FFY 2009 Hospice Rates
October 1, 2008 to September 30, 2009

Montana and Out of State Providers

Rev Code	Description	Wage	Index	Indexed	Unweighted	Rates Daily	Rates 15 Min
651	Routine Home Care	$ 96.30	0.8795	$ 84.70	$ 43.85	**$ 128.55**	
652	Continuous Home Care	$ 561.54	0.8795	$ 493.87	$ 255.72	**$ 749.59**	**$ 7.81**
655	Inpatient Respite Care	$ 82.50	0.8795	$ 72.56	$ 69.91	**$ 142.47**	
656	General Inpatient Care	$ 398.56	0.8795	$ 350.53	$ 224.10	**$ 574.63**	
659	Nursing Facility (Room and Board)		Medicaid Nursing Facility Rate *				

Billings/Yellowstone County

Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily	15 Min
651	Routine Home Care	$ 96.30	0.9097	$ 87.60	$ 43.85	**$ 131.45**	
652	Continuous Home Care	$ 561.54	0.9097	$ 510.83	$ 255.72	**$ 766.55**	**$ 7.98**
655	Inpatient Respite Care	$ 82.50	0.9097	$ 75.05	$ 69.91	**$ 144.96**	
656	General Inpatient Care	$ 398.56	0.9097	$ 362.57	$ 224.10	**$ 586.67**	
659	Nursing Facility (Room and Board)		Medicaid Nursing Facility Rate *				

Great Falls/Cascade County

Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily	15 Min
651	Routine Home Care	$ 96.30	0.9106	$ 87.69	$ 43.85	**$ 131.54**	
652	Continuous Home Care	$ 561.54	0.9106	$ 511.34	$ 255.72	**$ 767.06**	**$ 7.99**
655	Inpatient Respite Care	$ 82.50	0.9106	$ 75.12	$ 69.91	**$ 145.03**	
656	General Inpatient Care	$ 398.56	0.9106	$ 362.93	$ 224.10	**$ 587.03**	
659	Nursing Facility (Room and Board)		Medicaid Nursing Facility Rate *				

Missoula/Missoula County

Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily	15 Min
651	Routine Home Care	$ 96.30	0.9398	$ 90.50	$ 43.85	**$ 134.35**	
652	Continuous Home Care	$ 561.54	0.9398	$ 527.74	$ 255.72	**$ 783.46**	**$ 8.16**
655	Inpatient Respite Care	$ 82.50	0.9398	$ 77.53	$ 69.91	**$ 147.44**	
656	General Inpatient Care	$ 398.56	0.9398	$ 374.57	$ 224.10	**$ 598.67**	
659	Nursing Facility (Room and Board)		Medicaid Nursing Facility Rate *				

Carbon County

Rev Code	Description	Wage	Index	Indexed	Unweighted	Daily	15 Min
651	Routine Home Care	$ 96.30	0.9097	$ 87.60	$ 43.85	**$ 131.45**	
652	Continuous Home Care	$ 561.54	0.9097	$ 510.83	$ 255.72	**$ 766.55**	**$ 7.98**
655	Inpatient Respite Care	$ 82.50	0.9097	$ 75.05	$ 69.91	**$ 144.96**	
656	General Inpatient Care	$ 398.56	0.9097	$ 362.57	$ 224.10	**$ 586.67**	
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.