



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 : 10/01/2023

	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)	218.61	144.28	0.8591	123.95	74.33	198.28	199.05
Routine Home Care (61 +)	172.57	113.90	0.8591	97.85	58.67	156.52	157.13
Continuous Home Care	1566.07	1177.69	0.8591	1011.75	388.38	1400.13	1405.63
Continuous Home Care - SIA	65.25	49.07	0.8591	42.16	16.18	58.34	58.57
Inpatient Respite	534.43	326.00	0.8591	280.07	208.43	488.50	490.41
General Inpatient Care	1145.31	727.27	0.8591	624.80	418.04	1042.84	1046.91

Continuous Home Care Hourly Rate = 1405.63 / 24 hours = \$58.57

Continuous Home Care - SIA Rate = 58.57 / 4 quarters = \$14.64



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 : 10/01/2023

	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)	218.61	144.28	0.8678	125.21	74.33	199.54	200.32
Routine Home Care (61 +)	172.57	113.90	0.8678	98.84	58.67	157.51	158.13
Continuous Home Care	1566.07	1177.69	0.8678	1022.00	388.38	1410.38	1415.99
Continuous Home Care - SIA	65.25	49.07	0.8678	42.58	16.18	58.76	59.00
Inpatient Respite	534.43	326.00	0.8678	282.90	208.43	491.33	493.25
General Inpatient Care	1145.31	727.27	0.8678	631.12	418.04	1049.16	1053.26

Continuous Home Care Hourly Rate = 1415.99 / 24 hours = \$59.00

Continuous Home Care - SIA Rate = 59.00 / 4 quarters = \$14.75



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 : 10/01/2023

	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)	218.61	144.28	0.9250	133.46	74.33	207.79	208.60
Routine Home Care (61 +)	172.57	113.90	0.9250	105.36	58.67	164.03	164.67
Continuous Home Care	1566.07	1177.69	0.9250	1089.36	388.38	1477.74	1483.45
Continuous Home Care - SIA	65.25	49.07	0.9250	45.39	16.18	61.57	61.81
Inpatient Respite	534.43	326.00	0.9250	301.55	208.43	509.98	511.97
General Inpatient Care	1145.31	727.27	0.9250	672.72	418.04	1090.76	1095.02

Continuous Home Care Hourly Rate = 1483.45 / 24 hours = \$61.81

Continuous Home Care - SIA Rate = 61.81 / 4 quarters = \$15.45



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 : 10/01/2023

	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)	218.61	144.28	0.8000	115.42	74.33	189.75	190.49
Routine Home Care (61 +)	172.57	113.90	0.8000	91.12	58.67	149.79	150.37
Continuous Home Care	1566.07	1177.69	0.8000	942.15	388.38	1330.53	1335.76
Continuous Home Care - SIA	65.25	49.07	0.8000	39.26	16.18	55.44	55.66
Inpatient Respite	534.43	326.00	0.8000	260.80	208.43	469.23	471.06
General Inpatient Care	1145.31	727.27	0.8000	581.82	418.04	999.86	1003.76

Continuous Home Care Hourly Rate = 1335.76 / 24 hours = \$55.66

Continuous Home Care - SIA Rate = 55.66 / 4 quarters = \$13.91



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 : 10/01/2023

	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)	218.61	144.28	0.8791	126.84	74.33	201.17	201.96
Routine Home Care (61 +)	172.57	113.90	0.8791	100.13	58.67	158.80	159.42
Continuous Home Care	1566.07	1177.69	0.8791	1035.31	388.38	1423.69	1429.24
Continuous Home Care - SIA	65.25	49.07	0.8791	43.14	16.18	59.32	59.55
Inpatient Respite	534.43	326.00	0.8791	286.59	208.43	495.02	496.95
General Inpatient Care	1145.31	727.27	0.8791	639.34	418.04	1057.38	1061.51

Continuous Home Care Hourly Rate = 1429.24 / 24 hours = \$59.55

Continuous Home Care - SIA Rate = 59.55 / 4 quarters = \$14.89



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 : 10/01/2023

	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)	218.61	144.28	0.9700	139.95	74.33	214.28	215.12
Routine Home Care (61 +)	172.57	113.90	0.9700	110.48	58.67	169.15	169.81
Continuous Home Care	1566.07	1177.69	0.9700	1142.36	388.38	1530.74	1536.70
Continuous Home Care - SIA	65.25	49.07	0.9700	47.60	16.18	63.78	64.03
Inpatient Respite	534.43	326.00	0.9700	316.22	208.43	524.65	526.70
General Inpatient Care	1145.31	727.27	0.9700	705.45	418.04	1123.49	1127.88

Continuous Home Care Hourly Rate = 1536.70 / 24 hours = \$64.03

Continuous Home Care - SIA Rate = 64.03 / 4 quarters = \$16.00



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 : 10/01/2023

	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)	218.61	144.28	0.8000	115.42	74.33	189.75	190.49
Routine Home Care (61 +)	172.57	113.90	0.8000	91.12	58.67	149.79	150.37
Continuous Home Care	1566.07	1177.69	0.8000	942.15	388.38	1330.53	1335.76
Continuous Home Care - SIA	65.25	49.07	0.8000	39.26	16.18	55.44	55.66
Inpatient Respite	534.43	326.00	0.8000	260.80	208.43	469.23	471.06
General Inpatient Care	1145.31	727.27	0.8000	581.82	418.04	999.86	1003.76

Continuous Home Care Hourly Rate =  $1335.76 / 24 \text{ hours} = \$55.66$

Continuous Home Care - SIA Rate =  $55.66 / 4 \text{ quarters} = \$13.91$



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 : 10/01/2023

	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)	218.61	144.28	0.8654	124.86	74.33	199.19	199.97
Routine Home Care (61 +)	172.57	113.90	0.8654	98.57	58.67	157.24	157.85
Continuous Home Care	1566.07	1177.69	0.8654	1019.17	388.38	1407.55	1413.10
Continuous Home Care - SIA	65.25	49.07	0.8654	42.47	16.18	58.65	58.88
Inpatient Respite	534.43	326.00	0.8654	282.12	208.43	490.55	492.47
General Inpatient Care	1145.31	727.27	0.8654	629.38	418.04	1047.42	1051.51

