

**STATE AGENCY ACTION REPORT  
ON APPLICATION FOR CERTIFICATE OF NEED**

**A. PROJECT IDENTIFICATION**

**1. Applicant/CON Action Number**

**Compassionate Care Hospice of the Gulf Coast, Inc./CON #10280**

2625 Drane Field Road, Suite 4  
Lakeland, Florida 33811

Authorized Representative: Judith Grey  
(201) 919-4905

**Odyssey Healthcare of Marion County, LLC  
d/b/a Gentiva Hospice/CON #10281**

3350 Riverwood Parkway, Suite 1400  
Atlanta, Georgia 30339

Authorized Representative: Shannon L. Drake  
(770) 951-6426

**Regency Hospice of Northwest Florida, Inc./CON #10282**

491 Williamson Road, Suite 204  
 Mooresville, North Carolina 28117

Authorized Representative: Jessica Kleberg  
(704) 662-0414

**Suncoast BayCare Hospice of Pasco, LLC/CON #10283**

2985 Drew Street  
Clearwater, Florida 33759

Authorized Representative: Tommy Inzina  
(727) 820-8005

**VITAS Healthcare Corporation of Florida/CON #10284**

6300 La Calma Drive, Suite 170  
Austin, Texas 78752

Authorized Representative: Ronald T. Luke, JD, PhD  
(512) 371-8166

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**West Florida Health, Inc./CON #10285**

550 East Rollins Street, 6<sup>th</sup> Floor  
Orlando, Florida 32803

Authorized Representative: Diane Godfrey  
(407) 303-7634

**2. Service District/Subdistrict**

Hospice Service Area 5A (Pasco County)

**B. PUBLIC HEARING**

A public hearing was not held or requested regarding the proposed projects, to establish a new hospice program in Hospice Service Area 5A.

**Letters of Support**

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280):**

The applicant submitted 17 letters of support for the proposed service.

**Odyssey Healthcare of Marion County, LLC (CON #10281):**

The Agency independently received one letter of support from Senator Bill Nelson, United States Senate, in which Senator Nelson states that Gentiva Hospice would appreciate careful consideration of this application. The applicant submitted 33 letters of support for the proposed service.

**Regency Hospice of Northwest Florida, Inc. (CON #10282):**

The Agency independently received one letter of support. The applicant submitted 16 letters of support for the proposed service.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283):**

The applicant submitted 74 unduplicated letters of support for the proposed service.

**VITAS Healthcare Corporation of Florida (CON #10284):**

The applicant submitted 28 letters of support for both of its proposed programs in Hospice Service Area 5A and 6A.

**West Florida Health, Inc. (CON #10285):**

The applicant submitted 57 letters of support for both of its proposed programs in Hospice Service Area 5A and 6A.

**C. PROJECT SUMMARY**

Each co-batched applicant seeks to establish a new hospice program in Hospice Service Area 5A (Pasco County). In addition to Hospice Service Area 5A, each of the following co-batched applicants (or parent) also seeks approval in this batching cycle to establish a new hospice program in Hospice Service Area 6A (Hillsborough County):

- Odyssey Healthcare of Marion County, LLC (CON application #10295)
- Regency Hospice of Northwest Florida, Inc. (CON application #10297)
- Suncoast BayCare Hospice of Hillsborough, LLC (CON application #10299)
- VITAS Healthcare Corporation of Florida (CON application #10301)
- West Florida Health, Inc. (CON application #10302)

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON#10280)** (also referenced as Compassionate Care, CCHGC, or the applicant), a for-profit, development stage corporation, a wholly owned subsidiary of Compassionate Care Group, Ltd. (parent), expects issuance of license in September 2015 and initiation of service in October 2015. The applicant's parent operates hospice services in Hospice Service Areas 3E, 6B and 11. Also in this batching cycle, Compassionate Care seeks approval to establish a new hospice program in Hospice Service Areas 6C (Manatee County) and 8D (Sarasota County). The applicant indicates the parent operates 39 programs in 22 states, with 57 office locations.

Compassionate Care is proposing total project costs of \$142,965.

Schedule C for CON application #10280 includes the following conditions:

- Compassionate Care Hospice Group, Ltd will implement its Advanced Care Connections Program immediately upon licensure of Compassionate Care Hospice of the Gulf Coast, which will be made available to all eligible Pasco County residents.
- The applicant will implement its Promises (renal) program in Subdistrict 5A within year one of operation.
- The applicant will implement its Pulmonary Connections Program in Subdistrict 5A with year one of operation. It will also hire a respiratory therapist to be actively working in this program.
- The applicant has conditioned approval of this application on the provision it become accredited by CHAP upon certification.

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- The applicant will provide a home health aide ratio above National Hospice and Palliative Care Organization guidelines at an average of eight to 10 hours per patient per week.
- The applicant has conditioned approval of this application on the provision it will not build or operate freestanding hospice houses in Pasco County.
- The applicant has conditioned approval of this application on the provision it will not actively fundraise in the Subdistrict 5A market.
- The applicant will implement its Cardiac Connections program upon licensure. It will be made available to all eligible residents with a qualifying cardiovascular disease. As part of this implementation the applicant will ensure:
  - The Medical Director of the Cardiac Connections Program will be a cardiologist
  - The Cardiac Connections Program will have a part-time licensed nurse practitioner
  - At a minimum, the applicant will hold quarterly meetings for area cardiologists to maintain open communications with the community cardiologists to continue to educate them about options in end of life care for their patients
  - At a minimum, the applicant will coordinate with local hospitals' staff and/or physicians on a monthly basis to review the Cardiac Connections Program and how it may be benefiting both the hospital and the patient in terms of reduction in readmission rates, program success and other measures to be determined
  - Cardiac Connections Program patients will receive daily communication from staff either via an in-person visit, or by telephone if an in-person visit is not scheduled on a particular day
  - All Cardiac Connections Program patients will have a Cardiac Comfort Kit with them in their home
  - An annual report is prepared for the Agency how hospital readmissions for heart failure have decreased in the Subdistrict relative to the applicant's cardiac admissions

Section 408.043 (4) Florida Statutes states that "Accreditation by any private organization may not be a requirement for the issuance or maintenance of a certificate of need under ss. 408.031-408.045."

**Odyssey Healthcare of Marion County, LLC (CON #10281)** (also referenced as Odyssey, or the applicant) a for-profit corporation and wholly owned subsidiary of Gentiva Health Services, Inc. (Gentiva), which is the parent, expects issuance of license on June 1, 2015 and initiation of service on July 1, 2015. The applicant's parent operates hospice services in Hospice Service Area 2A, 3B, 4B and 11. The applicant

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indicates the parent has been providing hospice to Florida residents for more than 30 years (since 1983) and is the largest provider of hospice and home health services in the country, overall operating 288 home health office locations and 163 hospice locations in 40 states.

Odyssey is proposing total project costs of \$515,978.

The applicant's Schedule C includes the following conditions:

- Gentiva Hospice conditions this application on the development of a physical presence in Pasco County whether it be a main or branch office.
- Gentiva Hospice commits to the development and implementation of programs focused on improving access to hospice services by Hispanics (and the subgroups within) and African American in service area 5A. The programs will include training on cultural differences and competencies and flexible programming to meet their unique needs. Special community education efforts, clinical care protocols and bereavement services for families will be implemented to increase participation in hospice for groups traditionally underrepresented. Programs for other cultural groups will be developed as the needs are identified in the community.
- Gentiva Hospice commits to employ bilingual, Spanish-speaking staff and to provide translated forms and literature.
- Gentiva Hospice commits to provide specialized training for staff working with individuals with Alzheimer's disease and other memory conditions impacting care to enhance the provision of hospice care to such individuals.
- Gentiva Hospice conditions this application on the development of a program for Veterans that achieves the Level four designation by the NHPCA within two years of initiation of the hospice program in Subdistrict 5A.
- Gentiva Hospice conditions this application on providing community outreach and education as well as grief support programs.
- Gentiva Hospice commits to develop, in year two, a children's and family retreat program(s) to serve the residents of Subdistrict 5A. These programs will augment traditional bereavement services especially for children experiencing grief or loss. Such programs have been implemented by Gentiva Hospice in other areas of Florida and in other areas throughout the country.

**Regency Hospice of Northwest Florida, Inc. (CON #10282)** (also referenced as Regency or the applicant), a Florida for-profit corporation, wholly owned by Curo Health Services, LLC, also referenced as Curo Health Services or Curo (the parent), expects issuance of license on

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June 1, 2015 and initiation of service on July 1, 2015. Regency is currently a hospice provider in Hospice Service Area 1. Curo states that it is a community-based hospice provider, operating 161 agencies in 19 states.

Regency is proposing total project costs of \$356,115.

The applicant's Schedule C includes the following conditions:

- Regency will commit to provide at least 6.0 percent of total annual admissions to Medicaid, Medicaid Managed Care and/or Indigent/Charity patients in Subdistrict 5A.
- Establishment and maintenance of two offices to serve the needs of Pasco County at start-up of the hospice program. Initially, it is expected that the main office will be located in the New Port Richey/Trinity area, and the satellite office will be located in Zephyrhills area.
- Implementation of Homecare Homebase electronic medical records system at start-up, including the use of mobile point-of-care devices.
- Expansion of Regency's Hospice for Heroes Program for Veterans upon initiation of the hospice program in Subdistrict 5A.
- Expansion of Regency's Vigil Volunteer Program into Subdistrict 5A, equipped with a team of specifically trained volunteers available to respond on short notice to provide presence during the last few hours of life to patients without family support or patients and families who need additional support. Vigil volunteers also provide support to family members who need a break from the bedside of their loved one during the dying process.
- Offering of specific programs and targeted outreach efforts to serve patients with non-cancer diagnoses.
- Implementation of a Hispanic education and outreach program.
- Recruitment of bilingual volunteers. Patients' demographic information, including other languages spoken, is collected so that the most compatible volunteer can be assigned to fill each patient's visiting request.
- Creation of a Mobile Hospice Education Team in the first year of operation. The Mobile Hospice Education Team will travel to various community centers, health care facilities and shopping centers in the area to provide hospice outreach and education. The Mobile Hospice Education Team will provide pamphlets, brochures and firsthand information about hospice services.

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- Offering of internship experiences for positions such as social workers, bereavement counselors, chaplains, nursing students and medical students. We will seek contracts with local universities, colleges and technical schools as Regency and Curo have done in other markets.
- Provision of alternative therapies beyond the core hospice benefit, such as massage therapy, pet therapy, art or other such alternative therapies when eligible and needed.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** (also referenced as SBHP or the applicant), a development stage 501(c)(3) charitable organization and a collaborative partnership between not-for-profit BayCare Health System, Inc. and SunCoast Caring Community, Inc. d/b/a Empathy Health expects issuance of license in June 2015 and initiation of service in July 2015.

The applicant's direct hospice affiliate (Suncoast Hospice, Inc.) operates hospice services in Hospice Service Area 5B.

SBHP is proposing total project costs of \$446,450.

The applicant's Schedule C includes the following conditions:

- The applicant will provide care to uncompensated care patients and charity care patients at a level of 2.0 percent of Suncoast patients served, exceeding estimated existing amounts in the county by one percentage point.
- Commitment of \$200,000 annually for the first two years operation of the hospice specifically designated as seed money for programs and services outside of the Medicare hospice benefit. It is anticipated that upon entrance into the community fundraising efforts and community support will then self-fund these uncompensated care programs into the future beyond year two.
- The development of a Pediatric Program in Pasco County including Children's Hospice, a doula program, and a Partners in Care (PIC) program. The program will offer an expanded hospice benefit for patients up to age 21, and will focus on longer term services for patients who may not otherwise qualify for hospice such as those developmental conditions, cancers, chronic illnesses or brain injury that shorten lives and place special demands of families. After year one and as the census of pediatric and PIC patients increase, dedicated staff will be increased to constitute a children's program interdisciplinary team, replicating what currently exists in Suncoast's Pinellas program.

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- The development of a specialized veterans program in Pasco County. The program will focus on improving end-of-life care for veterans attempting to replicate the veterans program currently in place in Pinellas, to the greatest extent possible.
- The development of a complementary therapy program in Pasco County. The program will offer an array of complementary therapies to patients and families to promote comfort and quality of life including: massage, music/art therapy, aroma therapy, therapeutic humor, pet therapy and energy works such as Reiki and Therapeutic Touch—replicating what currently exists in Suncoast’s Pinellas program.
- The development of a community bereavement program in Pasco County. The bereavement program will be broadly based to extend beyond the families of patients admitted to Suncoast. These programs will be an extension of the programs currently offered in Pinellas County. At a minimum, one bereavement group consisting of approximately eight sessions will be offered by the end of the first year of operation. As the bereavement client census increases after year one, full time staff will be employed to replicate Suncoast’s Pinellas program.
- The commitment of 0.5 FTE in the first year of operation for the development of a Diversity Outreach Program with emphasis on the Latino/Hispanic and African American populations. The program will include support from or involvement of bilingual staff, translated literature, training on cultural difference and competencies and flexible programming to meet their unique needs. Bereavement services will include special outreach to Hispanic and African American survivors.
- The applicant states that it will continue to provide interdisciplinary palliative care consult service teams in every BayCare Hospital in Pasco County.
- In year one and throughout, a minimum budget of \$1,200 annually per interdisciplinary team for the provision of quality-of-life funds for hospice patients and families.
- The implementation of a teen volunteer program within the first two years of operation.
- The development in year one of a community resource library. The library will include various lay and professional education pieces related to chronic illness, death, dying and bereavement.
- The development, in year one, of a community advisory committee to be composed of resident reflective of the community whose purpose is to provide input and feedback about the needs of the Pasco County community and whose recommendations will be used in future program development.



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**VITAS Healthcare Corporation of Florida (CON #10284)** (also referenced as VITAS, VHCF or the applicant), a Florida for-profit corporation, expects issuance of license on April 1, 2015 and initiation of service on April 1, 2015. VITAS is currently a hospice provider in Hospice Service Areas 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9C, 10 and 11.

VITAS is proposing total project costs of \$856,042.

The applicant's Schedule C includes the following conditions:

- VITAS will fund a teaching hospice program in collaboration with University of South Florida's health schools. If the first year proves successful, the applicant's parent company is prepared to extend the project to be a multi-year initiative. VITAS has made the initial year of funding a condition of the application. As part of the teaching hospice initiative, VITAS will provide funding for staff and fellows in the program. Specifically, VITAS will provide funding in the following amounts: \$100,000 in funding for training for a VITAS Hospice Care Chair in Teaching, who will oversee two medicine palliative care fellowships (funded at \$180,000); two nursing fellowships (funded at \$140,000); one pharmacy fellowship (funded at \$60,000); one physical therapy fellowship (funded at \$60,000); an end of life ethics fellow (funded at \$70,000); program directors, research and support staff (with total funding of \$135,000); administrative staff (\$60,000), and; funds for travel and miscellaneous expenses (\$10,000). VITAS also commits to a \$15,000 scholarship for USF health students in hospice care.<sup>1</sup>
- VITAS will fund the Hospice Education and Low Literacy Outreach ("HELLO") program at a total annual cost of \$185,000. This includes funding for staff, materials, training and evaluation of the HELLO program. The HELLO program aims to improve health literacy regarding end-of-life planning in low income populations. This funding is in addition to the traditional outreach and community education efforts VITAS offers.
- VITAS will establish a Local Ethics Committee to begin upon certification
- VITAS will contract with Palliative Medical Associates of Florida for palliative care services in Subdistrict 5A within one year of licensure
- VITAS will provide palliative radiation, chemotherapy and transfusions as appropriate for treating symptoms.

<sup>1</sup> The applicant notes that this is a condition for both its Pasco and Hillsborough County (CON application #10301) proposed hospice service applications and that there is one plan for collaboration with USF and the funding commitment is the same whether one or both applications are approved.

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- By the second year of operation, 50 percent of all supervisory nursing will attain certification in Hospice and Palliative Care nursing.
- Master's of Divinity or equivalent graduate degree from an accredited seminary or theological school required for chaplains.
- Social workers are master's level or Licensed Clinical Social Workers.
- Bereavement services for family will be available beyond one year if needed.
- VITAS will not engage in any fundraising events or campaigns to charitable contributions from residents in Subdistrict 5A. VITAS will not solicit charitable contributions from patients, family or friends relating to its services in Subdistrict 5A.
- VITAS will meet or exceed the following quality and patient satisfaction indicators:
  - Pain Control: On the first day of hospice care responsive patients will be asked to rate their pain on the 0-10 World Health Organization pain scale (severe pain to worst pain imaginable). A pain history will be created for each patient. These measures will be recorded in VITAS' proprietary information management system, via a telephone call using the telephone keypad for date entry. Seventy percent or more of patients who report severe pain (7-10) will report a reduction to 5 or less within 48 hours after admission.
  - Death Attendance: A VITAS staff member or volunteer will attend at least 90 percent of all deaths to ensure patients do not die alone.
  - Patient Family Satisfaction: VITAS will achieve an overall patient satisfaction score of 90 percent or above on the patient's family's evaluation of care while under the care of VITAS.
  - Discipline Specific Satisfaction: VITAS will achieve an overall Registered Nurse satisfaction score of 90 percent of above on patient's family satisfaction with the VITAS nurse while under the care of VITAS.

VITAS states that it has not listed as conditions the services and procedures that are required by state and federal law due to the applicant's understanding that conditions are intended to be actions the applicant commits to voluntarily. VITAS indicates that it will comply with all state and federal laws.

**West Florida Health, Inc. (CON #10285)** (also referenced as WFH or the applicant), is a not-for-profit development stage corporation. The entity is a collaborative partnership between not-for-profit Florida Health System (FHS), a wholly owned subsidiary of Adventist Health System/Sunbelt, Inc. (AHS/S) and the not-for-profit and statutory teaching hospital, Tampa General Hospital (TGH). Both FHS and TGH

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are stated partners in the ownership of the new entity. The applicant expects issuance of license and initiation of service in July 2015. FHS indicates that AHS/S was founded in 1973 and includes 42 hospitals in 10 states.

AHS/S's FHS is currently a hospice provider in Hospice Service Areas 4B (Flagler and Volusia County), 7B (Orange and Osceola County) and 7C (Seminole County).

West Florida Health is proposing total project costs of \$410,925.

The applicant's Schedule C includes the following conditions:

- In the second year of operation, West Florida Health, Inc. will commit to provide annual funding for one additional University of South Florida Palliative Care Fellowship.
- In the second year of operation, West Florida Health, Inc. will commit to provide annual funding for one additional Clinical Pastoral Education resident.
- West Florida Health, Inc. will commit to provide annual sponsorship of up to \$5,000 a year for annual Children Bereavement Camps.
- West Florida Health, Inc. commits to provide up to \$10,000 of annual funding towards a "Special Wish Fund" designated for the end-of-life wishes for West Florida Health, Inc. Pasco Hospice patients and their families.
- West Florida Health, Inc. will provide programs and services for residents of Pasco County that are outside the Medicare hospice benefits. Such programs will include community hospice education and community bereavement. These would also include: the development of a Pet Therapy program and participation in Project StoryKeepers.
- West Florida Health, Inc. commits to open offices on the campuses of Florida Hospital Wesley Chapel and Florida Hospital Zephyrhills in order to best suit the needs of the patients, clinical pastoral education, medical education and palliative care programs.
- West Florida Health, Inc. commits to hiring a Master's prepared Licensed Clinical Social Worker to lead the psychosocial department.
- West Florida Health, Inc. will establish and provide an ongoing education program on hospice care to provide easily accessible information for medical staff members, physicians and fellows of the Florida Hospitals in Pasco County.

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- West Florida Health, Inc. commits to provide programs for the Hispanic population which will include support from or involvement of bilingual staff and volunteers, translated literature, training on cultural differences and competencies and flexible programming to meet identified needs. Bereavement services will include outreach to the Hispanic population of Pasco County.
- West Florida Health, Inc. commits to develop a community resource information website in the first year of operation. This education site will include various lay and professional education pieces related to chronic illness, death, dying and bereavement.

*Should a project be approved, all the applicants' proposed conditions would be reported in the annual condition compliance report as required by Rule 59C-1.013 (3) Florida Administrative Code. The applicants' proposed conditions are as they stated. However, Section 408.043 (4) Florida Statutes states that "Accreditation by any private organization may not be a requirement for the issuance or maintenance of a certificate of need under ss. 408.031-408.045." Also, several of these conditions are required hospice services and as such would not require condition compliance reports.*

*Section 408.606 (5) Florida Statutes states that "The agency may deny a license to an applicant that fails to meet any condition for the provision of hospice care or services imposed by the agency on a certificate of need by final agency action, unless the applicant can demonstrate that good cause exists for the applicant's failure to meet such condition".*

### **D. REVIEW PROCEDURE**

The evaluation process is structured by the certificate of need review criteria found in Section 408.035, Florida Statutes, rules of the State of Florida, and Chapters 59C-1 and 59C-2, Florida Administrative Code. These criteria form the basis for the goals of the review process. The goals represent desirable outcomes to be attained by successful applicants who demonstrate an overall compliance with the criteria. Analysis of an applicant's capability to undertake the proposed project successfully is conducted by evaluating the responses provided in the application and independent information gathered by the reviewer.

Applications are analyzed to identify various strengths and weaknesses in each proposal. If more than one application is submitted for the same type of project in the same district (subdistrict or service planning area), applications are comparatively reviewed to determine which applicant best meets the review criteria.

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Section 59C-1.010(3)(b), Florida Administrative Code, prohibits any amendments once an application has been deemed complete. The burden of proof to entitlement of a certificate rests with the applicant. As such, the applicant is responsible for the representations in the application. This is attested to as part of the application in the certification of the applicant.

As part of the fact-finding, consultant Steve Love, analyzed the application in its entirety with consultation from financial analyst Everett (Butch) Broussard of the Bureau of Central Services, who evaluated the financial data.

**E. CONFORMITY OF PROJECT WITH REVIEW CRITERIA**

The following indicate the level of conformity of the proposed project with the review criteria and application content requirements found in Sections 408.035 and 408.037, and applicable rules of the State of Florida, Chapters 59C-1 and 59C-2, Florida Administrative Code.

**1. Fixed Need Pool**

**a. Does the project proposed respond to need as published by a fixed need pool? Or does the project proposed seek beds or services in excess of the fixed need pool? Rule 59C-1.008(2), Florida Administrative Code.**

In Volume 40, Number 193, of the Florida Administrative Register, dated October 3, 2014, a hospice program need of one was published for Service Area 5A for the January 2016 Hospice Planning Horizon. Therefore, the applicants are applying in response to published need.

Service Area 5A is currently served by the following two providers:

- Gulfside Regional Hospice, Inc.
- HPH Hospice

Hospice admissions in Hospice Service Area 5A are listed below by the applicable providers:

<b>Hospice Admissions in Hospice Service Area 5A for the 12-Month Period ending June 30, 2014</b>	
Gulfside Regional Hospice, Inc.	1,536
HPH Hospice	2,032
<b>Total</b>	<b>3,568</b>

Source: Agency for Health Care Administration's Florida Need Projections for the January 2016 Hospice Planning Horizon, published October 3, 2014

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Each co-batched applicant offers additional arguments in support of need for each respective project. Arguments are listed and briefly described below.

### **Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)**

proposes to implement a hospice focused on the non-cancer diagnosis of terminally ill patients, anticipating admitting 85 percent non-cancer patients and 15 percent cancer patients. CCHGC indicates tailoring the proposed program to have both a cardiac (45 percent) and pulmonary (22 percent) focus while being a full service program to serve needs of cancer and other non-cancer terminally-ill patients. The applicant provided some key points supporting approval of the proposed project:

- Compassionate Care's Cardiac Connections Program will be centerpiece of the proposed project. There is a stated 1.4 percent hospital readmission rate with this program versus 23 percent nationally (as of October 2014), with the national average being more than 16 times that of the applicant—a significant positive impact on the local health care community, as well as patients and families
- CMS has recognized the Cardiac Connections Program as an effective tool in reducing Medicare costs. The applicant states that readmissions for the 215 projected Cardiac Connection patients should be reduced from 37 to two in the first two years of operations--saving local hospitals substantial resources
- Compassionate Care's Pulmonary Connections Program has penetrated into various communities and incorporates respiratory therapy and other unique programming aspects into the program
- The gap in cancer admissions is 64 patients—the applicant proposes to serve 54 of these patients.
- Community support for the proposed project is a highlight, particularly regarding specialty and unique programming, additional hours of aide care per day/week and a quality choice/accredited provider.

CCHGC indicates a decline in non-cancer patient admissions at HPH Hospice (the largest Subdistrict 5A hospice provider) from 2,774 to 2,547, an 8.2 percent decrease, for the period ending calendar year 2013. CCHGC notes that at the same time, Florida experienced a 4.8 percent increase during this time frame of non-cancer patients. The applicant contends that if a new provider with extensive experience and programming in the non-cancer terminal diagnosis is not approved, then the need will only continue to be unmet and further exacerbated into the

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future. The applicant notes that non-cancer deaths in Pasco County will increase at a rate more than three times the State average. Concerning current and estimated hospice admissions, the applicant provides the following table.

**Subdistrict 5A vs. Florida  
Non-Cancer Hospice Admissions  
Actual June 30, 2014 and Forecasted 2016**

	<b>2012 Non-Cancer Deaths</b>	<b>Forecasted 2016 Non-Cancer Deaths</b>	<b>Two Year Percent Change</b>
Subdistrict 5A	2,309	2,642	14.4%
Florida	76,266	79,757	4.6%

Source: CON application #10280, page 14

CCHGC asserts that an increase of 14.4 percent in anticipated non-cancer hospice admissions (333 admissions) further demonstrates the need for a qualified non-cancer hospice specialist like Compassionate Care Hospice.

The applicant also discusses Subdistrict 5A's declining hospice admissions, declining penetration rates and rising death totals over the past few years. CCHGC contends that this data suggests the need for the proposed project. The applicant points out a higher Subdistrict 5A hospice admission total in CY 2012 (3,817) than in CY 2013 (3,634) despite a lower death count in 2012 (5,527) than in CY 2013 (5,724). The applicant also shows that the hospice penetration rates in the area have declined from 69.1 percent (CY 2012) to 65.2 percent (CY 2013).

CCHGC contends it thoroughly investigated resident deaths and hospice admissions by disease category to assess where the gap in service is, particularly since 88 percent (351 of 397) of the unserved patients are within the 65 and older non-cancer cohorts.

CCHGC contends that 88 percent of the unserved hospice population (351 of 397) are 65 and older non-cancer patients. The applicant presents Department of Elder Affairs (DOEA) 2013 data, and notes that providers licensed in Pasco County (including HPH Hospice which reported composite data) reported 17.7 percent of their patient volume as heart disease patients. The reviewer notes that on page 29 of the application CCHGC states that according to DOEA 2013 data, providers licensed in Pasco County reported 12.3 percent volume as heart disease patients.

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CCHGC indicates utilizing 2012 Medicare claims and Florida Office of Vital Statistics data that in CY 2012, of 1,272 cardiac disease deaths of residents age 65+ in Pasco County, 1,055 of these deaths were not under hospice care and that this represented 82.9 percent of these cardiac disease deaths. See the table below.

**Subdistrict 5A Resident Deaths, Ages 65+  
Cardiac Disease Only  
Calendar Year 2012**

	<b>Cardiac Disease(A)</b>
Subdistrict 5A Resident Deaths, Ages 65+	1,272(B)
Hospice Medicare Deaths, Age 65+	217(C)
Deaths NOT on Hospice	1,055
Percent of Total Deaths Not on Hospice	82.9%
Percent of Deaths on Hospice	17.1%

- (A) Cardiac Deaths include major cardiovascular disease and other circulatory system diseases
- (B) Major cardiovascular disease deaths, age 65+. We realize a portion of these are sudden deaths but the data does not distinguish that from all others
- (C) Hospice Medicare discharges for cardiovascular disease are only those who died while on hospice, not those who were not discharged or were discharged alive

Source: CON application #10280, page 18

The applicant asserts that there is a significant percent of underserved cardiac patients in the proposed service area. Based on its analysis, the applicant estimates a 45 percent cardiac admission rate for the proposed project (by year two) and that this contrasts with the 17.7 percent experience of the existing providers. The reviewer notes that the applicant stated in the table above a 17.1 percent experience by the existing providers.

