



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 : 10/01/2024

	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)	224.91	148.44	0.8723	129.48	76.47	205.95	206.64
Routine Home Care (61 +)	177.15	116.92	0.8723	101.99	60.23	162.22	162.76
Continuous Home Care	1619.22	1217.65	0.8723	1062.16	401.57	1463.73	1468.63
Continuous Home Care - SIA	67.47	50.74	0.8723	44.26	16.73	60.99	61.19
Inpatient Respite	546.08	333.11	0.8723	290.57	212.97	503.54	505.22
General Inpatient Care	1170.04	742.98	0.8723	648.10	427.06	1075.16	1078.74

Continuous Home Care Hourly Rate = 1468.63 / 24 hours = \$61.19

Continuous Home Care - SIA Rate = 61.19 / 4 quarters = \$15.30



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 : 10/01/2024

	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)	224.91	148.44	0.9717	144.24	76.47	220.71	221.44
Routine Home Care (61 +)	177.15	116.92	0.9717	113.61	60.23	173.84	174.42
Continuous Home Care	1619.22	1217.65	0.9717	1183.19	401.57	1584.76	1590.00
Continuous Home Care - SIA	67.47	50.74	0.9717	49.30	16.73	66.03	66.25
Inpatient Respite	546.08	333.11	0.9717	323.68	212.97	536.65	538.44
General Inpatient Care	1170.04	742.98	0.9717	721.95	427.06	1149.01	1152.83

Continuous Home Care Hourly Rate = 1590.00 / 24 hours = \$66.25

Continuous Home Care - SIA Rate = 66.25 / 4 quarters = \$16.56



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 : 10/01/2024

	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)	224.91	148.44	0.8000	118.75	76.47	195.22	195.87
Routine Home Care (61 +)	177.15	116.92	0.8000	93.54	60.23	153.77	154.28
Continuous Home Care	1619.22	1217.65	0.8000	974.12	401.57	1375.69	1380.26
Continuous Home Care - SIA	67.47	50.74	0.8000	40.59	16.73	57.32	57.51
Inpatient Respite	546.08	333.11	0.8000	266.49	212.97	479.46	481.06
General Inpatient Care	1170.04	742.98	0.8000	594.38	427.06	1021.44	102484

Continuous Home Care Hourly Rate = 1380.26 / 24 hours = \$57.51

Continuous Home Care - SIA Rate = 57.51 / 4 quarters = \$14.38



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 : 10/01/2024

	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)	224.91	148.44	0.8986	133.39	76.47	209.86	210.56
Routine Home Care (61 +)	177.15	116.92	0.8986	105.06	60.23	165.29	165.84
Continuous Home Care	1619.22	1217.65	0.8986	1094.18	401.57	1495.75	1500.66
Continuous Home Care - SIA	67.47	50.74	0.8986	45.60	16.73	62.33	62.53
Inpatient Respite	546.08	333.11	0.8986	299.33	212.97	512.30	514.01
General Inpatient Care	1170.04	742.98	0.8986	667.64	427.06	1094.70	1098.34

Continuous Home Care Hourly Rate = 1500.66 / 24 hours = \$62.53

Continuous Home Care - SIA Rate = 62.53 / 4 quarters = \$15.63



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 : 10/01/2024

	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)	224.91	148.44	1.0202	151.44	76.47	227.91	228.67
Routine Home Care (61 +)	177.15	116.92	1.0202	119.28	60.23	179.51	180.11
Continuous Home Care	1619.22	1217.65	1.0202	1242.25	401.57	1643.82	1649.23
Continuous Home Care - SIA	67.47	50.74	1.0202	51.76	16.73	68.49	68.72
Inpatient Respite	546.08	333.11	1.0202	339.84	212.97	552.81	554.65
General Inpatient Care	1170.04	742.98	1.0202	757.99	427.06	1185.05	1188.99

Continuous Home Care Hourly Rate = 1649.23 / 24 hours = \$68.72

Continuous Home Care - SIA Rate = 68.72 / 4 quarters = \$17.18



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 : 10/01/2024

	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)	224.91	148.44	0.9613	142.70	76.47	219.17	219.90
Routine Home Care (61 +)	177.15	116.92	0.9613	112.40	60.23	172.63	173.20
Continuous Home Care	1619.22	1217.65	0.9613	1170.53	401.57	1572.10	1577.23
Continuous Home Care - SIA	67.47	50.74	0.9613	48.78	16.73	65.51	65.72
Inpatient Respite	546.08	333.11	0.9613	320.22	212.97	533.19	534.96
General Inpatient Care	1170.04	742.98	0.9613	714.23	427.06	1141.29	1145.09

Continuous Home Care Hourly Rate = 1577.23 / 24 hours = \$65.72

Continuous Home Care - SIA Rate = 65.72 / 4 quarters = \$16.43



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 : 10/01/2024

	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)	224.91	148.44	0.9717	144.24	76.47	220.71	221.44
Routine Home Care (61 +)	177.15	116.92	0.9717	113.61	60.23	173.84	174.42
Continuous Home Care	1619.22	1217.65	0.9717	1183.19	401.57	1584.76	1590.00
Continuous Home Care - SIA	67.47	50.74	0.9717	49.30	16.73	66.03	66.25
Inpatient Respite	546.08	333.11	0.9717	323.68	212.97	536.65	538.44
General Inpatient Care	1170.04	742.98	0.9717	721.95	427.06	1149.01	1152.83

Continuous Home Care Hourly Rate = 1590.00 / 24 hours = \$66.25

Continuous Home Care - SIA Rate = 66.25 / 4 quarters = \$16.56



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 : 10/01/2024

	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)	224.91	148.44	0.8986	133.39	76.47	209.86	210.56
Routine Home Care (61 +)	177.15	116.92	0.8986	105.06	60.23	165.29	165.84
Continuous Home Care	1619.22	1217.65	0.8986	1094.18	401.57	1495.75	1500.66
Continuous Home Care - SIA	67.47	50.74	0.8986	45.60	16.73	62.33	62.53
Inpatient Respite	546.08	333.11	0.8986	299.33	212.97	512.30	514.01
General Inpatient Care	1170.04	742.98	0.8986	667.64	427.06	1094.70	1098.34

