



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8390	112.78	69.24	182.02
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8390	89.13	54.72	143.85
<b>Continuous Home Care</b>	1463.09	1100.24	0.8390	923.10	362.85	1285.95
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8390	38.46	15.12	53.58
<b>Inpatient Respite</b>	498.68	304.20	0.8390	255.22	194.48	449.70
<b>General Inpatient Care</b>	1068.28	678.36	0.8390	569.14	389.92	959.06

Continuous Home Care Hourly Rate = 1285.95 / 24 hours = \$53.58

Continuous Home Care - SIA Rate = 53.58 / 4 quarters = \$13.40



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8921	119.92	69.24	189.16
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8921	94.77	54.72	149.49
<b>Continuous Home Care</b>	1463.09	1100.24	0.8921	981.52	362.85	1344.37
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8921	40.89	15.12	56.01
<b>Inpatient Respite</b>	498.68	304.20	0.8921	271.38	194.48	465.86
<b>General Inpatient Care</b>	1068.28	678.36	0.8921	605.17	389.92	995.09

Continuous Home Care Hourly Rate = 1344.37 / 24 hours = \$56.02

Continuous Home Care - SIA Rate = 56.01 / 4 quarters = \$14.00



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9415	126.56	69.24	195.80
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9415	100.02	54.72	154.74
<b>Continuous Home Care</b>	1463.09	1100.24	0.9415	1035.88	362.85	1398.73
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9415	43.16	15.12	58.28
<b>Inpatient Respite</b>	498.68	304.20	0.9415	286.40	194.48	480.88
<b>General Inpatient Care</b>	1068.28	678.36	0.9415	638.68	389.92	1028.60

Continuous Home Care Hourly Rate =  $1398.73 / 24 \text{ hours} = \$58.28$

Continuous Home Care - SIA Rate =  $58.28 / 4 \text{ quarters} = \$14.57$



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8091	108.76	69.24	178.00
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8091	85.95	54.72	140.67
<b>Continuous Home Care</b>	1463.09	1100.24	0.8091	890.20	362.85	1253.05
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8091	37.09	15.12	52.21
<b>Inpatient Respite</b>	498.68	304.20	0.8091	246.13	194.48	440.61
<b>General Inpatient Care</b>	1068.28	678.36	0.8091	548.86	389.92	938.78

Continuous Home Care Hourly Rate = 1253.05 / 24 hours = \$52.21

Continuous Home Care - SIA Rate = 52.21 / 4 quarters = \$13.05



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8826	118.64	69.24	187.88
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8826	93.76	54.72	148.48
<b>Continuous Home Care</b>	1463.09	1100.24	0.8826	971.07	362.85	1333.92
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8826	40.46	15.12	55.58
<b>Inpatient Respite</b>	498.68	304.20	0.8826	268.49	194.48	462.97
<b>General Inpatient Care</b>	1068.28	678.36	0.8826	598.72	389.92	988.64

Continuous Home Care Hourly Rate = 1333.92 / 24 hours = \$55.58

Continuous Home Care - SIA Rate = 55.58 / 4 quarters = \$13.89



Florida Agency for Health Care Administration

0152197-01

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 : 0152197-01

County : Highlands (28)

Effective Date : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8224	110.55	69.24	179.79
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8224	87.36	54.72	142.08
<b>Continuous Home Care</b>	1463.09	1100.24	0.8224	904.84	362.85	1267.69
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8224	37.70	15.12	52.82
<b>Inpatient Respite</b>	498.68	304.20	0.8224	250.17	194.48	444.65
<b>General Inpatient Care</b>	1068.28	678.36	0.8224	557.88	389.92	947.80

Continuous Home Care Hourly Rate = 1267.69 / 24 hours = \$52.82

Continuous Home Care - SIA Rate = 52.82 / 4 quarters = \$13.20



Florida Agency for Health Care Administration

0152197-02

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 : 0152197-02

County : Polk (53)

Effective Date : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8014	107.72	69.24	176.96
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8014	85.13	54.72	139.85
<b>Continuous Home Care</b>	1463.09	1100.24	0.8014	881.73	362.85	1244.58
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8014	36.74	15.12	51.86
<b>Inpatient Respite</b>	498.68	304.20	0.8014	243.79	194.48	438.27
<b>General Inpatient Care</b>	1068.28	678.36	0.8014	543.64	389.92	933.56