The applicant discusses the joint recommendations in 2009 by the American Heart Association and American College of Cardiology for patients with refractory end stage heart failure for the proper management of such end-stage heart disease patients. CCHGC notes that one of the recommendations is that options for end-of-life should be discussed with the patient and family. The applicant also presents some national trends in major cardiovascular disease and its prevalence on pages 20-24 of CON application #10280.

CCHGC estimates a \$22,000 per hospice patient savings to CMS with an estimated 160 Cardiac Connections Program patients forecasted for year two in Pasco County resulting in an annual savings of \$3.5 million for the proposed program. The applicant contends that this program breaks the cycle of emergency room visits and hospitalizations, managing the patient's anxiety, comforting both the patient and their families, improving the patient's functional status, alleviating shortness of breath and alleviating pain.



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The applicant forecasts 35 percent of its 156 admissions in year one and 45 percent of its 361 admissions in year two of the proposed project will be cardiac patients, with 55 and 160 cardiac admits in year one and two, respectively.

CCHGC provides a description of the Cardio Connections team, restates a portion of its conditions, provides written materials on the Cardiovascular Program and discusses the Cardiovascular Connection Program's specialized home care attributes.

Citing the same Medpar discharge data as above the applicant notes that, 182 persons age 65 and older died of respiratory disease in CY 2012, while on hospice in Pasco County. The applicant contends that this suggests that nearly 300 persons died of respiratory disease while not on hospice.

CCHGC notes that in 2013, respiratory disease was the third leading category of deaths in Pasco County, following only cancer and cardiovascular disease. The applicant also states that last year, 584 residents died of various respiratory disease of which 488 were 65 and older. The applicant asserts that its pulmonary hospice team will be committed to controlling severe symptoms which contribute to re-hospitalization. The applicant indicates that the team will accomplish the following:

- Improve overall quality of life
- Boost patient and caregiver confidence in managing symptoms at home
- Prevent hospitalization
- Frequent monitoring by a respiratory therapist and a registered nurse to relay changes in condition to the medical director
- Hospice aide to assist with activities of daily living up to two hours a day
- Entire hospice team to support physical, emotional and spiritual needs.

CCHGC maintains that upon admission, a respiratory therapist will perform a separate evaluation, as well as an environmental assessment of pulmonary patients, with additional screening for a physical therapist. The applicant indicates that it projects 22 percent of its patients will be pulmonary patients, equating to 70 to 80 patients in year two.

CCHGC estimates that 67 percent of its patients will have cardiac or pulmonary related diseases and another 18 percent will have other non-cancer diagnoses including renal failure, Alzheimer, AIDS and other

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diagnoses. The applicant contends that with an 85 percent non-cancer admission rate, the proposed project will have a service which contrasts with the existing providers. See the table below.

**Distribution of Hospice Cases: Cancer vs. Non-Cancer**

	<b>Cancer</b>	<b>Non-Cancer</b>	<b>Cancer</b>	<b>Non-Cancer</b>
Gulfside Regional Hospice	516	1,020	33.6%	66.4%
HPH Hospice (1)	743	1,289	36.5%	63.5%
Subdistrict 5A Total	1,259	2,309	35.3%	64.7%
Statewide Total	39,708	76,266	34.2%	65.8%
<b>CCHGC Pasco, Year Two</b>	<b>54</b>	<b>307</b>	<b>15.0%</b>	<b>85.0%</b>

Source: CON application #10280, page 29

Note: The reviewer notes that the applicant offers no explanation of the HPH Hospice “(1)” reference

The applicant states that while the proposed program will emphasize its Cardiac Connections, Pulmonary Connections, Renal (Promises) and Advanced Care Connections—it will still be a full service hospice for all diseases.

CCHGC states that Advance Care Connections is a palliative care program affiliated with Compassionate Care Hospice. This program is stated to be a proven effective tool in increasing hospice penetration for cancer patients, acting as a bridge for people who are not prepared to forego curative care but will benefit from palliative care. The applicant indicates that the program is a positive experience with palliative care—showing hospice as a valid alternative to a continuum of unnecessary and ineffective continued treatment of a terminal illness. According to CCHGC, this program is not the same as hospice and will not be reported to the Agency as hospice patients or admissions. The applicant states that services provided by Advanced Care Connections include but are not limited to:

- Expert treatment of pain and other symptoms
- Communication between Advanced Care Connections and patient regarding disease and illness prognosis
- Assistance and guidance navigating through the health care system
- Emotional support for the patient and patient’s family
- Improved quality of life

The applicant asserts that the Advanced Care Connections program will be offered in the proposed project and will help to increase penetration through a non-hospice and non-traditional option.

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CCHGC discusses community support and states that during the months of October, November and December, representatives of the applicant met with community leaders and representatives throughout Pasco County. The applicant indicates that specific target areas were identified, including outreach to the following terminally ill populations:

- Non-cancer cardiovascular disease patients
- Non-cancer pulmonary disease patients
- Cancer patients
- Other terminally ill patients

The applicant provided a list of skilled nursing facilities (SNFs) and assisted living facilities (ALFs) that expressed support:

- Bayonet Point Health and Rehabilitation Center (SNF)
- Rose Castle at West Winds (ALF)
- Pretty Point Manor (ALF)
- Bri Gardens (ALF)

The applicant contends that the proposed project, if approved, will directly enhance availability, accessibility and extend of utilization of hospice service for terminally-ill underserved residents of Subdistrict 5A. The applicant presents information about its parent company's national hospice programs, mission and philosophy on pages 35 – 41 of CON application #10280.

CCHGC describes an interdisciplinary team (IDT) approach that the applicant indicates the proposed project will mirror that is used in Compassionate Care's other hospice programs throughout the country. Per the applicant, at the "circle of care" are the patient and the patient's family. CCHGC provides a narrative description of each of the following IDT members:

- Patient's primary care physician
- Hospice medical director
- Registered nurse
- Social worker
- Certified home health aide
- Therapists (physical, occupational or speech therapy as indicated by the care plan)
- Dieticians
- Bereavement counselors
- Chaplains
- Trained volunteers
- Nurse practitioner

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CCHGC indicates it will provide routine, general inpatient, respite and continuous care to its terminally-ill patients, either provided at home inpatient or within nursing home/hospital. The applicant indicates supplemental services as follows:

- Admission response within 24 hours of referral
- In-home evaluation to determine hospice eligibility
- After-hours and weekend admissions
- Nurses available for evening and/or night visits
- Inpatient hospice for symptom control, family breakdown or respite care
- Licensed practical nurses or certified home health aides to assist with personal care and to provide wound care
- Continuous care during crisis

CCHGC discusses the Promise Program (end-stage renal disease), stating that this is often the most underserved patient population. The reviewer notes that the applicant does not provide any projections of admissions for this patient population.

CCHGC estimates no impact on existing providers in Subdistrict 5A, should the proposed project be approved. The applicant projects an increase of 420 admissions in the subdistrict overall from June 30, 2014 to CY 2017, with 361 admissions for CCHGC Pasco. The applicant contends that these forecasted market penetration and share projected are reasonable and realistically obtainable. See the table below.

**Historical and Forecasted Hospice Admissions  
Pasco County**

	6/30/14		Forecasted CY 2017 (Year Two)	
	Admissions	Market Share	Admissions	Market Share
Gulfside Regional	1,536	43.0%	1,561	39.2%
HPH Hospice	2,032	57.0%	2,066	51.8%
CCHGC Pasco	0	0.0%	361	9.1%
Total	3,568	100.0%	3,988	100.0%

Source: CON application #10280, page 59

CCHGC asserts that with licensure and certification of the proposed program, CCHGC will eliminate the existing monopolistic situation, decrease outmigration, meet the hospice needs of the community, enhance quality of care and access and meet the needs of the underserved patients of the community which has been identified. The reviewer notes that the applicant does provide data regarding a monopolistic situation (Pasco County has two hospice providers) and only mentions outmigration briefly.

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**Odyssey Healthcare of Marion County, LLC (CON #10281)** plans to have a physical presence in Pasco County, either in the form of an administrative office or a branch. The applicant references several available office spaces in New Port Richey, Florida. The applicant asserts that given Gentiva’s existing presence in Florida, its current relationships in Pasco County and its years of experience successfully operating hospice programs throughout Florida and the country, Gentiva is the most qualified applicant.

Gentiva indicates that the proposed service will bring community education programs to Pasco County that are targeted at a variety of cultural segments, a robust outreach program, financial accessibility and quality care tailored to each and every patient. Gentiva asserts that as an existing provider of home health services in the area, it has the resources and the commitment to overcome barriers to hospice utilization that are currently present.

Using Agency population estimates, Gentiva discusses total population growth in Pasco County, compared to Florida overall, from 2014 to 2019. The applicant emphasizes that the overall population of Pasco County is to grow at a faster rate (11.53 percent) compared to the state overall (7.05 percent) and that further, over the same period, the age 65+ population in Pasco County is to grow at a faster rate (17.22 percent) compared to the state overall (17.03 percent). See the exhibit below.

**Subdistrict 5A and Florida Population Estimates 2014-2019**

	Pasco County			Florida		
	2014	2019	% Change	2014	2019	% Change
0-17	100,474	110,113	9.59%	4,056,414	4,245,397	4.66%
18-64	279,122	307,445	10.15%	11,825,288	12,401,596	4.87%
65+	101,597	119,095	17.22%	3,548,756	4,153,269	17.03%
75+	46,450	51,172	10.17%	1,619,920	1,823,405	12.56%
Total Population	481,193	536,653	11.55%	19,430,458	20,800,262	7.05%

Source: CON application #10281, page 40, Exhibit 1

Gentiva also emphasizes the percent growth of the under 65 population of Pasco County compared to the state as a hospice provider must be prepared to meet the needs of both age categories. The applicant asserts that the number of patients potentially benefiting from hospice services is likely to expand significantly over the coming years.

Using Claritas data, Gentiva discusses race population growth in Pasco County from 2014 to 2019, for the age 65 and over population as well as the total population for the same period. Gentiva contends that it is significant that the white population is experiencing a fraction of the growth in the area compared to every other category. Gentiva emphasizes that a new hospice in the area must be prepared to develop

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programs that address this increasing diversity and that the applicant already has fully developed programs ready to be tailored to the community. Further, Gentiva asserts having already fully cultivated relationships in the Hispanic, Latino and African American communities to begin educational programming, if the proposed project is approved. The reviewer added a column to show the change in population by number as well as the applicant's percentage analysis. The reviewer notes that the applicant presents statistics for the white population where the population grows by 13,697 for the 65+ population from 2014 to 2019 but by only 4,966 for the total population from 2014 to 2019. See the two exhibits below.

**Age 65+ Population Growth for Subdistrict 5A by Race 2014-2019**

	<b>2014</b>	<b>2019</b>	<b>Change</b>	<b>Percent Change</b>	<b>Annual Rate of Growth</b>
African American	2,089	3,281	1,192	57.06%	9.45%
Other Race	644	921	277	43.01%	7.42%
American Indian	237	337	100	42.19%	7.29%
2 or More Races	742	1,033	291	39.22%	6.84%
Asian	1,160	1,598	438	37.76%	6.62%
Pacific Islander	27	37	10	37.04%	6.50%
White	101,107	114,804	13,697	13.55%	2.57%
<b>Total</b>	<b>106,006</b>	<b>122,011</b>	<b>16,005</b>	<b>15.10%</b>	<b>2.85%</b>

**Total Population Growth by Subdistrict 5A by Race 2014-2019**

	<b>2014</b>	<b>2019</b>	<b>Change</b>	<b>Percent Change</b>	<b>Annual Rate of Growth</b>
African American	26,642	35,236	8,594	32.26%	5.75%
American Indian	1,943	2,374	431	22.18%	4.09%
Pacific Islander	313	376	63	20.13%	3.74%
2 or More Races	11,906	14,038	2,132	17.91%	3.35%
Other Race	13,673	16,041	2,368	17.32%	3.25%
Asian	11,075	12,944	1,869	16.88%	3.17%
White	412,121	417,087	4,966	1.20%	0.24%
<b>Total</b>	<b>477,673</b>	<b>498,096</b>	<b>20,423</b>	<b>4.28%</b>	<b>0.84%</b>

Source: CON application #10281, Exhibit 2 and Exhibit 3, pages 41 and 42, respectively

Gentiva discusses the ethnicity population growth in Pasco County from 2014 to 2019, for not Hispanic and Hispanic residents. Gentiva contends that the Hispanic population is expected to have an 18.12 (11,282 residents) percent population increase over the period, compared to a statewide average increase of 12.29 (570,582 residents) percent. Gentiva emphasizes that any new hospice in the area must be able to provide bilingual programs and culturally sensitive programming. See the exhibit below.

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**Ethnicity of Population of Subdistrict 5A 2014-2019**

	Pasco County			Florida		
	2014	2019	% Change	2014	2019	% Change
Not Hispanic	415,413	424,554	2.20%	15,010,160	15,567,295	3.71%
Hispanic	62,260	73,542	18.12%	4,644,297	5,214,879	12.29%
<b>Total Population</b>	<b>477,673</b>	<b>498,096</b>	<b>4.28%</b>	<b>19,654,457</b>	<b>20,782,174</b>	<b>5.74%</b>

Source: CON application #10281, page 42, Exhibit 4

Gentiva asserts that outreach through churches will be especially critical to ensure education to the Hispanic and Latino communities. The applicant maintains that it will reach out to various multicultural and Hispanic churches and community centers. The applicant states it already has programs in place throughout the state and can seamlessly bring these to Pasco County. The applicant offers a sample of forms and materials provided in Spanish in Attachment 15 of CON application #10281. The applicant asserts that it has maintained multiple efforts to reach out to the Hispanic community through its existing agencies and branch offices.

Gentiva estimates a Pasco County total veteran population of 53,020 in 2014, that will decrease to 48,962 by 2019. Gentiva attributes this population decrease in part to death. The applicant notes that for the same period, estimates show that the veterans in the age 85 and older segment will increase from 5,038 to 5,208. Gentiva indicates that this elderly population is at the highest risk for the conditions that require hospice care such as cancer, cardiac disease, pulmonary disease and Alzheimer’s dementia. See the exhibit below.

**Veteran Population for Pasco County**

	2014	2015	2016	2017	2018	2019
Veterans 65 and Under	24,364	24,010	23,750	23,659	23,421	23,170
Veterans 65+	28,656	28,258	27,717	26,988	26,385	25,792
Total Pasco	53,020	52,269	51,467	50,647	49,806	48,962
<b>Veterans 85+</b>	<b>5,038</b>	<b>5,178</b>	<b>5,332</b>	<b>5,377</b>	<b>5,317</b>	<b>5,208</b>

Source: CON application #10281, page 43, Exhibit 5

Gentiva indicates that from 2003 to 2013, the under age 65 population in Pasco County experienced a 24.8 percent increase in deaths compared to a decline of 2.7 percent for the age 65+ population in the same area for the same time period. The applicant maintains that this is in contrast with the aging of the population in the county.

Using the same data, Gentiva indicates that the total Hispanic population in Pasco County from 2003 to 2013 experienced a 110.5 percent increase in deaths, compared to total non-Hispanic 0.7 percent increase in deaths, for the same time period, in the same area.

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According to Gentiva, this shows the need for hospice care that is focused on the cultural needs for this population. See the exhibit below.

### Deaths by Ethnicity for Pasco County 2003-2013

	2003	2013	Incremental Change	Percent Change
Hispanic Under 65	44	63	19	43.2%
Hispanic 65+	51	137	86	168.6%
Hispanic Total	95	200	105	110.5%
Non-Hispanic Under 65	1,001	1,254	243	24.0%
Non-Hispanic 65+	4,324	4,120	-204	-4.7%
Non-Hispanic Total	5,335	5,374	39	0.7%

Source: CON application #10281, page 44, Exhibit 7

The applicant states that by percent the growth in the number of deaths among African Americans and other races in Subdistrict 5A has far outpaced the growth of deaths of the white population. The reviewer collapses the following exhibit to reflect death totals (for all ages) among the referenced races and the corresponding percentages (1.3 percent among whites, 28.2 percent among Blacks and 415.4 percent among “other”).

### Deaths by Race for Pasco County 2003-2013

	2003	2013	Incremental Change	Percent Change
White Total	5,339	5,407	68	1.3%
Black Total	78	100	22	28.2%
Other Total	13	67	54	415.4%
All Races Total	5,430	5,574	144	2.7%

Source: CON application #10281, page 45, Exhibit 8

Gentiva indicates that for Pasco County from 2003 to 2013, the number of deaths due to respiratory disease and residual causes have increased significantly. The applicant maintains that death attributable to cardiovascular disease has decreased (by 20.6 percent) for the same period, but that cardiovascular disease is still the largest cause of death in Pasco County. See the exhibit below.

### Selected Causes of Death in Subdistrict 5A, 2003-2013

	2003	2013	Percent Change
Cancer	1,259	1,309	3.97%
Other Causes (Residual)	414	631	52.4%
Cardiovascular Diseases	1,988	1,577	-20.6%
Respiratory Diseases	519	584	12.5%

Source: CON application #10281, page 46, Exhibit 9



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The applicant states it has years of experience working with patients who are suffering from these life-limiting conditions in Florida and throughout the country. Gentiva proposes to establish an office to serve what the applicant describes as a different part of the county (New Port Richey) from existing providers, enabling better coverage from all providers. The applicant notes that HPH, an existing provider, has a presence in New Port Richey but “only in the form of an inpatient facility”. Gentiva maintains that the proposed program will bring experience and program development for the highest quality hospice care.

The applicant indicates that Pasco County residents discharged to hospice totaled 1,904 or 2.7 percent of the total of the 70,412 residents discharged. Utilizing the same source for the same period, Gentiva states that 1.58 percent of Hispanic residents were discharged to hospice, compared to 2.78 percent non-Hispanic and 2.30 percent “unknown”. Gentiva contends that this shows that Hispanics are not receiving hospice services at the rate of non-Hispanics and the proposed program will remedy this barrier through extensive outreach, education and targeted care and programming. See the exhibit below.

**Subdistrict 5A 2013 Discharges to Hospice by Ethnicity**

	<b>Discharged to Hospice</b>	<b>Total Discharges</b>	<b>Percent of Total</b>
Hispanic or Latino	70	4,428	1.58%
Non-Hispanic or Latino	1,823	65,506	2.78%
Unknown	11	478	2.30%
<b>Grand Total</b>	<b>1,904</b>	<b>70,412</b>	<b>2.70</b>

Source: CON application #10281, page 48, Exhibit 12

Gentiva next discusses statewide hospice penetration rates from 2010 through 2013 and states that the rates have been relatively constant for that period—but there has been a decline in hospice penetration rates for Pasco County for the same time period. The applicant also presents Pasco County hospice penetration rates 2010-2013 for the following populations:

- Age 65 and under with cancer
- Age 65 and over with cancer
- Age under 65 with diagnosis other than cancer
- Age 65 and over with diagnosis other than cancer

The applicant concludes that overall, patient deaths under the age of 65 and all deaths that are non-cancerous appear to be driving the need for additional hospice services in Pasco County. Gentiva indicates plans to meet this need through its extensive existing relationships in the area with hospitals, SNFs, ALFs, physicians and other referral sources within the community.

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Gentiva contends that care provided by setting is an important characteristic to consider. Using hospice utilization reports, Gentiva states that from January 2013 to June 2014, 55 percent of hospice patients in Subdistrict 5A were served in their homes (including ALFs), with 10 percent in nursing homes and 1.5 percent in hospitals. The applicant affirms that it has a documented history of serving patients in SNFs, hospitals, ALFs and in their homes. Gentiva maintains that it already has established relationships with these types of facilities in Pasco County based on its current home health presence. Gentiva also states its proposed program will bring balance to patient settings.

Gentiva's states that its proposed project is based on 20 assumptions and calculations (CON application #10281, page 57 -58) and briefly describes each. Based on these factors, the applicant estimates 96 admissions in year one (ending June 30, 2016) and 258 admissions in year two (ending June 30, 2017). Gentiva maintains that 96 incremental patients in 2016 and 86 incremental patients in 2017 will remain for the existing area hospice providers. See the exhibit below.

**Projected Gentiva Patients in Subdistrict 5A**

Total Pasco County	Actual		Projected Calendar Years				
	2013	2014	2015	2016	2017	2018	2019
Cancer Under 65	317	329	346	366	385	405	426
Cancer 65 and Over	930	946	980	1,021	1,064	1,107	1,150
Non-Cancer Under 65	218	217	220	223	226	228	230
Non-Cancer 65 and Over	2,169	2,191	2,256	2,340	2,429	2,517	2,605
Total	3,634	3,683	3,802	3,950	4,103	4,257	4,411
				<b>Market Patients FY 2016</b>	<b>Market Patients FY 2017</b>	<b>Incremental Patients FY 2016</b>	<b>Incremental Patients FY 2017</b>
<b>Project Years</b>							
Cancer Under 65				356	376	27	47
Cancer 65 and Over				1,000	1,042	54	96
Non-Cancer Under 65				222	225	4	7
Non-Cancer 65 and Over				2,298	2,384	107	194
Total				3,876	4,027	193	343
<b>AHCA Projected Need January 2016</b>				<b>3,965</b>			
<i>Admissions by Gentiva</i>				<b>Projected Market Share</b>		<b>Projected Admissions</b>	
Cancer Under 65				3.8%	9.3%	14	35
Cancer 65 and Over				2.7%	6.9%	27	72
Non-Cancer Under 65				1.0%	2.4%	2	5
Non-Cancer 65 and Over				2.3%	6.1%	54	145
Total Gentiva Patients				2.5%	6.4%	<b>96</b>	<b>258</b>
Incremental Patients Remaining for Existing Providers						96	86

Source: CON application #10821, page 59, Exhibit 23

Gentiva indicates ALOS, projected patient days and ADC for year one and year two of the proposed project. See the exhibit below.

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**ALOS, ADC and Projected Patient Days**

	<b>Year One</b>	<b>Year Two</b>
ALOS	65.2	79.1
Projected Patient Days	6,260	20,415
Average Daily Census	17.2	55.9

Source: CON application #10281, page 59, Exhibit 24

The applicant contends meeting its projections with no impact on the existing providers in Pasco County—through population growth and increases in penetration rates. Other factors that the applicant contends will support the conclusion that the existing providers will not be adversely impacted are:

- Communities that are underserved or are not served by the existing provider will likely be utilizing Gentiva
- Because it will expand access to environments that have been underserved in the past--the proposed project will not take volume from the existing provider

The applicant presents 10 factors demonstrating that it is the best candidate to meet the needs of Pasco County:

- Gentiva’s years of experience and expertise providing hospice services for more than three decades
- Gentiva’s skill and experience in innovation, quality hospice programs and services that distinguish it from other batched applicants
- The ability to timely implement a project and initiate hospice care and services in Pasco County due to its existing presence in the county and in the region
- The commitments made in the application to meet the specific needs of Pasco County
- National reputation as an industry leader of hospice services
- Demonstrated patient satisfaction
- Demonstrated financial feasibility
- CHAP (Community Health Accreditation Program) accreditation
- Gentiva’s track record for outcome driven hospice care
- Operation of the Gentiva Hospice Foundation to increase outreach and care for future and existing patients and caregivers

**Regency Hospice of Northwest Florida, Inc. (CON #10282)** proposes a main office located in the New Port Richey/Trinity area and a satellite office in the Zephyrhills area. These locations are stated to provide quick and easy access to all of Pasco County.

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Using Agency population estimates, Regency indicates that the Pasco County population age 65 and older is significant and rapidly growing, expected to reach over 120,000 (an increase of 17.4 percent) by 2019. The applicant also indicates that this is extremely important since older residents are the primary consumers of hospice care. See the table below.

**Estimated and Projected Population and Growth by Age  
Pasco County and Florida**

Age Cohorts	Pasco County				Florida
	2014	2019	Increase	Percent Increase	Percent Increase
Under 18	101,414	110,979	9,565	9.4%	4.7%
18 to 65	282,233	309,889	27,656	8.7%	4.8%
65 to 74	56,082	69,323	13,241	23.6%	21.1%
75 and Older	46,895	51,608	4,713	10.1%	12.9%
<b>Subtotal 65 and Older</b>	<b>102,977</b>	<b>120,931</b>	<b>17,954</b>	<b>17.4%</b>	<b>17.4%</b>
<b>All Ages</b>	<b>486,624</b>	<b>541,799</b>	<b>55,175</b>	<b>11.3%</b>	<b>7.1%</b>

Source: CON application #10282, page 35, Table 2

Regency provides a 2014 to 2019 total population table for all ages in Pasco County, by race. Per Regency, the level of racial diversity is expected to increase (particularly among the non-white residents) in the county. Regency indicates that among the age 65 and older population, the percentage growth of all non-white racial groups is projected to increase by 37 percent to 57 percent between 2014 and 2019 in Pasco County. See the table below.

**Estimated and Projected Population and Growth by Race  
65 and Older  
Subdistrict 5A and Florida**

Race	Pasco County				Florida
	2014	2019	Increase	Percent Increase	Percent Increase
White	101,107	114,804	13,697	13.5%	16.0%
African American	2,089	3,281	1,192	57.1%	23.9%
American Indian	237	337	100	42.2%	35.9%
Asian	1,160	1,598	438	37.8%	38.8%
Pacific Islander	27	37	10	37.0%	62.7%
Other Race	644	921	277	43.0%	40.0%
Two or More Races	742	1,033	291	39.2%	40.2%
<b>Total</b>	<b>106,006</b>	<b>122,011</b>	<b>16,005</b>	<b>15.1%</b>	<b>17.4%</b>

Source: CON application #10282, page 37, Table 4

Regency contends that the non-white population in Pasco County is significant and rapidly growing. The applicant indicates that the Hispanic population (for all ages) in Pasco County is significant in size and growing at more than eight times the rate of the non-Hispanic population (by more than 11,000 people and an 18.1 percent increase between 2014 and 2019). See the table below.

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**Estimated and Projected Population and Growth by Ethnicity  
All Ages  
Subdistrict 5A and Florida**

Ethnicity	Pasco County				Florida
	2014	2019	Increase	Percent Increase	Percent Increase
Hispanic	62,260	73,542	11,282	18.1%	12.3%
Non-Hispanic	415,413	424,554	9,141	2.2%	3.7%
<b>Total</b>	<b>477,673</b>	<b>498,096</b>	<b>20,423</b>	<b>4.3%</b>	<b>5.7%</b>

Source: CON application #10282, page 38, Table 6

In addition, Regency points out that the Hispanic, 65 and older, population of Pasco County is growing at a rate roughly three times faster than the non-Hispanic population, by more than 39 percent between 2014 and 2019.

Regency notes that it, and its sister companies, operate in numerous markets where the Hispanic population is a substantially higher proportion of the population (such as regions in Arizona and Texas). Regency states plans to reach out to this population, with Spanish language materials and Spanish-speaking staff and volunteers. Outreach to churches and Hispanic organizations in Pasco County is also mentioned. Regency indicates that it will extend an invitation to all races, ethnicities, religious and cultural groups to contact Regency to receive more information or host community events. The applicant asserts having an approach and multicultural outreach that will enable it to serve the hospice needs of all service area residents, including the racial and ethnic minority population. The applicant notes that it will create a Mobile Hospice Education Team in the first year of operation to provide information about hospice services.

Regency maintains that according to the Veteran Population Projection Model 2014 (Department of Veterans Affairs), there is a substantial number of Veterans in Pasco County, many of whom are older and facing end of life decisions. See the table below.

**Veteran Estimated and Projected Population  
Subdistrict 5A**

Age Cohort	2014	2015	2016	2017	2018	2019
Under 65	24,364	24,010	23,750	23,659	23,421	23,170
65 and Older	28,656	28,258	27,717	26,988	26,385	25,792
<b>All Ages</b>	<b>53,020</b>	<b>52,269</b>	<b>51,467</b>	<b>50,647</b>	<b>49,806</b>	<b>48,962</b>

Source: CON application #10282, page 40, Table 8

Regency anticipates that by 2019, the number of Veterans in Pasco County is expected to decrease by approximately 4,000, primarily due to deaths. The applicant contends that as a result, there is expected to be significant demand for hospice services over the next five years that offer the dignity and respect that Veterans and their families deserve.