Continuous Home Care Hourly Rate =  $1413.10 / 24 \text{ hours} = \$58.88$

Continuous Home Care - SIA Rate =  $58.88 / 4 \text{ quarters} = \$14.72$





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 : 10/01/2023

	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)	218.61	144.28	0.9250	133.46	74.33	207.79	208.60
Routine Home Care (61 +)	172.57	113.90	0.9250	105.36	58.67	164.03	164.67
Continuous Home Care	1566.07	1177.69	0.9250	1089.36	388.38	1477.74	1483.45
Continuous Home Care - SIA	65.25	49.07	0.9250	45.39	16.18	61.57	61.81
Inpatient Respite	534.43	326.00	0.9250	301.55	208.43	509.98	511.97
General Inpatient Care	1145.31	727.27	0.9250	672.72	418.04	1090.76	1095.02

Continuous Home Care Hourly Rate = 1483.45 / 24 hours = \$61.81

Continuous Home Care - SIA Rate = 61.81 / 4 quarters = \$15.45



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 : 10/01/2023

	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)	218.61	144.28	0.8791	126.84	74.33	201.17	201.96
Routine Home Care (61 +)	172.57	113.90	0.8791	100.13	58.67	158.80	159.42
Continuous Home Care	1566.07	1177.69	0.8791	1035.31	388.38	1423.69	1429.24
Continuous Home Care - SIA	65.25	49.07	0.8791	43.14	16.18	59.32	59.55
Inpatient Respite	534.43	326.00	0.8791	286.59	208.43	495.02	496.95
General Inpatient Care	1145.31	727.27	0.8791	639.34	418.04	1057.38	1061.51

Continuous Home Care Hourly Rate = 1429.24 / 24 hours = \$59.55

Continuous Home Care - SIA Rate = 59.55 / 4 quarters = \$14.89



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 : 10/01/2023

	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)	218.61	144.28	0.8000	115.42	74.33	189.75	190.49
Routine Home Care (61 +)	172.57	113.90	0.8000	91.12	58.67	149.79	150.37
Continuous Home Care	1566.07	1177.69	0.8000	942.15	388.38	1330.53	1335.76
Continuous Home Care - SIA	65.25	49.07	0.8000	39.26	16.18	55.44	55.66
Inpatient Respite	534.43	326.00	0.8000	260.80	208.43	469.23	471.06
General Inpatient Care	1145.31	727.27	0.8000	581.82	418.04	999.86	1003.76

Continuous Home Care Hourly Rate =  $1335.76 / 24 \text{ hours} = \$55.66$

Continuous Home Care - SIA Rate =  $55.66 / 4 \text{ quarters} = \$13.91$



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 : 10/01/2023

	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)	218.61	144.28	0.9250	133.46	74.33	207.79	208.60
Routine Home Care (61 +)	172.57	113.90	0.9250	105.36	58.67	164.03	164.67
Continuous Home Care	1566.07	1177.69	0.9250	1089.36	388.38	1477.74	1483.45
Continuous Home Care - SIA	65.25	49.07	0.9250	45.39	16.18	61.57	61.81
Inpatient Respite	534.43	326.00	0.9250	301.55	208.43	509.98	511.97
General Inpatient Care	1145.31	727.27	0.9250	672.72	418.04	1090.76	1095.02

Continuous Home Care Hourly Rate = 1483.45 / 24 hours = \$61.81

Continuous Home Care - SIA Rate = 61.81 / 4 quarters = \$15.45



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 : 10/01/2023

	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)	218.61	144.28	0.8678	125.21	74.33	199.54	200.32
Routine Home Care (61 +)	172.57	113.90	0.8678	98.84	58.67	157.51	158.13
Continuous Home Care	1566.07	1177.69	0.8678	1022.00	388.38	1410.38	1415.99
Continuous Home Care - SIA	65.25	49.07	0.8678	42.58	16.18	58.76	59.00
Inpatient Respite	534.43	326.00	0.8678	282.90	208.43	491.33	493.25
General Inpatient Care	1145.31	727.27	0.8678	631.12	418.04	1049.16	1053.26

Continuous Home Care Hourly Rate = 1415.99 / 24 hours = \$59.00

Continuous Home Care - SIA Rate = 59.00 / 4 quarters = \$14.75



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 : 10/01/2023

	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)	218.61	144.28	0.8654	124.86	74.33	199.19	199.97
Routine Home Care (61 +)	172.57	113.90	0.8654	98.57	58.67	157.24	157.85
Continuous Home Care	1566.07	1177.69	0.8654	1019.17	388.38	1407.55	1413.10
Continuous Home Care - SIA	65.25	49.07	0.8654	42.47	16.18	58.65	58.88
Inpatient Respite	534.43	326.00	0.8654	282.12	208.43	490.55	492.47
General Inpatient Care	1145.31	727.27	0.8654	629.38	418.04	1047.42	1051.51

Continuous Home Care Hourly Rate = 1413.10 / 24 hours = \$58.88

Continuous Home Care - SIA Rate = 58.88 / 4 quarters = \$14.72



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 : 10/01/2023

	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)	218.61	144.28	0.8591	123.95	74.33	198.28	199.05
Routine Home Care (61 +)	172.57	113.90	0.8591	97.85	58.67	156.52	157.13
Continuous Home Care	1566.07	1177.69	0.8591	1011.75	388.38	1400.13	1405.63
Continuous Home Care - SIA	65.25	49.07	0.8591	42.16	16.18	58.34	58.57
Inpatient Respite	534.43	326.00	0.8591	280.07	208.43	488.50	490.41
General Inpatient Care	1145.31	727.27	0.8591	624.80	418.04	1042.84	1046.91

