FFY 2010 Hospice Rates
October 1, 2009 to September 30, 2010

Montana and Out of State Providers						Rates		
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**Hour**	**15 Min**
651	Routine Home Care	$ 98.33	0.9139	$ 89.86	$ 44.77	**$ 134.63**		
652	Continuous Home Care	$ 573.34	0.9139	$ 523.98	$ 261.09	**$ 785.07**	**$ 32.71**	**$ 8.18**
655	Inpatient Respite Care	$ 84.23	0.9139	$ 76.98	$ 71.38	**$ 148.36**		
656	General Inpatient Care	$ 406.94	0.9139	$ 371.90	$ 228.80	**$ 600.70**		
659	Nursing Facility (Room and Board)		*Medicaid Nursing Facility Rate					

Billings/Yellowstone County						Rates		
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**Hour**	**15 Min**
651	Routine Home Care	$ 98.33	0.9295	$ 91.40	$ 44.77	**$ 136.17**		
652	Continuous Home Care	$ 573.34	0.9295	$ 532.92	$ 261.09	**$ 794.01**	**$ 33.08**	**$ 8.27**
655	Inpatient Respite Care	$ 84.23	0.9295	$ 78.29	$ 71.38	**$ 149.67**		
656	General Inpatient Care	$ 406.94	0.9295	$ 378.25	$ 228.80	**$ 607.05**		
659	Nursing Facility (Room and Board)		*Medicaid Nursing Facility Rate					

Great Falls/Cascade County						Rates		
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**Hour**	**15 Min**
651	Routine Home Care	$ 98.33	0.9272	$ 91.17	$ 44.77	**$ 135.94**		
652	Continuous Home Care	$ 573.34	0.9272	$ 531.60	$ 261.09	**$ 792.69**	**$ 33.03**	**$ 8.26**
655	Inpatient Respite Care	$ 84.23	0.9272	$ 78.10	$ 71.38	**$ 149.48**		
656	General Inpatient Care	$ 406.94	0.9272	$ 377.31	$ 228.80	**$ 606.11**		
659	Nursing Facility (Room and Board)		*Medicaid Nursing Facility Rate					

Missoula/Missoula County						Rates		
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**Hour**	**15 Min**
651	Routine Home Care	$ 98.33	0.9472	$ 93.14	$ 44.77	**$ 137.91**		
652	Continuous Home Care	$ 573.34	0.9472	$ 543.07	$ 261.09	**$ 804.16**	**$ 33.51**	**$ 8.38**
655	Inpatient Respite Care	$ 84.23	0.9472	$ 79.78	$ 71.38	**$ 151.16**		
656	General Inpatient Care	$ 406.94	0.9472	$ 385.45	$ 228.80	**$ 614.25**		
659	Nursing Facility (Room and Board)		*Medicaid Nursing Facility Rate					

Carbon County						Rates		
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**Hour**	**15 Min**
651	Routine Home Care	$ 98.33	0.9295	$ 91.40	$ 44.77	**$ 136.17**		
652	Continuous Home Care	$ 573.34	0.9295	$ 532.92	$ 261.09	**$ 794.01**	**$ 33.08**	**$ 8.27**
655	Inpatient Respite Care	$ 84.23	0.9295	$ 78.29	$ 71.38	**$ 149.67**		

656	General Inpatient Care	$ 406.94	0.9295	$ 378.25	$ 228.80	**$ 607.05**		
659	Nursing Facility (Room and Board)		*Medicaid Nursing Facility Rate					
* Medicaid Nursing Facility rates can be found at http://www.dphhs.mt.gov/sltc/services/nursingfacilities.								