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Regency briefly discusses the Regency Hospice for Heroes program and mentions hospice services specific to veterans under Regency’s hospice care. Regency maintains that among the programs and care partners that Veterans and their families may also have access to include:

- 24-hour nursing support
- Tree of Life (a unique awareness program)
- Effleurage (light touch massage)
- Bereavement support
- Perenity Flower Ministry
- Second Wind Dreams
- Caring Bridge

Using Florida Department of Health (DOH) Community Health Assessment Resource Tool Set (CHARTS) data between 2011 and 2013, Regency indicates that the number of deaths (all ages) in Pasco County increased by 118 or 2.2 percent. The applicant also notes that the number of deaths among the 65 and older age group increased more significantly, by 165 individuals or 4.0 percent. See the table below.

**Deaths by Selected Causes  
Ages 65 and Older  
Subdistrict 5A**

<b>Cause of Death</b>	<b>2011</b>	<b>2013</b>	<b>Change</b>	<b>% Chance</b>
Cardiovascular Disease	1,279	1,323	44	3.4%
Cancer	949	946	-3	-0.3%
Respiratory Disease	457	488	31	6.8%
All Other Causes	1,407	1,500	93	6.6%
<b>Total-All Causes</b>	<b>4,092</b>	<b>4,257</b>	<b>165</b>	<b>4.0%</b>

Source: CON application #10282, page 41, Table 10

According to the applicant, cardiovascular disease is the leading cause of death in Pasco County, followed by cancer and respiratory disease. Regency contends that though it accepts patients with all diseases, it has specific programs to serve patients with the three leading cause of death: cardiovascular disease (including congestive heart failure), cancer and pulmonary disease. In addition, Regency states serving individuals with end-stage Alzheimer’s disease, end-stage renal disease, HIV disease, liver disease and neurologic disorders (including stroke and coma). Regency provides written material on each of these illnesses in Appendix 8 of CON application #10282.

Regency next discusses hospice penetration rates in Subdistrict 5A from 2011 to 2013. See the table below.

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<b>Hospice Penetration Rates Trend Non-Cancer Diagnosis Subdistrict 5A</b>					
<b>Subdistrict 5A</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>Change</b>	<b>% Change</b>
<b>Population Under 65</b>					
Hospice Admissions	251	220	218	-33	-13.1%
Deaths	992	914	951	-38	-3.8%
5A Penetration Rates	25.3%	24.1%	22.9%	-2.4%	-9.5%
FL Penetration Rates	23.1%	22.0%	23.3%	+0.2%	+0.9%
<b>Population 65+</b>					
Hospice Admissions	2,161	2,405	2,170	+9	+0.4%
Deaths	3,143	3,324	3,311	+168	5.3%
5A Penetration Rates	68.8%	72.4%	65.5%	-3.3%	-4.8%
FL Penetration Rates	66.4%	65.2%	66.1%	-0.3%	-0.5%

Source: CON application #10282, page 44

Regency indicates that there is unserved need for hospice services in Pasco County in general but in particular for individuals with a terminal non-cancer diagnosis in all ages as well as those with cancer under the age of 65. The applicant asserts plans to provide an even greater focus on serving the needs of non-cancer patients, including accepting conditions on the approval of the proposed project such as offering specific programs and outreach efforts to serve these patients.

Regency states that its proposed project is based on 10 data sources and assumptions. Based on these factors, Regency estimates 181 admissions in year one (ending June 30, 2016) and 374 admissions in year two (ending June 30, 2017). Regency maintains that 80 incremental patients (by June 2016) and 13 incremental patients (by June 2017) will remain for the existing area hospice providers. The applicant asserts that this demonstrates that it will have no adverse impact on the existing providers in Pasco County. See the table below.

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**Projected Regency Patients  
Subdistrict 5A**

Subdistrict Admissions Diagnosis/Age	Actual			Projected			
	2011	2012	2013	2014	2015	2016	2017
Cancer Under 65	326	314	317	317	317	316	315
Cancer 65 and Older	839	878	930	939	953	970	987
Non-Cancer Under 65	251	220	218	216	215	213	211
Non-Cancer 65 and Older	2,161	2,405	2,170	2,253	2,348	2,460	2,572
<b>Total</b>	<b>3,577</b>	<b>3,817</b>	<b>3,635</b>	<b>3,725</b>	<b>3,833</b>	<b>3,959</b>	<b>4,085</b>

Subdistrict Admissions in Regency's Project Years				
Diagnosis/Age	Subdistrict Admissions		Incremental Patients	
	7/15-6/16	7/16-6/17	7/15-6/16	7/16-6/17
Cancer Under 65	317	316	-1	-2
Cancer 65 and Older	962	979	32	49
Non-Cancer Under 65	214	212	-4	-6
Non-Cancer 65 and Older	2,404	2,516	234	346
<b>Total</b>	<b>3,896</b>	<b>4,022</b>	<b>261</b>	<b>387</b>

Regency Projections				
Diagnosis/Age	Market Share		Admissions	
	7/15-6/16	7/16-6/17	7/15-6/16	7/16-6/17
Cancer Under 65	1.5%	3.0%	5	9
Cancer 65 and Older	2.5%	5.0%	24	49
Non-Cancer Under 65	5.0%	10.0%	11	21
Non-Cancer 65 and Older	6.0%	12.0%	141	295
<b>Total</b>	<b>4.7%</b>	<b>9.4%</b>	<b>181</b>	<b>374</b>

	7/15-6/16	7/16-6/17
<b>Incremental Admissions for Existing Providers</b>	<b>80</b>	<b>13</b>

Source: CON application #10282, page 47, Table 15

Below are Regency's estimates for admissions, ALOS, patient days and ADC for year one and year two of the proposed project.

**Projected Regency Admissions, ALOS, Patient Days and ADC  
Years One and Two**

Admissions	Year One	Year Two
Under 65	16	30
65 and Older	165	344
<b>Total</b>	<b>181</b>	<b>374</b>
ALOS	Year One	Year Two
Under 65	36	45
65 and Older	56	67
<b>Total</b>	<b>54</b>	<b>65</b>
Patient Days	Year One	Year Two
Under 65	576	1,350
65 and Older	9,240	23,048
<b>Total</b>	<b>9,816</b>	<b>24,398</b>
ADC	Year One	Year Two
	27	67

Source: CON application #10282, page 48, Table 16



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Regency concludes that approval and implementation of the proposed project will serve a large number of hospice patients, thereby reducing the incremental need shown by the Agency's need methodology.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)**

states the proposed service will minimize costs while maximizing quality and patient choice. The applicant maintains that the collaboration between Suncoast and BayCare is unprecedented. SBHP asserts that the proposed service will accomplish an integrated model of care by streamlining the continuum of care for patients by linking both acute services as well as post-acute services and end-of-life services.

The applicant plans to serve all of Pasco County and states it will establish two locations:

- Main office – West Pasco/Near Port Richey area (Year One)
- Satellite office – South Central and Eastern Pasco area (Year Two)

SBHP offers the projected population by race and annual rate of change in Pasco County for 2015-2020. The applicant indicates that the white race is growing slower than every other category and that a new hospice provider in Pasco County must be prepared to develop programs that address this diversity. SBHP asserts that diversity programs are a particular strength of the SBHP partnership. The reviewer added a column in the chart below to enumerate the change as well.

**Projected Population for Pasco County by Race and Annual Rate of Change  
2015-2020**

<b>Race</b>	<b>2015</b>	<b>2020</b>	<b>Population Change</b>	<b>Annual Percent Change</b>
White	417,340	427,271	9,931	0.5%
Black	26,622	33,505	6,883	4.7%
American Indian	1,678	1,719	41	0.5%
Asian	11,301	13,061	1,760	2.9%
Pacific Islander	348	437	89	4.7%
Other	14,369	17,071	2,702	3.5%
Two or More Races	12,121	14,083	1,962	3.0%
<b>Total</b>	<b>483,779</b>	<b>507,147</b>	<b>23,368</b>	<b>0.9%</b>

Source: CON application #10283, page 54, Exhibit 8

SBHP also discusses the population growth rate of Hispanic and Non-Hispanic residents in Pasco County for an earlier five-year period (2010-2015) and that the 65+ Hispanic population grew incrementally by 933 residents or 4.1 percent, the highest percentage increase during that time period. SBHP indicates that Pasco County's Hispanic population death rate increased overall by 15.6 percent with the Hispanic 65+ population death rate increasing by 31.7 percent from 2009 to 2013.

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According to SBHP, while Hispanics constitute a small percentage of total deaths, the number of deaths among this ethnic group have increased significantly. See the exhibit below.

### Deaths by Ethnicity 2009-2013

<b>Ethnicity</b>	<b>2009</b>	<b>2013</b>	<b>Incremental Change</b>	<b>Percent Change</b>
Hispanic Under 65	69	63	-6	-8.7
Hispanic 65 and Over	104	137	33	31.7
<b>Hispanic Total</b>	<b>173</b>	<b>200</b>	<b>27</b>	<b>15.6</b>
Non-Hispanic Under 65	1,241	1,252	11	0.9
Non-Hispanic 65 and Over	3,903	4,109	206	5.3
<b>Non-Hispanic Total</b>	<b>5,144</b>	<b>5,361</b>	<b>217</b>	<b>4.2</b>
<b>Grand Total</b>	<b>5,317</b>	<b>5,561</b>	<b>244</b>	<b>4.6</b>

Source: CON application #10283, page 56, Exhibit 11

SBHP states that the percentage of hospice admissions in 2013 for the Black and Hispanic populations is significantly lower than for the State. See the exhibit below.

### Hospice Admissions by Race, 2013 for Subdistrict 5A/Pasco County

<b>Race</b>	<b>Gulfside Hospice &amp; Pasco Palliative Care, Inc.</b>	<b>HPH Hospice</b>	<b>Total</b>	<b>Percent</b>	<b>Statewide</b>
Asian	3	19	22	0.4%	0.5%
Black	26	64	90	1.6%	7.2%
Caucasian	1,586	3,728	5,314	92.6%	73.9%
Hispanic	59	120	179	3.1%	10.6%
Other	97	36	133	2.3%	7.8%
<b>Total</b>	<b>1,771</b>	<b>3,967</b>	<b>5,738</b>	<b>100.0%</b>	<b>100.0%</b>

Source: CON application #10283, page 58, Exhibit 15

SBHP also notes that the existing area hospices' uncompensated and charity care patients were below the state average in 2013. See the exhibit below.

### Hospice Admissions by Payor, 2013 for Subdistrict 5A/Pasco County

<b>Payor</b>	<b>Gulfside Hospice &amp; Pasco Palliative Care, Inc.</b>	<b>HPH Hospice</b>	<b>Average Total</b>	<b>Statewide Average</b>
Medicare	90.1%	90.1%	90.1%	86.1%
Medicaid	3.7%	4.8%	4.2%	7.4%
Third Party	4.9%	4.4%	4.6%	4.1%
Self-Pay	0.1%	0.0%	0.0%	0.8%
Uncompensated	0.8%	0.7%	0.8%	1.5%
Other	0.5%	0.0%	0.2%	0.2%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Source: CON application #10283, page 59, Exhibit 16

Further using Florida DOEA 2013 data, SBHP states that a greater proportion of patients are being served in a private residence or assisted living facility versus the State average. See the exhibit below.

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**Hospice Patient Days by Treatment Setting, 2013 for Subdistrict 5A/Pasco County**

	<b>Gulfside Hospice &amp; Pasco Palliative Care, Inc.</b>	<b>HPH Hospice</b>	<b>Total</b>	<b>Percent</b>	<b>Statewide</b>
Private Residence	72,157	128,306	200,463	57.0%	54.9%
Family Care	0	0	0	0.0%	0.3%
Assisted Facility	32,216	49,079	83,295	23.7%	19.8%
Non-Inpatient Bed	15,354	20,751	36,095	10.3%	19.1%
Inpatient Bed	4,593	82	4,675	1.3%	0.3%
Dedicated Hospice	1,431	0	1,431	0.4%	1.4%
Other Than Dedicated	955	0	955	0.3%	0.9%
Residential Facility	0	6,496	6,496	1.8%	0.3%
Freestanding Facility	3,515	15,035	18,55	5.3%	2.8%
Days Other	0	0	0	0.0%	0.2%
<b>Total</b>	<b>132,221</b>	<b>219,739</b>	<b>351,960</b>	<b>100.0%</b>	<b>100.0%</b>

Source: CON application #10283, page 60, Exhibit 18

SBHP anticipates serving 177 hospice patients by year one and 402 hospice patients by year two of proposed operations. The applicant states this estimate is based on the following:

- Published unmet need
- Historical experience of Suncoast Hospice’s operations in Pinellas County
- Historical experience of BayCare Health System in Pasco County
- Characteristics of the existing hospice population
- Necessity to build volume over time, also referred to as “ramp-up” period
- Verification through an alternative needs analysis

SBHP describes the assumptions in arriving at the stated projection estimates and offers a penetration rate-based need analysis on pages 61 – 67 of CON application #10283. Based on the assumptions and methodologies applied, the applicant provides three estimates of projected hospice patients and the subsequent unmet hospice need of 599, 576 and 427 residents, depending on the data source used. See the exhibit below.

**Penetration Rate Based Need Analysis**

	<b>Projected 2016</b>				<b>Need</b>		
	<b>Population</b>	<b>Deaths</b>	<b>Penetration Rate</b>	<b>Hospice Patients</b>	<b>Hospice Patients 7/13-6/14</b>	<b>Projected minus Current</b>	<b>Need &gt;350?</b>
Population Source							
AHCA Hospice Need Projections	509,835	5,953	70.0	4,167	3,568	599	Yes
State of Florida	503,663	5,920	70.0	4,144	3,568	576	Yes
Nielsen Claritas	488,365	5,708	70.0	3,995	3,568	427	Yes

Source: CON application #10283, page 67, Exhibit 25

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SBHP expects being able to achieve its projected utilization without any material impact on existing providers. The applicant presents other factors likely to reduce impact on existing providers:

- If penetration rates increase in the area, the number of patients available to both existing providers and SBHP could be much higher than projected in the Agency's need methodology or in CON application #10283
- SBHP will bring new programs and approaches to meeting the hospice needs of Pasco County and the special need populations that SBHP has targeted may choose hospice care in larger numbers--contributing to the higher penetration rate
- SBHP will seek opportunities to work in collaboration with existing providers--every effort will be made to avoid unnecessary duplication of services

**VITAS Healthcare Corporation of Florida (CON #10284)** states that because of the size and transportation network in Pasco County, VHCF will have two offices for the proposed project: a main office (proximate to New Pork Richey) and one satellite office (in or near Zephyrhills). The offices are stated to provide space for administrative functions, critical team meetings, volunteer recruitment/training and outreach programs.

VHCF states that it met with numerous groups and community leaders as well as utilized an analysis of both the Centers for Medicare and Medicaid Services (CMS) Hospice Standard Analytical File (SAF) for 2012 and the Denominator File to determine specific needs in the subdistrict. The applicant indicates that the 65+ population constitutes over 90 percent of the unmet need in the subdistrict and that almost all of the residents are covered by Medicare. VHCF asserts that the SAF data did not show any major racial or ethnic groups were underserved relative to state average rates (CON application #10284, Tab 13).

The applicant maintains that four specific needs in the subdistrict would be addressed by project approval. These are listed below:

- Provide independent hospice services to offer Pasco patients and families an expanded choice of hospice providers and compete promptly and effectively with the current hospice providers
- Expand hospice outreach efforts, with particular emphasis on low-income residents to increase the hospice use rate
- Improve end-of-life care in Pasco County and beyond by establishing a teaching hospice in conjunction with USF Health
- Reduce the deficiency rate for hospice services

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Regarding the provision of independent hospice services and competing promptly and effectively, VHCF states it has the resources and experience to be an effective competitor and can work effectively with all hospitals and nursing homes. The applicant notes that it is important that the Agency approves an independent hospice that can work with all hospitals, physicians and other referral sources in Pasco County. VHCF contends that when a hospice is owned by a health system, discharge planners from competing hospitals may be unwilling to refer to the health system-operated hospice, creating barriers. The applicant maintains that there is no advantage to a hospice being owned by a hospital—continuity of care is not an issue as it might be between hospitals and post-acute care facilities.

The applicant notes that it has shown its ability to quickly initiate hospice services after receiving a CON—taking 22 days in 4A, 55 days in 6B and 46 days in 8B. VHCF asserts that several applicants for this batch have no experience establishing new hospices in Florida in the last decade, while all of the remaining applicants have taken seven to 17 months to be licensed. The applicant contends that three of the competing applicants for this project did not meet projected admissions for the first two calendar years of operations when entering a new service area. VHCF states that it has met or exceeded projected admissions on both its entrance to the 4A and 8B hospice service areas. The applicant asserts that it knows how to enter a new market, obtain patient referrals and provide residents and their families with a third high-quality provider in the area.

Regarding expanded outreach with emphasis on low income residents, VHCF indicates that from a public policy perspective “higher hospice use rates are a good thing” allowing patients to die at home and reduces the financial cost of care in the final months of life. VHCF maintains that in Pasco County, hospice use rates have remained essentially constant or declined from 2009 to 2013. VITAS indicates that as a new entrant to the market, it will increase outreach and use rates.

The applicant states that while the overall 2013 hospice use rate in Pasco County is slightly above the state average, it is well below the highest rates observed in other Florida hospice subdistricts. VHCF expects that its outreach activities can increase Pasco County’s hospice use rate, just as it did in Subdistrict 4A (increasing use rate from 58 percent to 64 percent) and Subdistrict 8B (increasing use rate from 53 percent to 70 percent).

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VHCF contends that concerning statistics for Pasco County, problems with use rates are not concentrated in any age, ethnic or diagnostic group, but that there is a need for increased outreach efforts overall. The applicant notes that national data indicates that lower income and lower education households use hospice less than more affluent and educated households. The applicant discusses improving health literacy through its Hospice Education Low Literacy Outreach (HELLO) initiative, through the use of USF Area Health Education Center (AHEC) community health workers (CHWs). VHCF estimates implementation and first year operating budget for the HELLO initiative in Pasco County to be \$185,000. See the table below.

**HELLO Program Funding**

<b>Category</b>	<b>Qty</b>	<b>Description</b>	<b>Estimated Annual Budget</b>
Staff	1	Licensed clinical social worker or licensed marriage and family therapist will lead the initiative, working with partners, VITAS clinical leaders, outreach staff and paid and volunteer community health workers	\$65,000 plus fringe
Staff	3	Paid community health workers will provide ongoing support to those members of the community determined to most likely be eligible for hospice care	\$90,000 (\$30,000 per CHW) plus fringe
Materials		Develop and/or purchase decision aids	\$12,000
Training		Pay the USF-AHEC to train CHWs (3 trainings per year)	\$18,000
<b>Total Annual Cost</b>			<b>\$185,000</b>

Source: CON application #10284, page 17

VHCF states that HELLO has the following objectives:

- Utilize evidence-based strategies to improve the health literacy of low-income adults, primarily those age 65 and over
- Engage local partners, including the USF-AHEC to recruit and train paid and volunteer community health workers
- Deploy community health workers within their own communities, to increase the capacity of seniors living below the poverty level to access hospice and palliative care, complete advance directives and participate in their care planning process
- Provide decision aids, developed utilizing U.S. Government recommendations (including pictograms and plain language in English and Spanish) regarding end-of-life care and treatments

The applicant provides an overview of staffing for the program on pages 14-16 of CON application 10284. In addition, VHCF states that it has commitments from regional and statewide partners that will assist in the recruitment and training for paid and volunteer staff, specifically:

- Training paid and volunteer community health workers, as well as VITAS clinical staff and volunteer managers

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- VITAS will partner with USF to evaluate the efficacy of the HELLO initiative, informing the modification and refinement of the model as needed
- VITAS has joined the Florida Community Health Worker Coalition and will work with them to recruit, identify and share best practices
- VITAS has joined the Florida Literacy Coalition

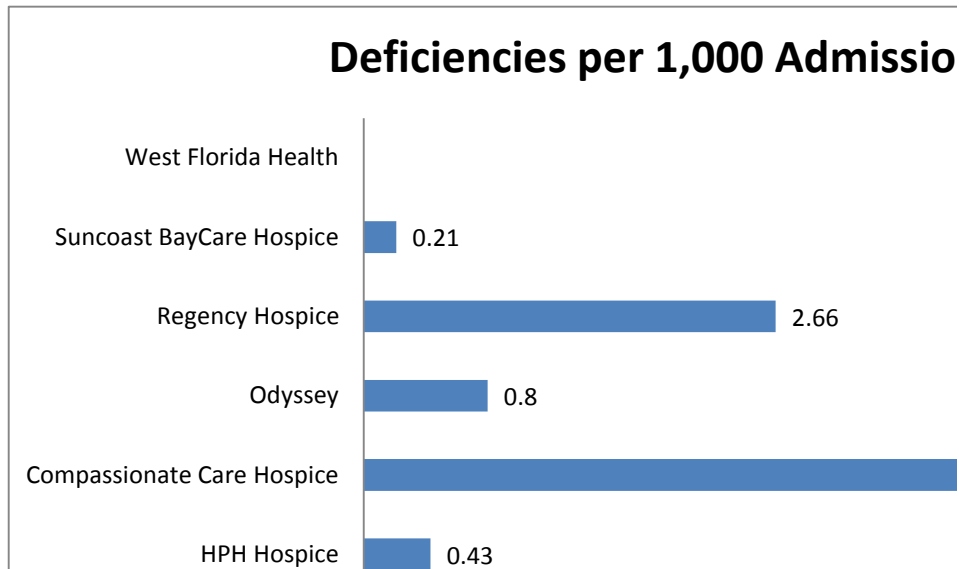
VHCF states that it has made three years of funding for this initiative a condition of the application and will consider further funding based on the results of the program. The reviewer notes that the applicant does not specify the three year timeframe on Schedule C—the condition reads, “VITAS will fund the HELLO program at a total annual cost of \$185,000 for staff, materials, training and evaluation of the HELLO program.”

The applicant cites a report from the Institute of Medicine, *Dying in America*, that identified a need for a greater understanding of the role of palliative care by both the public and health care professionals. VITAS indicates that it plans to create a teaching hospice program as a provider that focuses not only on providing top quality care to its patients and their families, but also uses all available resources and expertise to provide area medical and allied health professionals and students with experience in hospice and palliative care.

VCHF states that the teaching hospice program that will educate physicians, nurses and pharmacists in Pasco County on basic palliative care/hospice treatment options, communication skills and integrated patient management following the biopsychosocial model . The applicant indicates that training will focus on all four domains of clinical competency for palliative care: scientific and cultural knowledge; interpersonal skills and knowledge; ethical and professional principles; and organizational skills. A funding commitment by VITAS to the collaboration with USF of \$955,000 is stated. The applicant provides a breakdown of this funding on page 21 of CON application #10284.

The applicant contends that it has the lowest deficiency rating (0.12 deficiencies per 1,000 admissions, January 2010-June 2014) among any of the competing co-batched applicants or either of the existing hospices. VHCF asserts that this deficiency rate shows that it provides a higher quality of care than either of the existing hospices or the co-batched applicants. See the table below.

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Source: CON application #10284, page 22

VHCF asserts that as a hospice care pioneer and leader with special attributes, experience and strategies that are recognized as an industry standard. The applicant provides many examples of what it classifies as benefits to the communities it serves and to the national health care community at large on pages 25-28 of CON application #10284. VCHF maintains that its focus is on the terminally ill patients and their families and it does not dilute this attention through other health care business lines. The applicant states that improving quality of life, empowerment and personal dignity are its fundamental values and principles and that it creates economies of scale to provide care in excess of regulatory requirements.

The applicant indicates that the existing hospice providers in Subdistrict 5A are relatively large, well-established and financially successful and as such should be able to continue their operations with an additional provider without reducing quality of care or becoming financially unstable. VHCF contends that it is not certain that a new entrant into Subdistrict 5A would be able to compete with the existing providers unless that provider had experience in Florida, solid financial, manpower and programming resources. The applicant maintains that it has demonstrated its ability to move into counties with existing providers, set up hospice services quickly and to achieve projected admission volumes.

**West Florida Health, Inc. (CON #10285)** states that it was created to combine (not compete) efforts to improve efficiency, avoid duplication and provide high quality health care services in an economical manner focusing on post-acute care services and access. The applicant



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maintains that including hospice in the continuum of care at FHS and TGH provides numerous benefits:

- Improved understanding about the resources available for physicians, staff, patients and facilities
- Facilitate and improve access to quality hospice services, including high acuity patients
- Enhance patient satisfaction throughout the continuum of care
- Decrease overall patient costs
- Increase access to professional community-based bereavement services

The applicant states that WFH will consist of a large multidisciplinary team to meet the unmet hospice need of the area. The applicant provides a list and a brief description of each team member:

- Attending Physician
- Hospice Aide
- Spiritual Caregiver
- Hospice Medical Director
- Social Workers
- Hospice Nurse
- Volunteer
- Bereavement Coordinator
- Other Therapists

WFH indicates that it plans to offer a wide range of services to patients and caregivers—including palliative care consults, so as to provide support for the family and forego unnecessarily admitting the patient after removal from a ventilator. The applicant expects to offer alternative therapy programs as well.

WFH discusses integration and continuity of care between and within the partners and more specifically how it relates to hospice care in Pasco County. Using Agency discharge data, WFH indicates that of Pasco County residents, almost 30 percent of inpatient discharges to hospice came combined between Tampa General Hospital and FHS area hospitals. See the figure below.

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**Florida Hospital and Tampa General Hospital Facilities  
2013 Inpatient Discharges (Excluding Normal Newborns)  
Patients Originating from Service Area 5A  
Discharged to Hospice**

<b>Facility</b>	<b>2013</b>
Florida Hospital Zephyrhills	94
Florida Hospital Wesley Chapel	32
Florida Hospital Tampa	11
Florida Hospital North Pinellas	9
Florida Hospital at Connerton LTACH	5
<i>Subtotal, Florida Hospital Facilities</i>	<i>157</i>
Tampa General Hospital	16
Total, Florida Hospital and Tampa General Hospital	167
Other Facilities	457
Total Pasco County Residents Discharged to Hospice	624
Percent of Pasco County Residents Discharged to Hospice from Florida Hospital and Tampa General Hospital Facilities	28.8%

Source: CON application #10285, page 26, Figure 2

WFH asserts that the proposed project is a natural progression for FHS and TGH. The applicant maintains that with current offerings of acute care inpatient palliative care at TGH and hospice care programs at FHS (affiliates), WFH is well positioned to provide hospice services to Pasco County.

According to the applicant, education and information about hospice care provided by the proposed program will broaden the continuum of care, enhancing the tools available to physicians and clinicians to enhance the patients quality of life. WFH maintains that acute care hospitals at FHS and TGH will offer acute care expertise, which will assist in interdisciplinary team management. The applicant contends that within a fragmented health care system, hospice staff must work to educate, patients, families, physicians and others about hospice care as a compassionate alternative to care in a hospital or nursing home. WFH indicates that the proposed program is an attractive alternative to inappropriate inpatient admissions or pro-longed hospital stays, controlling unnecessary costs while providing the patient with a more appropriate setting.

The applicant provides discussion about “Hospital-Hospice Partnership in Palliative Care: Creating a Continuum of Care” by the National Hospice and Palliative Care Organization from December 2001 noting a list of benefits of collaboration for hospice and hospital partner, especially the raised awareness of hospices for palliative care patients.

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WFH discusses the benefits of integrated electronic medical records (EMRs) at FHS and TGH as a way to improve care quality, increase employee satisfaction and provide financial benefits. FSH maintains that this EMR integration will:

- Decrease expenditures through cost avoidance, such as “reduction in hospital admission reductions” due to better care management and increased quality and efficiency in care documentation
- Improve program oversight through more complete and uniform care documentation, which will be immediately available in real time and accessible remotely
- Identify and monitor best practices

The applicant indicates that benefits to management and staff from an EMR system will be:

- Immediate access to the patients records
- Improved administrative oversight
- Improved quality, consistency and accuracy of documentation
- Improved staff satisfaction and retention
- Easier work processes
- Ability to track and trend quality data and complete quality audits in a timely manner

WFH indicates that it will place a satellite hospice office at each FHS and TGH campus to further the integration process. The applicant asserts that this will facilitate and improve access to quality hospice services, including high acuity patients--maximizing resources, particularly with residents who do not have cancer. WFH notes that patients will benefit from the high acuity palliative care program currently in place at TGH, which clinically manages complex patients.