Continuous Home Care Hourly Rate = 1500.66 / 24 hours = \$62.53

Continuous Home Care - SIA Rate = 62.53 / 4 quarters = \$15.63



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 : 10/01/2024

	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)	224.91	148.44	0.8470	125.73	76.47	202.20	202.87
Routine Home Care (61 +)	177.15	116.92	0.8470	99.03	60.23	159.26	159.79
Continuous Home Care	1619.22	1217.65	0.8470	1031.35	401.57	1432.92	1437.81
Continuous Home Care - SIA	67.47	50.74	0.8470	42.98	16.73	59.71	59.91
Inpatient Respite	546.08	333.11	0.8470	282.14	212.97	495.11	496.76
General Inpatient Care	1170.04	742.98	0.8470	629.30	427.06	1056.36	1059.88

Continuous Home Care Hourly Rate = $1437.81 / 24 \text{ hours} = \59.91

Continuous Home Care - SIA Rate = $59.91 / 4 \text{ quarters} = \14.98



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 : 10/01/2024

	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)	224.91	148.44	0.9717	144.24	76.47	220.71	221.44
Routine Home Care (61 +)	177.15	116.92	0.9717	113.61	60.23	173.84	174.42
Continuous Home Care	1619.22	1217.65	0.9717	1183.19	401.57	1584.76	1590.00
Continuous Home Care - SIA	67.47	50.74	0.9717	49.30	16.73	66.03	66.25
Inpatient Respite	546.08	333.11	0.9717	323.68	212.97	536.65	538.44
General Inpatient Care	1170.04	742.98	0.9717	721.95	427.06	1149.01	1152.83

Continuous Home Care Hourly Rate = 1590.00 / 24 hours = \$66.25

Continuous Home Care - SIA Rate = 66.25 / 4 quarters = \$16.56



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 : 10/01/2024

	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)	224.91	148.44	0.8723	129.48	76.47	205.95	206.64
Routine Home Care (61 +)	177.15	116.92	0.8723	101.99	60.23	162.22	162.76
Continuous Home Care	1619.22	1217.65	0.8723	1062.16	401.57	1463.73	1468.63
Continuous Home Care - SIA	67.47	50.74	0.8723	44.26	16.73	60.99	61.19
Inpatient Respite	546.08	333.11	0.8723	290.57	212.97	503.54	505.22
General Inpatient Care	1170.04	742.98	0.8723	648.10	427.06	1075.16	1078.74

Continuous Home Care Hourly Rate = 1468.63 / 24 hours = \$61.19

Continuous Home Care - SIA Rate = 61.19 / 4 quarters = \$15.30



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 : 10/01/2024

	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)	224.91	148.44	0.9613	142.70	76.47	219.17	219.90
Routine Home Care (61 +)	177.15	116.92	0.9613	112.40	60.23	172.63	173.20
Continuous Home Care	1619.22	1217.65	0.9613	1170.53	401.57	1572.10	1577.23
Continuous Home Care - SIA	67.47	50.74	0.9613	48.78	16.73	65.51	65.72
Inpatient Respite	546.08	333.11	0.9613	320.22	212.97	533.19	534.96
General Inpatient Care	1170.04	742.98	0.9613	714.23	427.06	1141.29	1145.09

Continuous Home Care Hourly Rate = $1577.23 / 24 \text{ hours} = \65.72

Continuous Home Care - SIA Rate = $65.72 / 4 \text{ quarters} = \16.43



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 : 10/01/2024

	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)	224.91	148.44	0.8739	129.72	76.47	206.19	206.88
Routine Home Care (61 +)	177.15	116.92	0.8739	102.18	60.23	162.41	162.95
Continuous Home Care	1619.22	1217.65	0.8739	1064.10	401.57	1465.67	1470.56
Continuous Home Care - SIA	67.47	50.74	0.8739	44.34	16.73	61.07	61.27
Inpatient Respite	546.08	333.11	0.8739	291.10	212.97	504.07	505.75
General Inpatient Care	1170.04	742.98	0.8739	649.29	427.06	1076.35	1079.93

Continuous Home Care Hourly Rate = 1470.56 / 24 hours = \$61.27

Continuous Home Care - SIA Rate = 61.27 / 4 quarters = \$15.32



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 : 10/01/2024

	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)	224.91	148.44	0.9130	135.53	76.47	212.00	212.71
Routine Home Care (61 +)	177.15	116.92	0.9130	106.75	60.23	166.98	167.54
Continuous Home Care	1619.22	1217.65	0.9130	1111.71	401.57	1513.28	1518.24
Continuous Home Care - SIA	67.47	50.74	0.9130	46.33	16.73	63.06	63.26
Inpatient Respite	546.08	333.11	0.9130	304.13	212.97	517.10	518.82
General Inpatient Care	1170.04	742.98	0.9130	678.34	427.06	1105.40	1109.08

Continuous Home Care Hourly Rate = 1518.24 / 24 hours = \$63.26

Continuous Home Care - SIA Rate = 63.26 / 4 quarters = \$15.81



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 : 10/01/2024

	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)	224.91	148.44	0.9024	133.95	76.47	210.42	211.12
Routine Home Care (61 +)	177.15	116.92	0.9024	105.51	60.23	165.74	166.29
Continuous Home Care	1619.22	1217.65	0.9024	1098.81	401.57	1500.38	1505.47
Continuous Home Care - SIA	67.47	50.74	0.9024	45.79	16.73	62.52	62.73
Inpatient Respite	546.08	333.11	0.9024	300.60	212.97	513.57	515.28
General Inpatient Care	1170.04	742.98	0.9024	670.47	427.06	1097.53	1101.18