Continuous Home Care Hourly Rate = 1244.58 / 24 hours = \$51.86

Continuous Home Care - SIA Rate = 51.86 / 4 quarters = \$12.96



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9377	126.05	69.24	195.29
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9377	99.61	54.72	154.33
<b>Continuous Home Care</b>	1463.09	1100.24	0.9377	1031.70	362.85	1394.55
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9377	42.98	15.12	58.10
<b>Inpatient Respite</b>	498.68	304.20	0.9377	285.25	194.48	479.73
<b>General Inpatient Care</b>	1068.28	678.36	0.9377	636.10	389.92	1026.02

Continuous Home Care Hourly Rate = 1394.55 / 24 hours = \$58.11

Continuous Home Care - SIA Rate = 58.10 / 4 quarters = \$14.53





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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8091	108.76	69.24	178.00
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8091	85.95	54.72	140.67
<b>Continuous Home Care</b>	1463.09	1100.24	0.8091	890.20	362.85	1253.05
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8091	37.09	15.12	52.21
<b>Inpatient Respite</b>	498.68	304.20	0.8091	246.13	194.48	440.61
<b>General Inpatient Care</b>	1068.28	678.36	0.8091	548.86	389.92	938.78

Continuous Home Care Hourly Rate = 1253.05 / 24 hours = \$52.21

Continuous Home Care - SIA Rate = 52.21 / 4 quarters = \$13.05



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9003	121.02	69.24	190.26
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9003	95.64	54.72	150.36
<b>Continuous Home Care</b>	1463.09	1100.24	0.9003	990.55	362.85	1353.40
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9003	41.27	15.12	56.39
<b>Inpatient Respite</b>	498.68	304.20	0.9003	273.87	194.48	468.35
<b>General Inpatient Care</b>	1068.28	678.36	0.9003	610.73	389.92	1000.65

Continuous Home Care Hourly Rate = 1353.40 / 24 hours = \$56.39

Continuous Home Care - SIA Rate = 56.39 / 4 quarters = \$14.10



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9415	126.56	69.24	195.80
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9415	100.02	54.72	154.74
<b>Continuous Home Care</b>	1463.09	1100.24	0.9415	1035.88	362.85	1398.73
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9415	43.16	15.12	58.28
<b>Inpatient Respite</b>	498.68	304.20	0.9415	286.40	194.48	480.88
<b>General Inpatient Care</b>	1068.28	678.36	0.9415	638.68	389.92	1028.60

Continuous Home Care Hourly Rate = 1398.73 / 24 hours = \$58.28

Continuous Home Care - SIA Rate = 58.28 / 4 quarters = \$14.57



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8826	118.64	69.24	187.88
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8826	93.76	54.72	148.48
<b>Continuous Home Care</b>	1463.09	1100.24	0.8826	971.07	362.85	1333.92
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8826	40.46	15.12	55.58
<b>Inpatient Respite</b>	498.68	304.20	0.8826	268.49	194.48	462.97
<b>General Inpatient Care</b>	1068.28	678.36	0.8826	598.72	389.92	988.64

Continuous Home Care Hourly Rate = 1333.92 / 24 hours = \$55.58

Continuous Home Care - SIA Rate = 55.58 / 4 quarters = \$13.89



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8000	107.54	69.24	176.78
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8000	84.98	54.72	139.70
<b>Continuous Home Care</b>	1463.09	1100.24	0.8000	880.19	362.85	1243.04
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8000	36.67	15.12	51.79
<b>Inpatient Respite</b>	498.68	304.20	0.8000	243.36	194.48	437.84
<b>General Inpatient Care</b>	1068.28	678.36	0.8000	542.69	389.92	932.61

Continuous Home Care Hourly Rate = 1243.04 / 24 hours = \$51.79

Continuous Home Care - SIA Rate = 51.79 / 4 quarters = \$12.95



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9415	126.56	69.24	195.80
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9415	100.02	54.72	154.74
<b>Continuous Home Care</b>	1463.09	1100.24	0.9415	1035.88	362.85	1398.73
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9415	43.16	15.12	58.28
<b>Inpatient Respite</b>	498.68	304.20	0.9415	286.40	194.48	480.88
<b>General Inpatient Care</b>	1068.28	678.36	0.9415	638.68	389.92	1028.60

