	986.76	990.01

Continuous Home Care Hourly Rate = 1325.79 / 24 hours = \$55.24

Continuous Home Care - SIA Rate = 55.24 / 4 quarters = \$13.81



Florida Agency for Health Care Administration

1018114-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Compassionate Care Hospice of Miami Dade and the Florida Keys

Provider Number : 1018114-00

County : Dade (13)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9284	129.67	71.94	201.61	202.27
Routine Home Care (61 +)	167.22	110.36	0.9284	102.46	56.86	159.32	159.84
Continuous Home Care	1522.63	1145.02	0.9284	1063.04	377.61	1440.65	1445.47
Continuous Home Care - SIA	63.44	47.71	0.9284	44.29	15.73	60.02	60.23
Inpatient Respite	518.00	315.98	0.9284	293.36	202.02	495.38	497.01
General Inpatient Care	1110.76	705.33	0.9284	654.83	405.43	1060.26	1063.75

Continuous Home Care Hourly Rate = 1445.47 / 24 hours = \$60.23

Continuous Home Care - SIA Rate = 60.23 / 4 quarters = \$15.06



Florida Agency for Health Care Administration

1038447-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Catholic Hospice Inc

Provider Number : 1038447-00

County : Broward (6)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9328	130.28	71.94	202.22	202.89
Routine Home Care (61 +)	167.22	110.36	0.9328	102.94	56.86	159.80	160.33
Continuous Home Care	1522.63	1145.02	0.9328	1068.07	377.61	1445.68	1450.52
Continuous Home Care - SIA	63.44	47.71	0.9328	44.50	15.73	60.23	60.44
Inpatient Respite	518.00	315.98	0.9328	294.75	202.02	496.77	498.41
General Inpatient Care	1110.76	705.33	0.9328	657.93	405.43	1063.36	1066.86

Continuous Home Care Hourly Rate = 1450.52 / 24 hours = \$60.44

Continuous Home Care - SIA Rate = 60.44 / 4 quarters = \$15.11



Florida Agency for Health Care Administration

1041776-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Morselife Hospice Institute

Provider Number : 1041776-00

County : Palm Beach (50)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8922	124.61	71.94	196.55	197.20
Routine Home Care (61 +)	167.22	110.36	0.8922	98.46	56.86	155.32	155.83
Continuous Home Care	1522.63	1145.02	0.8922	1021.59	377.61	1399.20	1403.81
Continuous Home Care - SIA	63.44	47.71	0.8922	42.57	15.73	58.30	58.49
Inpatient Respite	518.00	315.98	0.8922	281.92	202.02	483.94	485.53
General Inpatient Care	1110.76	705.33	0.8922	629.30	405.43	1034.73	1038.14

Continuous Home Care Hourly Rate = 1403.81 / 24 hours = \$58.49

Continuous Home Care - SIA Rate = 58.49 / 4 quarters = \$14.62



Florida Agency for Health Care Administration

1042138-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Brevard HMA Hospice

Provider Number : 1042138-00

County : Brevard (5)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8728	121.90	71.94	193.84	194.48
Routine Home Care (61 +)	167.22	110.36	0.8728	96.32	56.86	153.18	153.68
Continuous Home Care	1522.63	1145.02	0.8728	999.37	377.61	1376.98	1381.41
Continuous Home Care - SIA	63.44	47.71	0.8728	41.64	15.73	57.37	57.56
Inpatient Respite	518.00	315.98	0.8728	275.79	202.02	477.81	479.38
General Inpatient Care	1110.76	705.33	0.8728	615.61	405.43	1021.04	1024.40

Continuous Home Care Hourly Rate = 1381.41 / 24 hours = \$57.56

Continuous Home Care - SIA Rate = 57.56 / 4 quarters = \$14.39



Florida Agency for Health Care Administration

1051975-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Okeechobee

Provider Number : 1051975-00

County : Okeechobee (47)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8184	114.31	71.94	186.25	186.86
Routine Home Care (61 +)	167.22	110.36	0.8184	90.32	56.86	147.18	147.66
Continuous Home Care	1522.63	1145.02	0.8184	937.08	377.61	1314.69	1319.05
Continuous Home Care - SIA	63.44	47.71	0.8184	39.05	15.73	54.78	54.96
Inpatient Respite	518.00	315.98	0.8184	258.60	202.02	460.62	462.14
General Inpatient Care	1110.76	705.33	0.8184	577.24	405.43	982.67	985.91

Continuous Home Care Hourly Rate = 1319.05 / 24 hours = \$54.96

Continuous Home Care - SIA Rate = 54.96 / 4 quarters = \$13.74



Florida Agency for Health Care Administration

1054219-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Bristol Hospice - Miami Dade