Continuous Home Care Hourly Rate = 1505.47 / 24 hours = \$62.73

Continuous Home Care - SIA Rate = 62.73 / 4 quarters = \$15.68



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 : 10/01/2024

	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)	224.91	148.44	0.8723	129.48	76.47	205.95	206.64
Routine Home Care (61 +)	177.15	116.92	0.8723	101.99	60.23	162.22	162.76
Continuous Home Care	1619.22	1217.65	0.8723	1062.16	401.57	1463.73	1468.63
Continuous Home Care - SIA	67.47	50.74	0.8723	44.26	16.73	60.99	61.19
Inpatient Respite	546.08	333.11	0.8723	290.57	212.97	503.54	505.22
General Inpatient Care	1170.04	742.98	0.8723	648.10	427.06	1075.16	1078.74

Continuous Home Care Hourly Rate = 1468.63 / 24 hours = \$61.19

Continuous Home Care - SIA Rate = 61.19 / 4 quarters = \$15.30



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 : 10/01/2024

	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)	224.91	148.44	0.8552	126.95	76.47	203.42	204.10
Routine Home Care (61 +)	177.15	116.92	0.8552	99.99	60.23	160.22	160.75
Continuous Home Care	1619.22	1217.65	0.8552	1041.33	401.57	1442.90	1447.68
Continuous Home Care - SIA	67.47	50.74	0.8552	43.39	16.73	60.12	60.32
Inpatient Respite	546.08	333.11	0.8552	284.88	212.97	497.85	499.51
General Inpatient Care	1170.04	742.98	0.8552	635.40	427.06	1062.46	1066.00

Continuous Home Care Hourly Rate = $1447.68 / 24 \text{ hours} = \60.32

Continuous Home Care - SIA Rate = $60.32 / 4 \text{ quarters} = \15.08



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 : 10/01/2024

	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)	224.91	148.44	0.8000	118.75	76.47	195.22	195.87
Routine Home Care (61 +)	177.15	116.92	0.8000	93.54	60.23	153.77	154.28
Continuous Home Care	1619.22	1217.65	0.8000	974.12	401.57	1375.69	1380.26
Continuous Home Care - SIA	67.47	50.74	0.8000	40.59	16.73	57.32	57.51
Inpatient Respite	546.08	333.11	0.8000	266.49	212.97	479.46	481.06
General Inpatient Care	1170.04	742.98	0.8000	594.38	427.06	1021.44	1024.84

Continuous Home Care Hourly Rate = 1380.26 / 24 hours = \$57.51

Continuous Home Care - SIA Rate = 57.51 / 4 quarters = \$14.38



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 : 10/01/2024

	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)	224.91	148.44	0.9613	142.70	76.47	219.17	219.90
Routine Home Care (61 +)	177.15	116.92	0.9613	112.40	60.23	172.63	173.20
Continuous Home Care	1619.22	1217.65	0.9613	1170.53	401.57	1572.10	1577.23
Continuous Home Care - SIA	67.47	50.74	0.9613	48.78	16.73	65.51	65.72
Inpatient Respite	546.08	333.11	0.9613	320.22	212.97	533.19	534.96
General Inpatient Care	1170.04	742.98	0.9613	714.23	427.06	1141.29	1145.09

Continuous Home Care Hourly Rate = 1577.23 / 24 hours = \$65.72

Continuous Home Care - SIA Rate = 65.72 / 4 quarters = \$16.43



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 : 10/01/2024

	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)	224.91	148.44	0.9375	139.16	76.47	215.63	216.35
Routine Home Care (61 +)	177.15	116.92	0.9375	109.61	60.23	169.84	170.41
Continuous Home Care	1619.22	1217.65	0.9375	1141.55	401.57	1543.12	1548.34
Continuous Home Care - SIA	67.47	50.74	0.9375	47.57	16.73	64.30	64.51
Inpatient Respite	546.08	333.11	0.9375	312.29	212.97	525.26	527.01
General Inpatient Care	1170.04	742.98	0.9375	696.54	427.06	1123.60	1127.34

Continuous Home Care Hourly Rate = 1548.34 / 24 hours = \$64.51

Continuous Home Care - SIA Rate = 64.51 / 4 quarters = \$16.12



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 : 10/01/2024

	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)	224.91	148.44	0.9130	135.53	76.47	212.00	212.71
Routine Home Care (61 +)	177.15	116.92	0.9130	106.75	60.23	166.98	167.54
Continuous Home Care	1619.22	1217.65	0.9130	1111.71	401.57	1513.28	1518.24
Continuous Home Care - SIA	67.47	50.74	0.9130	46.33	16.73	63.06	63.26
Inpatient Respite	546.08	333.11	0.9130	304.13	212.97	517.10	518.82
General Inpatient Care	1170.04	742.98	0.9130	678.34	427.06	1105.40	1109.08

Continuous Home Care Hourly Rate = $1518.24 / 24 \text{ hours} = \63.26

Continuous Home Care - SIA Rate = $63.26 / 4 \text{ quarters} = \15.81



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 : 10/01/2024

	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)	224.91	148.44	0.9024	133.95	76.47	210.42	211.12
Routine Home Care (61 +)	177.15	116.92	0.9024	105.51	60.23	165.74	166.29
Continuous Home Care	1619.22	1217.65	0.9024	1098.81	401.57	1500.38	1505.47
Continuous Home Care - SIA	67.47	50.74	0.9024	45.79	16.73	62.52	62.73
Inpatient Respite	546.08	333.11	0.9024	300.60	212.97	513.57	515.28
General Inpatient Care	1170.04	742.98	0.9024	670.47	427.06	1097.53	1101.18