Continuous Home Care Hourly Rate = 1398.73 / 24 hours = \$58.28

Continuous Home Care - SIA Rate = 58.28 / 4 quarters = \$14.57



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8921	119.92	69.24	189.16
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8921	94.77	54.72	149.49
<b>Continuous Home Care</b>	1463.09	1100.24	0.8921	981.52	362.85	1344.37
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8921	40.89	15.12	56.01
<b>Inpatient Respite</b>	498.68	304.20	0.8921	271.38	194.48	465.86
<b>General Inpatient Care</b>	1068.28	678.36	0.8921	605.17	389.92	995.09

Continuous Home Care Hourly Rate =  $1344.37 / 24 \text{ hours} = \$56.02$

Continuous Home Care - SIA Rate =  $56.01 / 4 \text{ quarters} = \$14.00$



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9003	121.02	69.24	190.26
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9003	95.64	54.72	150.36
<b>Continuous Home Care</b>	1463.09	1100.24	0.9003	990.55	362.85	1353.40
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9003	41.27	15.12	56.39
<b>Inpatient Respite</b>	498.68	304.20	0.9003	273.87	194.48	468.35
<b>General Inpatient Care</b>	1068.28	678.36	0.9003	610.73	389.92	1000.65

Continuous Home Care Hourly Rate = 1353.40 / 24 hours = \$56.39

Continuous Home Care - SIA Rate = 56.39 / 4 quarters = \$14.10





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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8390	112.78	69.24	182.02
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8390	89.13	54.72	143.85
<b>Continuous Home Care</b>	1463.09	1100.24	0.8390	923.10	362.85	1285.95
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8390	38.46	15.12	53.58
<b>Inpatient Respite</b>	498.68	304.20	0.8390	255.22	194.48	449.70
<b>General Inpatient Care</b>	1068.28	678.36	0.8390	569.14	389.92	959.06

Continuous Home Care Hourly Rate = 1285.95 / 24 hours = \$53.58

Continuous Home Care - SIA Rate = 53.58 / 4 quarters = \$13.40



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8957	120.40	69.24	189.64
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8957	95.15	54.72	149.87
<b>Continuous Home Care</b>	1463.09	1100.24	0.8957	985.49	362.85	1348.34
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8957	41.06	15.12	56.18
<b>Inpatient Respite</b>	498.68	304.20	0.8957	272.47	194.48	466.95
<b>General Inpatient Care</b>	1068.28	678.36	0.8957	607.61	389.92	997.53

Continuous Home Care Hourly Rate = 1348.34 / 24 hours = \$56.18

Continuous Home Care - SIA Rate = 56.18 / 4 quarters = \$14.04



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8996	120.92	69.24	190.16
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8996	95.56	54.72	150.28
<b>Continuous Home Care</b>	1463.09	1100.24	0.8996	989.78	362.85	1352.63
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8996	41.24	15.12	56.36
<b>Inpatient Respite</b>	498.68	304.20	0.8996	273.66	194.48	468.14
<b>General Inpatient Care</b>	1068.28	678.36	0.8996	610.25	389.92	1000.17

Continuous Home Care Hourly Rate = 1352.63 / 24 hours = \$56.36

Continuous Home Care - SIA Rate = 56.36 / 4 quarters = \$14.09



Florida Agency for Health Care Administration

0875201-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Marion County

Provider Number : 0875201-00

County : Marion (42)

Effective Date : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8734	117.40	69.24	186.64
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8734	92.78	54.72	147.50
<b>Continuous Home Care</b>	1463.09	1100.24	0.8734	960.95	362.85	1323.80
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8734	40.04	15.12	55.16
<b>Inpatient Respite</b>	498.68	304.20	0.8734	265.69	194.48	460.17
<b>General Inpatient Care</b>	1068.28	678.36	0.8734	592.48	389.92	982.40

Continuous Home Care Hourly Rate = 1323.80 / 24 hours = \$55.16

Continuous Home Care - SIA Rate = 55.16 / 4 quarters = \$13.79



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8921	119.92	69.24	189.16
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8921	94.77	54.72	149.49
<b>Continuous Home Care</b>	1463.09	1100.24	0.8921	981.52	362.85	1344.37
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8921	40.89	15.12	56.01
<b>Inpatient Respite</b>	498.68	304.20	0.8921	271.38	194.48	465.86
<b>General Inpatient Care</b>	1068.28	678.36	0.8921	605.17	389.92	995.09