WFH discusses and places emphasis on chaplaincy, pastoral care and medical education programs for physicians and other health professionals. WFH notes that it will integrate a chaplain residency and establish a Clinical Pastoral Education Center with hospice care to benefit patients and families. The applicant indicates that medical fellows, residents and students of FHS and TGH will have access to newly developed programs, such as:

- Death, dying and bereavement
- Hospice 101
- Hospice eligibility requirements
- Spiritual considerations at the end of life

The applicant indicates that from 2010 to 2019, the Pasco County 65+ cohort will increase from 96,541 residents to 120,931 residents, an increase of approximately 24,000 residents. WFH contends that this age

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cohort represents the predominant number of hospice patients. The reviewer collapses the applicant’s population figure (below) to show the total and age 65+ populations.

**Service Area 5A  
Population by Age Cohort**

<b>Year</b>	<b>Total</b>	<b>Age 65+</b>
2010	465,291	96,541
2011	466,876	97,489
2012	469,593	98,466
2013	476,411	100,356
2014	486,624	102,977
2015	498,334	106,131
2016	509,835	109,886
2017	520,864	113,594
2018	531,463	117,266
2019	541,799	120,931
Percent Change	16.4%	25.3%

Source: CON application #10285, page 35, Figure 6

WFH indicates that from 2000 to 2010, the Hispanic population grew from almost 6.0 percent to almost 11 percent--an increase of almost 35,000 Hispanic residents. According to the applicant, bilingual programs and culturally sensitive programming are needed to serve this population. The reviewer collapses the applicant’s population data to account for total population of these groups. See the figure below.

**Service Area 5A  
Population by Race and Age Cohort**

<b>Year 2000</b>	<b>Total</b>
Hispanic	19,603
Non-Hispanic	325,165
Total	344,768
Percent of Total Hispanic	5.7%
<b>Year 2010</b>	
Hispanic	54,536
Non-Hispanic	464,697
Total	519,233
Percent of Total Hispanic	10.5%
<b>Number Change</b>	
Hispanic	34,933
Non-Hispanic	139,532
Total	174,465
<b>Percent Change</b>	
Hispanic	178.2%
Non-Hispanic	42.9%
Total	50.6%

Source: CON application #10285, page 36, Figure 7

The applicant states that mortality in Pasco County increased by approximately five percent between 2005 and 2013. WFH indicates that the number of deaths in the Hispanic population increased by over 50 percent for the same time period. See the figures below.

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**Pasco County Deaths by Age  
2005 and 2013**

Age Group	2005	2013	Change 2005-2013	
			Number	Percent
Under 65	1,123	1,317	194	17.3%
Age 65 and Over	4,213	4,257	44	1.0%
All Ages	5,336	5,574	238	4.5%

Source: CON application #10285, page 37, Figure 10

**Pasco County Deaths by Ethnicity  
2005 and 2013**

Group	Age Group	2005	2013	Change 2005-2013	
				Number	Percent
Hispanic	Under 65	41	63	22	53.7%
	Age 65 and Over	89	137	48	53.9%
	All Ages	130	200	70	53.8%
Non-Hispanic	Under 65	1,082	1,254	172	15.9%
	Age 65 and Over	4,124	4,120	(4)	-0.1%
	All Ages	5,206	5,374	168	3.2%
Total	All Ages	5,336	5,574	238	4.5%

Source: CON application #10285, page 37, Figure 11

WFH indicates that it is important to note mortality trends for selected causes of death--specifically HIV/AIDS and Alzheimer's Disease. The applicant asserts that it will provide a comprehensive array of services for patients (and their families) with these illnesses. WFH presents the number of deaths due to HIV and Alzheimer's Disease, among the populations in Pasco County. The reviewer collapses the nine years into the first year (2005) the midpoint year (2009) and the last year (2013). See the figure below.

**Service Area 5A Deaths  
2005-2013**

Cause of Death	Race	2005	2009	2013
HIV	White	15	13	6
	Black and Other	0	3	3
	Total	15	16	9
Alzheimer's Disease	White	112	120	138
	Black and Other	3	2	1
	Total	116	122	139

Source: CON application #10285, page 38, Figure 12

WFH asserts that the proposed project should be approved based on its:

- Integration and continuity of care
- Mission
- Chaplaincy and pastoral care
- Medical education programs for physicians, residents and other health professionals
- Demographic trends and projected growth
- Access and availability of hospice services

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WFH offers estimated proposed project utilization volume of 3,965 in 2016, 4,050 in 2017 and 4,132 in 2018. The applicant indicates that these volume estimates are based on the following:

- In order to project deaths for 2016-2018, the death rate of the Agency’s January 2016 planning horizon was applied to population estimates
- In order to calculate the projected deaths by cause and age, the distribution of resident deaths for 2012 was applied to the total projected resident deaths each year
- In order to project volume, the statewide use rates by cause and age in the January 2016 planning horizon was applied

**Projected Hospice Volume  
2016-2018**

	2010	2011	2012		
Resident Deaths	5,386	5,456	5,527		
Population	465,291	466,876	469,593		
Death Rate		0.011686	0.011770		
	0.011576				
Death Rate Year 3 Average			0.011677		
	2016	2017	2018		
Population	509,835	520,864	531,463		
Projected Deaths	5,954	6,082	6,206		
..	Cancer		Non-Cancer		Total
	Under 65	65 and Over	Under 65	65 and Over	
Resident Deaths 2012	369	920	914	3,324	5,527
Projected Deaths					
2016	398	991	985	3,581	5,954
2017	406	1,012	1,006	3,658	6,082
2018	414	1,033	1,026	3,732	6,206
Statewide Use Rate	0.892	0.976	0.229	0.675	
Projected Need/Volume					
2016	355	967	226	2,417	3,965
2017	362	988	230	2,469	4,050
2018	370	1,008	235	2,519	4,132

Source: CON application #10285, page 46, Figure 13

WFH anticipates a market shares of 7, 9 and 10 percent 2016-2018, respectively, resulting in projected volumes of 278, 364 and 413 for 2016-2018. See the figure below.

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**Projected Hospice Volume by Provider  
2016-2018**

<b>Hospice Market Share (July 2013-June 2014)</b>			
Gulfside Hospice	43.0%		
HPH Hospice	57.0%		
<b>Projected Market Share</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Gulfside Hospice	40.0%	39.2%	38.7
HPH Hospice	53.0%	51.8%	51.3
West Florida Hospice	7.0%	9.0%	10.0
<b>Projected Volume</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Gulfside Hospice	1,587	1,586	1,601
HPH Hospice	2,100	2,099	2,118
West Florida Hospice	278	364	413
<b>Total</b>	<b>3,965</b>	<b>4,050</b>	<b>4,132</b>

Source: CON application #10285, page 42, Figure 14

WFH expects the impact on existing providers in Pasco County to be minimal—as the applicant expects these providers will maintain their existing market share minus the equal distribution of WFH’s market penetration.

**2. Agency Rule Criteria and Preferences**

**a. Rule 59C-1.0355(4)(e) Preferences for a New Hospice Program. The Agency shall give preference to an applicant meeting one or more of the criteria specified in the below listed subparagraphs:**

- (1) Preference shall be given to an applicant who has a commitment to serve populations with unmet needs.**

**Each** co-batched applicant is responding to published need for an additional hospice program for the January 2016 planning horizon. **Each** co-batched applicant discusses serving populations they believe to be underserved or otherwise in need of target population hospice services.

**Compassionate Care Hospice of the Gulf Coast, Inc.**

**(CON #10280)** responded to this Agency rule criterion and preference in Item E.1.a. (CON application #10280) of this report. Specifically, CCHGC cited terminally-ill residents with end stage cardiovascular disease, end stage pulmonary disease, end stage renal disease and those who sought hospice services outside the subdistrict (outmigrating terminally-ill patients). The reviewer notes that the applicant only provides one sentence on outmigrating terminally ill-patients in Item E.1.a.

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**Odyssey Healthcare of Marion County, LLC (CON #10281)**

responded to this Agency rule criterion and preference in Item E.1.a. (CON application #10281) of this report. Specifically, Gentiva cited the following populations as experiencing unmet hospice need: Hispanics, African Americans, Veterans and those 65+ with a non-cancer diagnosis.

**Regency Hospice of Northwest Florida, Inc. (CON #10282)**

responded to this Agency rule criterion and preference in Item E.1.a. (CON application #10282) of this report. Specifically, Regency cited the following populations as experiencing unmet hospice need: a terminal diagnosis other than cancer, the Hispanic population and Veterans.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)**

responded to this Agency rule criterion and preference in Item E.1.a. (CON application #10283) of this report. Specifically, Suncoast BayCare cites the following populations as experiencing unmet hospice need:

- Children
- Residents with HIV/AIDS
- Residential services in group homes, assisted living and nursing homes
- Latino/Hispanic and African American patients
- Bereavement programs that extend beyond hospice patients and their families
- Veterans
- Uncompensated care and charity care patients
- Teens

Under this Agency rule and preference, the applicant briefly discusses programs it currently provides and will provide in the proposed program, including:

- Child and family support services
- HIV/AIDS Services
- Residential services in group homes, assisted living and nursing homes
- Latino/Hispanic and African American patients



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- Specialized bereavement programs
- Veterans
- Uncompensated care and charity care patients
- Teens

**VITAS Healthcare Corporation of Florida (CON #10284)**

responded to this Agency rule criterion and preference in Item E.1.a (CON application #10284) of this report. Specifically, VHCF cited that there is evidence that lower income and lower education households use hospice less than more affluent and educated households. The applicant conditioned approval of the proposed project on funding of the HELLO program at a total annual cost of \$185,000.

**West Florida Health, Inc. (CON #10285)** responded to this Agency rule criterion and preference in Item E.1.a (CON application #10285) of this report but primarily through improved awareness and understanding of the benefits of hospice within the community. WFH states a commitment to offering ongoing education and training programs to the medical and general community. Some stated examples (and target audiences) of the proposed project include the following educational offerings in Pasco County:

- Pain management
- Patients with decreased mobility
- How to talk to patients and their families about hospice spirituality and the end of life care advanced directive seminars
- Hospice care: What is it all about

- (2) Preference shall be given to an applicant who proposes to provide the inpatient care component of the hospice program through contractual arrangements with existing health care facilities, unless the applicant demonstrates a more cost-efficient alternative.**

**Compassionate Care Hospice of the Gulf Coast, Inc.**

**(CON #10280)** states its intent to have contractual agreements with nursing homes and hospitals, as well as other health care providers designed to meet patient needs in Pasco County. According to CCHGC, this will fulfill its goal to expand awareness and utilization of hospice.

CCHGC provides a list of SNFs and ALFs that expressed support.

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The reviewer notes that as for the listed SNF, the written letter of support does not include a statement that commits to a contractual agreement for inpatient care. However, the applicant states plans to seek such agreements, if the proposed project is approved.

**Odyssey Healthcare of Marion County, LLC (CON #10281)**

states plans to have contractual agreements with existing health care facilities, including acute care hospitals and SNFs in the subdistrict. According to Gentiva, this will ensure seamless transition from the hospital setting to hospice care, as well as the prevention of unnecessary readmission of hospital patients under Gentiva's care.

Gentiva provides a letter of support from Anita Faulmann, RVPO FL/GA Region, Genesis Health Care, who states that Genesis SNFs look to engage in a contractual agreement for the provision of hospice services and general inpatient care with Gentiva, should the proposed project be approved. Gentiva highlights three Pasco County Genesis SNFs:

- Consulate Health Care of New Port Richey
- Consulate Health Care of Bayonet Point
- Orchard Ridge

The applicant also states current and on-going discussion with area hospitals for this same general inpatient service. Gentiva additionally discusses anticipating a higher percentage of nursing home and hospital inpatient services than the existing providers in the area. See the table below.

<b>Average Percentage of Services Provided By Hospices in Pasco County and Gentiva January 2013 to June 2014</b>						
	<b>Private Home</b>	<b>ALF</b>	<b>Hospice Residential Unit</b>	<b>Freestanding Hospice Facility</b>	<b>SNF</b>	<b>Hospital</b>
Gulfside Regional Hospice	54.86%	26.95%	2.57%	2.48%	11.43%	1.71%
HPH Hospice	56.42%	21.48%	3.08%	7.85%	9.65%	1.51%
Gentiva Hospice	33.70%	25.60%	0	0	24.80%	15.90%

Source: CON application #10281, page 73

**Regency Hospice of Northwest Florida, Inc. (CON #10282)**

plans to meet this Agency rule and preference through contractual arrangements with existing facilities, acute care hospitals and SNFs throughout Subdistrict 5A as it has done in Subdistrict 1.

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The applicant lists 11 such providers in Subdistrict 1. The applicant states having been involved in discussions with hospitals and SNFs in Subdistrict 5A regarding the development of contracts to meet this Agency rule and preference. Regency asserts that:

- There will be a wide network of inpatient facilities available to its hospice patients when the setting is appropriate
- High quality inpatient service
- There will be seamless transitions between the inpatient care and the hospice setting

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** states having been in discussion with area SNFs to establish an inpatient hospice unit within their facility and feels confident in such an arrangement after approval of the proposed project. The applicant notes, and the reviewer confirms at letter of support from Margaret Dalton, Administrator, Madison Pointe Rehabilitation and Health Center (Pasco County), in which she states willingness to sign an agreement with the applicant for hospice routine homecare services, hospice inpatient respite services and hospital general inpatient services.

SBHP maintains that it will seek contracts with every general acute care hospital in Pasco County and will seek contracts with SNF providers in key geographic areas. The applicant offers a sample inpatient agreement in Attachment 2 of CON application #10283.

**VITAS Healthcare Corporation of Florida (CON #10284)** states that it is VCHF's general preference to have contractual agreements with nursing homes and hospitals, as well as other health care providers designed to meet patient needs in Subdistrict 5A. According to VCHF, this arrangement will fulfill its goal to expand awareness of, and utilization of, hospice. VITAS states partnering with both non-profit and for-profit facilities in bringing this service to the communities it serves.

VCHF provides support letters from Pasco County's Bayonet Point Health and Rehabilitation Center and Orchard Ridge which both state, if the proposed project is approved, a willingness to enter into an agreement with the applicant to provide inpatient care for hospice patients (CON application #10284, Tab 15).

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VCHF also states other types of contractual agreements:

- Ambulance
- Durable medical equipment
- Inpatient respite care
- Radiological
- Therapy
- Home Health
- Infusion therapy
- Laboratory

**West Florida Health, Inc. (CON #10285)** states that it may provide inpatient care through contractual arrangements with existing hospitals, skilled nursing homes and ALFs in Pasco County. The applicant provides a list of these area facilities.

- (3) Preference shall be given to an applicant who has a commitment to serve patients who do not have primary caregivers at home; the homeless; and patients with AIDS.**

**Compassionate Care Hospice of the Gulf Coast, Inc.**

**(CON #10280)** states that in cases where the patient is not able to care for himself/herself and has no caregiver support group or is homeless, CCHGC may recommend placement in an assisted living facility or nursing home, in which the hospice will be able to provide residential care. Also, the applicant maintains that the proposed project's social workers will assist patients without financial resources to obtain residential care in a hospice unit within an ALF or SNF.

**Odyssey Healthcare of Marion County, LLC (CON #10281)**

commits to serve the referenced population. Gentiva states a record of success in Florida in serving people "without capacity" (i.e. the homeless, those without primary caregivers at home) by utilizing a medical ethics committee and a surrogate decision maker pursuant to state law.

**Regency Hospice of Northwest Florida, Inc. (CON #10282)**

states commitment to this Agency rule and preference and that for those patients who are not able to care for themselves and have no primary care giver at home, Regency may recommend placement to an ALF or nursing home for the provision of residential care. Regency asserts that its social workers will assist patients without financial resources to obtain residential care in a hospice unit within an ALF or nursing home as determined by their medical condition.

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The applicant notes documentation regarding its care for patients with AIDS in appendix eight of CON application #10282. The reviewer notes that the information provided only lists criteria for patients in the terminal states of HIV disease.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** states it will serve patients who do not have primary caregivers at home, the homeless and patients with HIV/AIDs.

SBHP indicates that it has a long dedicated itself to the care of those affected by HIV/AIDs. The applicant notes that Suncoast Hospice admitted the Pinellas' County's first AIDS patient, cared for him in his home and supported his loved ones in their grief.

**VITAS Healthcare Corporation of Florida (CON #10284)** states a primary focus of the proposed hospice program will be to enable patients to remain in the least restrictive and emotionally supportive environment possible. The applicant states that terminally ill patients with no at-home support will receive increased attention from the hospice staff. VHCF maintains that every effort will be made to develop a caregiver network, capable of providing care in the patient's or caregiver's home.

In cases where the patient is not able to care for himself/herself and has no caregiver support group or is homeless, VHCF states that it may assist patients to find placement in an assisted living facility or nursing home. The applicant notes that the homelessness rates in Pasco County were more than triple the overall Florida rates in 2013 and 2014. The applicant maintains that it is committed to serving patients, regardless of their housing situation and will endeavor to reach homeless patients. VHCF emphasizes that where appropriate, the applicant will provide continuous care to allow the patient to remain in his or her home. Sample contractual agreements are provided for review (see Tab 17 of the application).

**West Florida Health, Inc. (CON #10285)** states that it will not discriminate against anyone seeking its services and has been committed to serve patients who do not have primary caregivers at home, are homeless and/or have AIDS/HIV. WFH states wanting every patient to be able to remain in the least restrictive and most emotionally supportive environment possible. According to the applicant, patients who have no support at home will receive increased support from the hospice staff and volunteers whenever

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possible. WFH maintains that for each patient without a caregiver, it will help such patients develop a plan of care that may include the patient's network of friends, family, neighbors and other members of the community to help assist them and remain in their home.

WFH states that if a patient is unable to care for him/herself and has no caregiver support, the applicant may recommend that the patient enter into an ALF, nursing home or inpatient hospice facility. The applicant expects approximately 1.0 percent of hospice care days to be continuous care days.

- (4) In the case of proposals for a hospice service area comprised of three or more counties; preference shall be given to an applicant who has a commitment to establish a physical presence in an underserved county or counties.**

Hospice Service Area 5A consists of one county – Pasco. Therefore, this criterion is not applicable to this review.

- (5) Preference shall be given to an applicant who proposes to provide services that are not specifically covered by private insurance, Medicaid, or Medicare.**

**Compassionate Care Hospice of the Gulf Coast, Inc.**

**(CON #10280)** states being community based, offering a host of special programs and services that are not specifically covered by private insurance, Medicaid or Medicare. Those services include:

- Advanced Care Connections
- Cardiac Connections
- Pulmonary Connections
- Promise Program
- Veterans outreach
- Hands on Nurse Aide Care
- Complementary Care Program
- Compassionate Care 4 Kids
- First Night at Home
- Various therapies and programs (massage, music, reminiscence and pet therapies; energetic care, sacred spaces, and guided imagery)
- Transitions
- Rainbows (a bereavement support program for children)
- Comfort Corners

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**Odyssey Healthcare of Marion County, LLC (CON #10281)**

states providing services that are not specifically covered by private insurance, Medicaid or Medicare and will continue to do so in the proposed program. Gentiva lists the following in its application:

- Bereavement and grief support programs that are available to all service area residents, regardless of any relationship to Gentiva patients
- Volunteers to provide respite for caregivers at home, (e.g. assistance with errands and light homemaking tasks)
- Services to persons who have exhausted their insurance benefit
- Veteran recognition events
- Community education
- Employee programs

**Regency Hospice of Northwest Florida, Inc. (CON #10282)**

states that it currently provides a broad range of services that are not specifically covered by private insurance, Medicaid or Medicare to the residents of Subdistrict 1 and asserts it will provide these services in the proposed project. Nine such services are listed and briefly described by the applicant:

- Hospice for Heroes
- Tree of Life
- Effleurage and Aromatherapy
- Volunteers
- Community Education Programs
- Pet Therapy
- Perenity Flower Ministry
- Second Wind Dreams
- Caring Bridge

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** states that both BayCare Health System and Suncoast Hospice have a long history of providing services to all patients without regard to ability to pay. The applicant indicates that Empath has developed a continuum of programs that many times fall outside any insurance coverage as part of its not-for-profit mission. Below is a list of these services.

- Empath Home Health (Palliative home health)
  - Visits from nurses and certified home health aides
  - Pain and symptom management
  - Wound care
  - Infusions
  - Physical, occupational and speech therapy
  - Disease-related education and management

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- Personal care
- Visits from social workers and spiritual care coordinators
- Caregiver training on transferring patients, creating a safe environment, personal care assistance and more
- Trained volunteers for companionship, errands and specialized therapies (art, music, massage, Reiki, pet visits)
- 24/7 support
- HIV/AIDS services (through ASAP)
  - Case management
  - Testing
  - Mental health and substance abuse counseling
  - Risk counseling and services
  - Prevention and education
  - Food and personal needs pantry
  - Children's program
  - Limited emergency financial assistance
  - Pharmacy services
- Empath Health Choices for Care (Advanced care planning)

**VITAS Healthcare Corporation of Florida (CON #10284)** states that VHCF will serve all medically qualified patients (those who meet the state/Medicare definition of “terminally ill”) and their families who select the hospice care alternative. VITAS further states that it welcomes charity care patients and that year after year, VITAS provides at least 1.0 percent of revenues in charity care and that in 2013, this amounted to \$10.2 million. In the same year, VITAS indicates having provided over \$5.5 million of charity care to Florida residents. VHCF states it has conditioned approval and plans to provide the following “non-core” services:

- Pain control
- Death attendance
- Patient family satisfaction
- Discipline specific satisfaction

The applicant has also conditioned approval of the proposed project on eight other operational and programmatic indicators on its Schedule C.

**West Florida Health, Inc. (CON #10285)** states that community services that will be provided at no charge to recipients may include education, resource library, teen volunteers, caregiver support, HIV programs, palliative care consults and caregiver services for patients without caregivers. The applicant also



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discusses delivery of bereavement services such as community bereavement groups and counseling for non-hospice bereavement, community education on grief/loss and holiday grief groups. The applicant indicates other non-insured services that WFH plans to provide include:

- Pet therapy
- FHS and TGH will conduct a comprehensive and ongoing physician education program targeted to education and ease of access to physicians in Pasco County including those on the medical staff at FHS and TGF facilities
- FHS and TGH serve as a residency site for the chaplaincy education program and the applicant commits to develop and offer a structured curriculum in the benefits of hospice programs to patients and their families.
- FHS and TGH commit to:
  - Pain assessment on admission and by the second day admission (within 48 hours)
  - Palliative care modalities including radiation therapy
  - Encouraging additional staff credentialing for physicians, nurses, chaplains and social workers through a tuition reimbursement program
- Volunteer services to hospice patients that will substantially exceed the five percent mandated under the Medicare program
- Community resource information website
- A Community Advisory Board
- A minimum annual funding of \$10,000 toward a “Special Wish Fund” (beginning in the second year of operations)

According to WFH, the following chart measures the TGH level of charity care and other community benefits, as defined, at estimated costs for the years ended September 30, 2013 and 2012. See the table below.

<b>Charity Care and Community Benefits October 1, 2011-September 30, 2013 Tampa General Hospital</b>		
	<b>2013</b>	<b>2012</b>
Traditional Charity Care	\$52,013,000	\$38,029,000
Unreimbursed Medicaid & Medicaid HMO	\$27,075,000	\$21,626,000
Unreimbursed Hillsborough Co. Health Plan	\$19,750,000	\$18,374,000
	\$98,838,000	\$78,029,000
As a Percent of Operating Expenses	10%	8%

Source: CON application #10285, page 50

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Again according to WFH, the following is FHS parent's estimated direct and indirect costs of providing charity care in 2013 and 2012. See the table below.

<b>Adventist Health Systems Direct and Indirect Charity Costs</b>		
	<b>2013</b>	<b>2012</b>
Cost of Providing Charity Care	\$301,591,000	\$293,770,000

Source: CON application #10285, page 50

According to the Florida Hospital Uniform Reporting System, FHS, for fiscal years ending December 31, 2012 and December 31, 2013, realized \$717,337,967 and \$821,846,827 in charity care services, respectively. According to the same source, TGH, for fiscal years ending September 30, 2012 and September 30, 2013, realized \$397,088,887 and \$435,134,215 in charity care services, respectively.

The applicant asserts accepting patients regardless of insurance type or ability to pay and will provide hospice care to all residents seeking care – including Medicaid patients and the medically indigent.

**b. Chapter 59C-1.0355, Florida Administrative Code contains the following general provisions and review criteria to be considered in reviewing hospice programs.**

**(1) Required Program Description (Rule 59C-1.0355(6), Florida Administrative Code): An applicant for a new hospice program shall provide a detailed program description in its certificate of need application, including:**

**(a) Proposed staffing, including use of volunteers.**

**Compassionate Care Hospice of the Gulf Coast, Inc.**

**(CON #10280):** As reflected in Schedule 6A of the application, the following is the applicant's proposed Pasco County staffing for each of the first two years of operation.

**CON Action Numbers: 10280 - 10285**

<b>Compassionate Care Staffing for Subdistrict 5A Year One Ending September 30, 2016 and Year Two Ending September 30, 2017</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
Administrator	1.00	1.00
Professional Relations Coordinator	1.00	1.00
Secretary	0.50	1.50
Community Liaison	0.50	1.00
Clinical Coordinator	1.00	1.00
Medical Director	0.20	0.50
RNs	2.00	4.00
Per Diem RNs	0.30	1.00
LPNs	0.00	0.50
Nurses' Aides	6.00	13.00
Nurse Practitioner	0.50	1.00
Per Diem Nurses' Aides	0.40	1.00
Continuous Care Per Diem LPN	0.32	1.23
Continuous Care Per Diem Aide	0.32	1.23
Music Therapy	0.20	0.50
Message Therapy	0.20	0.50
Dietary Services	0.20	0.30
Respiratory Therapist	0.20	0.50
Social Worker	1.00	1.50
Volunteer Coordinator	0.50	0.50
Chaplain	0.50	0.75
<b>Total</b>	<b>16.84</b>	<b>34.01</b>

Source: CON application #10280, Schedule 6A

Compassionate Care indicates that the staffing is based on the anticipated direct nursing and care staff to be utilized in the delivery of hospice services, the support staff required and salaries and benefits per staff position.

**Odyssey Healthcare of Marion County, LLC**

**(CON #10281):** As reflected in Schedule 6A of the application, the following is the applicant's proposed Subdistrict 5A staffing for each of the first two years of operation.

**CON Action Numbers: 10280 through 10285**

<b>Odyssey Proposed Staffing for Subdistrict 5A Year One Ending June 30, 2016 and Year Two Ending June 30, 2017</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
Executive Director	1.00	1.00
Manager, Patient Care	1.00	2.00
Admissions Coordinator	1.00	1.00
Spiritual Care Coordinator	1.00	2.00
Medical Social Worker	0.50	1.60
Patient Care Secretary	1.00	2.00
Office Manager	1.00	2.00
Medical Records Coordinator	0.00	1.00
Bereavement Coordinator	0.00	0.50
Physicians-Medical Director-Contract	0.10	0.25
Continuous Care (LPNs and HHAs)	1.00	3.60
RN, Admissions	0.40	0.70
Skilled Nurses	1.30	4.30
On-Call	1.00	3.00
Hospice Aides	3.30	7.80
Volunteer Service Manager	0.30	1.00
Dietician	0.01	0.02
<b>Total</b>	<b>13.91</b>	<b>33.77</b>

Source: CON application #10281, Schedule 6A

Notes to Schedule 6A indicate that the FTE projections are based on established staffing ratios and the projected census and the anticipated levels of care. Additionally, Gentiva indicates that the ratios are in part based upon its experience in hospice care throughout the state and nationally—with the use of volunteer staff at approximately equal to five percent of total hired staff hours.

**Regency Hospice of Northwest Florida, Inc.**

**(CON #10282)** presents its proposed Subdistrict 5A staffing for each of the first two years of operation. The reviewer notes that the year one numbers actually add up to 15.40 and year two number actually add up to 24.72.