Continuous Home Care Hourly Rate = 1505.47 / 24 hours = \$62.73

Continuous Home Care - SIA Rate = 62.73 / 4 quarters = \$15.68



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 : 10/01/2024

	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)	224.91	148.44	0.8895	132.04	76.47	208.51	209.20
Routine Home Care (61 +)	177.15	116.92	0.8895	104.00	60.23	164.23	164.78
Continuous Home Care	1619.22	1217.65	0.8895	1083.10	401.57	1484.67	1489.58
Continuous Home Care - SIA	67.47	50.74	0.8895	45.13	16.73	61.86	62.07
Inpatient Respite	546.08	333.11	0.8895	296.30	212.97	509.27	510.97
General Inpatient Care	1170.04	742.98	0.8895	660.88	427.06	1087.94	1091.56

Continuous Home Care Hourly Rate = 1489.58 / 24 hours = \$62.07

Continuous Home Care - SIA Rate = 62.07 / 4 quarters = \$15.52



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 : 10/01/2024

	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)	224.91	148.44	0.9075	134.71	76.47	211.18	211.88
Routine Home Care (61 +)	177.15	116.92	0.9075	106.10	60.23	166.33	166.88
Continuous Home Care	1619.22	1217.65	0.9075	1105.02	401.57	1506.59	1511.49
Continuous Home Care - SIA	67.47	50.74	0.9075	46.05	16.73	62.78	62.98
Inpatient Respite	546.08	333.11	0.9075	302.30	212.97	515.27	516.99
General Inpatient Care	1170.04	742.98	0.9075	674.25	427.06	1101.31	1104.98

Continuous Home Care Hourly Rate = 1511.49 / 24 hours = \$62.98

Continuous Home Care - SIA Rate = 62.98 / 4 quarters = \$15.74



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 : 10/01/2024

	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)	224.91	148.44	0.8832	131.10	76.47	207.57	208.26
Routine Home Care (61 +)	177.15	116.92	0.8832	103.26	60.23	163.49	164.03
Continuous Home Care	1619.22	1217.65	0.8832	1075.43	401.57	1477.00	1481.88
Continuous Home Care - SIA	67.47	50.74	0.8832	44.81	16.73	61.54	61.74
Inpatient Respite	546.08	333.11	0.8832	294.20	212.97	507.17	508.86
General Inpatient Care	1170.04	742.98	0.8832	656.20	427.06	1083.26	1086.87

Continuous Home Care Hourly Rate = 1481.88 / 24 hours = \$61.74

Continuous Home Care - SIA Rate = 61.74 / 4 quarters = \$15.44



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 : 10/01/2024

	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)	224.91	148.44	0.9717	144.24	76.47	220.71	221.44
Routine Home Care (61 +)	177.15	116.92	0.9717	113.61	60.23	173.84	174.42
Continuous Home Care	1619.22	1217.65	0.9717	1183.19	401.57	1584.76	1590.00
Continuous Home Care - SIA	67.47	50.74	0.9717	49.30	16.73	66.03	66.25
Inpatient Respite	546.08	333.11	0.9717	323.68	212.97	536.65	538.44
General Inpatient Care	1170.04	742.98	0.9717	721.95	427.06	1149.01	1152.83

Continuous Home Care Hourly Rate = $1590.00 / 24 \text{ hours} = \66.25

Continuous Home Care - SIA Rate = $66.25 / 4 \text{ quarters} = \16.56



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 : 10/01/2024

	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)	224.91	148.44	1.0202	151.44	76.47	227.91	228.67
Routine Home Care (61 +)	177.15	116.92	1.0202	119.28	60.23	179.51	180.11
Continuous Home Care	1619.22	1217.65	1.0202	1242.25	401.57	1643.82	1649.23
Continuous Home Care - SIA	67.47	50.74	1.0202	51.76	16.73	68.49	68.72
Inpatient Respite	546.08	333.11	1.0202	339.84	212.97	552.81	554.65
General Inpatient Care	1170.04	742.98	1.0202	757.99	427.06	1185.05	1188.99

Continuous Home Care Hourly Rate = 1649.23 / 24 hours = \$68.72

Continuous Home Care - SIA Rate = 68.72 / 4 quarters = \$17.18



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 : 10/01/2024

	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)	224.91	148.44	0.8986	133.39	76.47	209.86	210.56
Routine Home Care (61 +)	177.15	116.92	0.8986	105.06	60.23	165.29	165.84
Continuous Home Care	1619.22	1217.65	0.8986	1094.18	401.57	1495.75	1500.66
Continuous Home Care - SIA	67.47	50.74	0.8986	45.60	16.73	62.33	62.53
Inpatient Respite	546.08	333.11	0.8986	299.33	212.97	512.30	514.01
General Inpatient Care	1170.04	742.98	0.8986	667.64	427.06	1094.70	1098.34

Continuous Home Care Hourly Rate = 1500.66 / 24 hours = \$62.53

Continuous Home Care - SIA Rate = 62.53 / 4 quarters = \$15.63



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 : 10/01/2024

	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)	224.91	148.44	0.8492	126.06	76.47	202.53	203.20
Routine Home Care (61 +)	177.15	116.92	0.8492	99.29	60.23	159.52	160.05
Continuous Home Care	1619.22	1217.65	0.8492	1034.03	401.57	1435.60	1440.46
Continuous Home Care - SIA	67.47	50.74	0.8492	43.09	16.73	59.82	60.02
Inpatient Respite	546.08	333.11	0.8492	282.88	212.97	495.85	497.50
General Inpatient Care	1170.04	742.98	0.8492	630.94	427.06	1058.00	1061.52