Continuous Home Care Hourly Rate =  $1405.63 / 24 \text{ hours} = \$58.57$

Continuous Home Care - SIA Rate =  $58.57 / 4 \text{ quarters} = \$14.64$



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 : 10/01/2023

	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)	218.61	144.28	0.8601	124.10	74.33	198.43	199.20
Routine Home Care (61 +)	172.57	113.90	0.8601	97.97	58.67	156.64	157.25
Continuous Home Care	1566.07	1177.69	0.8601	1012.93	388.38	1401.31	1406.83
Continuous Home Care - SIA	65.25	49.07	0.8601	42.21	16.18	58.39	58.62
Inpatient Respite	534.43	326.00	0.8601	280.39	208.43	488.82	490.73
General Inpatient Care	1145.31	727.27	0.8601	625.52	418.04	1043.56	1047.64

Continuous Home Care Hourly Rate = 1406.83 / 24 hours = \$58.62

Continuous Home Care - SIA Rate = 58.62 / 4 quarters = \$14.66





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 : 10/01/2023

	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)	218.61	144.28	0.9036	130.37	74.33	204.70	205.50
Routine Home Care (61 +)	172.57	113.90	0.9036	102.92	58.67	161.59	162.22
Continuous Home Care	1566.07	1177.69	0.9036	1064.16	388.38	1452.54	1458.15
Continuous Home Care - SIA	65.25	49.07	0.9036	44.34	16.18	60.52	60.76
Inpatient Respite	534.43	326.00	0.9036	294.57	208.43	503.00	504.96
General Inpatient Care	1145.31	727.27	0.9036	657.16	418.04	1075.20	1079.40

Continuous Home Care Hourly Rate = 1458.15 / 24 hours = \$60.76

Continuous Home Care - SIA Rate = 60.76 / 4 quarters = \$15.19



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 : 10/01/2023

	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)	218.61	144.28	0.8678	125.21	74.33	199.54	200.32
Routine Home Care (61 +)	172.57	113.90	0.8678	98.84	58.67	157.51	158.13
Continuous Home Care	1566.07	1177.69	0.8678	1022.00	388.38	1410.38	1415.99
Continuous Home Care - SIA	65.25	49.07	0.8678	42.58	16.18	58.76	59.00
Inpatient Respite	534.43	326.00	0.8678	282.90	208.43	491.33	493.25
General Inpatient Care	1145.31	727.27	0.8678	631.12	418.04	1049.16	1053.26

Continuous Home Care Hourly Rate =  $1415.99 / 24 \text{ hours} = \$59.00$

Continuous Home Care - SIA Rate =  $59.00 / 4 \text{ quarters} = \$14.75$



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 : 10/01/2023

	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)	218.61	144.28	0.8015	115.64	74.33	189.97	190.71
Routine Home Care (61 +)	172.57	113.90	0.8015	91.29	58.67	149.96	150.55
Continuous Home Care	1566.07	1177.69	0.8015	943.92	388.38	1332.30	1337.44
Continuous Home Care - SIA	65.25	49.07	0.8015	39.33	16.18	55.51	55.73
Inpatient Respite	534.43	326.00	0.8015	261.29	208.43	469.72	471.55
General Inpatient Care	1145.31	727.27	0.8015	582.91	418.04	1000.95	1004.86

Continuous Home Care Hourly Rate = 1337.44 / 24 hours = \$55.73

Continuous Home Care - SIA Rate = 55.73 / 4 quarters = \$13.93



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 : 10/01/2023

	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)	218.61	144.28	0.8000	115.42	74.33	189.75	190.49
Routine Home Care (61 +)	172.57	113.90	0.8000	91.12	58.67	149.79	150.37
Continuous Home Care	1566.07	1177.69	0.8000	942.15	388.38	1330.53	1335.76
Continuous Home Care - SIA	65.25	49.07	0.8000	39.26	16.18	55.44	55.66
Inpatient Respite	534.43	326.00	0.8000	260.80	208.43	469.23	471.06
General Inpatient Care	1145.31	727.27	0.8000	581.82	418.04	999.86	1003.76

Continuous Home Care Hourly Rate = 1335.76 / 24 hours = \$55.66

Continuous Home Care - SIA Rate = 55.66 / 4 quarters = \$13.91



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 : 10/01/2023

	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)	218.61	144.28	0.8654	124.86	74.33	199.19	199.97
Routine Home Care (61 +)	172.57	113.90	0.8654	98.57	58.67	157.24	157.85
Continuous Home Care	1566.07	1177.69	0.8654	1019.17	388.38	1407.55	1413.10
Continuous Home Care - SIA	65.25	49.07	0.8654	42.47	16.18	58.65	58.88
Inpatient Respite	534.43	326.00	0.8654	282.12	208.43	490.55	492.47
General Inpatient Care	1145.31	727.27	0.8654	629.38	418.04	1047.42	1051.51

Continuous Home Care Hourly Rate = 1413.10 / 24 hours = \$58.88

Continuous Home Care - SIA Rate = 58.88 / 4 quarters = \$14.72



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 : 10/01/2023

	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)	218.61	144.28	0.9161	132.17	74.33	206.50	207.31
Routine Home Care (61 +)	172.57	113.90	0.9161	104.34	58.67	163.01	163.65
Continuous Home Care	1566.07	1177.69	0.9161	1078.88	388.38	1467.26	1473.09
Continuous Home Care - SIA	65.25	49.07	0.9161	44.95	16.18	61.13	61.38
Inpatient Respite	534.43	326.00	0.9161	298.65	208.43	507.08	509.06
General Inpatient Care	1145.31	727.27	0.9161	666.25	418.04	1084.29	1088.52