**CON Action Numbers: 10280 - 10285**

<b>Regency Proposed Staffing for Subdistrict 5A Year One Ending June 30, 2016 and Year Two Ending June 30, 2017</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
Director of Operations	2.00	2.00
Patient Care Coordinator	1.08	1.98
Hospice Care Consultant	4.00	6.00
Chaplain	1.15	1.15
Volunteer Coordinator	2.00	2.00
Bereavement Coordinator	0.59	0.61
RNs	2.06	4.66
Nurses' Aides	1.60	4.00
Other	0.32	0.72
Social Workers	0.60	1.60
<b>Total</b>	<b>15.41</b>	<b>24.73</b>

Source: CON application #10282, Schedule 6A

Notes to the above schedule indicate that as an existing provider of hospice services, much of the administrative, technical and support infrastructure is currently available and can serve both existing and proposed hospice programs. Operational services also provided by the parent are discussed in the notes. Also per the notes, positions provided by contract rather than by employment are: Medical Director, physical therapy, occupational and speech therapy, inpatient services, pharmacy, laboratory services, radiology services, radiation therapy, chemotherapy, durable medical equipment and supplies and other services as needed.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283):**

As reflected in Schedule 6A of the application, the following is the applicant's proposed Subdistrict 5A staffing for each of the first two years of operation.

**CON Action Numbers: 10280 through 10285**

<b>Suncoast BayCare Proposed Staffing for Subdistrict 5A Year One Ending June 30, 2016 and Year Two Ending June 30, 2017</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
Administrator	1.00	1.00
Secretary	0.50	1.00
Medical Records Clerk	0.50	0.50
Other: Volunteer Coord.	1.00	1.00
Medical Director	0.50	1.00
RNs	4.88	8.37
Nurses' Aides	1.82	4.80
Other: Team Assistant	0.50	0.50
Other: Sr. Staff Nurse	--	0.50
Other: Admissions RN, Liaison	3.70	9.00
Other: Dietician	0.10	0.10
Other: Social Work/Counselor	0.87	3.69
Other: Social Work/Counselor	0.25	0.50
Other: Chaplain	0.25	0.50
<b>Total</b>	<b>15.87</b>	<b>32.45</b>

Source: CON application #10283, Schedule 6A

Notes to Schedule 6A indicate that Suncoast BayCare is an existing provider of hospice services and health care services, so much of the administrative, technical and support infrastructure is currently available and can serve the Pinellas and (proposed) Pasco programs offering greater efficiency and effectiveness. Shared administrative and related services are listed in the notes.

The applicant states that all volunteers will undergo a comprehensive training program designed to prepare them for their role in hospice. SBHP indicates that the majority of volunteers will work directly with patients, many will assist the organization in administrative and fundraising activities.

**VITAS Healthcare Corporation of Florida (CON #10284):**

As reflected in Schedule 6A of the application, the following is the applicant's proposed Subdistrict 5A staffing for each of the first two years of operation.

**CON Action Numbers: 10280 - 10285**

<b>VITAS Proposed Staffing for Subdistrict 5A Year One Ending March 2016 and Year Two Ending March 2017</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
General Manager	1.00	1.00
Team Director/PCA	2.00	2.83
Admissions Director/Admissions Nurse Hospice Rep/Community Liaison/Coordinator	6.20	7.50
Business Manager	1.00	1.00
Receptionist/Secretary	1.83	3.50
PC Secretary	1.00	1.54
CC Manager	--	0.75
Medical Director	0.50	0.50
Team Physician	0.32	0.44
RNs	3.11	7.80
LPNs	2.79	11.79
Nurses' Aides	3.89	12.63
On-Call	1.42	2.00
Respiratory Therapist	See Assumptions	See Assumptions
Physical Therapist/Speech Therapist	See Assumptions	See Assumptions
Occupational Therapist	See Assumptions	See Assumptions
Music/Pet	See Assumptions	See Assumptions
Dietician	See Assumptions	See Assumptions
Social Workers	1.13	1.83
Volunteer/Bereavement Manager	1.00	1.00
Chaplain	1.00	1.25
HELLO Program LCSW & CHWs	2.25	3.00
<b>Total</b>	<b>30.43</b>	<b>60.37</b>

Source: CON application #10284, Schedule 6A

The applicant states that respiratory therapy, physical therapy, speech therapy and occupational therapy are by contract. Notes to the above schedule indicate that the staffing model is VITAS' staffing model developed from experience of over 30 startup programs nationwide since 2000.

**West Florida Health, Inc. (CON #10285)** indicates in Schedule 6A of the application the following proposed staffing for each of the first two years of operation.

**CON Action Numbers: 10280 through 10285**

<b>West Florida Health Proposed Staffing for Subdistrict 5A Year One Ending 2016* and Year Two Ending 2018*</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
Administrator	1.00	1.00
Admissions Director	1.00	1.00
Billing	1.00	1.00
Secretary	1.00	2.00
Medical Records Clerk	1.00	1.00
Performance Improvement	1.00	1.00
Community Relations	1.00	2.00
Physicians-Unit/Program Director	0.40	0.80
Clinical Coordinator	1.00	1.00
RNs	4.50	7.00
LPNs	1.00	2.50
Hospice Aides	4.00	6.00
Registered Dietician	0.20	0.50
Social Service Director	1.00	1.00
Social workers	0.50	1.00
Bereavement Counselors	1.00	1.00
Chaplain	1.00	1.00
Volunteer Services	1.00	1.00
Secretary	0.50	1.00
<b>Total</b>	<b>23.10</b>	<b>32.80</b>

Source: CON application #10285, Schedule 6A

NOTE: \*These years are drawn from the applicant's Schedule 7A, as WFHH simply states "Year 1" and "Year 2" in Schedule 6A.

Notes to Schedule 6A indicate that all employees will be directly employed by "WFH Pasco Hospice." Further, the notes indicate that staffing includes a physician as the Hospice Program Medical Director. According to the applicant, volunteers include support for the following:

- Patient/family volunteers
- Bereavement volunteers
- Community outreach volunteers

**(b) Expected sources of patient referrals.**

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** provides a list of potential referral sources including area ALFs, physicians, clinicians and community members. The applicant contends that if approved, CCHGC will initiate active discussions and obtain support and referral relationships with many other area providers.



**CON Action Numbers: 10280 - 10285**

**Odyssey Healthcare of Marion County, LLC (CON #10281)**

states plans to target a variety of sources for hospice referrals, including:

- Physicians
- Hospital discharge planners
- Social workers
- Nursing facilities
- Assisted living facilities
- Home health agencies
- Group homes
- Community social service agencies
- Churches
- Veterans groups

The applicant states that patients and families may also refer themselves with the support and direction of an attending physician. Gentiva states that as an existing provider of home health services in the area, it already has robust referral relationships with a significant number of providers in the area. Gentiva also indicates that the largest sources of existing referrals in the Subdistrict are:

- Tampa General Hospital
- Brandon Regional Hospital
- St. Joseph's Hospital Tampa
- Manor Care of Carrollwood
- Dr. Thomas Davison
- Dr. Anthony Infante, Jr.
- Arden Court Tampa

**Regency Hospice of Northwest Florida, Inc.**

**(CON #10282)** provides the following list of referral sources:

- Physicians
- Hospital discharge planners
- Social workers
- Home health agencies
- Assisted Living Facilities
- Nursing facilities
- Group homes
- Social service agencies and other local community organizations
- Veterans groups
- Churches

**CON Action Numbers: 10280 through 10285**

Regency also indicates that patients and families will also refer themselves with the support of their physicians. The applicant mentions Hospice Care Consultants as a key component in outreach efforts as they provide consultative marketing efforts to grow referrals through business partnerships with referral sources. Regency asserts that a component of its marketing and community linkage efforts will be focused on the Hispanic, Veteran and hospice appropriate non-cancer diagnosed patients in Pasco County.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** indicates that referrals will come from a wide variety of sources:

- Physicians
- Nursing homes
- Assisted living facilities
- Hospitals
- Home health agencies
- Families and friends
- Managed care companies
- Faith communities

**VITAS Healthcare Corporation of Florida (CON #10284)**

indicates that referrals will be from area physicians, hospitals, clergy, social service agencies, disease advocacy groups, nursing homes and other health care providers, family members and the patients themselves. VHCF also states that in addition to obtaining referrals through the community network, community and outreach education, participation in local activities, sponsoring health and illness activities, and health care networking--VHCF will also obtain referrals from physicians, discharge planners and other health care providers. The applicant also states that VHCF does not expect its referrals to reduce referrals at “the existing hospice” in the subdistrict. The reviewer notes that there are two existing hospices in Hospice Service Area 5A.

**West Florida Health, Inc. (CON #10285)** indicates that patient referrals will come from a wide variety of sources, including:

- Hospitals
- Physicians
- SNFs
- ALFs
- Home health agencies

**CON Action Numbers: 10280 - 10285**

- Patient self-referrals
- Families and friends
- Managed care companies
- Faith communities

**(c) Projected number of admissions, by payer type, including Medicare, Medicaid, private insurance, self-pay, and indigent care patients for the first two years of operation.**

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** provides the following table to account for projected admissions by payer for the first two years of operations of the proposed project.

<b>Payer Source</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Medicare	146	339
Medicaid	5	11
Charity	2	5
Insurance/Self-Pay/Other	3	6
<b>Total</b>	<b>156</b>	<b>361</b>

Source: CON application #10280, page 84

**Odyssey Healthcare of Marion County, LLC (CON #10281)** provides the following for projected admissions by payer for the first two years of operations. The reviewer notes that the applicant's year one ends on June 30, 2016 and is based on a fiscal not calendar year.

**Projected Number of Admissions by Payor Type  
Gentiva Hospice, Pasco County**

	<b>Medicare</b>	<b>Medicaid</b>	<b>3<sup>rd</sup> Party Insurance</b>	<b>Self-Pay</b>	<b>Indigent Care</b>	<b>Total</b>
Year One 2016	79	5	9	0	3	96
Year Two 2017	211	14	25	0	8	258
% of Total 2016	82.3%	5.2%	9.4%	0.0%	3.1%	100%
% of Total 2017	81.8%	5.4%	9.7%	0.0%	3.1%	100%

Source: CON application #10281, page 76, Exhibit 28

**Regency Hospice of Northwest Florida, Inc. (CON #10282)** provides the following table to account for projected admissions by payer for the first two years of operations of the proposed project.

**CON Action Numbers: 10280 through 10285**

**Projected Regency Admissions by Payer**

	<b>Year One</b>	<b>Year Two</b>
	<b>7/15-6/16</b>	<b>7/16-7/17</b>
Medicare	165	344
Medicaid	11	23
Commercial Insurance	2	1
Self-Pay/Indigent	3	6
<b>Total</b>	<b>181</b>	<b>374</b>

Source: CON application #10282, page 65, Table 19

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** provides the following table to account for projected admissions totals and percentages by payer for the first two years of operations of the proposed project.

<b>Payer</b>	<b>Percent of Total</b>		<b>Admissions</b>	
	<b>Year One</b>	<b>Year Two</b>	<b>Year One</b>	<b>Year Two</b>
Medicare	85.0%	85.0%	150	343
Medicaid	6.0%	6.0%	11	24
Self-Pay/Indigent	3.0%	3.0%	5	12
Commercial	6.0%	6.0%	11	24
Total	100.0%	100.0%	177	402

Source: CON application #10283, page 83

**VITAS Healthcare Corporation of Florida (CON #10284)** provides the following table to account for projected admissions by payer for the first two years of operations of the proposed project.

**Projected Admissions by Payer for Subdistrict 5A**

<b>Payer Source</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Medicare	205	387
Medicaid	10	19
Indigent	4	7
Private Insurance/Self-Pay/Other	5	9
Total	224	422

Source: CON application #10284, page 70

**West Florida Health, Inc. (CON #10285)** provides the following projected admissions by payer for the first two years of operations of the proposed project.

**CON Action Numbers: 10280 - 10285**

**West Florida Health Hospice  
Projected Admissions by Payer  
Projected Years One and Two**

	<b>Year One</b>	<b>Year Two</b>
Self-Pay	6	7
Medicaid	11	15
Medicare	239	313
Commercial	22	29
<b>Total</b>	<b>278</b>	<b>364</b>

Source: CON application #10285, page 55, Figure 17

**(d) Projected number of admissions, by type of terminal illness, for the first two years of operation.**

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** provides the following table to account for projected admissions by type of terminal illness for the first two years of operations of the proposed project.

<b>Diagnosis</b>	<b>Year One</b>	<b>Year Two</b>
Cancer	34	54
Cardiac	55	162
Respiratory	28	79
Renal Failure	12	29
HIV/AIDS	2	2
Other	25	32
<b>Total</b>	<b>156</b>	<b>361</b>

Source: CON application #10280, page 84

**Odyssey Healthcare of Marion County, LLC (CON #10281)** provides the following exhibit to account for expected admissions by type of terminal illness for the first two years of operations of the proposed project.

	<b>Fiscal Year 2015</b>	<b>Fiscal Year 2016</b>
Cancer Under 65	14	35
Cancer 65 and Over	27	72
Non-Cancer Under 65	2	5
Non-Cancer 65 and Over	54	145
<b>Total Patients</b>	<b>96</b>	<b>258</b>

Source: CON application #10281, page 76, Exhibit 29

**Regency Hospice of Northwest Florida, Inc. (CON #10282)** provides the following table to account for projected admissions by type of terminal illness for the first two years of operations of the proposed project.

**CON Action Numbers: 10280 through 10285**

**Projected Regency Admissions**

	<b>Year One</b>	<b>Year Two</b>
	<b>7/15-6/16</b>	<b>7/16-7/17</b>
Cancer Under 65	5	9
Cancer 65 and Older	24	49
Non-Cancer Under 65	11	21
Non-Cancer 65 and Older	141	295
<b>Total</b>	<b>181</b>	<b>374</b>

Source: CON application #10282, page 58, Table 18

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)**

provides the following table to account for projected admissions by type of terminal illness for the first two years of operations of the proposed project.

**Projected Admissions by Type of Terminal Illness**

	<b>Year One</b>		<b>Year Two</b>	
	<b>Cancer</b>	<b>Non-Cancer</b>	<b>Cancer</b>	<b>Non-Cancer</b>
Under 65	16	10	36	23
65 and Over	43	108	98	245
<b>Total</b>	<b>59</b>	<b>118</b>	<b>134</b>	<b>268</b>

Source: CON application #10283, page 83

**VITAS Healthcare Corporation of Florida (CON #10284)**

provides the following table to account for projected admissions by type of terminal illness for the first two years of operations of the proposed project.

**Projected Admissions by Terminal Illness in First Two Years of Operation in 5A**

<b>Terminal Illness</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Cancer	66	124
HIV/AIDS	1	3
Respiratory	22	41
Cardiac	42	79
Alzheimer/Cerebral Dementia	39	73
Cerebrovascular/Stroke	35	65
Other	19	37
<b>Total</b>	<b>224</b>	<b>422</b>

Source: CON application #10284, page 71

**West Florida Health, Inc. (CON #10285)** provides the following projected admissions by type of terminal illness for the first two years of operations of the proposed project.

**CON Action Numbers: 10280 - 10285**

**West Florida Health Hospice  
Projected Admissions by Type of Terminal Illness  
Projected Years One and Two**

	Cancer		Non-Cancer		Total
	Under 65	65 and Over	Under 65	65 and Over	
2016	25	68	16	169	278
2017	33	89	21	222	364

Source: CON application #10285, page 55, Figure 18

- (e) **Projected number of admissions, by two age groups, under 65 and 65 or older, for the first two years of operation.**

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** provides the following table to account for projected admissions by age group for the first two years of operations of the proposed project.

Age Group	Year One Admissions	Year Two Admissions
Under 65	16	36
Over 65	140	325
Total	156	361

Source: CON application #10280, page 85

The reviewer notes that the applicable rule references age groups of under 65 and 65 or older, while the applicant references under 65 and over 65.

**Odyssey Healthcare of Marion County, LLC (CON #10281)** estimates in year one and year two, 16 and 40 admissions, respectively, for patients under age 65. The applicant indicates that for patients age 65 or older, 81 and 217 admissions, in year one and year two.

**Regency Hospice of Northwest Florida, Inc. (CON #10282)** provides the following table to account for projected admissions by age for the first two years of operations of the proposed project.

**Projected Regency Admissions by Age Group for Subdistrict 5A**

	Year One	Year Two
	7/15-6/16	7/16-7/17
Under 65	16	30
65 and Older	165	344
<b>Total</b>	<b>181</b>	<b>374</b>

Source: CON application #10282, page 58, Table 18

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**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)**

estimates in year one, 26 admissions under age 65 and 151 admissions for patients age 65 and older. The applicant estimates in year two, 59 admissions under age 65 and 343 admissions for patients age 65 and older.

**VITAS Healthcare Corporation of Florida (CON #10284)**

provides the following table to account for projected admissions by age group for the first two years of operations of the proposed project.

**Projected Admissions by Age Group for Subdistrict 5A**

<b>Age Group</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Under 65	30	56
Over 65	194	366
Total	224	422

Source: CON application #10284, page 71

The reviewer notes that the applicable rule references age groups of under 65 and 65 or older, while the applicant references under 65 and over 65.

The applicant contends that it would be unfortunate for the Agency to reward an applicant projecting the largest number of admissions since the co-batched applicants other than VHCF have fallen well short of their projections.

**West Florida Health, Inc. (CON #10285)** provides the following projected admissions by age group for the first three years of operations of the proposed project.

**West Florida Health Hospice  
Projected Admissions by Age Group  
Projected Years One thru Three**

	<b>Under 65</b>	<b>Over 65</b>	<b>Total</b>
2016	41	237	278
2017	53	311	364
2018	60	353	413

Source: CON application #10285, page 56, Figure 19

The reviewer notes that the applicable rule references age groups of under 65 and 65 or older, while the applicant references under 65 and over 65.



- (f) Identification of the services that will be provided directly by hospice staff and volunteers and those that will be provided through contractual arrangements.**

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** states that core services (including physician, nursing and social work), pastoral/counseling and dietary counseling will be provided for by the applicant's staff and volunteers. CCHGC indicates plans to contract for certain services as needed: durable medical equipment, medical supplies, pharmaceuticals and physical, speech and occupational therapy. Non-core services to be provided by the applicant's staff are stated as: massage and music therapy, energetic care, sacred spaces, guided imagery, reminiscence, pet and aroma therapy, reflexology, hypnotherapy, life enhancement services and homemaker services.

**Odyssey Healthcare of Marion County, LLC (CON #10281)** states plans to provide all of its core services directly by hospice staff and volunteers, including:

- Nursing services
- Social work services
- Spiritual, including Chaplain
- Dietary counseling
- Bereavement counseling
- Home health aides
- Continuous care
- Volunteer services
- Pharmacy services
- Homemaker and chore services
- Physician services
- Support groups
- Patient transportation services
- Infusion therapy

Gentiva indicates that the following additional services may be provided through contractual agreement:

- Pharmacy Services
- Supplies and durable medical equipment
- Physical, occupational and speech therapy
- Hospice inpatient care
- Additional physician services as needed

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**Regency Hospice of Northwest Florida, Inc.**

**(CON #10282)** states the provision of all of its core services directly by hospice staff and volunteers, including nursing services, home health aide services, social work and bereavement counseling and pastoral counseling. The applicant states that other services will be provided by contract, as needed by its patients. Per Regency, this includes the Medical Director, physical, occupational and speech therapy, inpatient services, pharmacy, laboratory services, radiology services, radiation therapy and chemotherapy, durable medical equipment and supplies and other services as needed.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)**

states that the following core services are required to be delivered by the proposed project directly, and will be modeled after existing services now offered by Suncoast and BayCare:

- Care/case management
- Hospice home care
- Bereavement services
- Nursing services
- Social services
- Dietary counseling
- Spiritual counseling/chaplains
- Veterans services
- Pediatric services

Per SBHP, patient care services that can be integrated rather than duplicated between SBHP's partners and the proposed project include:

- Patient intake: evaluation, plan of care
- Evening and weekend care
- Population health/clinically integrated network/ACO
- Home health care (for unrelated diagnosis)
- Infusion
- Pharmacy
- DME/medical supplies
- Therapy services (PT, OT and OT)
- Physician services/medical director
- Patient and family education/support
- Volunteer services
- Hospice inpatient care
- Quality measurement and reporting
- Infection control

## **CON Action Numbers: 10280 - 10285**

- Integrative therapies
- Professional/community outreach and education
- Patient/family surveys
- Palliative care (non-con service)
  - Consult team in-hospital care and
  - Palliative home care

The applicant offers a list of 24 administrative services that will be integrated rather than duplicated between SBHP's partners and the proposed project.

### **VITAS Healthcare Corporation of Florida (CON #10284)**

states that the services considered core services--including physician services, nursing services, social work services, pastoral counseling and dietary counseling will be provided by VHCF staff and volunteers. The applicant states plans to contract for other services as needed by patients.

VHCF anticipates that employees will provide all services with the exception of physical therapy, speech therapy, occupational therapy, durable medical equipment and supplies and pharmacy services. The applicant notes that from time to time, there may be a need for supplemental staff to be engaged in certain functions such as physical therapy, speech-therapy, speech-language pathology, massage therapy and occupational therapy.

**West Florida Health, Inc. (CON #10285)** states that the following hospice services will be provided directly by hospice staff and volunteers:

- Routine home care
- Respite care
- Continuous care
- Physician services
- Bereavement services
- Hospice aide services
- Medical social services
- Dietician services
- Volunteer services
- Spiritual counseling services
- Patient and family education support

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According to the applicant, therapy services (physical, occupational and speech therapy), clinical pharmacist, and inpatient services will be provided through contractual arrangements, as needed.

**(g) Proposed arrangements for providing inpatient care.**

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** states an intent to have contractual arrangements with nursing homes and hospitals, with these being stated to be the most cost-efficient alternative for inpatient and respite needs for its proposed patients.

**Odyssey Healthcare of Marion County, LLC (CON #10281)** states plans to arrange for providing inpatient care through contractual arrangements with hospitals and nursing homes and that hospice inpatient care will be under the direct administration of the hospice, whether located in a nursing home or hospital.

**Regency Hospice of Northwest Florida, Inc. (CON #10282)** states plans to meet this Agency rule and preference through contractual arrangements with existing facilities, acute care hospitals and SNFs throughout Subdistrict 5A as it has done in Subdistrict 1. According to Regency, contracting for inpatient care is the most cost-efficient option for providing this level of care. Regency indicates that its hospice inpatient care will be under the direct administration of Regency, whether it is located in a hospital or nursing home.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** states having been in discussion with area SNFs to establish an inpatient hospice unit within their facility and feels confident in such arrangement, after proposed project approval. SBHP maintains that it will seek contracts with every general acute care hospital in Pasco County and will seek contracts with SNF providers in key geographic areas.

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**VITAS Healthcare Corporation of Florida (CON #10284)** states that inpatient and respite needs of its proposed patients will be met by existing hospital and nursing home facilities. The applicant indicates that it will develop contracts with local hospitals and nursing homes to build upon the letters of support contained in CON application #10284 (Bayonet Point Healthcare and Orchard Ridge) expressing interest in contracting with VHCF.

**West Florida Health, Inc. (CON #10285)** states plans to evaluate inpatient care options through contractual arrangements with existing hospitals, skilled nursing homes and ALFs in Pasco County.

- (h) Proposed number of inpatient beds that will be located in a freestanding inpatient facility, in hospitals, and in nursing homes.**

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** states that based on its field investigation, CCHGC is very confident of its ability to enter into sufficient contracts with existing facilities for beds to meet needs.

**Odyssey Healthcare of Marion County, LLC (CON #10281)** states this as not applicable.

**Regency Hospice of Northwest Florida, Inc. (CON #10282)** plans to contract for existing beds (at nursing homes and hospitals), on an as-needed basis.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** states that this is not applicable as SBHP proposes to contract inpatient beds with existing providers.

**VITAS Healthcare Corporation of Florida (CON #10284)** forecasts 258 inpatient days by year two—the reviewer notes that the year one forecast was not offered. VHCF contends that to handle census fluctuations, the applicant will contract for more beds on as-needed basis. The reviewer notes that the applicant does not provide an estimate of the number of beds likely to be contracted as the applicant indicates an exact number has not been determined.

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**West Florida Health, Inc. (CON #10285)** states plans to evaluate inpatient care options through contractual arrangements with existing hospitals, skilled nursing homes and ALFs in Pasco County. According to the applicant, the number of beds will be consistent with the needs of those resources.

**(i) Circumstances under which a patient would be admitted to an inpatient bed.**

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** provides a list of clinical criteria that should be present for a patient to be considered appropriate for admission to general inpatient care on pages 86-87 of CON application #10280. The applicant affirms that it would make an admission decision after an evaluation and in consultation with the patient's attending physician or hospice physician.

**Odyssey Healthcare of Marion County, LLC (CON #10281)** states that inpatient care is dictated by a patient's medical need. The applicant maintains that if possible, symptoms are addressed in the patient's home environment but that occasionally this is not possible. Admission to a general inpatient bed is stated to be based on one of the following acute care admissions criteria:

- Pain control
- Symptom control
- Imminent death with symptoms necessitating frequent physician and nursing intervention
- Medical or surgical procedures or therapies aimed at palliation of symptoms
- Family education needs necessary in order to follow the established plan of care at home
- Provision of a safe and supportive environment to the terminally ill patient during periods of acute psychosocial and/or spiritual breakdown of the primary caregiver
- Primary caregiver incapacity of continuing daily care in the home setting

**Regency Hospice of Northwest Florida, Inc.**

**(CON #10282)** states that the provision of inpatient care is determined by a patient's medical need and that symptoms are addressed in the patient's home environment if possible,

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but that occasionally this is not possible. Regency indicates the following as examples of patient status triggers that may lead to a patient being admitted to an inpatient bed:

- Pain or symptom crisis not managed by changes in treatment in the current setting or that requires frequent medication adjustments and monitoring
- Intractable nausea/vomiting
- Advanced open wounds requiring changes in treatment and close monitoring
- Unmanageable respiratory distress
- Delirium with behavior issues
- Sudden decline necessitating intensive nursing intervention
- Imminent death, only if skilled nursing needs are present

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** states that patients will be evaluated daily by the SBHP interdisciplinary team to determine the continued need for inpatient care. To meet this need, the applicant asserts that it intends to contract with every general acute care hospital in Pasco County. The applicant contends that the patient's condition or family circumstances may result in the need for inpatient services (some being pain or other troublesome symptoms that cannot be addressed in the home setting). SBHP maintains that Suncoast Hospice will bring its same Pinellas County experience and commitment to the proposed project.

**VITAS Healthcare Corporation of Florida (CON #10284)** states that the circumstances under which a patient will be admitted to an inpatient bed depend upon the patient's physical condition and the home care situation. VHCF asserts that because of the applicant's ability to deliver continuous care services at home to its patients, VHCF's patients are often able to avoid being admitted to inpatient units. The applicant notes that it has written guidelines defining patient and facility eligibility for facility-based care.

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**West Florida Health, Inc. (CON #10285)** states that the interdisciplinary team will evaluate patients in this level of care to determine the continued need for inpatient care. The applicant also indicates that this level of care may be appropriate for emergency situations in which the caregiver is unable to provide the patient with skilled care at home (for instance, sudden illness/impairment/death of primary caregiver).

According to the applicant, the need for hospice inpatient services is determined by the patient's condition or family circumstances, such as acute pain or other symptoms that cannot be addressed in the home setting and also those who are imminently dying and have complex care needs. If approved, WFH asserts it will develop a comprehensive range of hospice inpatient care options in Service Area 5A.

**(j) Provisions for serving persons without primary caregivers at home.**

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** states that in cases where the patient is not able to care for himself/herself and has no caregiver support group--CCHGC may recommend placement in an assisted living facility or nursing home where the hospice will be able to provide residential care. The applicant maintains that the proposed project's social workers will assist patients without financial resources to obtain residential care in a hospice unit within an ALF or nursing home. CCHGC states being intimately familiar with appropriate methods and techniques for the provision of care to special needs populations including those without caregivers.

**Odyssey Healthcare of Marion County, LLC (CON #10281)** states that when a hospice patient can no longer care for him or herself, the patient's individual care plan requires a primary care giver at the home, admission to a long-term care facility or an alternative place where the patient's safety can be secured.