Continuous Home Care Hourly Rate = 1440.46 / 24 hours = \$60.02

Continuous Home Care - SIA Rate = 60.02 / 4 quarters = \$15.00



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 : 10/01/2024

	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)	224.91	148.44	0.9024	133.95	76.47	210.42	211.12
Routine Home Care (61 +)	177.15	116.92	0.9024	105.51	60.23	165.74	166.29
Continuous Home Care	1619.22	1217.65	0.9024	1098.81	401.57	1500.38	1505.47
Continuous Home Care - SIA	67.47	50.74	0.9024	45.79	16.73	62.52	62.73
Inpatient Respite	546.08	333.11	0.9024	300.60	212.97	513.57	515.28
General Inpatient Care	1170.04	742.98	0.9024	670.47	427.06	1097.53	1101.18

Continuous Home Care Hourly Rate = 1505.47 / 24 hours = \$62.73

Continuous Home Care - SIA Rate = 62.73 / 4 quarters = \$15.68



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 : 10/01/2024

	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)	224.91	148.44	0.8523	126.52	76.47	202.99	203.67
Routine Home Care (61 +)	177.15	116.92	0.8523	99.65	60.23	159.88	160.41
Continuous Home Care	1619.22	1217.65	0.8523	1037.80	401.57	1439.37	1444.07
Continuous Home Care - SIA	67.47	50.74	0.8523	43.25	16.73	59.98	60.17
Inpatient Respite	546.08	333.11	0.8523	283.91	212.97	496.88	498.53
General Inpatient Care	1170.04	742.98	0.8523	633.24	427.06	1060.30	1063.83

Continuous Home Care Hourly Rate = 1444.07 / 24 hours = \$60.17

Continuous Home Care - SIA Rate = 60.17 / 4 quarters = \$15.04



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 : 10/01/2024

	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)	224.91	148.44	0.9717	144.24	76.47	220.71	221.44
Routine Home Care (61 +)	177.15	116.92	0.9717	113.61	60.23	173.84	174.42
Continuous Home Care	1619.22	1217.65	0.9717	1183.19	401.57	1584.76	1590.00
Continuous Home Care - SIA	67.47	50.74	0.9717	49.30	16.73	66.03	66.25
Inpatient Respite	546.08	333.11	0.9717	323.68	212.97	536.65	538.44
General Inpatient Care	1170.04	742.98	0.9717	721.95	427.06	1149.01	1152.83

Continuous Home Care Hourly Rate = 1590.00 / 24 hours = \$66.25

Continuous Home Care - SIA Rate = 66.25 / 4 quarters = \$16.56



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 : 10/01/2024

	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)	224.91	148.44	0.9464	140.48	76.47	216.95	217.67
Routine Home Care (61 +)	177.15	116.92	0.9464	110.65	60.23	170.88	171.45
Continuous Home Care	1619.22	1217.65	0.9464	1152.38	401.57	1553.95	1559.17
Continuous Home Care - SIA	67.47	50.74	0.9464	48.02	16.73	64.75	64.97
Inpatient Respite	546.08	333.11	0.9464	315.26	212.97	528.23	529.99
General Inpatient Care	1170.04	742.98	0.9464	703.16	427.06	1130.22	1133.98

Continuous Home Care Hourly Rate = 1559.17 / 24 hours = \$64.97

Continuous Home Care - SIA Rate = 64.97 / 4 quarters = \$16.24



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 : 10/01/2024

	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)	224.91	148.44	0.8986	133.39	76.47	209.86	210.56
Routine Home Care (61 +)	177.15	116.92	0.8986	105.06	60.23	165.29	165.84
Continuous Home Care	1619.22	1217.65	0.8986	1094.18	401.57	1495.75	1500.66
Continuous Home Care - SIA	67.47	50.74	0.8986	45.60	16.73	62.33	62.53
Inpatient Respite	546.08	333.11	0.8986	299.33	212.97	512.30	514.01
General Inpatient Care	1170.04	742.98	0.8986	667.64	427.06	1094.70	1098.34

Continuous Home Care Hourly Rate = 1500.66 / 24 hours = \$62.53

Continuous Home Care - SIA Rate = 62.53 / 4 quarters = \$15.63



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 : 10/01/2024

	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)	224.91	148.44	0.9613	142.70	76.47	219.17	219.90
Routine Home Care (61 +)	177.15	116.92	0.9613	112.40	60.23	172.63	173.20
Continuous Home Care	1619.22	1217.65	0.9613	1170.53	401.57	1572.10	1577.23
Continuous Home Care - SIA	67.47	50.74	0.9613	48.78	16.73	65.51	65.72
Inpatient Respite	546.08	333.11	0.9613	320.22	212.97	533.19	534.96
General Inpatient Care	1170.04	742.98	0.9613	714.23	427.06	1141.29	1145.09

Continuous Home Care Hourly Rate = 1577.23 / 24 hours = \$65.72

Continuous Home Care - SIA Rate = 65.72 / 4 quarters = \$16.43



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 : 10/01/2024

	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)	224.91	148.44	0.9717	144.24	76.47	220.71	221.44
Routine Home Care (61 +)	177.15	116.92	0.9717	113.61	60.23	173.84	174.42
Continuous Home Care	1619.22	1217.65	0.9717	1183.19	401.57	1584.76	1590.00
Continuous Home Care - SIA	67.47	50.74	0.9717	49.30	16.73	66.03	66.25
Inpatient Respite	546.08	333.11	0.9717	323.68	212.97	536.65	538.44
General Inpatient Care	1170.04	742.98	0.9717	721.95	427.06	1149.01	1152.83

Continuous Home Care Hourly Rate = 1590.00 / 24 hours = \$66.25

Continuous Home Care - SIA Rate = 66.25 / 4 quarters = \$16.56



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 : 10/01/2024

	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)	224.91	148.44	1.0202	151.44	76.47	227.91	228.67
Routine Home Care (61 +)	177.15	116.92	1.0202	119.28	60.23	179.51	180.11
Continuous Home Care	1619.22	1217.65	1.0202	1242.25	401.57	1643.82	1649.23
Continuous Home Care - SIA	67.47	50.74	1.0202	51.76	16.73	68.49	68.72
Inpatient Respite	546.08	333.11	1.0202	339.84	212.97	552.81	554.65
General Inpatient Care	1170.04	742.98	1.0202	757.99	427.06	1185.05	1188.99