Continuous Home Care Hourly Rate = 1344.37 / 24 hours = \$56.02

Continuous Home Care - SIA Rate = 56.01 / 4 quarters = \$14.00



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8338	112.08	69.24	181.32
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8338	88.57	54.72	143.29
<b>Continuous Home Care</b>	1463.09	1100.24	0.8338	917.38	362.85	1280.23
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8338	38.22	15.12	53.34
<b>Inpatient Respite</b>	498.68	304.20	0.8338	253.64	194.48	448.12
<b>General Inpatient Care</b>	1068.28	678.36	0.8338	565.62	389.92	955.54

Continuous Home Care Hourly Rate = 1280.23 / 24 hours = \$53.34

Continuous Home Care - SIA Rate = 53.34 / 4 quarters = \$13.34



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8222	110.52	69.24	179.76
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8222	87.34	54.72	142.06
<b>Continuous Home Care</b>	1463.09	1100.24	0.8222	904.62	362.85	1267.47
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8222	37.69	15.12	52.81
<b>Inpatient Respite</b>	498.68	304.20	0.8222	250.11	194.48	444.59
<b>General Inpatient Care</b>	1068.28	678.36	0.8222	557.75	389.92	947.67

Continuous Home Care Hourly Rate = 1267.47 / 24 hours = \$52.81

Continuous Home Care - SIA Rate = 52.81 / 4 quarters = \$13.20



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9003	121.02	69.24	190.26
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9003	95.64	54.72	150.36
<b>Continuous Home Care</b>	1463.09	1100.24	0.9003	990.55	362.85	1353.40
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9003	41.27	15.12	56.39
<b>Inpatient Respite</b>	498.68	304.20	0.9003	273.87	194.48	468.35
<b>General Inpatient Care</b>	1068.28	678.36	0.9003	610.73	389.92	1000.65

Continuous Home Care Hourly Rate = 1353.40 / 24 hours = \$56.39

Continuous Home Care - SIA Rate = 56.39 / 4 quarters = \$14.10





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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9319	125.27	69.24	194.51
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9319	99.00	54.72	153.72
<b>Continuous Home Care</b>	1463.09	1100.24	0.9319	1025.31	362.85	1388.16
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9319	42.72	15.12	57.84
<b>Inpatient Respite</b>	498.68	304.20	0.9319	283.48	194.48	477.96
<b>General Inpatient Care</b>	1068.28	678.36	0.9319	632.16	389.92	1022.08

Continuous Home Care Hourly Rate = 1388.16 / 24 hours = \$57.84

Continuous Home Care - SIA Rate = 57.84 / 4 quarters = \$14.46



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8957	120.40	69.24	189.64
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8957	95.15	54.72	149.87
<b>Continuous Home Care</b>	1463.09	1100.24	0.8957	985.49	362.85	1348.34
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8957	41.06	15.12	56.18
<b>Inpatient Respite</b>	498.68	304.20	0.8957	272.47	194.48	466.95
<b>General Inpatient Care</b>	1068.28	678.36	0.8957	607.61	389.92	997.53

Continuous Home Care Hourly Rate = 1348.34 / 24 hours = \$56.18

Continuous Home Care - SIA Rate = 56.18 / 4 quarters = \$14.04



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8996	120.92	69.24	190.16
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8996	95.56	54.72	150.28
<b>Continuous Home Care</b>	1463.09	1100.24	0.8996	989.78	362.85	1352.63
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8996	41.24	15.12	56.36
<b>Inpatient Respite</b>	498.68	304.20	0.8996	273.66	194.48	468.14
<b>General Inpatient Care</b>	1068.28	678.36	0.8996	610.25	389.92	1000.17

Continuous Home Care Hourly Rate = 1352.63 / 24 hours = \$56.36

Continuous Home Care - SIA Rate = 56.36 / 4 quarters = \$14.09



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8826	118.64	69.24	187.88
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8826	93.76	54.72	148.48
<b>Continuous Home Care</b>	1463.09	1100.24	0.8826	971.07	362.85	1333.92
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8826	40.46	15.12	55.58
<b>Inpatient Respite</b>	498.68	304.20	0.8826	268.49	194.48	462.97
<b>General Inpatient Care</b>	1068.28	678.36	0.8826	598.72	389.92	988.64