Continuous Home Care Hourly Rate = 1473.09 / 24 hours = \$61.38

Continuous Home Care - SIA Rate = 61.38 / 4 quarters = \$15.34



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 : 10/01/2023

	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)	218.61	144.28	0.8601	124.10	74.33	198.43	199.20
Routine Home Care (61 +)	172.57	113.90	0.8601	97.97	58.67	156.64	157.25
Continuous Home Care	1566.07	1177.69	0.8601	1012.93	388.38	1401.31	1406.83
Continuous Home Care - SIA	65.25	49.07	0.8601	42.21	16.18	58.39	58.62
Inpatient Respite	534.43	326.00	0.8601	280.39	208.43	488.82	490.73
General Inpatient Care	1145.31	727.27	0.8601	625.52	418.04	1043.56	1047.64

Continuous Home Care Hourly Rate =  $1406.83 / 24 \text{ hours} = \$58.62$

Continuous Home Care - SIA Rate =  $58.62 / 4 \text{ quarters} = \$14.66$



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 : 10/01/2023

	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)	218.61	144.28	0.9036	130.37	74.33	204.70	205.50
Routine Home Care (61 +)	172.57	113.90	0.9036	102.92	58.67	161.59	162.22
Continuous Home Care	1566.07	1177.69	0.9036	1064.16	388.38	1452.54	1458.15
Continuous Home Care - SIA	65.25	49.07	0.9036	44.34	16.18	60.52	60.76
Inpatient Respite	534.43	326.00	0.9036	294.57	208.43	503.00	504.96
General Inpatient Care	1145.31	727.27	0.9036	657.16	418.04	1075.20	1079.40

Continuous Home Care Hourly Rate = 1458.15 / 24 hours = \$60.76

Continuous Home Care - SIA Rate = 60.76 / 4 quarters = \$15.19





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 : 10/01/2023

	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)	218.61	144.28	0.8791	126.84	74.33	201.17	201.96
Routine Home Care (61 +)	172.57	113.90	0.8791	100.13	58.67	158.80	159.42
Continuous Home Care	1566.07	1177.69	0.8791	1035.31	388.38	1423.69	1429.24
Continuous Home Care - SIA	65.25	49.07	0.8791	43.14	16.18	59.32	59.55
Inpatient Respite	534.43	326.00	0.8791	286.59	208.43	495.02	496.95
General Inpatient Care	1145.31	727.27	0.8791	639.34	418.04	1057.38	1061.51

Continuous Home Care Hourly Rate = 1429.24 / 24 hours = \$59.55

Continuous Home Care - SIA Rate = 59.55 / 4 quarters = \$14.89



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 : 10/01/2023

	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)	218.61	144.28	0.9202	132.77	74.33	207.10	207.91
Routine Home Care (61 +)	172.57	113.90	0.9202	104.81	58.67	163.48	164.12
Continuous Home Care	1566.07	1177.69	0.9202	1083.71	388.38	1472.09	1477.91
Continuous Home Care - SIA	65.25	49.07	0.9202	45.15	16.18	61.33	61.58
Inpatient Respite	534.43	326.00	0.9202	299.99	208.43	508.42	510.41
General Inpatient Care	1145.31	727.27	0.9202	669.23	418.04	1087.27	1091.52

Continuous Home Care Hourly Rate = 1477.91 / 24 hours = \$61.58

Continuous Home Care - SIA Rate = 61.58 / 4 quarters = \$15.39



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 : 10/01/2023

	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)	218.61	144.28	0.8375	120.83	74.33	195.16	195.92
Routine Home Care (61 +)	172.57	113.90	0.8375	95.39	58.67	154.06	154.66
Continuous Home Care	1566.07	1177.69	0.8375	986.32	388.38	1374.70	1380.09
Continuous Home Care - SIA	65.25	49.07	0.8375	41.10	16.18	57.28	57.50
Inpatient Respite	534.43	326.00	0.8375	273.03	208.43	481.46	483.34
General Inpatient Care	1145.31	727.27	0.8375	609.09	418.04	1027.13	1031.14

Continuous Home Care Hourly Rate =  $1380.09 / 24 \text{ hours} = \$57.50$

Continuous Home Care - SIA Rate =  $57.50 / 4 \text{ quarters} = \$14.38$



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 : 10/01/2023

	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)	218.61	144.28	0.9250	133.46	74.33	207.79	208.60
Routine Home Care (61 +)	172.57	113.90	0.9250	105.36	58.67	164.03	164.67
Continuous Home Care	1566.07	1177.69	0.9250	1089.36	388.38	1477.74	1483.45
Continuous Home Care - SIA	65.25	49.07	0.9250	45.39	16.18	61.57	61.81
Inpatient Respite	534.43	326.00	0.9250	301.55	208.43	509.98	511.97
General Inpatient Care	1145.31	727.27	0.9250	672.72	418.04	1090.76	1095.02

Continuous Home Care Hourly Rate = 1483.45 / 24 hours = \$61.81

Continuous Home Care - SIA Rate = 61.81 / 4 quarters = \$15.45



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 : 10/01/2023

	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)	218.61	144.28	0.9700	139.95	74.33	214.28	215.12
Routine Home Care (61 +)	172.57	113.90	0.9700	110.48	58.67	169.15	169.81
Continuous Home Care	1566.07	1177.69	0.9700	1142.36	388.38	1530.74	1536.70
Continuous Home Care - SIA	65.25	49.07	0.9700	47.60	16.18	63.78	64.03
Inpatient Respite	534.43	326.00	0.9700	316.22	208.43	524.65	526.70
General Inpatient Care	1145.31	727.27	0.9700	705.45	418.04	1123.49	1127.88

Continuous Home Care Hourly Rate = 1536.70 / 24 hours = \$64.03

Continuous Home Care - SIA Rate = 64.03 / 4 quarters = \$16.00



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 : 10/01/2023

	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)	218.61	144.28	0.8791	126.84	74.33	201.17	201.96
Routine Home Care (61 +)	172.57	113.90	0.8791	100.13	58.67	158.80	159.42
Continuous Home Care	1566.07	1177.69	0.8791	1035.31	388.38	1423.69	1429.24
Continuous Home Care - SIA	65.25	49.07	0.8791	43.14	16.18	59.32	59.55
Inpatient Respite	534.43	326.00	0.8791	286.59	208.43	495.02	496.95
General Inpatient Care	1145.31	727.27	0.8791	639.34	418.04	1057.38	1061.51