Continuous Home Care Hourly Rate = 1649.23 / 24 hours = \$68.72

Continuous Home Care - SIA Rate = 68.72 / 4 quarters = \$17.18



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 : 10/01/2024

	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)	224.91	148.44	0.8986	133.39	76.47	209.86	210.56
Routine Home Care (61 +)	177.15	116.92	0.8986	105.06	60.23	165.29	165.84
Continuous Home Care	1619.22	1217.65	0.8986	1094.18	401.57	1495.75	1500.66
Continuous Home Care - SIA	67.47	50.74	0.8986	45.60	16.73	62.33	62.53
Inpatient Respite	546.08	333.11	0.8986	299.33	212.97	512.30	514.01
General Inpatient Care	1170.04	742.98	0.8986	667.64	427.06	1094.70	1098.34

Continuous Home Care Hourly Rate = 1500.66 / 24 hours = \$62.53

Continuous Home Care - SIA Rate = 62.53 / 4 quarters = \$15.63



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 : 10/01/2024

	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)	224.91	148.44	0.9717	144.24	76.47	220.71	221.44
Routine Home Care (61 +)	177.15	116.92	0.9717	113.61	60.23	173.84	174.42
Continuous Home Care	1619.22	1217.65	0.9717	1183.19	401.57	1584.76	1590.00
Continuous Home Care - SIA	67.47	50.74	0.9717	49.30	16.73	66.03	66.25
Inpatient Respite	546.08	333.11	0.9717	323.68	212.97	536.65	538.44
General Inpatient Care	1170.04	742.98	0.9717	721.95	427.06	1149.01	1152.83

Continuous Home Care Hourly Rate = $1590.00 / 24 \text{ hours} = \66.25

Continuous Home Care - SIA Rate = $66.25 / 4 \text{ quarters} = \16.56



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 : 10/01/2024

	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)	224.91	148.44	0.9375	139.16	76.47	215.63	216.35
Routine Home Care (61 +)	177.15	116.92	0.9375	109.61	60.23	169.84	170.41
Continuous Home Care	1619.22	1217.65	0.9375	1141.55	401.57	1543.12	1548.34
Continuous Home Care - SIA	67.47	50.74	0.9375	47.57	16.73	64.30	64.51
Inpatient Respite	546.08	333.11	0.9375	312.29	212.97	525.26	527.01
General Inpatient Care	1170.04	742.98	0.9375	696.54	427.06	1123.60	1127.34

Continuous Home Care Hourly Rate = 1548.34 / 24 hours = \$64.51

Continuous Home Care - SIA Rate = 64.51 / 4 quarters = \$16.12



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 : 10/01/2024

	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)	224.91	148.44	1.0202	151.44	76.47	227.91	228.67
Routine Home Care (61 +)	177.15	116.92	1.0202	119.28	60.23	179.51	180.11
Continuous Home Care	1619.22	1217.65	1.0202	1242.25	401.57	1643.82	1649.23
Continuous Home Care - SIA	67.47	50.74	1.0202	51.76	16.73	68.49	68.72
Inpatient Respite	546.08	333.11	1.0202	339.84	212.97	552.81	554.65
General Inpatient Care	1170.04	742.98	1.0202	757.99	427.06	1185.05	1188.99

Continuous Home Care Hourly Rate = 1649.23 / 24 hours = \$68.72

Continuous Home Care - SIA Rate = 68.72 / 4 quarters = \$17.18



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 : 10/01/2024

	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)	224.91	148.44	0.9613	142.70	76.47	219.17	219.90
Routine Home Care (61 +)	177.15	116.92	0.9613	112.40	60.23	172.63	173.20
Continuous Home Care	1619.22	1217.65	0.9613	1170.53	401.57	1572.10	1577.23
Continuous Home Care - SIA	67.47	50.74	0.9613	48.78	16.73	65.51	65.72
Inpatient Respite	546.08	333.11	0.9613	320.22	212.97	533.19	534.96
General Inpatient Care	1170.04	742.98	0.9613	714.23	427.06	1141.29	1145.09

Continuous Home Care Hourly Rate = 1145.09 / 24 hours = \$65.72

Continuous Home Care - SIA Rate = 65.72 / 4 quarters = \$16.43



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 : 10/01/2024

	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)	224.91	148.44	0.9717	144.24	76.47	220.71	221.44
Routine Home Care (61 +)	177.15	116.92	0.9717	113.61	60.23	173.84	174.42
Continuous Home Care	1619.22	1217.65	0.9717	1183.19	401.57	1584.76	1590.00
Continuous Home Care - SIA	67.47	50.74	0.9717	49.30	16.73	66.03	66.25
Inpatient Respite	546.08	333.11	0.9717	323.68	212.97	536.65	538.44
General Inpatient Care	1170.04	742.98	0.9717	721.95	427.06	1149.01	1152.83

Continuous Home Care Hourly Rate = 1590.00 / 24 hours = \$66.25

Continuous Home Care - SIA Rate = 66.25 / 4 quarters = \$16.56



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 : 10/01/2024

	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)	224.91	148.44	0.8986	133.39	76.47	209.86	210.56
Routine Home Care (61 +)	177.15	116.92	0.8986	105.06	60.23	165.29	165.84
Continuous Home Care	1619.22	1217.65	0.8986	1094.18	401.57	1495.75	1500.66
Continuous Home Care - SIA	67.47	50.74	0.8986	45.60	16.73	62.33	62.53
Inpatient Respite	546.08	333.11	0.8986	299.33	212.97	512.30	514.01
General Inpatient Care	1170.04	742.98	0.8986	667.64	427.06	1094.70	1098.34