Continuous Home Care Hourly Rate = 1333.92 / 24 hours = \$55.58

Continuous Home Care - SIA Rate = 55.58 / 4 quarters = \$13.89



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9226	124.02	69.24	193.26
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9226	98.01	54.72	152.73
<b>Continuous Home Care</b>	1463.09	1100.24	0.9226	1015.08	362.85	1377.93
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9226	42.29	15.12	57.41
<b>Inpatient Respite</b>	498.68	304.20	0.9226	280.65	194.48	475.13
<b>General Inpatient Care</b>	1068.28	678.36	0.9226	625.85	389.92	1015.77

Continuous Home Care Hourly Rate = 1377.93 / 24 hours = \$57.41

Continuous Home Care - SIA Rate = 57.41 / 4 quarters = \$14.35



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8856	119.04	69.24	188.28
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8856	94.08	54.72	148.80
<b>Continuous Home Care</b>	1463.09	1100.24	0.8856	974.37	362.85	1337.22
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8856	40.60	15.12	55.72
<b>Inpatient Respite</b>	498.68	304.20	0.8856	269.40	194.48	463.88
<b>General Inpatient Care</b>	1068.28	678.36	0.8856	600.76	389.92	990.68

Continuous Home Care Hourly Rate =  $1337.22 / 24 \text{ hours} = \$55.72$

Continuous Home Care - SIA Rate =  $55.72 / 4 \text{ quarters} = \$13.93$



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9415	126.56	69.24	195.80
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9415	100.02	54.72	154.74
<b>Continuous Home Care</b>	1463.09	1100.24	0.9415	1035.88	362.85	1398.73
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9415	43.16	15.12	58.28
<b>Inpatient Respite</b>	498.68	304.20	0.9415	286.40	194.48	480.88
<b>General Inpatient Care</b>	1068.28	678.36	0.9415	638.68	389.92	1028.60

Continuous Home Care Hourly Rate =  $1398.73 / 24 \text{ hours} = \$58.28$

Continuous Home Care - SIA Rate =  $58.28 / 4 \text{ quarters} = \$14.57$



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9377	126.05	69.24	195.29
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9377	99.61	54.72	154.33
<b>Continuous Home Care</b>	1463.09	1100.24	0.9377	1031.70	362.85	1394.55
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9377	42.98	15.12	58.10
<b>Inpatient Respite</b>	498.68	304.20	0.9377	285.25	194.48	479.73
<b>General Inpatient Care</b>	1068.28	678.36	0.9377	636.10	389.92	1026.02

Continuous Home Care Hourly Rate = 1394.55 / 24 hours = \$58.11

Continuous Home Care - SIA Rate = 58.10 / 4 quarters = \$14.53





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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8826	118.64	69.24	187.88
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8826	93.76	54.72	148.48
<b>Continuous Home Care</b>	1463.09	1100.24	0.8826	971.07	362.85	1333.92
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8826	40.46	15.12	55.58
<b>Inpatient Respite</b>	498.68	304.20	0.8826	268.49	194.48	462.97
<b>General Inpatient Care</b>	1068.28	678.36	0.8826	598.72	389.92	988.64

Continuous Home Care Hourly Rate = 1333.92 / 24 hours = \$55.58

Continuous Home Care - SIA Rate = 55.58 / 4 quarters = \$13.89



**Hospice Care Reimbursement Rate Calculation Sheet**

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

Provider Number : 1018097-00

County : Polk (53)

Effective Date : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8014	107.72	69.24	176.96
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8014	85.13	54.72	139.85
<b>Continuous Home Care</b>	1463.09	1100.24	0.8014	881.73	362.85	1244.58
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8014	36.74	15.12	51.86
<b>Inpatient Respite</b>	498.68	304.20	0.8014	243.79	194.48	438.27
<b>General Inpatient Care</b>	1068.28	678.36	0.8014	543.64	389.92	933.56

Continuous Home Care Hourly Rate = 1244.58 / 24 hours = \$51.86

Continuous Home Care - SIA Rate = 51.86 / 4 quarters = \$12.96



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Compassionate Care Hospice of Lake & Sumter