Continuous Home Care Hourly Rate = 1429.24 / 24 hours = \$59.55

Continuous Home Care - SIA Rate = 59.55 / 4 quarters = \$14.89



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 : 10/01/2023

	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)	218.61	144.28	0.8307	119.85	74.33	194.18	194.94
Routine Home Care (61 +)	172.57	113.90	0.8307	94.62	58.67	153.29	153.89
Continuous Home Care	1566.07	1177.69	0.8307	978.31	388.38	1366.69	1372.14
Continuous Home Care - SIA	65.25	49.07	0.8307	40.76	16.18	56.94	57.17
Inpatient Respite	534.43	326.00	0.8307	270.81	208.43	479.24	481.11
General Inpatient Care	1145.31	727.27	0.8307	604.14	418.04	1022.18	1026.17

Continuous Home Care Hourly Rate = 1372.14 / 24 hours = \$57.17

Continuous Home Care - SIA Rate = 57.17 / 4 quarters = \$14.30



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 : 10/01/2023

	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)	218.61	144.28	0.9250	133.46	74.33	207.79	208.60
Routine Home Care (61 +)	172.57	113.90	0.9250	105.36	58.67	164.03	164.67
Continuous Home Care	1566.07	1177.69	0.9250	1089.36	388.38	1477.74	1483.45
Continuous Home Care - SIA	65.25	49.07	0.9250	45.39	16.18	61.57	61.81
Inpatient Respite	534.43	326.00	0.9250	301.55	208.43	509.98	511.97
General Inpatient Care	1145.31	727.27	0.9250	672.72	418.04	1090.76	1095.02

Continuous Home Care Hourly Rate = 1483.45 / 24 hours = \$61.81

Continuous Home Care - SIA Rate = 61.81 / 4 quarters = \$15.45





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 : 10/01/2023

	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)	218.61	144.28	0.9700	139.95	74.33	214.28	215.12
Routine Home Care (61 +)	172.57	113.90	0.9700	110.48	58.67	169.15	169.81
Continuous Home Care	1566.07	1177.69	0.9700	1142.36	388.38	1530.74	1536.70
Continuous Home Care - SIA	65.25	49.07	0.9700	47.60	16.18	63.78	64.03
Inpatient Respite	534.43	326.00	0.9700	316.22	208.43	524.65	526.70
General Inpatient Care	1145.31	727.27	0.9700	705.45	418.04	1123.49	1127.88

Continuous Home Care Hourly Rate = 1536.70 / 24 hours = \$64.03

Continuous Home Care - SIA Rate = 64.03 / 4 quarters = \$16.00



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 : 10/01/2023

	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)	218.61	144.28	0.9036	130.37	74.33	204.70	205.50
Routine Home Care (61 +)	172.57	113.90	0.9036	102.92	58.67	161.59	162.22
Continuous Home Care	1566.07	1177.69	0.9036	1064.16	388.38	1452.54	1458.15
Continuous Home Care - SIA	65.25	49.07	0.9036	44.34	16.18	60.52	60.76
Inpatient Respite	534.43	326.00	0.9036	294.57	208.43	503.00	504.96
General Inpatient Care	1145.31	727.27	0.9036	657.16	418.04	1075.20	1079.40

Continuous Home Care Hourly Rate = 1458.15 / 24 hours = \$60.76

Continuous Home Care - SIA Rate = 60.76 / 4 quarters = \$15.19



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 : 10/01/2023

	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)	218.61	144.28	0.8678	125.21	74.33	199.54	200.32
Routine Home Care (61 +)	172.57	113.90	0.8678	98.84	58.67	157.51	158.13
Continuous Home Care	1566.07	1177.69	0.8678	1022.00	388.38	1410.38	1415.99
Continuous Home Care - SIA	65.25	49.07	0.8678	42.58	16.18	58.76	59.00
Inpatient Respite	534.43	326.00	0.8678	282.90	208.43	491.33	493.25
General Inpatient Care	1145.31	727.27	0.8678	631.12	418.04	1049.16	1053.26

Continuous Home Care Hourly Rate = 1415.99 / 24 hours = \$59.00

Continuous Home Care - SIA Rate = 59.00 / 4 quarters = \$14.75



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 : 10/01/2023

	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)	218.61	144.28	0.8268	119.29	74.33	193.62	194.38
Routine Home Care (61 +)	172.57	113.90	0.8268	94.17	58.67	152.84	153.44
Continuous Home Care	1566.07	1177.69	0.8268	973.71	388.38	1362.09	1367.32
Continuous Home Care - SIA	65.25	49.07	0.8268	40.57	16.18	56.75	56.97
Inpatient Respite	534.43	326.00	0.8268	269.54	208.43	477.97	479.84
General Inpatient Care	1145.31	727.27	0.8268	601.31	418.04	1019.35	1023.33

Continuous Home Care Hourly Rate =  $1367.32 / 24 \text{ hours} = \$56.97$

Continuous Home Care - SIA Rate =  $56.97 / 4 \text{ quarters} = \$14.25$



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 : 10/01/2023

	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)	218.61	144.28	0.9250	133.46	74.33	207.79	208.60
Routine Home Care (61 +)	172.57	113.90	0.9250	105.36	58.67	164.03	164.67
Continuous Home Care	1566.07	1177.69	0.9250	1089.36	388.38	1477.74	1483.45
Continuous Home Care - SIA	65.25	49.07	0.9250	45.39	16.18	61.57	61.81
Inpatient Respite	534.43	326.00	0.9250	301.55	208.43	509.98	511.97
General Inpatient Care	1145.31	727.27	0.9250	672.72	418.04	1090.76	1095.02