Continuous Home Care Hourly Rate = 1500.66 / 24 hours = \$62.53

Continuous Home Care - SIA Rate = 62.53 / 4 quarters = \$15.63



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 : 10/01/2024

	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)	224.91	148.44	0.9717	144.24	76.47	220.71	221.44
Routine Home Care (61 +)	177.15	116.92	0.9717	113.61	60.23	173.84	174.42
Continuous Home Care	1619.22	1217.65	0.9717	1183.19	401.57	1584.76	1590.00
Continuous Home Care - SIA	67.47	50.74	0.9717	49.30	16.73	66.03	66.25
Inpatient Respite	546.08	333.11	0.9717	323.68	212.97	536.65	538.44
General Inpatient Care	1170.04	742.98	0.9717	721.95	427.06	1149.01	1152.83

Continuous Home Care Hourly Rate = 1590.00 / 24 hours = \$66.25

Continuous Home Care - SIA Rate = 66.25 / 4 quarters = \$16.56



Florida Agency for Health Care Administration

1168655-00

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 : Peoples Hospice and Palliative Care of Florida

Provider Number : 1168655-00

County : Escambia (17)

Effective Date : 10/01/2024

	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)	224.91	148.44	0.8000	118.75	76.47	195.22	195.87
Routine Home Care (61 +)	177.15	116.92	0.8000	93.54	60.23	153.77	154.28
Continuous Home Care	1619.22	1217.65	0.8000	974.12	401.57	1375.69	1380.26
Continuous Home Care - SIA	67.47	50.74	0.8000	40.59	16.73	57.32	57.51
Inpatient Respite	546.08	333.11	0.8000	266.49	212.97	479.46	481.06
General Inpatient Care	1170.04	742.98	0.8000	594.38	427.06	1021.44	1024.84

Continuous Home Care Hourly Rate = $1380.26 / 24 \text{ hours} = \57.51

Continuous Home Care - SIA Rate = $57.51 / 4 \text{ quarters} = \14.38



Florida Agency for Health Care Administration

1176897-00

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, LLC

Provider Number : 1176897-00

County : Brevard (5)

Effective Date : 10/01/2024

	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)	224.91	148.44	0.8723	129.48	76.47	205.95	206.64
Routine Home Care (61 +)	177.15	116.92	0.8723	101.99	60.23	162.22	162.76
Continuous Home Care	1619.22	1217.65	0.8723	1062.16	401.57	1463.73	1468.63
Continuous Home Care - SIA	67.47	50.74	0.8723	44.26	16.73	60.99	61.19
Inpatient Respite	546.08	333.11	0.8723	290.57	212.97	503.54	505.22
General Inpatient Care	1170.04	742.98	0.8723	648.10	427.06	1075.16	1078.74

Continuous Home Care Hourly Rate = $1468.63 / 24 \text{ hours} = \61.19

Continuous Home Care - SIA Rate = $61.19 / 4 \text{ quarters} = \15.30



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 : 10/01/2024

	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)	224.91	148.44	0.8877	131.77	76.47	208.24	208.93
Routine Home Care (61 +)	177.15	116.92	0.8877	103.79	60.23	164.02	164.57
Continuous Home Care	1619.22	1217.65	0.8877	1080.91	401.57	1482.48	1487.41
Continuous Home Care - SIA	67.47	50.74	0.8877	45.04	16.73	61.77	61.98
Inpatient Respite	546.08	333.11	0.8877	295.70	212.97	508.67	510.36
General Inpatient Care	1170.04	742.98	0.8877	659.54	427.06	1086.60	1090.22

Continuous Home Care Hourly Rate = 1487.41 / 24 hours = \$61.98

Continuous Home Care - SIA Rate = 61.98 / 4 quarters = \$15.49



Florida Agency for Health Care Administration

1205724-00

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 : Amedisys Hospice

Provider Number : 1205724-00

County : Brevard (5)

Effective Date : 10/01/2024

	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)	224.91	148.44	0.8723	129.48	76.47	205.95	206.64
Routine Home Care (61 +)	177.15	116.92	0.8723	101.99	60.23	162.22	162.76
Continuous Home Care	1619.22	1217.65	0.8723	1062.16	401.57	1463.73	1468.63
Continuous Home Care - SIA	67.47	50.74	0.8723	44.26	16.73	60.99	61.19
Inpatient Respite	546.08	333.11	0.8723	290.57	212.97	503.54	505.22
General Inpatient Care	1170.04	742.98	0.8723	648.10	427.06	1075.16	1078.74

Continuous Home Care Hourly Rate = 1468.63 / 24 hours = \$61.19

Continuous Home Care - SIA Rate = 61.19 / 4 quarters = \$15.30



Florida Agency for Health Care Administration

1211556-00

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 : 1211556-00

County : Leon (37)

Effective Date : 10/01/2024

	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)	224.91	148.44	0.8000	118.75	76.47	195.22	195.87
Routine Home Care (61 +)	177.15	116.92	0.8000	93.54	60.23	153.77	154.28
Continuous Home Care	1619.22	1217.65	0.8000	974.12	401.57	1375.69	1380.26
Continuous Home Care - SIA	67.47	50.74	0.8000	40.59	16.73	57.32	57.51
Inpatient Respite	546.08	333.11	0.8000	266.49	212.97	479.46	481.06
General Inpatient Care	1170.04	742.98	0.8000	594.38	427.06	1021.44	1024.84

Continuous Home Care Hourly Rate = $1024.84 / 24 \text{ hours} = \57.51

Continuous Home Care - SIA Rate = $57.51 / 4 \text{ quarters} = \14.38



Florida Agency for Health Care Administration

1216383-00

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

Provider Number : 1216383-00

County : Dade (13)