**Regency Hospice of Northwest Florida, Inc. (CON #10282)** states that when a hospice patient can no longer care for themselves or has no primary caregiver at home, Regency will work with the patient to develop a plan to get them the care needed. The applicant states that in



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such cases, Regency may recommend placement in an ALF or nursing home, in which the program will be able to provide residential care.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** states that Empath Health has a special commitment to serving patients without caregivers in the home or caregivers who can no longer accommodate the patient's needs.

The applicant contends that patients without the required support at home will receive increased attention from the hospice staff. SBHP asserts that when possible, SBHP will assist patients in developing a caregiver network within the local community to help provide the additional supervision, assistance and companionship to these patients with their homes. SBHP maintains that if required, SBHP will help patients to find placements in a nursing home or assisted living facility, if needed.

**VITAS Healthcare Corporation of Florida (CON #10284)** states a primary focus of the proposed hospice program will be to enable patients to remain in the least restrictive and most emotionally supportive environment possible. The applicant states that terminally ill patients with no at-home support will receive increased attention from the hospice staff. VHCF maintains that every effort will be made to develop a caregiver network, capable of providing care in the patient's or caregiver's home. In cases where the patient is not able to care for himself/herself and has no caregiver support group or is homeless, VHCF states that it may assist patients to find placement in an assisted living facility or nursing home. Sample contractual agreements are provided for review (see Tab 17 of the application).

**West Florida Health, Inc. (CON #10285)** states wanting every patient to be able to remain in the least restrictive and most emotionally supportive environment possible. According to the applicant, patients who have no support at home will receive increased support from the hospice staff and volunteers whenever possible. WFH maintains that for each patient without a caregiver, it will help such patients develop a plan of care that may include the patient's network of friends, family, neighbors and other members of the community to help assist them to remain in their home.

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WFH states that if a patient is unable to care for him/herself and has no caregiver support, WFH may recommend that the patient enter into an ALF, nursing home or inpatient hospice facility.

**(k) Arrangements for the provision of bereavement services.**

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** indicates that the CCHGC Bereavement Services policy is to provide appropriate and coordinated bereavement services and counseling to families and caregivers for at least 13 months following the death of the patient. In addition, the applicant states that such services may be provided to residents as well as staff of SNFs, ALFs and other medical facilities, as needed, for at least 13 months after the patient's death.

According to CCHGC, an initial bereavement risk assessment will be completed by the social worker, bereavement coordinator or another qualified designee within five days of admission. The applicant provides additional information on bereavement procedures on pages 87-88 as well as a Bereavement Service Policy in Volume 3, Tab 21 of CON application #10280.

**Odyssey Healthcare of Marion County, LLC (CON #10281)** states that Gentiva's goal is to provide support and promote healthy grieving for patients, families and caregivers, before, during and after death. According to the applicant, at the time of admission, clinicians evaluate both the patient and his or her caregiver and conduct an initial bereavement risk assessment. This process is completed by the registered nurse, the medical social worker and the spiritual care coordinator.

The applicant indicates that skilled clinicians follow families and caregivers for 13 months following the death of the patient and within the first 15 days of the patient's death, the bereavement coordinator develops an individualized bereavement plan of care based on communication with the caregiver and the "interdisciplinary group." The applicant states that bereavement coordinators, medical social workers and spiritual care coordinators also provide bereavement support to Gentiva hospice employees and volunteers.

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**Regency Hospice of Northwest Florida, Inc.**

**(CON #10282)** indicates that its bereavement services facilitate a normal grieving process and identify and appropriately refer those persons who may be experiencing pathological grief reactions that may interfere with the eventual resolution and integration of their losses. According to Regency, the patient, caregiver and family are assessed for coping skills and bereavement risk factors periodically.

Regency indicates that its bereavement program is supervised by a qualified bereavement coordinator. Regency contends that because everyone's religious, spiritual and emotional needs differ, the program is tailored to meet individual's unique and specific needs.

Regency asserts that when a patient or their loved one are being cared for by a Regency hospice team, its bereavement services are available to them at any time and as frequently as they desire. Per Regency, this takes "the whole person" into consideration. Regency offers Curo Health Services' bereavement policies and procedures (CON application #10282, Appendix 6).

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)**

indicates that Empath Health extends its reach into the community by offering a wide range of programs for those affected by the illness or loss of someone they care about. If approved, the applicant maintains that SBHP's bereavement services will be modeled after the bereavement programs Empath currently offers in Pinellas County, including:

- Individual Counseling and Bereavement Groups
- Trauma Counseling

**VITAS Healthcare Corporation of Florida (CON #10284)**

indicates that VHCF staff and volunteers provide bereavement services. According to VHCF, bereavement services are appropriate from the time of the nursing assessment until the primary tasks of mourning are accomplished and the survivor can emotionally reinvest into life and other relationships. Examples of bereavement services are included for review (CON application #10284, Tab 22). VHCF maintains that although services are generally provided to the family for one year after the death of the patient, services will be available beyond one year, if

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needed. VHCF asserts that such support will be available 24 hours a day, seven days a week. A more in-depth description of the applicant's bereavement protocols are provided on pages 74 – 78 of CON application 10284.

**West Florida Health, Inc. (CON #10285)** states plans to provide bereavement services both to the families of patients and the families in the community, promoting emotional healing and major life transitions. The applicant contends the delivery of bereavement group services in various locations within the area as a means of reaching out to the community.

WFH further states that one-on-one counseling will be available for those that need extra help with the grief process and that many persons served have no relationship to the hospice patient, but have been affected by caregiver or loss issues.

WFH contends that it will provide counseling for staff at any agency (schools, businesses, hospitals) that requests help with bereavement issues.

**(I) Proposed community education activities concerning hospice programs.**

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** states the provision of extensive community education activities surrounding the benefits of hospice to increase hospice awareness and utilization. The applicant also reiterates FTEs for a professional relations coordinator and clinical liaison in year one and year two of the proposed project. CCHGC also indicates plans to host hospice educational events at senior organizations, religious affiliated groups, Hispanic organizations, veterans organizations, health fairs and educate residents in Pasco County, regarding hospice end-of-life care.

**Odyssey Healthcare of Marion County, LLC (CON #10281)** briefly discusses community education activities targeted to the Latino, Hispanic and African American communities as well as the Pasco County population as a whole. Mentioned activities include events such as walks, church festivals, Veterans ceremonies and other community events. Gentiva indicates that it has participated in curriculum development

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at the University of Florida IFAS Extension regarding hospice care training. Gentiva indicates plans to extend its programs, quickly and efficiently, to the proposed project.

**Regency Hospice of Northwest Florida, Inc.**

**(CON #10282)** states being committed to educating and increasing awareness of hospice services through a number of approaches, including:

- Development of hospice community education programs (planning, establishing goals and objectives and evaluation of educational activities)
- Written materials, health fairs and presentations to groups and associations, such as:
  - Access to hospice services
  - Medicare hospice benefits
  - Advanced directives
  - Admission criteria and scope of services
  - Caregiver support and education
  - Bereavement services and
  - Planning for end-of-life care

Regency asserts that it will expand its hospice community education activities quickly and efficiently to the proposed project. Regency further states it will create a Mobile Hospice Education Team in the first year of operation. Regency indicates that this team will travel to various community centers, health care facilities and shopping centers in the area to provide hospice outreach and education. Regency offers Curo Health Services' community education policies and procedures (CON application #10282, Appendix 13).

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)**

states that Empath Health provides community, consumer and professional education services as an integral part of its mission to serve everyone in the community affected by life-limiting illness, caregiving and bereavement. According to SBHP, this assures consumer choice in palliative care and competency of end-of-life care professionals. SBHP maintains that the same programs will be available to Pasco County residents.

**VITAS Healthcare Corporation of Florida (CON #10284)**

reiterates its HELLO program found under the Project Summary. The applicant indicates that it will continue to

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use its existing informational materials to reach potential patients through community organizations, health care providers and referral sources. In addition, VHCF asserts that it is committed to community outreach activities that enhance the community in general. The applicant maintains that if approved, it will become a productive member of the health care and supportive services community through its involvement in community outreach activities throughout Subdistrict 5A. VHCF also offers a list of education, health, civic and cultural arts projects on page 80 of CON application #10284.

**West Florida Health, Inc. (CON #10285)** indicates implementing community outreach through various modalities, such as health fairs, small group lectures, and education presentations at local colleges, newspaper coverage and radio interviews. Further the applicant states plans to partner with other hospice providers in the area to offer educational presentations on caregiving, grief and bereavement. Per the applicant, this creates a strong presence and promotes education and awareness. WFH maintains that the proposed program will provide community, consumer and professional education services as an integral part of its mission to serve everyone in the community affected by life-limiting illness, caregiving and bereavement.

WFH asserts plans to work with the FHS and TGH partners/facilities and at medical staff meetings. WFH contends that this education will be extended to other physicians within the county. The applicant discusses some medical groups to be targeted, including: employed physician groups, emergency room physicians and hospitalists, discharge planners, case managers and other clinical staff.

**(m) Fundraising activities.**

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** states that Compassionate Care Hospice has a relationship with Compassionate Care Hospice Foundation (stated to be an unrelated not for profit 501(c)(3) organization). Per the applicant, if approved, the proposed project will not actively raise funds from the community but

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if an individual wants to make a charitable donation, CCHGC will direct those individuals to the Foundation's website.

**Odyssey Healthcare of Marion County, LLC (CON #10281)**

states that it is partners with the Gentiva Hospice Foundation (a non-profit 501(c)(3) organization) and is funded by generous donations. Gifts to the Foundation may be made through:

- Memorial gifts
- Honorary gifts
- Direct donations
- Trusts, bequests and other assets

The applicant states that through the Foundation, various patient/family assistant grants are provided for:

- Rent or emergency repairs
- Utility bills
- Food assistance
- Comfort care
- Miscellaneous assistance

The applicant offers Gentiva Hospice Foundation literature in Attachment six of CON application #10281.

**Regency Hospice of Northwest Florida, Inc.**

**(CON #10282)** states that Regency will not engage in any direct fundraising activities in Subdistrict 5A outside of its own employees. According to the applicant, inquiries from people seeking to make charitable contributions for hospice services will be handled by referring them to charitable organizations that benefit residents of Pasco County and therefore, the proposed project will not adversely impact existing programs.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)**

states that fundraising activities in Pasco County will be coordinated by Empath Health's existing foundation, Suncoast Hospice Foundation. According to the applicant, in 2013, the Foundation received over \$10 million and that a portion of these funds were reinvested in the local community.

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SBHP maintains that the Foundation identified 1,391 current donors (within the past five years) who reside in Pasco County.

The applicant discusses grants received by Empath and BayCare and offers a list of such grants, including dollar amounts, in Attachment 12 of CON application #10283. The applicant states that the capacity for securing grant funds from major foundations will be part of the fundraising strategy for the proposed project.

**VITAS Healthcare Corporation of Florida (CON #10284)** agrees not to engage in any fundraising events or campaigns to obtain charitable contributions from residents in Subdistrict 5A. Also, VHCF indicates it will not solicit charitable contributions from patients, family or friends relating to its services in the planned area.

**West Florida Health, Inc. (CON #10285)** indicates that fundraising activities in Service Area 5A will be coordinated with the existing foundations at the parent companies, FHS and TGH. According to WFH, donations/funds will be reinvested in the local community through palliative care and residential hospice services, caregiver education and support, community education, family support and bereavement services.

- b. Rule 59-1.0355(8) Florida Administrative Code: Semi-Annual Utilization Reports. Each hospice program shall report utilization information to the Agency or its designee on or before July 20<sup>th</sup> of each year and January 20<sup>th</sup> of the following year.**

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** states that CCHGC will comply with all reporting requirements.

**Odyssey Healthcare of Marion County, LLC (CON #10281)** states that Gentiva will provide semi-annual utilization reports as specified under the rule provision.

**Regency Hospice of Northwest Florida, Inc. (CON #10282)** states that Regency commits to providing semi-annual utilization reports as specified under the rule provisions, as its existing program in Subdistrict 1 has done in the past.



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**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** states that SBHP will provide semi-annual utilization reports containing the data elements set forth in this criterion.

**VITAS Healthcare Corporation of Florida (CON #10284)** states that VHCF will comply with all reporting requirements as it does for its existing hospice services in Florida.

**West Florida Health, Inc. (CON #10285)** does not respond to this rule directly. The reviewer notes that the existing affiliated hospices under FHS all currently provide semi-annual reports as specified under the rule provision.

**3. Statutory Review Criteria**

- a. Is need for the project evidenced by the availability, quality of care, accessibility and extent of utilization of existing health care facilities and health services in the applicant's service area? ss. 408.035(1)( a) and (b), Florida Statutes.**

Need for an additional hospice program is evidenced by the availability, accessibility and extent to utilization of existing health care facilities and health services in the proposed service area. The applicants are responding to published need of one hospice program in Hospice Service Area 5A.

The following chart illustrates hospice admissions for the past five years, ending June 30, 2014. As shown below, admissions decreased from 3,776 as of June 30, 2010 to 3,568 as of June 30, 2014. In the five year period, the highest admission occurred in the 12-month period ending June 30, 2010 (3,776 admissions) and the lowest admission occurred in the 12-month period ending June 30, 2014 (3,568 admissions).

<b>Hospice Admissions for Hospice Service Area 5A June 30, 2010 – June 30, 2014</b>	
<b>June 30, 2010 through June 30, 2014</b>	<b>Admissions</b>
June 2014	3,568
June 2013	3,774
June 2012	3,666
June 2011	3,589
June 2010	3,776

Source: Agency for Health Care Administration Florida Need Projections for Hospice Programs, issued October 2010-October 2014.

Service Area 5A is currently served by the following two providers:

- Gulfside Regional Hospice, Inc., and
- HPH Hospice

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**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** reiterates that the most significant numeric gap in services for the area is within non-cancer cohort age 65 and older, which represents 88 percent of the anticipated numeric need (351 cases). In addition, the applicant maintains that the current decrease and reduced penetration rate in hospice services in Pasco County is largely in the non-cancer cardiac and pulmonary disease categories--these two groups accounting for an estimated two-thirds of the proposed hospice's patient population. According to the applicant, its proposed project should be approved because of its ability to successfully develop non-cancer programs in unique markets.

CCHGC's states that CCH is in compliance with the Conditions of Participation for hospice providers of services under the Health Insurance for the Aged and Disabled Program (Title XVIII of the Social Security Act) as well as the Medicaid Program. Additionally, CCHGC responds to the Access Criteria (Rule 59C-1.030(2), Florida Administrative Code) in CON application #10280, page 98. CCHGC asserts that if approved, its proposed project will prove complementary as opposed to competitive within the Subdistrict 5A market.

**Odyssey Healthcare of Marion County, LLC (CON #10281)** states seeking to address the entirety of the needs of the terminally ill population regardless of age, race, gender, disability or income level. The applicant contends that the specific groups to be served are Hispanic and African American populations, patients with dementia, veterans and residents 65 years and over with a life-limiting illness.

**Regency Hospice of Northwest Florida, Inc. (CON #10282)** states that there is only one existing hospice serving Subdistrict 5A. However, the reviewer notes that there are two providers.

Regency reiterates that the proposed project will improve access, be committed to admit any hospice appropriate patient with a life-limiting illness, without discrimination based on race, color, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease or place of national origin and regardless of ability to pay.

Regency asserts that it will pursue contracts with all Medicaid and Medicare managed care contractors, as it has done in northwest Florida historically. The applicant notes that it currently has contract with American ElderCare and Sunshine Health Plan.

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Regency also reiterates meeting hospice demand in the area through:

- Establishing and maintaining two offices
- Using state-of-the-art technology
- Using Hospice Care Consultants
- Providing additional hospice education to the community through community programs and the use of a Mobile Hospice Education Team
- Meeting the needs of underserved populations in the county, including Veterans and the Hispanic population

Regency asserts enhanced continuity of care through its “HCHB” (Homecare Homebase) system. Per Regency, this allows caregivers to use a familiar handheld Android device to access the electronic medical record (EMR) of each patient on-site and complete the vast majority of visit documentation at the patient’s bedside and also receive real-time alerts and care notes from all previous visits. According to Regency, the proposed program will offer this system at start-up.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** states that the proposed project will serve all patients in Subdistrict 5A requiring hospice care and that such services will go well beyond the core Medicare hospice benefit.

The applicant offers Suncoast Hospice’s Joint Commission accreditation in Attachment 16 of CON application #10283. SBHP notes that BayCare offers an extensive quality and clinical outcomes model in Attachment 3 of CON application #10283. According to the applicant, quality health care means doing the right thing at the right time in the right way for the right person and having the best results possible. According to the applicant, the enemy is fragmentation. BayCare maintains that its triple aim is to:

- Improve the experience of care (Service)
- Improve the health of the population (Outcome)
- Reduce the per capita cost of health care (Cost)

SBHP notes that Suncoast Hospice’s Pinellas County service area is adjacent to Pasco County and it has staff that reside in Pasco County who may be interested in being part of the initial team the will develop the proposed project. Per SBHP, this will reduce recruitment expenses as well as accelerate SBHP’s ability to begin providing hospice services.

The applicant lists its patient care services plans and shared administrative services again on pages 91-92 of CON application #10283.

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**VITAS Healthcare Corporation of Florida (CON #10284)** reiterates four specific needs it identified for the service area:

- Provide independent hospice services to offer Pasco patients and families an expanded choice of hospice providers and compete promptly and effectively with the current hospice providers
- Expand hospice outreach efforts, with particular emphasis on low income residents, to increase the hospice use rate
- Improve end-of-life care in Pasco County and beyond by establishing a teaching hospice in conjunction with USF Health
- Reduce the deficiency rate for hospice services

VITAS states having developed specific programming for a wide array of cultural, religious and spiritual communities and that VHCF will draw upon this programming to meet the needs of Subdistrict 5A.

According to the applicant, the table below outlines the groups for which specific programming have been created, although the reviewer notes that the applicant does not identify how or which programs will be implemented in Hospice Service Area 5A.

**Cultural and Religious Groups for Which VITAS has Specific Programming**

<b>Cultural Diversity</b>	<b>Spiritual Religious</b>
Asian American	
Cambodian	Buddhism
Chinese	Catholicism
Filipino	Christian Scientist
Hmong	Hinduism
Japanese	Jehovah's Witness
Korean	Jewish
Vietnamese	Muslim
African American	Mormon
Haitian	Paganism
Hispanic Latino	Santeria
LGBT Persons	Seventh Day Adventist
Native Americans	
Navajo Indians	

Source: CON application #10284, page 87

The applicant discusses accreditation from the National Institute for Jewish Hospice and Veterans programs (page 88 of the application). VHCF also discusses Palliative Medical Associates (PMA), a stated wholly owned subsidiary of VITAS. According to the applicant, PMA was formed in 2008 and offers palliative care services to patients in selected geographic areas. The applicant indicates that if the proposed project is approved, the proposed hospice will be contracted with PMA for palliative care. The applicant provides discussion of the similarities and differences between hospice care and palliative care (page 89 of CON application #10284) and states that PMA is “a true palliative care service.”

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The applicant also offers the VITAS Hospice Eligibility Reference Guide App (CON application #10284, Tab 40), titled “Clinical Appropriateness: Who may be eligible for VITAS services?”

VHCF indicates placing a high priority in training its clinicians in high quality effective services which includes these components:

- Managing Customer Expectations
- Training and Expert Staff
- Making Each Customer Encounter Successful
- Proactive Quality Monitoring
- Applying Research Experience to Improve Patient Care

VHCF notes that one of the major criteria used in the evaluation of CON applications is the extent to which a proposed service will be accessible and the applicant asserts that it will admit all eligible patients without regard to their ability to pay. The applicant indicates that it has demonstrated a continued commitment to underserved population groups—providing \$10.2 million in revenues in the form of charity care in 2013.

**West Florida Health, Inc. (CON #10285)** contends that approval of the proposed project will increase hospital-hospice integration and that WFH will bring strengths that are complimentary to those of existing providers. WFH asserts that if approved, the proposed project will be Medicare-certified and will seek Joint Commission accreditation and plans to join NHPCO and Florida Hospice Palliative Care, Inc.

According to the applicant, in 2013, U.S. News & World Report ranked Florida Hospital as the number one hospital in Florida and in 2012 and 2011, ranked Florida Hospital as the number one hospital in the Orlando Metro area and one of the best hospitals in the nation overall. FHS is stated to have been recognized in eight clinical specialties and recognized in the following medical fields:

- Heart and heart surgery (cardiology)
- Orthopedics
- Neurology and neurosurgery
- Gynecology (including cancers of reproductive system)
- Urology (including treatment of prostate cancer)
- Digestive disorders
- Hormonal disorders (diabetes and thyroid conditions)
- Kidney disease
- Ear, nose and throat
- Endocrinology

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WFH states that TGH is accredited by The Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF) and achieved magnet status for nursing excellence by the American Nurses Credentialing Center.

WFH reiterates the continuum of care provisions that would result if the proposed project is approved:

- Improved understanding about the resources available for physicians, staff, patients and facilities
- Facilitate and improve access to quality hospice services, including high acuity patients
- Enhance patient satisfaction throughout the continuum of care
- Decrease overall patient costs
- Increase access to professional community-based bereavement services

**b. Does the applicant have a history of providing quality of care? Has the applicant demonstrated the ability to provide quality care? ss. 408.035(1)( c), Florida Statutes.**

The Agency published results of its statewide Hospice Provider Satisfaction Survey, available at the Florida HealthFinder.gov website at <http://www.floridahealthfinder.gov/Hospice/CompareHospiceStats.aspx>. The most recent results of this survey range from January 2014 through March 2014. Each co-batched applicant (or parent/affiliate) that participated in the most recent survey is listed in the table below, with each listed provider having attained a five-of-five star rating in each of the five survey questions, with the exception of Hospice of the Comforter (affiliate of CON application #10285)<sup>2</sup>. The five-star rating is the highest attainable and indicates respondents were 90 to 100 percent satisfied with the hospice's performance.

<sup>2</sup> Hospice of the Comforter was rated five of five stars for four of the survey questions and was rated four stars for one of the survey questions. Also, Florida Hospital HospiceCare and Hospice of the Comforter are both affiliates of FHS (CON application #10285), parented by AHS/S.

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**Hospice Provider Satisfaction Survey Results  
January 2014 - March 2014**

<b>Hospice</b>	<b>Main Office (City)</b>	<b>Lowest # of Respondents</b>	<b>Highest # of Respondents</b>
Compassionate Care Hospice of Central Florida, Inc.	Lakeland	4	6
Emerald Coast Hospice	Panama City	64	77
Florida Hospital HospiceCare	Ormond Beach	44	53
Gentiva Hospice	Miami	25	34
Hospice of the Comforter	Altamonte Springs	121	97
Regency Hospice of Northwest FL, Inc.	Pensacola	3	3
Suncoast Hospice	Clearwater	280	350
VITAS Healthcare Corporation of Florida	North Miami Beach	187	226
VITAS Healthcare Corporation of Florida	Boynton Beach	276	366
VITAS Healthcare Corporation of Florida	Melbourne	298	375

Source: Florida HealthFinder.gov website run date of 11/10/2014

In October 2014, the Florida Department of Elder Affairs (DOEA) published results of its statewide 2014 Report on Hospice Demographic and Outcome Measures, available on the DOEA's website at: <http://elderaffairs.state.fl.us/doea/Evaluation/2014%20Hospice%20Report.pdf>. The report results are shown as percentages for three Outcome Measures—1, 2 and 2A.

Outcome Measure 1 measures the percentage of patients who had severe pain (seven or higher on the 0-to-10 scale) at admission and whose pain was reduced to a level of five or less by the end of the fourth day of care in the hospice program.

Outcome Measure 2 includes the following question:

- Did the patient receive the right amount of medicine for his or her pain?

Outcome Measure 2A includes the following question:

- Based on the care the patient received, would the patient and/or responsible party recommend hospice services to others?

Each co-batched applicant (or parent) that participated in this report is listed in the table below, with each participating provider's results indicated.

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**DOEA 2014 Report on Hospice Demographic and Outcome Measures  
for CY 2013**

Hospice Name/City	Outcome Measure			Number of Patients
	1	2	2A	
Compassionate Care Hospice of Miami-Dade, Inc./Lakeland	100%	92%	98%	468
Emerald Coast Hospice/Panama City	73%	97%	98%	1,601
Florida Hospital HospiceCare/Ormond Beach	86%	96%	91%	1,118
Hospice of the Comforter/Altamonte Springs	79%	95%	98%	2,313
Odyssey Healthcare of Marion County, Inc./Miami	77%	95%	96%	1,217
Regency Hospice of Northwest Florida, Inc./Pensacola	100%	95%	100%	304
Suncoast Hospice/Clearwater	93%	95%	98%	7,831
VITAS Healthcare Corporation of Florida/Melbourne	82%	95%	98%	6,899
VITAS Healthcare Corporation of Florida/Boynton Beach	89%	94%	96%	7,116
VITAS Healthcare Corporation of Florida/North Miami Beach	82%	94%	96%	6,586
State Average Outcomes	83%	95%	96%	
State Total Number of Patients				116,958
State Average of Patients				2,720

Source: DOEA, 2014 Report on Hospice Demographics and Outcomes Measures, issued October 2014 for CY 2013, pages 8 through 10, Table 6

Note: Florida hospices reported pain level data for 53,025 patients at the time of admission and 9,092 patients reported severe pain on admission. There were 19,435 survey responses to Outcome Measure 2 and 24,876 responses to Outcome Measure 2A. The number of responses for each outcome measure, by hospice, was not provided

Note: Emerald Coast Hospice is a subsidiary of Regency (CON application #10282). Florida Hospital HospiceCare and Hospice of the Comforter are subsidiaries of FHS (CON application #10285), with the same parent (ASH/S)

The DOEA's report for CY 2013 indicates that pain measure results (Outcome Measure 1) may vary by hospice, as some hospices start reporting pain on the day of admission while others start on the first day of care received. In addition, when multiple pain scores were reported on the fourth day, the score selected varied. Some hospices use the first pain score reported, some use the lowest pain score reported, and others use the highest pain score reported.

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** maintains that as a shell entity, it has no operational history. However, the applicant indicates that its parent and subsidiaries have been providing quality hospice care since 1993. The applicant discusses the quality of Compassionate Care Group, Ltd.'s Florida operations and others around the nation. The applicant contends that CCH operations have had no licensure violations and no Medicare cap issues. The applicant also contends that all programs are either already enrolled in the Medicare and Medicaid Programs or are actively awaiting certification. The applicant maintains that CCH is a member of the National Hospice and Palliative Care Organization (NHPCO) and ascribes to its policies and procedures. The applicant offers a sampling of hospice program policies and procedures in Volume 3, Tab 21 of CON application #10280. CCHGC asserts that all of CCH's existing hospice operations either have or are in the process of obtaining Community Health



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Accreditation (CHAP). According to CCHGC, companywide, CCH surpasses NHPCO standard staffing ratios and guidelines that are direct patient care roles.

CCHGC states plans to comply with the companywide Compassionate Care Hospice Quality Assessment and Performance Improvement Plan (QAPI). According to the applicant, all hospice employees are expected to participate in the QAPI Program and are informed of ongoing Performance Improvement Projects (PIPs). The QAPI is stated to have 45 events or indicators that are monitored (on a quarterly basis) to include four quality areas: patient/family outcomes, operations, service and process care. Some of the listed criteria are:

- Medication errors
- Adverse drug reactions
- Patient falls with injuries
- 911 calls by patient/families/caregivers
- Unwanted hospitalizations
- Infection control
- Medical record review
- Pain assessment and control review
- Comfort within 48 hours of admission
- Concurrent patient satisfaction survey
- Family satisfaction survey
- Performance improvement projects (PIPs)
- Community bereavement support
- Access to ethics committee

The applicant indicates that CCH has a contractual arrangement with OCS Home Care, a stated consulting firm that delivers business intelligence to home health and hospice providers. CCHGC indicates that there are 10 benchmarked components:

- Patient/family centered care
- Ethics and consumer rights
- Clinical excellence and safety
- Inclusion and access
- Organizational excellence
- Workforce excellence
- Standards
- Compliance
- Stewardship and accountability
- Performance measurement

CCHGC discusses patient/family satisfaction surveys and continuing education/in-service training and memberships in quality associations on pages 104-105).