Provider Number : 1054219-00

County : Dade (13)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9284	129.67	71.94	201.61	202.27
Routine Home Care (61 +)	167.22	110.36	0.9284	102.46	56.86	159.32	159.84
Continuous Home Care	1522.63	1145.02	0.9284	1063.04	377.61	1440.65	1445.47
Continuous Home Care - SIA	63.44	47.71	0.9284	44.29	15.73	60.02	60.23
Inpatient Respite	518.00	315.98	0.9284	293.36	202.02	495.38	497.01
General Inpatient Care	1110.76	705.33	0.9284	654.83	405.43	1060.26	1063.75

Continuous Home Care Hourly Rate = 1445.47 / 24 hours = \$60.23

Continuous Home Care - SIA Rate = 60.23 / 4 quarters = \$15.06



Florida Agency for Health Care Administration

1060264-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : North Central Florida Hospice

Provider Number : 1060264-00

County : Alachua (1)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8585	119.91	71.94	191.85	192.48
Routine Home Care (61 +)	167.22	110.36	0.8585	94.74	56.86	151.60	152.10
Continuous Home Care	1522.63	1145.02	0.8585	983.00	377.61	1360.61	1365.04
Continuous Home Care - SIA	63.44	47.71	0.8585	40.96	15.73	56.69	56.88
Inpatient Respite	518.00	315.98	0.8585	271.27	202.02	473.29	474.85
General Inpatient Care	1110.76	705.33	0.8585	605.53	405.43	1010.96	1014.29

Continuous Home Care Hourly Rate = 1365.04 / 24 hours = \$56.88

Continuous Home Care - SIA Rate = 56.88 / 4 quarters = \$14.22



Florida Agency for Health Care Administration

1060871-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Seasons Hospice and Palliative Care of Pasco County

Provider Number : 1060871-00

County : Pasco (51)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8793	122.81	71.94	194.75	195.39
Routine Home Care (61 +)	167.22	110.36	0.8793	97.04	56.86	153.90	154.41
Continuous Home Care	1522.63	1145.02	0.8793	1006.82	377.61	1384.43	1388.88
Continuous Home Care - SIA	63.44	47.71	0.8793	41.95	15.73	57.68	57.87
Inpatient Respite	518.00	315.98	0.8793	277.84	202.02	479.86	481.44
General Inpatient Care	1110.76	705.33	0.8793	620.20	405.43	1025.63	1029.01

Continuous Home Care Hourly Rate = 1388.88 / 24 hours = \$57.87

Continuous Home Care - SIA Rate = 57.87 / 4 quarters = \$14.47



Florida Agency for Health Care Administration

1067491-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Odyssey Healthcare of Marion County

Provider Number : 1067491-00

County : Osceola (49)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8830	123.33	71.94	195.27	195.91
Routine Home Care (61 +)	167.22	110.36	0.8830	97.45	56.86	154.31	154.82
Continuous Home Care	1522.63	1145.02	0.8830	1011.05	377.61	1388.66	1393.21
Continuous Home Care - SIA	63.44	47.71	0.8830	42.13	15.73	57.86	58.05
Inpatient Respite	518.00	315.98	0.8830	279.01	202.02	481.03	482.61
General Inpatient Care	1110.76	705.33	0.8830	622.81	405.43	1028.24	1031.63

Continuous Home Care Hourly Rate = 1393.21 / 24 hours = \$58.05

Continuous Home Care - SIA Rate = 58.05 / 4 quarters = \$14.51



Florida Agency for Health Care Administration

1083768-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Opuscare of Florida

Provider Number : 1083768-00

County : Dade (13)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9284	129.67	71.94	201.61	202.27
Routine Home Care (61 +)	167.22	110.36	0.9284	102.46	56.86	159.32	159.84
Continuous Home Care	1522.63	1145.02	0.9284	1063.04	377.61	1440.65	1445.47
Continuous Home Care - SIA	63.44	47.71	0.9284	44.29	15.73	60.02	60.23
Inpatient Respite	518.00	315.98	0.9284	293.36	202.02	495.38	497.01
General Inpatient Care	1110.76	705.33	0.9284	654.83	405.43	1060.26	1063.75

Continuous Home Care Hourly Rate = 1445.47 / 24 hours = \$60.23

Continuous Home Care - SIA Rate = 60.23 / 4 quarters = \$15.06



Florida Agency for Health Care Administration

1089535-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Continuum Care of Broward

Provider Number : 1089535-00

County : Broward (6)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9328	130.28	71.94	202.22	202.89
Routine Home Care (61 +)	167.22	110.36	0.9328	102.94	56.86	159.80	160.33
Continuous Home Care	1522.63	1145.02	0.9328	1068.07	377.61	1445.68	1450.52
Continuous Home Care - SIA	63.44	47.71	0.9328	44.50	15.73	60.23	60.44
Inpatient Respite	518.00	315.98	0.9328	294.75	202.02	496.77	498.41
General Inpatient Care	1110.76	705.33	0.9328	657.93	405.43	1063.36	1066.86