Effective Date : 10/01/2024

	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)	224.91	148.44	0.9717	144.24	76.47	220.71	221.44
Routine Home Care (61 +)	177.15	116.92	0.9717	113.61	60.23	173.84	174.42
Continuous Home Care	1619.22	1217.65	0.9717	1183.19	401.57	1584.76	1590.00
Continuous Home Care - SIA	67.47	50.74	0.9717	49.30	16.73	66.03	66.25
Inpatient Respite	546.08	333.11	0.9717	323.68	212.97	536.65	538.44
General Inpatient Care	1170.04	742.98	0.9717	721.95	427.06	1149.01	1152.83

Continuous Home Care Hourly Rate = 1590.00 / 24 hours = \$66.25

Continuous Home Care - SIA Rate = 66.25 / 4 quarters = \$16.56



Florida Agency for Health Care Administration

1219206-00

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 : Affinity Care of Manatee County

Provider Number : 1219206-00

County : Manatee (41)

Effective Date : 10/01/2024

	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)	224.91	148.44	0.9375	139.16	76.47	215.63	216.35
Routine Home Care (61 +)	177.15	116.92	0.9375	109.61	60.23	169.84	170.41
Continuous Home Care	1619.22	1217.65	0.9375	1141.55	401.57	1543.12	1548.34
Continuous Home Care - SIA	67.47	50.74	0.9375	47.57	16.73	64.30	64.51
Inpatient Respite	546.08	333.11	0.9375	312.29	212.97	525.26	527.01
General Inpatient Care	1170.04	742.98	0.9375	696.54	427.06	1123.60	1127.34

Continuous Home Care Hourly Rate = 1548.34 / 24 hours = \$64.51

Continuous Home Care - SIA Rate = 64.51 / 4 quarters = \$16.12



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 : 10/01/2024

	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)	224.91	148.44	0.8552	126.95	76.47	203.42	204.10
Routine Home Care (61 +)	177.15	116.92	0.8552	99.99	60.23	160.22	160.75
Continuous Home Care	1619.22	1217.65	0.8552	1041.33	401.57	1442.90	1447.68
Continuous Home Care - SIA	67.47	50.74	0.8552	43.39	16.73	60.12	60.32
Inpatient Respite	546.08	333.11	0.8552	284.88	212.97	497.85	499.51
General Inpatient Care	1170.04	742.98	0.8552	635.40	427.06	1062.46	1066.00

Continuous Home Care Hourly Rate = 1447.68 / 24 hours = \$60.32

Continuous Home Care - SIA Rate = 60.32 / 4 quarters = \$15.08



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 : 10/01/2024

	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)	224.91	148.44	0.9019	133.88	76.47	210.35	211.05
Routine Home Care (61 +)	177.15	116.92	0.9019	105.45	60.23	165.68	166.23
Continuous Home Care	1619.22	1217.65	0.9019	1098.20	401.57	1499.77	1504.75
Continuous Home Care - SIA	67.47	50.74	0.9019	45.76	16.73	62.49	62.70
Inpatient Respite	546.08	333.11	0.9019	300.43	212.97	513.40	515.11
General Inpatient Care	1170.04	742.98	0.9019	670.09	427.06	1097.15	1100.80

Continuous Home Care Hourly Rate = 1504.75 / 24 hours = \$62.70

Continuous Home Care - SIA Rate = 62.70 / 4 quarters = \$15.67



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 : 10/01/2024

	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)	224.91	148.44	0.9024	133.95	76.47	210.42	211.12
Routine Home Care (61 +)	177.15	116.92	0.9024	105.51	60.23	165.74	166.29
Continuous Home Care	1619.22	1217.65	0.9024	1098.81	401.57	1500.38	1505.47
Continuous Home Care - SIA	67.47	50.74	0.9024	45.79	16.73	62.52	62.73
Inpatient Respite	546.08	333.11	0.9024	300.60	212.97	513.57	515.28
General Inpatient Care	1170.04	742.98	0.9024	670.47	427.06	1097.53	1101.18

Continuous Home Care Hourly Rate = 1505.47 / 24 hours = \$62.73

Continuous Home Care - SIA Rate = 62.73 / 4 quarters = \$15.68



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 : 10/01/2024

	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)	224.91	148.44	0.8492	126.06	76.47	202.53	203.20
Routine Home Care (61 +)	177.15	116.92	0.8492	99.29	60.23	159.52	160.05
Continuous Home Care	1619.22	1217.65	0.8492	1034.03	401.57	1435.60	1440.46
Continuous Home Care - SIA	67.47	50.74	0.8492	43.09	16.73	59.82	60.02
Inpatient Respite	546.08	333.11	0.8492	282.88	212.97	495.85	497.50
General Inpatient Care	1170.04	742.98	0.8492	630.94	427.06	1058.00	1061.52

Continuous Home Care Hourly Rate = 1440.46 / 24 hours = \$60.02

Continuous Home Care - SIA Rate = 60.02 / 4 quarters = \$15.00



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 : 10/01/2024

	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)	224.91	148.44	0.8986	133.39	76.47	209.86	201.56
Routine Home Care (61 +)	177.15	116.92	0.8986	105.06	60.23	165.29	165.84
Continuous Home Care	1619.22	1217.65	0.8986	1094.18	401.57	1495.75	1500.66
Continuous Home Care - SIA	67.47	50.74	0.8986	45.60	16.73	62.33	62.53
Inpatient Respite	546.08	333.11	0.8986	299.33	212.97	512.30	514.01
General Inpatient Care	1170.04	742.98	0.8986	667.64	427.06	1094.70	1098.34

Continuous Home Care Hourly Rate = 1500.66 / 24 hours = \$62.53

Continuous Home Care - SIA Rate = 62.53 / 4 quarters = \$15.63