Continuous Home Care Hourly Rate = 1483.45 / 24 hours = \$61.81

Continuous Home Care - SIA Rate = 61.81 / 4 quarters = \$15.45



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 : 10/01/2023

	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)	218.61	144.28	0.8603	124.12	74.33	198.45	199.22
Routine Home Care (61 +)	172.57	113.90	0.8603	97.99	58.67	156.66	157.27
Continuous Home Care	1566.07	1177.69	0.8603	1013.17	388.38	1401.55	1407.07
Continuous Home Care - SIA	65.25	49.07	0.8603	42.21	16.18	58.39	58.63
Inpatient Respite	534.43	326.00	0.8603	280.46	208.43	488.89	490.80
General Inpatient Care	1145.31	727.27	0.8603	625.67	418.04	1043.71	1047.79

Continuous Home Care Hourly Rate = 1407.07 / 24 hours = \$58.63

Continuous Home Care - SIA Rate = 58.63 / 4 quarters = \$14.66



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 : 10/01/2023

	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)	218.61	144.28	0.8791	126.84	74.33	201.17	201.96
Routine Home Care (61 +)	172.57	113.90	0.8791	100.13	58.67	158.80	159.42
Continuous Home Care	1566.07	1177.69	0.8791	1035.31	388.38	1423.69	1429.24
Continuous Home Care - SIA	65.25	49.07	0.8791	43.14	16.18	59.32	59.55
Inpatient Respite	534.43	326.00	0.8791	286.59	208.43	495.02	496.95
General Inpatient Care	1145.31	727.27	0.8791	639.34	418.04	1057.38	1061.51

Continuous Home Care Hourly Rate =  $1429.24 / 24 \text{ hours} = \$59.55$

Continuous Home Care - SIA Rate =  $59.55 / 4 \text{ quarters} = \$14.89$



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 : 10/01/2023

	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)	218.61	144.28	0.8654	124.86	74.33	199.19	199.97
Routine Home Care (61 +)	172.57	113.90	0.8654	98.57	58.67	157.24	157.85
Continuous Home Care	1566.07	1177.69	0.8654	1019.17	388.38	1407.55	1413.10
Continuous Home Care - SIA	65.25	49.07	0.8654	42.47	16.18	58.65	58.88
Inpatient Respite	534.43	326.00	0.8654	282.12	208.43	490.55	492.47
General Inpatient Care	1145.31	727.27	0.8654	629.38	418.04	1047.42	1051.51

Continuous Home Care Hourly Rate = 1413.10 / 24 hours = \$58.88

Continuous Home Care - SIA Rate = 58.88 / 4 quarters = \$14.72





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 : 10/01/2023

	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)	218.61	144.28	0.9250	133.46	74.33	207.79	208.60
Routine Home Care (61 +)	172.57	113.90	0.9250	105.36	58.67	164.03	164.67
Continuous Home Care	1566.07	1177.69	0.9250	1089.36	388.38	1477.74	1483.45
Continuous Home Care - SIA	65.25	49.07	0.9250	45.39	16.18	61.57	61.81
Inpatient Respite	534.43	326.00	0.9250	301.55	208.43	509.98	511.97
General Inpatient Care	1145.31	727.27	0.9250	672.72	418.04	1090.76	1095.02

Continuous Home Care Hourly Rate = 1483.45 / 24 hours = \$61.81

Continuous Home Care - SIA Rate = 61.81 / 4 quarters = \$15.45



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 : 10/01/2023

	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)	218.61	144.28	0.9700	139.95	74.33	214.28	215.12
Routine Home Care (61 +)	172.57	113.90	0.9700	110.48	58.67	169.15	169.81
Continuous Home Care	1566.07	1177.69	0.9700	1142.36	388.38	1530.74	1536.70
Continuous Home Care - SIA	65.25	49.07	0.9700	47.60	16.18	63.78	64.03
Inpatient Respite	534.43	326.00	0.9700	316.22	208.43	524.65	526.70
General Inpatient Care	1145.31	727.27	0.9700	705.45	418.04	1123.49	1127.88

Continuous Home Care Hourly Rate = 1536.70 / 24 hours = \$64.03

Continuous Home Care - SIA Rate = 64.03 / 4 quarters = \$16.00



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 : 10/01/2023

	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)	218.61	144.28	0.8791	126.84	74.33	201.17	201.96
Routine Home Care (61 +)	172.57	113.90	0.8791	100.13	58.67	158.80	159.42
Continuous Home Care	1566.07	1177.69	0.8791	1035.31	388.38	1423.69	1429.24
Continuous Home Care - SIA	65.25	49.07	0.8791	43.14	16.18	59.32	59.55
Inpatient Respite	534.43	326.00	0.8791	286.59	208.43	495.02	496.95
General Inpatient Care	1145.31	727.27	0.8791	639.34	418.04	1057.38	1061.51

Continuous Home Care Hourly Rate = 1429.24 / 24 hours = \$59.55

Continuous Home Care - SIA Rate = 59.55 / 4 quarters = \$14.89



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 : 10/01/2023

	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)	218.61	144.28	0.9250	133.46	74.33	207.79	208.60
Routine Home Care (61 +)	172.57	113.90	0.9250	105.36	58.67	164.03	164.67
Continuous Home Care	1566.07	1177.69	0.9250	1089.36	388.38	1477.74	1483.45
Continuous Home Care - SIA	65.25	49.07	0.9250	45.39	16.18	61.57	61.81
Inpatient Respite	534.43	326.00	0.9250	301.55	208.43	509.98	511.97
General Inpatient Care	1145.31	727.27	0.9250	672.72	418.04	1090.76	1095.02

Continuous Home Care Hourly Rate = 1483.45 / 24 hours = \$61.81

Continuous Home Care - SIA Rate = 61.81 / 4 quarters = \$15.45



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 : 10/01/2023

	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)	218.61	144.28	0.8268	119.29	74.33	193.62	194.38
Routine Home Care (61 +)	172.57	113.90	0.8268	94.17	58.67	152.84	153.44
Continuous Home Care	1566.07	1177.69	0.8268	973.71	388.38	1362.09	1367.32
Continuous Home Care - SIA	65.25	49.07	0.8268	40.57	16.18	56.75	56.97
Inpatient Respite	534.43	326.00	0.8268	269.54	208.43	477.97	479.84
General Inpatient Care	1145.31	727.27	0.8268	601.31	418.04	1019.35	1023.33