Continuous Home Care Hourly Rate = 1450.52 / 24 hours = \$60.44

Continuous Home Care - SIA Rate = 60.44 / 4 quarters = \$15.11



Florida Agency for Health Care Administration

1100291-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Gulfside Hospice

Provider Number : 1100291-00

County : Pasco (51)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8793	122.81	71.94	194.75	195.39
Routine Home Care (61 +)	167.22	110.36	0.8793	97.04	56.86	153.90	154.41
Continuous Home Care	1522.63	1145.02	0.8793	1006.82	377.61	1384.43	1388.88
Continuous Home Care - SIA	63.44	47.71	0.8793	41.95	15.73	57.68	57.87
Inpatient Respite	518.00	315.98	0.8793	277.84	202.02	479.86	481.44
General Inpatient Care	1110.76	705.33	0.8793	620.20	405.43	1025.63	1029.01

Continuous Home Care Hourly Rate = 1388.88 / 24 hours = \$57.87

Continuous Home Care - SIA Rate = 57.87 / 4 quarters = \$14.47



Florida Agency for Health Care Administration

1106800-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Seasons Hospice and Palliative Care of Southern Florida

Provider Number : 1106800-00

County : Dade (13)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9284	129.67	71.94	201.61	202.27
Routine Home Care (61 +)	167.22	110.36	0.9284	102.46	56.86	159.32	159.84
Continuous Home Care	1522.63	1145.02	0.9284	1063.04	377.61	1440.65	1445.47
Continuous Home Care - SIA	63.44	47.71	0.9284	44.29	15.73	60.02	60.23
Inpatient Respite	518.00	315.98	0.9284	293.36	202.02	495.38	497.01
General Inpatient Care	1110.76	705.33	0.9284	654.83	405.43	1060.26	1063.75

Continuous Home Care Hourly Rate = 1445.47 / 24 hours = \$60.23

Continuous Home Care - SIA Rate = 60.23 / 4 quarters = \$15.06



Florida Agency for Health Care Administration

1118729-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Good Shepherd Hospice, Inc.

Provider Number : 1118729-00

County : Monroe (44)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8184	114.31	71.94	186.25	186.86
Routine Home Care (61 +)	167.22	110.36	0.8184	90.32	56.86	147.18	147.66
Continuous Home Care	1522.63	1145.02	0.8184	937.08	377.61	1314.69	1319.05
Continuous Home Care - SIA	63.44	47.71	0.8184	39.05	15.73	54.78	54.96
Inpatient Respite	518.00	315.98	0.8184	258.60	202.02	460.62	462.14
General Inpatient Care	1110.76	705.33	0.8184	577.24	405.43	982.67	985.91

Continuous Home Care Hourly Rate = 1319.05 / 24 hours = \$54.96

Continuous Home Care - SIA Rate = 54.96 / 4 quarters = \$13.74



Florida Agency for Health Care Administration

1127015-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Continuum Care of Sarasota

Provider Number : 1127015-00

County : Sarasota (58)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9324	130.23	71.94	202.17	202.84
Routine Home Care (61 +)	167.22	110.36	0.9324	102.90	56.86	159.76	160.29
Continuous Home Care	1522.63	1145.02	0.9324	1067.62	377.61	1445.23	1450.04
Continuous Home Care - SIA	63.44	47.71	0.9324	44.48	15.73	60.21	60.42
Inpatient Respite	518.00	315.98	0.9324	294.62	202.02	496.64	498.28
General Inpatient Care	1110.76	705.33	0.9324	657.65	405.43	1063.08	1066.58

Continuous Home Care Hourly Rate = 1450.04 / 24 hours = \$60.42

Continuous Home Care - SIA Rate = 60.42 / 4 quarters = \$15.10



Florida Agency for Health Care Administration

1134250-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : HCR Manor Care Svcs of Florida III LLC

Provider Number : 1134250-00

County : Broward (6)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.9328	130.28	71.94	202.22	202.89
Routine Home Care (61 +)	167.22	110.36	0.9328	102.94	56.86	159.80	160.33
Continuous Home Care	1522.63	1145.02	0.9328	1068.07	377.61	1445.68	1450.52
Continuous Home Care - SIA	63.44	47.71	0.9328	44.50	15.73	60.23	60.44
Inpatient Respite	518.00	315.98	0.9328	294.75	202.02	496.77	498.41
General Inpatient Care	1110.76	705.33	0.9328	657.93	405.43	1063.36	1066.86