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The parent serves the following service areas in Florida: 3E (Lake and Sumter Counties), 6B (Hardee, Highlands and Polk Counties) and 11 (Miami-Dade and Monroe Counties). Agency records indicate that statewide, the applicant had two substantiated complaints during the three-year period ending November 19, 2014. The substantiated complaint categories were for quality of care/treatment and resident/patient/client assessment.

**Odyssey Healthcare of Marion County, LLC (CON #10281)** states that Gentiva has a long and distinguished history of providing quality care to its patients and states being a provider of care to those with Medicare and Medicaid benefits, with NHPCO membership.

Gentiva maintains that it offer hospice services to patients and families regardless of age, sex, religion, sexual preference, diagnosis, functional status, or ability to pay. The applicant states it will provide services throughout the entire geographic region of Subdistrict 5A.

Odyssey states being fully licensed and in good standing with CMS, operating in compliance with federal, state and local statutes, regulations and ordinances. The applicant contends that operating policies, procedures, practices and protocols are in place, as are the quality plan and that these will be to initiate services in the proposed project.

Gentiva serves the following service areas in Florida: 2A (Bay, Calhoun, Holmes, Jackson and Washington Counties), 3B (Marion County), 4B (Flagler and Volusia Counties) and 11 (Miami-Dade and Monroe Counties). Agency records indicate that statewide, the applicant had one substantiated complaint during the three-year period ending November 19, 2014 in the complaint category of administration/personnel.

**Regency Hospice of Northwest Florida, Inc. (CON #10282)** asserts it has a reputation for high quality care and a very successful experience operating a hospice program in Florida.

Regency contends that its quality measures are not only better than the other hospice providers in Subdistrict 1, but equal or superior to the existing “provider” in Subdistrict 5A. The reviewer notes that there are two providers of hospice services in Pasco County.

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Regency maintains that important elements of hospice care are clinical excellence, compassion, integrity and attention/responsiveness to patients and caregivers and also that hospice is all about how well care and services are provided to patients and their families during the final months, weeks and days.

The applicant asserts an approach on a holistic, patient-centered and disease-specific basis. Regency indicates that a case manager, who is a registered nurse, is responsible for coordinating services with the interdisciplinary group from referral to discharge. Regency provides its care planning procedures on pages 82-83 of CON application #10282. The applicant also provides its Patient Education Policies and Procedures in Appendix 19 of CON application #10297.

Regency asserts that it differentiates itself through its established disease-focused disease programs and having a robust clinical infrastructure. Regency provides a QAPI plan in Appendix 16. Regency maintains that its proposed program will bring a high level of quality to residents in Subdistrict 5A.

Regency currently serves Hospice Service Area 1 (Escambia, Okaloosa, Santa Rosa and Walton Counties). Agency records indicate that the applicant had no substantiated complaints during the three-year period ending November 19, 2014.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** states that Suncoast is a national leader in the development of innovative quality initiatives for hospice care deeply committed to the continuous improvement of organizational performance. The applicant asserts that these essential activities include the design, measurement, assessment and improvement of systems and processes to increase value and positively impact patient/family outcomes.

SBHP maintains that Suncoast Hospice utilizes a planned system, organization-wide approach to continuous quality improvement in which all departments and teams collaborate to improve organizational performance and to impact the value of the care and services provided, with a core belief that quality is the responsibility of its board members, volunteers and every employee.

SBHP reiterates Suncoast's Joint Commission accreditation and asserts that the proposed program will seek accreditation from The Joint Commission. Also, the applicant repeats that BayCare states that quality health care means doing the right thing at the right time in the

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right way for the right person and having the best results possible. The applicant asserts that BayCare's culture of quality will be extended quickly to SBHP.

Suncoast Hospice serves the following service area in Florida: 5B (Pinellas County). Agency records indicate that statewide, Suncoast had one substantiated complaint in two categories (nursing services and quality of care/treatment) during the three-year period ending November 19, 2014.

**VITAS Healthcare Corporation of Florida (CON #10284)** references its extensive experience and accreditations (CON application #10284, pages 92-93) and reiterates having the lowest deficiency rating (0.12 deficiencies per 1,000 admissions, 2010-June 2014) among any of the competing co-batched applicants.

VHCF provided a list of company highlights of the history and quality of care on pages 94-95 of CON application #10284. VHCF also discusses the proposed project's governing body, a quality assurance program consistent with its existing programs in Florida. VHCF offers a description of its Quality Improvement program, specifically the Quality of Services component and the Palliative Outcomes component (page 96 of the application).

VHCF points out that RNs are encouraged to become certified in hospice and palliative care nursing. VHCF states that it has conditioned approval of the proposed project that by the second year of operation, 50 percent of all supervisory nurses will attain such certification. Additionally, chaplains must have a Master of Divinity or equivalent graduate degree from an accredited seminary or theological school. VHCF also asserts that social workers must have a Master's degree or be licensed clinical social workers.

VITAS states being in compliance with the Equal Employment Opportunity Commission (EEOC) and enforces its corporate policy to provide equal employment opportunity for all qualified applicants and current employees without regard to race, color, religion, national origin, non-job related disability, Vietnam-era and disabled veteran status, sexual orientation, age or sex. VITAS also asserts that all persons offered employment are required to pass a drug test and criminal background check as part of the pre-employment process.

VHCF states that it has developed a successful management tool called VITAS CARES which stands for: Coach, Assist, Recognize, Engage and Satisfy. The applicant indicates that this tool provides managers with

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tips and training. VHCF states that it is focused on continually enhancing its education, training and development planning process by promoting a positive learning environment for employees that enables them to deliver the best and most effective care for our patients and families as well as enabling greater employee satisfaction.

VITAS serves the following service areas in Florida: 4A, 4B, 7A, 7B, 7C, 8B, 9C, 10 and 11. Agency records indicate that statewide, the applicant had ten substantiated complaints during the three-year period ending November 19, 2014. A single complaint can encompass multiple complaint categories.

<b>Substantiated Complaint Categories in the Past 36 Months</b>	
<b>Complaint Category</b>	<b>Number Substantiated</b>
Quality of Care/Treatment	8
Resident/Patient/Client Rights	3
Resident/Patient/Client Assessment	3
Administration/Personnel	2
Nursing Services	2

Source: Agency for Health Care Administration complaint records.

**West Florida Health, Inc. (CON #10285)** introduces 26 additional significant quality features or characteristics of FHS on pages 64-66 of CON application #10285. Additionally, the applicant lists 14 significant quality features or characteristics of TGH on pages 66-67 of CON application #10285. According to WFH, the proposed program will adhere to its parents' trend of providing the highest quality of care.

The applicant indicates that the parent, FSH serves the following service areas in Florida: 4B (Flagler and Volusia Counties), 7B (Orange and Osceola Counties) and 7C (Seminole County).

Agency records indicate that hospice affiliates of Adventist Health System Sunbelt Healthcare Corporation had no substantiated complaints during the three-year period ending November 19, 2014. The reviewer notes that complaints for Hospice of the Comforter, Inc. were run from January 1, 2014 through November 19, 2014, since Adventist became the sole member controlling interest as of that date.

- c. What resources, including health manpower, management personnel, and funds for capital and operating expenditures, are available for project accomplishment and operation? ss. 408.035(1)(d), Florida Statutes.**

**Analysis:**

The purpose of our analysis for this section is to determine if the applicant has access to the funds necessary to fund this and all capital

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projects. Our review includes an analysis of the short and long-term position of the applicant, parent, or other related parties who will fund the project. The analysis of the short and long-term position is intended to provide some level of objective assurance on the likelihood that funding will be available. The stronger the short-term position, the more likely cash on hand or cash flows could be used to fund the project. The stronger the long-term position, the more likely that debt financing could be achieved if necessary to fund the project. We also calculate working capital (current assets less current liabilities) a measure of excess liquidity that could be used to fund capital projects.

Historically we have compared all applicant financial ratios regardless of type to bench marks established from financial ratios collected from Florida acute care hospitals. While not always a perfect match to a particular CON project it is a reasonable proxy for health care related entities.

### **Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)**

Compassionate Care Hospice of the Gulf Coast, Inc., is a start-up corporation with \$300,000 in cash, no liabilities, and accumulated deficit of \$70,000 from start-up costs, and no operations. The applicant stated that funding will be provided by operating cash flows of Compassionate Care Group, Ltd. (parent). In support of this claim, the applicant provided a letter of financial commitment from its parent company. In addition, the applicant and parent state that the parent has a \$2,000,000 line of credit and provided a copy of letter from TD Bank dated June 27, 2014, to support that claim.

On Schedule 2, the applicant indicates capital projects totaling \$458,895 which includes this project and two other hospice CON applications (\$142,965 each). As noted above, the applicant's audit report indicates \$300,000 in cash at December 2, 2014. This level of cash is not sufficient to finance this and the two other CONs of the applicant. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by funds from operations of the parent and proceeds from a line of credit available to the parent. Staff is unable to verify the parent's ability to finance the project with funds from operations as audited financial statements of the parent were not provided. However, the bank confirmation of the \$2.0 million line of credit was provided. In the absence of an audit, a six-month old bank letter does introduce a level of uncertainty to the availability of funds. However, given the relatively small size of the project funding is likely available on the line of credit.

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**Conclusion:**

Funding for this project and all capital projects is likely but not guaranteed.

**10281 - Odyssey Healthcare of Marion County, LLC (CON 10281):**

The applicant indicated funding for the project will be provided by its parent company, Gentiva Health Services, Inc. Below is an analysis of the audited financial statements of Gentiva Health Services, Inc. and Subsidiaries and where the two short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

<b>CON 10281 Gentiva Health Services, Inc. and Subsidiaries</b>		
	<b>Dec-13</b>	<b>Dec-12</b>
Current Assets	\$469,761,000	\$516,027,000
Total Assets	\$1,262,617,000	\$1,510,934,000
Current Liabilities	\$375,470,000	\$289,899,000
Total Liabilities	\$1,562,811,000	\$1,276,234,000
Net Assets	(\$300,194,000)	\$234,700,000
Total Revenues	\$1,726,644,000	\$1,712,804,000
Excess of Revenues Over Expenses	(\$598,507,000)	\$27,680,000
Cash Flow from Operations	\$37,105,000	\$125,968,000
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.3	1.8
Cash Flow to Current Liabilities (CFO/CL)	9.88%	43.45%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	-395.5%	420.3%
Total Margin (ER/TR)	-34.66%	1.62%
<b>Measure of Available Funding</b>		
Working Capital	\$94,291,000	\$226,128,000

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$1,831,955 which includes this project and another CON hospice

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application (\$515,978 each). The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand of its parent company. With \$94.3 million in working capital, the applicant has sufficient resources on hand to fund this and all capital projects listed.

**Conclusion:**

Funding for this project and all capital projects should be available as needed.

**Regency Hospice of Northwest Florida, Inc. (CON #10282):** The applicant indicated funding for the project will be provided by the Curo Health Services Holdings, Inc. (Parent), and provided a copy of the parent company audited financial statements for the period ending December 31, 2013.

Below is an analysis of the audited financial statements of the parent company and where the two short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

<b>CON 10282 Curo Health Services Holdings, Inc. and Subsidiaries</b>		
	<b>Dec-13</b>	<b>Dec-12</b>
Current Assets	\$44,733,000	\$48,985,000
Total Assets	\$305,643,000	\$313,171,000
Current Liabilities	\$38,977,000	\$34,994,000
Total Liabilities	\$189,614,000	\$200,975,000
Net Assets	\$116,029,000	\$112,196,000
Total Revenues	\$194,948,000	\$156,473,000
Excess of Revenues Over Expenses	\$4,126,000	(\$4,280,000)
Cash Flow from Operations	\$22,018,000	\$117,000
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.1	1.4
Cash Flow to Current Liabilities (CFO/CL)	56.49%	0.33%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	129.8%	147.9%
Total Margin (ER/TR)	2.12%	-2.74%
<b>Measure of Available Funding</b>		
Working Capital	\$5,756,000	\$13,991,000



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<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$727,230 which includes this project and one other CON hospice application (\$356,115 each). The applicant indicates on Schedule 3 of its application that funding for the project will be provided by the parent company and provided a letter of commitment from the parent. Based on the above analysis, the parent company has sufficient working capital to fund this project and all capital projects of the applicant.

**Conclusion:**

Funding for this project and all capital projects should be available as needed.

**Suncoast BayCare Hospice of Pasco, LLC. (CON #10283):** The applicant stated that funding would be provided by the two member organizations of Suncoast BayCare Hospice of Pasco, LLC,: BayCare Health System, Inc., and Suncoast Caring Community, Inc. In support of this claim, the applicant provided letters of financial commitment from the two members along with audited financial statements for the most recent fiscal year end 2013.

Below is an analysis of the audited financial statements of the two member organizations described above and where the two short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

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<b>CON 10283 BayCare Health System, Inc. and Affiliates</b>		
	<b>Dec-13</b>	<b>Dec-12</b>
Current Assets	\$858,384,000	\$719,953,000
Total Assets	\$5,599,648,000	\$4,750,607,000
Current Liabilities	\$1,047,985,000	\$819,614,000
Total Liabilities	\$2,095,740,000	\$1,908,513,000
Net Assets	<b>\$3,503,908,000</b>	<b>\$2,842,094,000</b>
Total Revenues	\$2,568,440,000	\$2,425,810,000
Excess of Revenues Over Expenses	\$631,838,000	\$422,678,000
Cash Flow from Operations	\$408,849,000	\$395,793,000
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	0.8	0.9
Cash Flow to Current Liabilities (CFO/CL)	39.01%	48.29%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	29.9%	38.3%
Total Margin (ER/TR)	24.60%	17.42%
<b>Measure of Available Funding</b>		
Working Capital	(\$189,601,000)	(\$99,661,000)

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

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<b>CON 10283 Suncoast Caring Community, Inc. and Affiliates</b>		
	<b>Sep-13</b>	<b>Sep-12</b>
Current Assets	\$33,715,489	\$34,917,307
Total Assets	\$118,055,220	\$117,593,054
Current Liabilities	\$25,472,210	\$26,782,987
Total Liabilities	\$42,422,041	\$45,589,145
Net Assets	<b>\$75,633,179</b>	<b>\$72,003,909</b>
Total Revenues	\$152,803,459	\$149,363,685
Excess of Revenues Over Expenses	\$3,629,270	\$2,070,549
Cash Flow from Operations	\$3,858,047	\$4,597,102
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.3	1.3
Cash Flow to Current Liabilities (CFO/CL)	15.15%	17.16%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	22.4%	26.1%
Total Margin (ER/TR)	2.38%	1.39%
<b>Measure of Available Funding</b>		
Working Capital	<b>\$8,243,279</b>	<b>\$8,134,320</b>

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$446,450 which consist entirely of this project cost. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash and assets of the member companies. While both entities have a mixed financial picture, this is a relatively small project compared to the operating cash flows of Baycare and working capital of Suncoast.

**Conclusion:**

Funding for this project and all capital projects should be available as needed.

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**VITAS Healthcare Corporation of Florida (CON #10284):** Below is an analysis of the audited financial statements of VITAS Healthcare Corporation of Florida, and where the two short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

<b>CON 10301 VITAS Healthcare Corporation of Florida</b>		
	<b>Dec-13</b>	<b>Dec-12</b>
Current Assets	\$34,103,123	\$26,690,606
Total Assets	\$349,631,785	\$303,880,003
Current Liabilities	\$21,545,814	\$18,838,577
Total Liabilities	\$22,614,143	\$20,179,166
Net Assets	<b>\$327,017,642</b>	<b>\$283,700,837</b>
Total Revenues	\$414,075,130	\$417,013,508
Excess of Revenues Over Expenses	\$43,316,805	\$43,147,999
Cash Flow from Operations	\$41,689,250	\$42,499,500
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.6	1.4
Cash Flow to Current Liabilities (CFO/CL)	193.49%	225.60%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	0.3%	0.5%
Total Margin (ER/TR)	10.46%	10.35%
<b>Measure of Available Funding</b>		
Working Capital	<b>\$12,557,309</b>	<b>\$7,852,029</b>

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$25,684,301 which includes \$856,042 for this project (and two other CONs). The applicant indicates on Schedule 3 of its application that funding for the project will be provided by its own operating cash flows and by its parent company. With \$12.6 million in working capital and \$41.7 million in operating cash flow, the applicant has sufficient resources to fund this and all capital projects listed. Operating cash flow is swept to the parent company's central cash management system at the

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end of the year. The balance due to the applicant was listed in the audit as \$157.3 million. It should be noted that the applicant also sent a letter from the parent corporation pledging to fund the project if necessary. The applicant provided portions of the parent's 10-K but the 10-Ks submitted did not include the audited financial statement section.

**Conclusion:**

Funding for this project and all capital projects should be available as needed.

**West Florida Health, Inc. (CON #10285):** West Florida Health, Inc., is a start-up corporation with \$1,527,480 in cash and total net assets of \$1,547,480 and no liabilities. The applicant stated that funding would be provided by existing cash reserves of the two member organizations of West Florida Health, Inc.: Health Sciences Center, Inc. d/b/a Tampa General Hospital, and Adventist Health System Sunbelt Healthcare Corporation d/b/a Adventist Health System. In support of this claim, the applicant provided letters of financial commitment from the two members along with audited financial statements for the most recent fiscal year end 2013.

Below is an analysis of the audited financial statements of the two member organizations described above and where the two short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

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<b>CON 10285 Florida Health Sciences Center, Inc.</b>		
	<b>Sep-13</b>	<b>Sep-12</b>
Current Assets	\$282,132,136	\$282,427,724
Total Assets	\$1,379,516,747	\$1,251,509,006
Current Liabilities	\$264,168,593	\$252,718,296
Total Liabilities	\$761,007,306	\$783,826,302
Net Assets	\$618,509,441	\$467,682,704
Total Revenues	\$1,019,212,423	\$988,130,185
Excess of Revenues Over Expenses	\$68,663,655	\$48,191,894
Cash Flow from Operations	\$117,242,643	\$85,953,403
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.1	1.1
Cash Flow to Current Liabilities (CFO/CL)	44.38%	34.01%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	80.3%	113.6%
Total Margin (ER/TR)	6.74%	4.88%
<b>Measure of Available Funding</b>		
Working Capital	\$17,963,543	\$29,709,428

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

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<b>CON 10285 Adventist Health System</b>		
	<b>Dec-13</b>	<b>Dec-12</b>
Current Assets	\$5,711,434,000	\$5,066,359,000
Total Assets	\$11,708,294,000	\$10,645,095,000
Current Liabilities	\$1,424,876,000	\$1,277,318,000
Total Liabilities	\$5,387,886,000	\$4,889,188,000
Net Assets	<b>\$6,320,408,000</b>	<b>\$5,755,907,000</b>
Total Revenues	\$7,597,799,000	\$7,346,597,000
Excess of Revenues Over Expenses	\$578,818,000	\$504,958,000
Cash Flow from Operations	\$1,153,648,000	\$978,176,000
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	4.0	4.0
Cash Flow to Current Liabilities (CFO/CL)	80.96%	76.58%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	62.7%	62.8%
Total Margin (ER/TR)	7.62%	6.87%
<b>Measure of Available Funding</b>		
Working Capital	<b>\$4,286,558,000</b>	<b>\$3,789,041,000</b>

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

**Capital Requirements and Funding:**

On Schedule 2 the applicant indicates capital projects totaling \$140,821,850 which includes this project and another CON hospice application (\$410,925 each). The applicant indicates on Schedule 3 of its application that funding for the project will be provided by the two member organizations. In support of this claim, the applicant provided letters of financial commitment from the two members along with audited financial statements for the most recent fiscal year end 2013. The audit submitted for Florida Health Sciences was not signed by the auditor. We have presented the data from that audit above as a reference; however,

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we cannot rely on that data without a signature on the audit letter. In any event, the other member organization (Adventist) has sufficient working capital to fund this project and the entire capital budget on its own if necessary.

**Conclusion:**

Funding for this project and the entire capital budget should be available as needed.

**d. What is the immediate and long-term financial feasibility of the proposal? ss. 408.035 (1)(f), Florida Statutes.**

The immediate and long-term financial feasibility of the project is tied to expected profitability. Profitability for hospice is driven by two factors, volume of patients and length of stay/condition of the patient. A new hospice program in a service area with published need is more likely than not to be financial feasible since patient volume and mix is presumed to be available in sufficient amounts to sustain a new program. The focus of our review will be on the reasonableness of projections, specifically the revenue.

The vast majority of hospice days are paid by Medicare (Medicaid is the next largest payer with similar reimbursement rates). As such, revenue is predictable by day and service type. Schedule 7 includes revenue by service type. We have divided the applicant's projected revenues by the estimated Medicare reimbursement rates for each level of service in year two to estimate the total patient days that would be generated by that level of revenue. The results were then compared to the applicant's estimated number of patient days. Calculated patient days that approximate the applicant's projected patient days are considered reasonable and support the applicant's assumptions of feasibility. Calculated patient days that vary widely from the applicant's projected patient days call into question the applicant's profitability assumptions and feasibility. The results of the calculations are summarized below.



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**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280):**

CON 10280	Compassionate Care Hospice of the Gulf Coast, Inc.				
Pasco	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care	\$109.48	0.916	\$100.28	\$49.86	\$150.14
Continuous Home Care	\$638.94	0.916	\$585.27	\$290.97	\$876.24
Inpatient Respite	\$89.21	0.916	\$81.72	\$75.60	\$157.32
General Inpatient	\$453.68	0.916	\$415.57	\$255.09	\$670.66
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care	1.066	\$160.01	\$2,968,252		18,550
Continuous Home Care	1.066	\$933.83	\$155,555	19.2	133
Inpatient Respite	1.066	\$167.66	\$3,174		19
General Inpatient	1.066	\$714.74	\$108,236		151
		<b>Total</b>	<b>\$3,235,217</b>		<b>18,854</b>
		Days from Schedule 7			19,390
		<b>Difference</b>			<b>536</b>
		<b>Percentage Difference</b>			<b>2.77%</b>

The applicant's projected patient days are 2.77 percent or 77 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$435,254 for year one to an operating profit of \$451,200 for year two.

**Conclusion:**

This project appears to be financially feasible.

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**Odyssey Healthcare of Marion County, LLC (CON #10281):**

CON 10281	Odyssey Healthcare of Marion County, LLC dba Gentiva Hospice				
Pasco	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care	\$109.48	0.916	\$100.28	\$49.86	\$150.14
Continuous Home Care	\$638.94	0.916	\$585.27	\$290.97	\$876.24
Inpatient Respite	\$89.21	0.916	\$81.72	\$75.60	\$157.32
General Inpatient	\$453.68	0.916	\$415.57	\$255.09	\$670.66
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care	1.044	\$156.70	\$2,996,299		19,121
Continuous Home Care	1.044	\$914.52	\$522,286	24	571
Inpatient Respite	1.044	\$164.19	\$4,768		29
General Inpatient	1.044	\$699.96	\$347,291		496
		<b>Total</b>	<b>\$3,870,644</b>		<b>20,217</b>
		Days from Schedule 7			20,414
		<b>Difference</b>			<b>197</b>
		<b>Percentage Difference</b>			<b>0.96%</b>

The applicant’s projected patient days are 0.96 percent or 197 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$383,323 for year one to an operating profit of \$479,478 for year two.

**Conclusion:**

This project appears to be financially feasible.

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**10282 - Regency Hospice of Northwest Florida, Inc. (CON #10282):**

CON 10282	Regency Hospice of Northwest FL, Inc.				
Pasco	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care	\$109.48	0.916	\$100.28	\$49.86	\$150.14
Continuous Home Care	\$638.94	0.916	\$585.27	\$290.97	\$876.24
Inpatient Respite	\$89.21	0.916	\$81.72	\$75.60	\$157.32
General Inpatient	\$453.68	0.916	\$415.57	\$255.09	\$670.66
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care	1.044	\$156.70	\$3,317,387		21,170
Continuous Home Care	1.044	\$914.52	\$1,037,483	24	1,134
Inpatient Respite	1.044	\$164.19	\$73,783		449
General Inpatient	1.044	\$699.96	\$479,522		685
		<b>Total</b>	<b>\$4,908,175</b>		<b>23,439</b>
			Days from Schedule 7		24,398
			<b>Difference</b>		<b>959</b>
			<b>Percentage Difference</b>		<b>3.93%</b>

The applicant's projected patient days are 3.93 percent or 959 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating profit of \$18,179 for year one to an operating profit of \$2,109,061 for year two.

**Conclusion:**

This project appears to be financially feasible.

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**Suncoast BayCare Hospice of Pasco, LLC (CON #10283):**

CON 10283	Suncoast BayCare Hospice of Pasco, LLC				
Pasco	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care	\$109.48	0.916	\$100.28	\$49.86	\$150.14
Continuous Home Care	\$638.94	0.916	\$585.27	\$290.97	\$876.24
Inpatient Respite	\$89.21	0.916	\$81.72	\$75.60	\$157.32
General Inpatient	\$453.68	0.916	\$415.57	\$255.09	\$670.66
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care	1.044	\$156.70	\$3,579,471		22,842
Continuous Home Care	1.044	\$914.52	\$270,455	24	296
Inpatient Respite	1.044	\$164.19	\$9,813		60
General Inpatient	1.044	\$699.96	\$497,152		710
		<b>Total</b>	<b>\$4,356,891</b>		<b>23,908</b>
		Days from Schedule 7			24,522
		<b>Difference</b>			<b>614</b>
		<b>Percentage Difference</b>			<b>2.50%</b>

The applicant's projected patient days are 2.5 percent or 614 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$379,195 for year one to an operating profit of \$135,286 for year two.

**Conclusion:**

This project appears to be financially feasible.

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**VITAS Healthcare Corporation of Florida (CON #10284):**

CON 10284	VITAS Healthcare Corporation of Florida				
Pasco	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care	\$109.48	0.916	\$100.28	\$49.86	\$150.14
Continuous Home Care	\$638.94	0.916	\$585.27	\$290.97	\$876.24
Inpatient Respite	\$89.21	0.916	\$81.72	\$75.60	\$157.32
General Inpatient	\$453.68	0.916	\$415.57	\$255.09	\$670.66
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care	1.044	\$156.70	\$3,802,895		24,268
Continuous Home Care	1.044	\$914.52	\$895,944	24	980
Inpatient Respite	1.044	\$164.19	\$0		0
General Inpatient	1.044	\$699.96	\$162,801		233
		<b>Total</b>	<b>\$4,861,640</b>		<b>25,480</b>
			Days from Schedule 7		26,531
			<b>Difference</b>		<b>1,051</b>
			<b>Percentage Difference</b>		<b>3.96%</b>

The applicant’s projected patient days are 3.96 percent or 1,051 days more than the calculated patient days. The applicant projects an operating loss for the project in both years one and two, decreasing from the projected year one operating loss of \$1,412,592 to an operating loss of \$411,607 for year two. The applicant indicates that it reaches profitability during year two. Our schedules are on an annual basis so it is not clear what month the applicant turns to a profitable situation. The applicant included the profitability of its other operations to support the project through profitability.

**Conclusion:**

This project appears to be financially feasible.

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**West Florida Health, Inc. (CON #10285):**

CON 10285	West Florida Health, Inc.				
Pasco	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care	\$109.48	0.916	\$100.28	\$49.86	\$150.14
Continuous Home Care	\$638.94	0.916	\$585.27	\$290.97	\$876.24
Inpatient Respite	\$89.21	0.916	\$81.72	\$75.60	\$157.32
General Inpatient	\$453.68	0.916	\$415.57	\$255.09	\$670.66
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care	1.066	\$160.01	\$3,378,979		21,117
Continuous Home Care	1.066	\$933.83	\$207,581	24	222
Inpatient Respite	1.066	\$167.66	\$37,269		222
General Inpatient	1.066	\$714.74	\$476,639		667
		<b>Total</b>	<b>\$4,100,468</b>		<b>22,229</b>
			Days from Schedule 7		21,900
			<b>Difference</b>		<b>-329</b>
			<b>Percentage Difference</b>		<b>-1.50%</b>

The applicant’s projected patient days are negative 1.5 percent or 329 days less than the calculated patient days. Operating profits from this project are expected to increase from an operating profit of \$114,848 for year one to \$152,243 in year two.

**Conclusion:**

This project appears to be financially feasible.