Continuous Home Care Hourly Rate = 1367.32 / 24 hours = \$56.97

Continuous Home Care - SIA Rate = 56.97 / 4 quarters = \$14.25



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 : 10/01/2023

	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)	218.61	144.28	0.9161	132.17	74.33	206.50	207.31
Routine Home Care (61 +)	172.57	113.90	0.9161	104.34	58.67	163.01	163.65
Continuous Home Care	1566.07	1177.69	0.9161	1078.88	388.38	1467.26	1473.09
Continuous Home Care - SIA	65.25	49.07	0.9161	44.95	16.18	61.13	61.38
Inpatient Respite	534.43	326.00	0.9161	298.65	208.43	507.08	509.06
General Inpatient Care	1145.31	727.27	0.9161	666.25	418.04	1084.29	1088.52

Continuous Home Care Hourly Rate =  $1473.09 / 24 \text{ hours} = \$61.38$

Continuous Home Care - SIA Rate =  $61.38 / 4 \text{ quarters} = \$15.34$



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 : 10/01/2023

	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)	218.61	144.28	0.9700	139.95	74.33	214.28	215.12
Routine Home Care (61 +)	172.57	113.90	0.9700	110.48	58.67	169.15	169.81
Continuous Home Care	1566.07	1177.69	0.9700	1142.36	388.38	1530.74	1536.70
Continuous Home Care - SIA	65.25	49.07	0.9700	47.60	16.18	63.78	64.03
Inpatient Respite	534.43	326.00	0.9700	316.22	208.43	524.65	526.70
General Inpatient Care	1145.31	727.27	0.9700	705.45	418.04	1123.49	1127.88

Continuous Home Care Hourly Rate = 1536.70 / 24 hours = \$64.03

Continuous Home Care - SIA Rate = 64.03 / 4 quarters = \$16.00



Florida Agency for Health Care Administration

1143613-00

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

Provider Number : 1143613-00

County : Broward (6)

Effective Date : 10/01/2023

	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)	218.61	144.28	0.9700	139.95	74.33	214.28	215.12
Routine Home Care (61 +)	172.57	113.90	0.9700	110.48	58.67	169.15	169.81
Continuous Home Care	1566.07	1177.69	0.9700	1142.36	388.38	1530.74	1536.70
Continuous Home Care - SIA	65.25	49.07	0.9700	47.60	16.18	63.78	64.03
Inpatient Respite	534.43	326.00	0.9700	316.22	208.43	524.65	526.70
General Inpatient Care	1145.31	727.27	0.9700	705.45	418.04	1123.49	1127.88

Continuous Home Care Hourly Rate = 1536.70 / 24 hours = \$64.03

Continuous Home Care - SIA Rate = 64.03 / 4 quarters = \$16.00





Florida Agency for Health Care Administration

1145191-00

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 Lake and Sumter

Provider Number : 1145191-00

County : Lake (35)

Effective Date : 10/01/2023

	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)	218.61	144.28	0.8654	124.86	74.33	199.19	199.97
Routine Home Care (61 +)	172.57	113.90	0.8654	98.57	58.67	157.24	157.85
Continuous Home Care	1566.07	1177.69	0.8654	1019.17	388.38	1407.55	1413.10
Continuous Home Care - SIA	65.25	49.07	0.8654	42.47	16.18	58.65	58.88
Inpatient Respite	534.43	326.00	0.8654	282.12	208.43	490.55	492.47
General Inpatient Care	1145.31	727.27	0.8654	629.38	418.04	1047.42	1051.51

Continuous Home Care Hourly Rate = 1413.10 / 24 hours = \$58.88

Continuous Home Care - SIA Rate = 58.88 / 4 quarters = \$14.72



Florida Agency for Health Care Administration

1148368-00

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 Miami Dade

Provider Number : 1148368-00

County : Dade (13)

Effective Date : 10/01/2023

	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)	218.61	144.28	0.9250	133.46	74.33	207.79	208.60
Routine Home Care (61 +)	172.57	113.90	0.9250	105.36	58.67	164.03	164.67
Continuous Home Care	1566.07	1177.69	0.9250	1089.36	388.38	1477.74	1483.45
Continuous Home Care - SIA	65.25	49.07	0.9250	45.39	16.18	61.57	61.81
Inpatient Respite	534.43	326.00	0.9250	301.55	208.43	509.98	511.97
General Inpatient Care	1145.31	727.27	0.9250	672.72	418.04	1090.76	1095.02

Continuous Home Care Hourly Rate = 1483.45 / 24 hours = \$61.81

Continuous Home Care - SIA Rate = 61.81 / 4 quarters = \$15.45



Florida Agency for Health Care Administration

1152185-00

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 : Suncoast Hospice of Hillsborough

Provider Number : 1152185-00

County : Hillsborough (29)

Effective Date : 10/01/2023

	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)	218.61	144.28	0.8791	126.84	74.33	201.17	201.96
Routine Home Care (61 +)	172.57	113.90	0.8791	100.13	58.67	158.80	159.42
Continuous Home Care	1566.07	1177.69	0.8791	1035.31	388.38	1423.69	1429.24
Continuous Home Care - SIA	65.25	49.07	0.8791	43.14	16.18	59.32	59.55
Inpatient Respite	534.43	326.00	0.8791	286.59	208.43	495.02	496.95
General Inpatient Care	1145.31	727.27	0.8791	639.34	418.04	1057.38	1061.51

Continuous Home Care Hourly Rate = 1429.24 / 24 hours = \$59.55

Continuous Home Care - SIA Rate = 59.55 / 4 quarters = \$14.89



Florida Agency for Health Care Administration

1153568-00

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 : Moments Hospice of Miami

Provider Number : 1153568-00

County : Dade (13)

