FFY 2011 Hospice Rates
October 1, 2010 to September 30, 2011

Montana and Out of State Providers						Rates	
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**15 Min**
651	Routine Home Care	$ 100.88	0.878	$ 88.57	$ 45.94	**$ 134.51**	
652	Continuous Home Care	$ 588.24	0.878	$ 516.47	$ 267.88	**$ 784.35**	**$ 8.17**
655	Inpatient Respite Care	$ 86.42	0.878	$ 75.88	$ 73.23	**$ 149.11**	
656	General Inpatient Care	$ 417.52	0.878	$ 366.58	$ 234.75	**$ 601.33**	
659	Nursing Facility (Room and Board)		*Medicaid Nursing Facility Rate				

Billings/Yellowstone County						Rates	
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**15 Min**
651	Routine Home Care	$ 100.88	0.918	$ 92.61	$ 45.94	**$ 138.55**	
652	Continuous Home Care	$ 588.24	0.918	$ 540.00	$ 267.88	**$ 807.88**	**$ 8.42**
655	Inpatient Respite Care	$ 86.42	0.918	$ 79.33	$ 73.23	**$ 152.56**	
656	General Inpatient Care	$ 417.52	0.918	$ 383.28	$ 234.75	**$ 618.03**	
659	Nursing Facility (Room and Board)		*Medicaid Nursing Facility Rate				

Great Falls/Cascade County						Rates	
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**15 Min**
651	Routine Home Care	$ 100.88	0.8733	$ 88.10	$ 45.94	**$ 134.04**	
652	Continuous Home Care	$ 588.24	0.8733	$ 513.71	$ 267.88	**$ 781.59**	**$ 8.14**
655	Inpatient Respite Care	$ 86.42	0.8733	$ 75.47	$ 73.23	**$ 148.70**	
656	General Inpatient Care	$ 417.52	0.8733	$ 364.62	$ 234.75	**$ 599.37**	
659	Nursing Facility (Room and Board)		*Medicaid Nursing Facility Rate				

Missoula/Missoula County						Rates	
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**15 Min**
651	Routine Home Care	$ 100.88	0.9624	$ 97.09	$ 45.94	**$ 143.03**	
652	Continuous Home Care	$ 588.24	0.9624	$ 566.12	$ 267.88	**$ 834.00**	**$ 8.69**
655	Inpatient Respite Care	$ 86.42	0.9624	$ 83.17	$ 73.23	**$ 156.40**	
656	General Inpatient Care	$ 417.52	0.9624	$ 401.82	$ 234.75	**$ 636.57**	
659	Nursing Facility (Room and Board)		*Medicaid Nursing Facility Rate				

Carbon County						Rates	
Rev Code	**Description**	**Wage**	**Index**	**Indexed**	**Unweighted**	**Daily**	**15 Min**
651	Routine Home Care	$ 100.88	0.918	$ 92.61	$ 45.94	**$ 138.55**	
652	Continuous Home Care	$ 588.24	0.918	$ 540.00	$ 267.88	**$ 807.88**	**$ 8.42**
655	Inpatient Respite Care	$ 86.42	0.918	$ 79.33	$ 73.23	**$ 152.56**	
656	General Inpatient Care	$ 417.52	0.918	$ 383.28	$ 234.75	**$ 618.03**	
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.