Provider Number : 1018111-00

County : Lake (35)

Effective Date : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9003	121.02	69.24	190.26
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9003	95.64	54.72	150.36
<b>Continuous Home Care</b>	1463.09	1100.24	0.9003	990.55	362.85	1353.40
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9003	41.27	15.12	56.39
<b>Inpatient Respite</b>	498.68	304.20	0.9003	273.87	194.48	468.35
<b>General Inpatient Care</b>	1068.28	678.36	0.9003	610.73	389.92	1000.65

Continuous Home Care Hourly Rate = 1353.40 / 24 hours = \$56.39

Continuous Home Care - SIA Rate = 56.39 / 4 quarters = \$14.10



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9415	126.56	69.24	195.80
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9415	100.02	54.72	154.74
<b>Continuous Home Care</b>	1463.09	1100.24	0.9415	1035.88	362.85	1398.73
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9415	43.16	15.12	58.28
<b>Inpatient Respite</b>	498.68	304.20	0.9415	286.40	194.48	480.88
<b>General Inpatient Care</b>	1068.28	678.36	0.9415	638.68	389.92	1028.60

Continuous Home Care Hourly Rate = 1398.73 / 24 hours = \$58.28

Continuous Home Care - SIA Rate = 58.28 / 4 quarters = \$14.57



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9377	126.05	69.24	195.29
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9377	99.61	54.72	154.33
<b>Continuous Home Care</b>	1463.09	1100.24	0.9377	1031.70	362.85	1394.55
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9377	42.98	15.12	58.10
<b>Inpatient Respite</b>	498.68	304.20	0.9377	285.25	194.48	479.73
<b>General Inpatient Care</b>	1068.28	678.36	0.9377	636.10	389.92	1026.02

Continuous Home Care Hourly Rate = 1394.55 / 24 hours = \$58.11

Continuous Home Care - SIA Rate = 58.10 / 4 quarters = \$14.53



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Morselife Hospice Institute

Provider Number : 1041776-00

County : Palm Beach (50)

Effective Date : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8996	120.92	69.24	190.16
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8996	95.56	54.72	150.28
<b>Continuous Home Care</b>	1463.09	1100.24	0.8996	989.78	362.85	1352.63
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8996	41.24	15.12	56.36
<b>Inpatient Respite</b>	498.68	304.20	0.8996	273.66	194.48	468.14
<b>General Inpatient Care</b>	1068.28	678.36	0.8996	610.25	389.92	1000.17

Continuous Home Care Hourly Rate = 1352.63 / 24 hours = \$56.36

Continuous Home Care - SIA Rate = 56.36 / 4 quarters = \$14.09



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8921	119.92	69.24	189.16
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8921	94.77	54.72	149.49
<b>Continuous Home Care</b>	1463.09	1100.24	0.8921	981.52	362.85	1344.37
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8921	40.89	15.12	56.01
<b>Inpatient Respite</b>	498.68	304.20	0.8921	271.38	194.48	465.86
<b>General Inpatient Care</b>	1068.28	678.36	0.8921	605.17	389.92	995.09

Continuous Home Care Hourly Rate = 1344.37 / 24 hours = \$56.02

Continuous Home Care - SIA Rate = 56.01 / 4 quarters = \$14.00



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Okeechobee

Provider Number : 1051975-00

County : Okeechobee (47)

Effective Date : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8128	109.26	69.24	178.50
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8128	86.34	54.72	141.06
<b>Continuous Home Care</b>	1463.09	1100.24	0.8128	894.28	362.85	1257.13
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8128	37.26	15.12	52.38
<b>Inpatient Respite</b>	498.68	304.20	0.8128	247.25	194.48	441.73
<b>General Inpatient Care</b>	1068.28	678.36	0.8128	551.37	389.92	941.29

Continuous Home Care Hourly Rate = 1257.13 / 24 hours = \$52.38

Continuous Home Care - SIA Rate = 52.38 / 4 quarters = \$13.09





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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9415	126.56	69.24	195.80
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9415	100.02	54.72	154.74
<b>Continuous Home Care</b>	1463.09	1100.24	0.9415	1035.88	362.85	1398.73
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9415	43.16	15.12	58.28
<b>Inpatient Respite</b>	498.68	304.20	0.9415	286.40	194.48	480.88
<b>General Inpatient Care</b>	1068.28	678.36	0.9415	638.68	389.92	1028.60