- e. Will the proposed project foster competition to promote quality and cost-effectiveness? ss. 408.035(1)(e) and (g), Florida Statutes.**

**Analysis:**

The type of competition that would result in increased efficiencies, service, and quality is limited in health care in general and in hospice specifically. Cost-effectiveness through competition is typically achieved via a combination of competitive pricing that forces more efficient cost to remain profitable and offering higher quality and additional services to attract patients from competitors. Since Medicare and Medicaid are the primary payers in hospice, price-based competition is almost non-existent. With the revenue stream essentially fixed on a per patient basis, the available margin to increase quality and offer additional

services is limited. In addition, competitive forces truly do not begin to take shape until existing business' market share is threatened. The publication of need in this area suggests that there is an unmet and untapped customer base for a new entrant to absorb, thus potentially delaying any immediate impact on competition. Even if the new entrant was aggressive and gained competitor's market share, the existing barrier-to-price-based competition limits any significant gains in cost-effectiveness and quality.

**Conclusion:**

The projects submitted for Hospice Area 5-A are not likely to have a material impact on competition to promote quality and cost-effectiveness.

- f. Are the proposed costs and methods of construction reasonable? Do they comply with statutory and rule requirements? ss. 408.035(1)(h), Florida Statutes; Ch. 59A-4, Florida Administrative Code**

Each of the co-batched applicants is seeking to establish a new hospice program. There are no construction costs and methods associated with the proposals.

- g. Does the applicant have a history of providing health services to Medicaid patients and the medically indigent? Does the applicant propose to provide health services to Medicaid patients and the medically indigent? ss. 408.035(1)(i), Florida Statutes.**

Hospice programs are required by federal and state law to provide hospice patients with inpatient care when needed (42 Code of Federal Regulations 418.108). Hospice care also must be provided regardless of ability to pay and regardless of age, race, religion, sexual orientation, diagnosis, payer source or financial status.

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280):**

The applicant states that Compassionate Care Group, Ltd. (the parent) other Compassionate Care subsidiaries have significant experience providing to Medicaid and medically indigent patients, throughout the country. According to CCGHC, Compassionate Care Hospice has provided between \$2.2 and 2.3 million dollars in charity care in the last three calendar years (including 2014 annualized to date). CCHGC indicates that it will admit patients to the proposed program, regardless of their ability to pay.

Compassionate Care estimates 5,060 total patient days for year one (ending September 30, 2016) and 19,390 total patient days for year two (ending September 30, 2017). The majority of patients days are

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estimated to be Medicare in year one (4,760 patient days or 94.1 percent) and again Medicare in year two (18,242 patient days or 94.1 percent). The applicant provided the following information on self-pay, charity and Medicaid patient days for year one and year two

**Compassionate Care of the Gulf Coast, Inc.  
Self-Pay, Charity and Medicaid Patient Days  
12 Months Ending September 30, 2016 (Year One)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	65	1.3%
Medicaid	151	3.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>216</b>	<b>4.3%</b>
<b>Total Patient Days</b>	<b>5,060</b>	<b>100.0%</b>

Source: CON application #10280, Schedule 7A

**12 Months Ending September 30, 2017 (Year Two)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	248	1.3%
Medicaid	580	3.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>828</b>	<b>4.3%</b>
<b>Total Patient Days</b>	<b>19,390</b>	<b>100.0%</b>

Source: CON application #10280, Schedule 7A

**Odyssey Healthcare of Marion County, LLC (CON #10281):** states that Gentiva has budgeted 1.0 percent of gross revenues to be written off as charity care and further commits to a higher level of charity care should it be needed by the community.

Odyssey estimates 6,260 total patient days for year one (ending June 30, 2016) and 20,414 total patient days for year two (ending June 30, 2017). The majority of patients days are estimated to be Medicare in year one (5,580 patient days or 89.1 percent) and again in year two (18,196 patient days or 89.1 percent). The applicant provided the following information on self-pay, charity and Medicaid patient days for year one and year two. Odyssey states that charity/indigent care is shown under self-pay and that all patients are assumed to be charity or indigent with 100 percent of the charges written-off to charity. See the table below.

**Odyssey Healthcare of Marion County, LLC  
Self-Pay, Charity and Medicaid Patient Days  
12 Months Ending June 30, 2016 (Year One)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	62	1.1%
Medicaid	268	4.8%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>330</b>	<b>5.9%</b>
<b>Total Patient Days</b>	<b>5,580</b>	<b>100.0%</b>

Source: CON application #10281, Schedule 7A



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**12 Months Ending June 30, 2017 (Year Two)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	203	1.0%
Medicaid	873	4.3%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>1,076</b>	<b>5.3%</b>
<b>Total Patient Days</b>	<b>20,414</b>	<b>100.0%</b>

Source: CON application #10281, Schedule 7A

**Regency Hospice of Northwest Florida, Inc. (CON #10282)** states that it has a history of providing health services to Medicaid patients and the medically indigent. Regency states that in calendar year-to-date 2014 through September, approximately 12 percent of the applicant's patient days were in service to Medicaid patients.

Regency estimates 9,816 total patient days for year one (ending June 30, 2016) and 24,398 total patient days for year two (ending June 30, 2017). The majority of patients days are estimated to be Medicare in year one (9,240 patient days or 94.1 percent) and again in year two (23,048 patient days or 94.5 percent). The applicant provided the following information on self-pay and Medicaid patient days for year one and year two.

**Regency Hospice of Northwest Florida, Inc.  
Self-Pay and Medicaid Patient Days  
12 Months Ending June 30, 2016 (Year One)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay	108	1.1%
Medicaid	396	4.0%
<b>Total Medicaid/Self-Pay</b>	<b>504</b>	<b>5.1%</b>
<b>Total Patient Days</b>	<b>9,816</b>	<b>100.0%</b>

Source: CON application #10282, Schedule 7A

**12 Months Ending June 30, 2017 (Year Two)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay	270	1.1%
Medicaid	1,035	4.2%
<b>Total Medicaid/Self-Pay</b>	<b>1,305</b>	<b>5.3%</b>
<b>Total Patient Days</b>	<b>24,398</b>	<b>100.0%</b>

Source: CON application #10282, Schedule 7A

Notes to the above schedule indicate that the proposed program projections are largely dependent on Medicare consistent with national, statewide, regional and corporate experience. Additionally, the notes indicate that all private-pay revenue is assumed to be written-off as charity/indigent.

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**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** states that as a new entity, SBHP has no historical utilization data. However, the applicant contends that its two partner organizations (Suncoast Hospice and BayCare Health System) have an extensive history of providing services to Medicaid and medically indigent patients.

SBHP contends that Suncoast Hospice began providing hospice care before there was a Medicare hospice benefit. SBHP further contends that BayCare Health System provides charity care up to 250 percent of the Federal Poverty Level. The applicant states that in 2013, BayCare provided \$110 million in traditional charity care and \$243.5 million in total community benefits.

Suncoast BayCare estimates 7,965 total patient days for year one (ending June 30, 2016) and 24,522 total patient days for year two (ending June 30, 2017). The majority of patients days are estimated to be Medicare in year one (6,850 patient days or 86.0 percent) and again Medicare in year two (21,089 patient days or 86.0 percent). The applicant provided the following information on self-pay and Medicaid patient days for year one and year two

**Suncoast BayCare Hospice of Pasco, LLC  
Self-Pay and Medicaid Patient Days  
12 Months Ending June 30, 2016 (Year One)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay	159	2.0%
Medicaid	478	6.0%
<b>Total Medicaid/Self-Pay</b>	<b>637</b>	<b>8.0%</b>
<b>Total Patient Days</b>	<b>7,965</b>	<b>100.0%</b>

Source: CON application #10283, Schedule 7A

**12 Months Ending June 30, 2017 (Year Two)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay	490	2.0%
Medicaid	1,471	6.0%
<b>Total Medicaid/Self-Pay</b>	<b>1,961</b>	<b>8.0%</b>
<b>Total Patient Days</b>	<b>24,522</b>	<b>100.0%</b>

Source: CON application #10283, Schedule 7A

Notes to the above schedule discuss that charity and uncompensated care represent services provided primarily to indigent patients and that these services are not included in the charity care revenue deductions shown in Schedule 7.

**VITAS Healthcare Corporation of Florida (CON #10284)** states it has a long history of providing services to Medicaid patients and proposes to provide services to Medicaid patients in Subdistrict 5A. VHCF indicates that five percent of hospice patient nursing home costs are paid by VHCF after it receives the unified rate. Additionally, the applicant states a long

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history of providing services to the medically indigent and proposes to provide services to medically indigent patients in Subdistrict 5A. VHCF also discusses a history of meeting its commitments regarding service to these populations and that in fiscal year 2013, VHCF provided \$5.5 million in charity care.

VITAS estimates 8,749 total patient days for year one (ending March 31, 2016) and 26,531 total patient days for year two (ending March 31, 2017). The majority of patients days are estimated to be Medicare in year one (8,042 patient days or 91.9 percent) and again Medicare in year two (24,401 patient days or 92.0 percent). The applicant provided the following information on self-pay, charity and Medicaid patient days for year one and year two

**VITAS Healthcare Corporation of Florida  
Self-Pay, Charity and Medicaid Patient Days  
12 Months Ending March 31, 2016 (Year One)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	144	1.6%
Medicaid	386	4.4%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>530</b>	<b>6.0%</b>
<b>Total Patient Days</b>	<b>8,749</b>	<b>100.0%</b>

Source: CON application #10284, Schedule 7A

**12 Months Ending March 31, 2017 (Year Two)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	422	1.6%
Medicaid	1,170	4.4%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>1,592</b>	<b>6.0%</b>
<b>Total Patient Days</b>	<b>26,531</b>	<b>100.0%</b>

Source: CON application #10284, Schedule 7A

**West Florida Health, Inc. (CON #10285):** West Florida Health estimates 16,680 total patient days for year one (ending 2016) and 21,900 total patient days for year two (ending 2017). The majority of patients days are estimated to be Medicare in year one (14,345 patient days or 86 percent) and again in year two (18,834 patient days or 86 percent). The applicant provided the following information on self-pay and Medicaid patient days for year one and year two

**West Florida Health, Inc.  
Self-Pay and Medicaid Patient Days  
Ending 2016 (Year One)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay	334	2.0%
Medicaid	667	4.0%
<b>Total Medicaid/Self-Pay</b>	<b>1,001</b>	<b>6.0%</b>
<b>Total Patient Days</b>	<b>16,680</b>	<b>100.0%</b>

Source: CON application #10285, Schedule 7A

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**Ending 2017 (Year Two)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay	438	2.0%
Medicaid	876	4.0%
<b>Total Medicaid/Self-Pay</b>	<b>1,314</b>	<b>6.0%</b>
<b>Total Patient Days</b>	<b>21,900</b>	<b>100.0%</b>

Source: CON application #10285, Schedule 7A

The applicant reiterates that it is committed to serving those who seek hospice care but do not have the ability to pay. The applicant also provides charity care for indigent patients. Also, the applicant asserts acceptance of all patients in immediate need of care, regardless of ability to pay.

Notes to Schedule 7A indicate that charity care and bad debts are projected to equal a combined 80 percent of gross self-pay patient revenue and of this amount, 50 percent is assumed to be charity care and 30 percent bad debt.

**F. SUMMARY**

A fixed need pool was published for a new hospice program in Hospice Service Area 5A – Pasco County.

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)**, a for-profit corporation and wholly owned subsidiary of Compassionate Care Group, Ltd. (parent), is proposing total project costs of \$142,965. The parent operates hospice services in Hospice Service Areas 3E, 6B and 11. Also in this batching cycle, Compassionate Care seeks approval to establish a new hospice program in Hospice Service Areas 6C (Manatee County) and 8D (Sarasota County), in which no need was published by the Agency.

Compassionate Care proposes eight conditions on its Schedule C.

**Odyssey Healthcare of Marion County, LLC (CON #10281)**, a for-profit corporation and wholly owned subsidiary of Gentiva, is proposing total project costs of \$515,978. The applicant's parent operates hospice services in Hospice Service Areas 2A, 3B, 4B and 11.

Odyssey proposes seven conditions on its Schedule C.

**Regency Hospice of Northwest Florida, Inc. (CON #10282)**, a Florida for-profit corporation, wholly owned by Curo Health Services, LLC, is proposing total project costs of \$356,115. Regency is currently a hospice provider in Hospice Service Area 1.

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Regency proposes 11 conditions on its Schedule C.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)**, a development stage 501(c)(3) charitable organization and a collaborative partnership between not-for-profit BayCare Health System, Inc. and SunCoast Caring Community, Inc. d/b/a Empathy Health is projecting total project costs of \$446,450. The applicant's direct hospice affiliate (Suncoast Hospice, Inc.) operates hospice services in Hospice Service Area 5B (Pinellas County).

SBHP proposes 12 conditions on its Schedule C.

**VITAS Healthcare Corporation of Florida (CON #10284)**, a Florida for-profit corporation, is proposing total project costs of \$856,042. VITAS/VHCF is currently a hospice provider in Hospice Service Areas 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9C, 10 and 11.

VITAS proposes 11 conditions on its Schedule C.

**West Florida Health, Inc. (CON #10285)** is a not-for-profit development stage corporation has projected total project costs of \$410,925. The entity is a collaborative partnership between not-for-profit FHS and not-for-profit and statutory teaching hospital TGH. Both FHS and TGH are stated partners in the ownership of the new entity. FHS indicates that the it is currently a hospice provider in Hospice Service Areas 4B, 7B and 7C.

West Florida Health proposes 10 conditions on its Schedule C.

**Need/Access:**

The applicants' proposed projects are in response to the fixed need pool for a new hospice in Hospice Service Area 5A. Each applicant's argument in support of need for their respective proposal is briefly summarized below.

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)** identifies the following four specific needs, subsets of the non-cancer terminally ill population, in the subdistrict that would be addressed by project approval:

- End-stage cardiovascular (and related) diseases with an accompanying Cardiac Connection Program
- End-stage pulmonary (and related) diseases with an accompanying Pulmonary Connections Program and

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- End-stage renal disease, with an accompanying Promise Program
- Alzheimer's disease, HIV/AIDS and other non-cancer terminal illnesses

Compassionate Care presents its proposed program as complementary as opposed to competitive toward the existing hospice providers in the area.

Compassionate Care projects 156 admissions in year one (September 30, 2016) and 361 in year two (ending September 30, 2017).

**Odyssey Healthcare of Marion County, LLC (CON #10281)** states seeking to address the entirety of the needs of the terminally ill population regardless of age, race, gender, disability or income level. Odyssey identifies the following populations as particularly targeted for hospice services in the proposed project:

- Hispanic and African American populations
- Patients with dementia
- Veterans
- Residents 65 years and over with a life-limiting illness

Odyssey projects 96 admissions in year one (ending June 30, 2016) and 258 in year two (ending June 30, 2017).

**Regency Hospice of Northwest Florida, Inc. (CON #10282)** identifies the following three specific populations with unmet hospice needs in the subdistrict:

- Residents with a terminal non-cancer diagnosis
- Hispanics
- Veterans

Regency projects 181 admissions in year one (ending June 30, 2016) and 374 in year two (ending June 30, 2017).

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** identifies the following eight populations in the subdistrict to specifically target:

- Children
- Residents with HIV/AIDS
- Residential services in group homes, assisted living and nursing homes
- Latino/Hispanic and African American patients
- Bereavement programs that extend beyond hospice patients and their families
- Veterans
- Uncompensated Care and Charity Care Patients and
- Teens

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Suncoast BayCare projects 177 admissions in year one (ending June 30, 2016) and 402 in year two (ending June 30, 2017).

**VITAS Healthcare Corporation of Florida (CON #10284)** identifies the following four specific needs in the subdistrict that would be addressed by project approval:

- Provide independent hospice services to offer Pasco patients and families an expanded choice of hospice providers and compete promptly and effectively with the current hospice providers
- Expand hospice outreach efforts, with particular emphasis on low income residents, to increase the hospice use rate
- Improve end-of-life care in Pasco County and beyond by establishing a teaching hospice in conjunction with USF Health
- Reduce the deficiency rate for hospice services

VITAS projects 224 admissions in year one (ending March 31, 2016) and 422 in year two (March 31, 2017).

**West Florida Health, Inc. (CON #10285)** identifies the following need to warrant project approval:

- Integration and continuum of care
- Improved understanding about resources available to physicians, staff, patients and facilities
- Facilities and improved access to quality hospice services, including high acuity patients
- Enhance patient satisfaction throughout the continuum of care
- Decrease overall patient costs
- Increase access to professional community-based bereavement
- Mission
- Chaplaincy and pastoral care

The applicant also identifies the following populations as being in need of hospice services:

- Elderly
- Hispanics
- HIV/AIDS patients
- Alzheimer's patients

West Florida Health projects 278 admissions in year one (ending 2016) and 364 in year two (ending 2017).

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**Quality of Care:**

Each co-batched applicant offered evidence of its ability to provide quality care.

Each co-batched applicant (or parent) that participated in the most recent DOEA hospice demographic and outcome measures report is listed in the table below, with participating provider's results indicated.

**DOEA 2014 Report on Hospice Demographic and Outcome Measures  
for CY 2013**

Hospice Name/City	Outcome Measure			Number of Patients
	1	2	2A	
Compassionate Care Hospice of Miami-Dade, Inc. / Lakeland	100%	92%	98%	468
Odyssey Healthcare of Marion County, Inc. / Miami	77%	95%	96%	1,217
Regency Hospice of Northwest Florida, Inc. / Pensacola	100%	95%	100%	304
Suncoast Hospice / Clearwater	93%	95%	98%	7,831
VITAS Healthcare Corporation of Florida / Melbourne	82%	95%	98%	6,899
VITAS Healthcare Corporation of Florida / Boynton Beach	89%	94%	96%	7,116
VITAS Healthcare Corporation of Florida / North Miami Beach	82%	94%	96%	6,586
State Average Outcomes	83%	95%	96%	
State Total Number of Patients				116,958
State Average of Patients				2,720

Source: DOEA, 2014 Report on Hospice Demographics and Outcomes Measures, issued October 2014 for CY 2013, pages 8 through 10, Table 6.

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)**

identifies its quality in the context of:

- Quality of the parent's operations in Florida and nationwide
- No licensure and no Medicare cap issues
- Extensive experience and accreditations (or if not currently accredited, actively seeking such accreditations)
- Surpasses NHPCO standard staffing ratios and guidelines that are direct patient care roles
- Implementation of QAPI program (with 45 monitored indicators of quality) and PIP programs
- Contracting with OCS Home Care to further capture quality features within 10 benchmarked components

Agency records indicate that the parent company of CCHGC had two substantiated complaints during the three-year period ending November 19, 2014.

**Odyssey Healthcare of Marion County, LLC (CON #10281)** identifies its quality in the context of:

- Being a provider of quality care to patients with Medicare and Medicaid benefits
- NHPCO membership



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- Hospice services to patients and families regardless of age, sex, religion, sexual preference, diagnosis, functional status or ability to pay
- Services throughout the entire geographic area of Subdistrict 5A
- Being fully licensed and in good standing with CMS
- Operating in compliance with all federal, state and local statutes, regulations and ordinances
- Operating policies, procedures and protocols in place as well as a quality plan

Agency records indicate that Gentiva had one substantiated complaint during the three-year period ending November 19, 2014.

**Regency Hospice of Northwest Florida, Inc. (CON #10282)** identifies its quality in the context of:

- Better quality measures than other hospice providers in Subdistrict 1 and hospice services currently provided in Subdistrict 5A
- Important elements of hospice care being clinical excellence, integrity and attention/responsiveness to patients and caregivers
- Function on a holistic, patient-centered and disease-specific basis
- Maintain a Mobile Hospice Education Team
- Case managers being registered nurses
- Maintain an interdisciplinary group/team to fully collaborate, coordinate and integrate hospice services and support a continuity and continuum of care
- Maintain start-of-the-art technology (mobile point-of-care devices) for immediate access to health alerts and health status of patients and their needs and
- Promote patient education and an ongoing QAPI process

Agency records indicate that the applicant had no substantiated complaints during the three-year period ending November 19, 2014.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)** identifies its quality in the context of:

- Suncoast Hospice, Inc.'s national reputation and deep commitment to continuous quality improvement
- Suncoast Hospice, Inc.'s systems and processes to increase value and positively impact patient/family outcomes
- Suncoast Hospice, Inc.'s determination that quality is the responsibility of its board members, volunteers and every employee
- Suncoast Hospice, Inc.'s Joint Commission accreditation and that the applicant will seek such accreditation (if approved) and model Suncoast Hospice, Inc.'s existing hospice model

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- BayCare Health System, Inc.'s accreditations
- BayCare Health System, Inc.'s quality health care strategy of doing the right thing at the right time in the right way for the right person and having the best results possible
- BayCare Health System, Inc.'s conclusion that the enemy is fragmentation and that BayCare Health System, Inc.'s culture of quality will be extended quickly to the proposed project

Agency records indicate that Suncoast Hospice had one substantiated complaint during the three-year period ending November 19, 2014.

**VITAS Healthcare Corporation of Florida (CON #10284)** identifies its quality in the context of:

- Extensive experience and accreditations
- Having the lowest deficiency rating (0.12 deficiencies per 1,000 admissions, 2010-June 2014) among any of the competing co-batched applicants
- Quality points totaling 14
- Contracting with wholly owned subsidiary Palliative Medical Associates for hospice-specific palliative care
- A quality assurance/quality improvement program
- RN staff certified in hospice and palliative care nursing
- Chaplains having a Master of Divinity or equivalent
- Social workers having a Master's degree or licensed LCSW
- Compliance with EEOC rules and regulations
- VITAS CARES program

Agency records indicate that the VITAS had 10 substantiated complaints during the three-year period ending November 19, 2014.

**West Florida Health, Inc. (CON #10285)** identifies its quality in the context primarily of the parent corporations:

- A total of 26 awards/recognitions granted to AHS/S facilities
- A total of 14 awards/recognitions granted to TGH

Agency records indicate that hospice affiliates of Adventist Health System Sunbelt Healthcare Corporation had no substantiated complaint(s) during the three-year period ending November 19, 2014. The reviewer notes that complaints for Hospice of the Comforter, Inc. were run from January 1, 2014 through November 19, 2014, since Adventist became the sole member controlling interest as of that date.

**Financial Feasibility/Availability of Funds:**

None of the projects submitted for Hospice Service Area 5-A are likely to have material impact on competition to promote quality and cost-effectiveness.

**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280)**

- Funding for this project and all capital projects is likely but not guaranteed
- The project appears to be financially feasible

**Odyssey Healthcare of Marion County, LLC (CON #10281)**

- Funding for this project and all capital projects should be available as needed
- The project appears to be financially feasible

**Regency Hospice of Northwest Florida, Inc. (CON #10282)**

- Funding for this project and all capital projects should be available as needed
- The project appears to be financially feasible

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283)**

- Funding for this project and all capital projects should be available as needed
- The project appears to be financially feasible

**VITAS Healthcare Corporation of Florida (CON #10284)**

- Funding for this project and all capital projects should be available as needed
- The project appears to be financially feasible

**West Florida Health, Inc. (CON #10285)**

- Funding for this project and all capital projects should be available as needed
- The project appears to be financially feasible

**Medicaid/Indigent/Charity Care:**

Hospice programs are required by federal and state law to provide hospice patients with inpatient care when needed (42 Code of Federal Regulations 418.108). Hospice care also must be provided regardless of ability to pay and regardless of age, race, religion, sexual orientation, diagnosis, payer source or financial status.

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**Compassionate Care Hospice of the Gulf Coast, Inc. (CON #10280):** Schedule 7A shows 1.3 percent of total annual patient days for self-pay/charity care in years one and two of operations. Compassionate Care's patient day Medicaid percentage is projected to be 3.0 percent for year one and year two of operations.

**Odyssey Healthcare of Marion County, LLC (CON #10281):** Schedule 7A shows 1.1 percent of total annual patient days for self-pay/charity care in year one and 1.0 percent of total annual patient days for self-pay/charity care in year two of operations. Odyssey's patient day Medicaid percentage is projected to be 4.8 percent for year one and 4.3 percent for year two of operations.

**Regency Hospice of Northwest Florida, Inc. (CON #10282):** Schedule 7A shows 1.1 percent of total annual patient days for self-pay care in years one and two of operations. Regency's patient day Medicaid percentage is projected to be 4.0 percent for year one and 4.2 percent in year two of operations.

**Suncoast BayCare Hospice of Pasco, LLC (CON #10283):** Schedule 7A shows 2.0 percent of total annual patient days for self-pay in years one and two of operations. Suncoast BayCare's patient day Medicaid percentage is projected to be 6.0 percent for year one and year two of operations.

**VITAS Healthcare Corporation of Florida (CON #10284):** Schedule 7A shows 1.6 percent of total annual patient days for self-pay/charity care in years one and two of operations. VITAS' patient day Medicaid percentage is projected to be 4.4 percent for year one and year two of operations.

**West Florida Health, Inc. (CON #10285):** Schedule 7A shows 2.0 percent of total annual patient days for self-pay care in years one and two of operations. West Florida Health's patient day Medicaid percentage is projected to be 4.0 percent for year one and year two of operations.

**G. RECOMMENDATION**

Approve CON #10283 to establish a new hospice program in Hospice Service Area 5A, Pasco County. The total project cost is \$446,450.

**CONDITIONS:**

- The applicant will provide care to uncompensated care patients and charity care patients at a level of 2.0 percent of Suncoast patients served, exceeding estimated existing amounts in the county by one percentage point.
- Commitment of \$200,000 annually for the first two years operation of the hospice specifically designated as seed money for programs and services outside of the Medicare hospice benefit. It is anticipated that upon entrance into the community fundraising efforts and community support will then self-fund these uncompensated care programs into the future beyond year two.
- The development of a Pediatric Program in Pasco County including Children's Hospice, a doula program, and a Partners in Care (PIC) program. The program will offer an expanded hospice benefit for patients up to age 21, and will focus on longer term services for patients who may not otherwise qualify for hospice such as those developmental conditions, cancers, chronic illnesses or brain injury that shorten lives and place special demands of families. After year one and as the census of pediatric and PIC patients increase, dedicated staff will be increased to constitute a children's program interdisciplinary team, replicating what currently exists in Suncoast's Pinellas program.
- The development of a specialized veterans program in Pasco County. The program will focus on improving end-of-life care for veterans attempting to replicate the veterans program currently in place in Pinellas, to the greatest extent possible.
- The development of a complementary therapy program in Pasco County. The program will offer an array of complementary therapies to patients and families to promote comfort and quality of life including: massage, music/art therapy, aroma therapy, therapeutic humor, pet therapy and energy works such as Reiki and Therapeutic Touch—replicating what currently exists in Suncoast's Pinellas program.

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- The development of a community bereavement program in Pasco County. The bereavement program will be broadly based to extend beyond the families of patients admitted to Suncoast. These programs will be an extension of the programs currently offered in Pinellas County. At a minimum, one bereavement group consisting of approximately eight sessions will be offered by the end of the first year of operation. As the bereavement client census increases after year one, full time staff will be employed to replicate Suncoast's Pinellas program.
- The commitment of 0.5 FTE in the first year of operation for the development of a Diversity Outreach Program with emphasis on the Latino/Hispanic and African American populations. The program will include support from or involvement of bilingual staff, translated literature, training on cultural difference and competencies and flexible programming to meet their unique needs. Bereavement services will include special outreach to Hispanic and African American survivors.
- The applicant states that it will continue to provide interdisciplinary palliative care consult service teams in every BayCare Hospital in Pasco County.
- In year one and throughout, a minimum budget of \$1,200 annually per interdisciplinary team for the provision of quality-of-life funds for hospice patients and families.
- The implementation of a teen volunteer program within the first two years of operation.
- The development in year one of a community resource library. The library will include various lay and professional education pieces related to chronic illness, death, dying and bereavement.
- The development, in year one, of a community advisory committee to be composed of resident reflective of the community whose purpose is to provide input and feedback about the needs of the Pasco County community and whose recommendations will be used in future program development.

Deny CON #10280, CON #10281, CON #10282, CON #10284 and CON #10285.

**AUTHORIZATION FOR AGENCY ACTION**

Authorized representatives of the Agency for Health Care Administration adopted the recommendation contained herein and released the State Agency Action Report.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Marisol Fitch  
**Health Services and Facilities Consultant Supervisor**  
**Certificate of Need**