Continuous Home Care Hourly Rate = 1450.52 / 24 hours = \$60.44

Continuous Home Care - SIA Rate = 60.44 / 4 quarters = \$15.11



Florida Agency for Health Care Administration

1500031-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Florida Hospital Hospice Care

Provider Number : 1500031-00

County : Volusia (64)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8171	114.12	71.94	186.06	186.67
Routine Home Care (61 +)	167.22	110.36	0.8171	90.18	56.86	147.04	147.52
Continuous Home Care	1522.63	1145.02	0.8171	935.60	377.61	1313.21	1317.61
Continuous Home Care - SIA	63.44	47.71	0.8171	38.98	15.73	54.71	54.90
Inpatient Respite	518.00	315.98	0.8171	258.19	202.02	460.21	461.73
General Inpatient Care	1110.76	705.33	0.8171	576.33	405.43	981.76	984.99

Continuous Home Care Hourly Rate = 1317.61 / 24 hours = \$54.90

Continuous Home Care - SIA Rate = 54.90 / 4 quarters = \$13.73



Florida Agency for Health Care Administration

1500091-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Emerald Coast

Provider Number : 1500091-00

County : Bay (3)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8686	121.32	71.94	193.26	193.90
Routine Home Care (61 +)	167.22	110.36	0.8686	95.86	56.86	152.72	153.22
Continuous Home Care	1522.63	1145.02	0.8686	994.56	377.61	1372.17	1376.60
Continuous Home Care - SIA	63.44	47.71	0.8686	41.44	15.73	57.17	57.36
Inpatient Respite	518.00	315.98	0.8686	274.46	202.02	476.48	478.05
General Inpatient Care	1110.76	705.33	0.8686	612.65	405.43	1018.08	1021.43

Continuous Home Care Hourly Rate = 1376.60 / 24 hours = \$57.36

Continuous Home Care - SIA Rate = 57.36 / 4 quarters = \$14.34



Florida Agency for Health Care Administration

1500139-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Vitas Healthcare Corp of Florida - Congress Ave

Provider Number : 1500139-00

County : Palm Beach (50)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8922	124.61	71.94	196.55	197.20
Routine Home Care (61 +)	167.22	110.36	0.8922	98.46	56.86	155.32	155.83
Continuous Home Care	1522.63	1145.02	0.8922	1021.59	377.61	1399.20	1403.79
Continuous Home Care - SIA	63.44	47.71	0.8922	42.57	15.73	58.30	58.49
Inpatient Respite	518.00	315.98	0.8922	281.92	202.02	483.94	485.53
General Inpatient Care	1110.76	705.33	0.8922	629.30	405.43	1034.73	1038.14

Continuous Home Care Hourly Rate = $1403.79 / 24 \text{ hours} = \58.49

Continuous Home Care - SIA Rate = $58.49 / 4 \text{ quarters} = \14.62



Florida Agency for Health Care Administration

1500210-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Good Shepherd Hospice, Inc

Provider Number : 1500210-00

County : Polk (53)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8242	115.12	71.94	187.06	187.68
Routine Home Care (61 +)	167.22	110.36	0.8242	90.96	56.86	147.82	148.31
Continuous Home Care	1522.63	1145.02	0.8242	943.73	377.61	1321.34	1325.79
Continuous Home Care - SIA	63.44	47.71	0.8242	39.32	15.73	55.05	55.24
Inpatient Respite	518.00	315.98	0.8242	260.43	202.02	462.45	463.97
General Inpatient Care	1110.76	705.33	0.8242	581.33	405.43	986.76	990.01

Continuous Home Care Hourly Rate = 1325.79 / 24 hours = \$55.24

Continuous Home Care - SIA Rate = 55.24 / 4 quarters = \$13.81



Florida Agency for Health Care Administration

1500228-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : LifePath Hospice, Inc.

Provider Number : 1500228-00

County : Hillsborough (29)

Effective Date : 10/01/2022

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area	Minimum Wage Rate Increase Final Rate
Routine Home Care (1-60)	211.61	139.67	0.8793	122.81	71.94	194.75	195.39
Routine Home Care (61 +)	167.22	110.36	0.8793	97.04	56.86	153.90	154.41
Continuous Home Care	1522.63	1145.02	0.8793	1006.82	377.61	1384.43	1388.88
Continuous Home Care - SIA	63.44	47.71	0.8793	41.95	15.73	57.68	57.87
Inpatient Respite	518.00	315.98	0.8793	277.84	202.02	479.86	481.44
General Inpatient Care	1110.76	705.33	0.8793	620.20	405.43	1025.63	1029.01

Continuous Home Care Hourly Rate = 1388.88 / 24 hours = \$57.87

Continuous Home Care - SIA Rate = 57.87 / 4 quarters = \$14.47