Continuous Home Care Hourly Rate = 1398.73 / 24 hours = \$58.28

Continuous Home Care - SIA Rate = 58.28 / 4 quarters = \$14.57



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8914	119.82	69.24	189.06
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8914	94.69	54.72	149.41
<b>Continuous Home Care</b>	1463.09	1100.24	0.8914	980.75	362.85	1343.60
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8914	40.86	15.12	55.98
<b>Inpatient Respite</b>	498.68	304.20	0.8914	271.16	194.48	465.64
<b>General Inpatient Care</b>	1068.28	678.36	0.8914	604.69	389.92	994.61

Continuous Home Care Hourly Rate = 1343.60 / 24 hours = \$55.98

Continuous Home Care - SIA Rate = 55.98 / 4 quarters = \$14.00



**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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8826	118.64	69.24	187.88
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8826	93.76	54.72	148.48
<b>Continuous Home Care</b>	1463.09	1100.24	0.8826	971.07	362.85	1333.92
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8826	40.46	15.12	55.58
<b>Inpatient Respite</b>	498.68	304.20	0.8826	268.49	194.48	462.97
<b>General Inpatient Care</b>	1068.28	678.36	0.8826	598.72	389.92	988.64

Continuous Home Care Hourly Rate = 1333.92 / 24 hours = \$55.58

Continuous Home Care - SIA Rate = 55.58 / 4 quarters = \$13.89



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Odyssey Healthcare of Marion County

Provider Number : 1067491-00

County : Osceola (49)

Effective Date : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9003	121.02	69.24	190.26
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9003	95.64	54.72	150.36
<b>Continuous Home Care</b>	1463.09	1100.24	0.9003	990.55	362.85	1353.40
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9003	41.27	15.12	56.39
<b>Inpatient Respite</b>	498.68	304.20	0.9003	273.87	194.48	468.35
<b>General Inpatient Care</b>	1068.28	678.36	0.9003	610.73	389.92	1000.65

Continuous Home Care Hourly Rate = 1353.40 / 24 hours = \$56.39

Continuous Home Care - SIA Rate = 56.39 / 4 quarters = \$14.10



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9415	126.56	69.24	195.80
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9415	100.02	54.72	154.74
<b>Continuous Home Care</b>	1463.09	1100.24	0.9415	1035.88	362.85	1398.73
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9415	43.16	15.12	58.28
<b>Inpatient Respite</b>	498.68	304.20	0.9415	286.40	194.48	480.88
<b>General Inpatient Care</b>	1068.28	678.36	0.9415	638.68	389.92	1028.60

Continuous Home Care Hourly Rate =  $1398.73 / 24 \text{ hours} = \$58.28$

Continuous Home Care - SIA Rate =  $58.28 / 4 \text{ quarters} = \$14.57$



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9377	126.05	69.24	195.29
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9377	99.61	54.72	154.33
<b>Continuous Home Care</b>	1463.09	1100.24	0.9377	1031.70	362.85	1394.55
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9377	42.98	15.12	58.10
<b>Inpatient Respite</b>	498.68	304.20	0.9377	285.25	194.48	479.73
<b>General Inpatient Care</b>	1068.28	678.36	0.9377	636.10	389.92	1026.02

Continuous Home Care Hourly Rate =  $1394.55 / 24 \text{ hours} = \$58.11$

Continuous Home Care - SIA Rate =  $58.10 / 4 \text{ quarters} = \$14.53$



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Gulfside Hospice

Provider Number : 1100291-00

County : Pasco (51)

Effective Date : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8826	118.64	69.24	187.88
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8826	93.76	54.72	148.48
<b>Continuous Home Care</b>	1463.09	1100.24	0.8826	971.07	362.85	1333.92
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8826	40.46	15.12	55.58
<b>Inpatient Respite</b>	498.68	304.20	0.8826	268.49	194.48	462.97
<b>General Inpatient Care</b>	1068.28	678.36	0.8826	598.72	389.92	988.64