Effective Date : 10/01/2023

	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)	218.61	144.28	0.9250	133.46	74.33	207.79	208.60
Routine Home Care (61 +)	172.57	113.90	0.9250	105.36	58.67	164.03	164.67
Continuous Home Care	1566.07	1177.69	0.9250	1089.36	388.38	1477.74	1483.45
Continuous Home Care - SIA	65.25	49.07	0.9250	45.39	16.18	61.57	61.81
Inpatient Respite	534.43	326.00	0.9250	301.55	208.43	509.98	511.97
General Inpatient Care	1145.31	727.27	0.9250	672.72	418.04	1090.76	1095.02

Continuous Home Care Hourly Rate = 1483.45 / 24 hours = \$61.81

Continuous Home Care - SIA Rate = 61.81 / 4 quarters = \$15.45



Florida Agency for Health Care Administration

1186800-00

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 : 1186800-00

County : Marion (42)

Effective Date : 10/01/2023

	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)	218.61	144.28	0.9030	130.28	74.33	204.61	205.41
Routine Home Care (61 +)	172.57	113.90	0.9030	102.85	58.67	161.52	162.15
Continuous Home Care	1566.07	1177.69	0.9030	1063.45	388.38	1451.83	1457.43
Continuous Home Care - SIA	65.25	49.07	0.9030	44.31	16.18	60.49	60.73
Inpatient Respite	534.43	326.00	0.9030	294.38	208.43	502.81	504.77
General Inpatient Care	1145.31	727.27	0.9030	656.72	418.04	1074.76	1078.96

Continuous Home Care Hourly Rate = 1457.43 / 24 hours = \$60.73

Continuous Home Care - SIA Rate = 60.73 / 4 quarters = \$15.18



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 : 10/01/2023

	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)	218.61	144.28	0.8015	115.64	74.33	189.97	190.71
Routine Home Care (61 +)	172.57	113.90	0.8015	91.29	58.67	149.96	150.55
Continuous Home Care	1566.07	1177.69	0.8015	943.92	388.38	1332.30	1337.44
Continuous Home Care - SIA	65.25	49.07	0.8015	39.33	16.18	55.51	55.73
Inpatient Respite	534.43	326.00	0.8015	261.29	208.43	469.72	471.55
General Inpatient Care	1145.31	727.27	0.8015	582.91	418.04	1000.95	1004.86

Continuous Home Care Hourly Rate =  $1337.44 / 24 \text{ hours} = \$55.73$

Continuous Home Care - SIA Rate =  $55.73 / 4 \text{ quarters} = \$13.93$



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 : 10/01/2023

	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)	218.61	144.28	0.8789	126.81	74.33	201.14	201.93
Routine Home Care (61 +)	172.57	113.90	0.8789	100.11	58.67	158.78	159.40
Continuous Home Care	1566.07	1177.69	0.8789	1035.07	388.38	1423.45	1429.00
Continuous Home Care - SIA	65.25	49.07	0.8789	43.13	16.18	59.31	59.54
Inpatient Respite	534.43	326.00	0.8789	286.52	208.43	494.95	496.88
General Inpatient Care	1145.31	727.27	0.8789	639.20	418.04	1057.24	1061.37

Continuous Home Care Hourly Rate = 1429.00 / 24 hours = \$59.54

Continuous Home Care - SIA Rate = 59.54 / 4 quarters = \$14.89



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 : 10/01/2023

	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)	218.61	144.28	0.9036	130.37	74.33	204.70	205.50
Routine Home Care (61 +)	172.57	113.90	0.9036	102.92	58.67	161.59	162.22
Continuous Home Care	1566.07	1177.69	0.9036	1064.16	388.38	1452.54	1458.15
Continuous Home Care - SIA	65.25	49.07	0.9036	44.34	16.18	60.52	60.76
Inpatient Respite	534.43	326.00	0.9036	294.57	208.43	503.00	504.96
General Inpatient Care	1145.31	727.27	0.9036	657.16	418.04	1075.20	1079.40

Continuous Home Care Hourly Rate =  $1458.15 / 24 \text{ hours} = \$60.76$

Continuous Home Care - SIA Rate =  $60.76 / 4 \text{ quarters} = \$15.19$





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 : 10/01/2023

	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)	218.61	144.28	0.8307	119.85	74.33	194.18	194.94
Routine Home Care (61 +)	172.57	113.90	0.8307	94.62	58.67	153.29	153.89
Continuous Home Care	1566.07	1177.69	0.8307	978.31	388.38	1366.69	1372.14
Continuous Home Care - SIA	65.25	49.07	0.8307	40.76	16.18	56.94	57.17
Inpatient Respite	534.43	326.00	0.8307	270.81	208.43	479.24	481.11
General Inpatient Care	1145.31	727.27	0.8307	604.14	418.04	1022.18	1026.17

Continuous Home Care Hourly Rate =  $1372.14 / 24 \text{ hours} = \$57.17$

Continuous Home Care - SIA Rate =  $57.17 / 4 \text{ quarters} = \$14.30$



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 : 10/01/2023

	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)	218.61	144.28	0.8791	126.84	74.33	201.17	201.96
Routine Home Care (61 +)	172.57	113.90	0.8791	100.13	58.67	158.80	159.42
Continuous Home Care	1566.07	1177.69	0.8791	1035.31	388.38	1423.69	1429.24
Continuous Home Care - SIA	65.25	49.07	0.8791	43.14	16.18	59.32	59.55
Inpatient Respite	534.43	326.00	0.8791	286.59	208.43	495.02	496.95
General Inpatient Care	1145.31	727.27	0.8791	639.34	418.04	1057.38	1061.51

Continuous Home Care Hourly Rate = 1429.24 / 24 hours = \$59.55

Continuous Home Care - SIA Rate = 59.55 / 4 quarters = \$14.89