Continuous Home Care Hourly Rate = 1333.92 / 24 hours = \$55.58

Continuous Home Care - SIA Rate = 55.58 / 4 quarters = \$13.89



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.9415	126.56	69.24	195.80
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.9415	100.02	54.72	154.74
<b>Continuous Home Care</b>	1463.09	1100.24	0.9415	1035.88	362.85	1398.73
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.9415	43.16	15.12	58.28
<b>Inpatient Respite</b>	498.68	304.20	0.9415	286.40	194.48	480.88
<b>General Inpatient Care</b>	1068.28	678.36	0.9415	638.68	389.92	1028.60

Continuous Home Care Hourly Rate =  $1398.73 / 24 \text{ hours} = \$58.28$

Continuous Home Care - SIA Rate =  $58.28 / 4 \text{ quarters} = \$14.57$





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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8338	112.08	69.24	181.32
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8338	88.57	54.72	143.29
<b>Continuous Home Care</b>	1463.09	1100.24	0.8338	917.38	362.85	1280.23
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8338	38.22	15.12	53.34
<b>Inpatient Respite</b>	498.68	304.20	0.8338	253.64	194.48	448.12
<b>General Inpatient Care</b>	1068.28	678.36	0.8338	565.62	389.92	955.54

Continuous Home Care Hourly Rate = 1280.23 / 24 hours = \$53.34

Continuous Home Care - SIA Rate = 53.34 / 4 quarters = \$13.34



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : Hospice of Emerald Coast

Provider Number : 1500091-00

County : Bay (3)

Effective Date : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8932	120.06	69.24	189.30
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8932	94.88	54.72	149.60
<b>Continuous Home Care</b>	1463.09	1100.24	0.8932	982.73	362.85	1345.58
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8932	40.94	15.12	56.06
<b>Inpatient Respite</b>	498.68	304.20	0.8932	271.71	194.48	466.19
<b>General Inpatient Care</b>	1068.28	678.36	0.8932	605.91	389.92	995.83

Continuous Home Care Hourly Rate = 1345.58 / 24 hours = \$56.07

Continuous Home Care - SIA Rate = 56.06 / 4 quarters = \$14.02



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8996	120.92	69.24	190.16
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8996	95.56	54.72	150.28
<b>Continuous Home Care</b>	1463.09	1100.24	0.8996	989.78	362.85	1352.63
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8996	41.24	15.12	56.36
<b>Inpatient Respite</b>	498.68	304.20	0.8996	273.66	194.48	468.14
<b>General Inpatient Care</b>	1068.28	678.36	0.8996	610.25	389.92	1000.17

Continuous Home Care Hourly Rate = 1352.63 / 24 hours = \$56.36

Continuous Home Care - SIA Rate = 56.36 / 4 quarters = \$14.09



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 : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8014	107.72	69.24	176.96
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8014	85.13	54.72	139.85
<b>Continuous Home Care</b>	1463.09	1100.24	0.8014	881.73	362.85	1244.58
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8014	36.74	15.12	51.86
<b>Inpatient Respite</b>	498.68	304.20	0.8014	243.79	194.48	438.27
<b>General Inpatient Care</b>	1068.28	678.36	0.8014	543.64	389.92	933.56

Continuous Home Care Hourly Rate = 1244.58 / 24 hours = \$51.86

Continuous Home Care - SIA Rate = 51.86 / 4 quarters = \$12.96



**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name : LifePath Hospice, Inc.

Provider Number : 1500228-00

County : Hillsborough (29)

Effective Date : 10/01/2021

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
<b>Routine Home Care (1-60)</b>	203.66	134.42	0.8826	118.64	69.24	187.88
<b>Routine Home Care (61 +)</b>	160.95	106.23	0.8826	93.76	54.72	148.48
<b>Continuous Home Care</b>	1463.09	1100.24	0.8826	971.07	362.85	1333.92
<b>Continuous Home Care - SIA</b>	60.96	45.84	0.8826	40.46	15.12	55.58
<b>Inpatient Respite</b>	498.68	304.20	0.8826	268.49	194.48	462.97
<b>General Inpatient Care</b>	1068.28	678.36	0.8826	598.72	389.92	988.64

Continuous Home Care Hourly Rate = 1333.92 / 24 hours = \$55.58

Continuous Home Care - SIA Rate = 55.58 / 4 quarters = \$13.89