

STATE AGENCY ACTION REPORT
ON APPLICATION FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Gulfside Hospice & Pasco Palliative Care, Inc./CON #10294

2061 Collier Parkway
Land O' Lakes, Florida 34639

Authorized Representative: Linda Ward
(727) 845-5707

**Odyssey Healthcare of Marion County, LLC
d/b/a Gentiva Hospice/CON #10295**

3350 Riverwood Parkway, Suite 1400
Atlanta, Georgia 30339

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

Palm Garden Hospice, LLC/CON #10296

2033 Main Street, Suite 302
Sarasota, Florida 34237

Authorized Representative: Kerry Demers
(941) 952-9411

Regency Hospice of Northwest Florida, Inc./CON #10297

491 Williamson Road, Suite 204
 Mooresville, North Carolina 28117

Authorized Representative: Jessica Kleberg
(704) 662-0414

Seasons Hospice & Palliative Care of Tampa, LLC/CON #10298

6400 Shafer Court, Suite 700
Rosemont, Illinois 60018

Authorized Representative: Todd A. Stern
(847) 692-1127

CON Action Numbers: 10294 through 10302

Suncoast BayCare Hospice of Hillsborough, LLC/CON #10299

2985 Drew Street
Clearwater, Florida 33759

Authorized Representative: Tommy Inzina
(727) 820-8005

Tidewell Hospice, Inc./CON #10300

5955 Rand Boulevard
Sarasota, Florida 34238

Authorized Representative: Robert Coseo
(941) 552-7500

VITAS Healthcare Corporation of Florida/CON #10301

6300 La Calma Drive, Suite 170
Austin, Texas 78752

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

West Florida Health, Inc./CON #10302

550 East Rollins Street, 6th Floor
Orlando, Florida 32803

Authorized Representative: Diane Godfrey
(407) 303-7634

2. Service District/Subdistrict

Hospice Service Area 6A (Hillsborough 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 6A.

Letters of Support

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294): The applicant submitted many letters of support for the proposed service, a number of which note the close proximity of Gulfside's Pasco hospice service area to Hillsborough and its current provision of services.

CON Action Numbers: 10294 through 10302

Odyssey Healthcare of Marion County, LLC (CON #10295): 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 a significant amount of letters of support for the proposed service, a large portion of these were form letters.

Palm Garden Hospice, LLC (CON #10296): The applicant submitted a significant amount of letters of support for the proposed service, including a number of letters from current and former members of the Florida Legislature. In addition a number of African American leaders, Hispanic leaders and health care facilities, including Mr. Peter Marmmerstein, President of the HCA West Florida Division, voiced support for the applicant.

Regency Hospice of Northwest Florida, Inc. (CON #10297): The Agency independently received one letter of support. The applicant submitted a number of letters of support for the proposed service, a number of which were regarding its current provision of services in other areas from health care facilities and providers.

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298): The applicant submitted a significant amount of letters of support for the proposed service. Many of these letters came from existing assisted living facilities (ALFs) and skilled nursing facilities (SNFs) in the area as well as medical professionals.

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299): The applicant submitted a significant amount of letters of support for the proposed service including many letter from existing health care facilities (including a number of affiliated hospitals) as well as a letter from Representative Thomas J. Rooney from the Congress of the United States.

A number of these letters pointed out the benefits of the proposed hospice in Hillsborough County.

Tidewell Hospice, Inc. (CON #10300): The applicant submitted a significant amount of letters of support for the proposed service including many letters from existing health care facilities as well as a letter from Representative Vern Buchanan from the Congress of the United States.

CON Action Numbers: 10294 through 10302

In addition, the applicant submitted numerous letters regarding its current provision of services in other areas from family members of former patients and current volunteers.

VITAS Healthcare Corporation of Florida (CON #10301): The applicant submitted a significant amount of letters of support for the proposed services in Hillsborough County. A number of these letters were form letters. The applicant also included a letter from Representative Thomas J. Rooney from the Congress of the United States.

In addition, the Agency received several letters independently by mail delivery and some that were forwarded by email to the Agency before the omissions deadline by the applicant.

West Florida Health, Inc. (CON #10302): The applicant submitted a significant amount of letters of support for the proposed service including many letters from existing health care facilities (including a number of affiliated facilities as well as All Children's Hospital). A number of case managers from those health care facilities submitted letters of support.

A number of these letters pointed out the benefits of the proposed hospice to both Hillsborough and Pasco County.

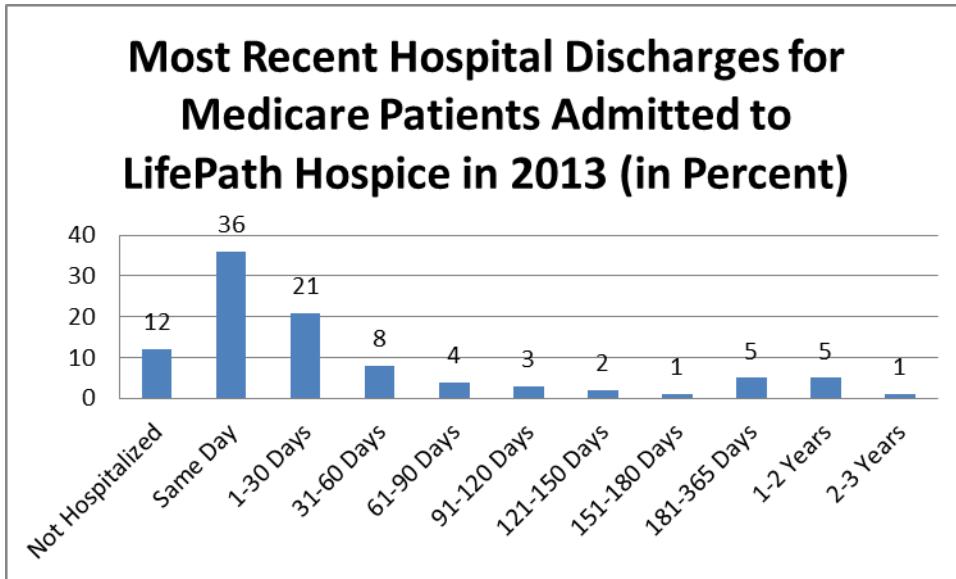
Letters of Opposition

The Agency received an eight-page letter of opposition from Seann M. Frazier, Partner at Parker, Hudson, Rainer & Dobbs, LLP, Attorneys at Law, on behalf of the existing Hillsborough County hospice provider – LifePath Hospice, Inc. The letter of opposition is directed at both CON application #10299, referenced as BayCare/Suncoast and CON application #10302, referenced as West Florida.

Mr. Frazier states that LifePath is an affiliate of Chapters Health System, Inc. (Chapters). Mr. Frazier maintains that LifePath does not oppose the introduction of a new hospice provider that will serve the entire Hillsborough County community, provide healthy competition, and expand the use of hospice services to those that would benefit from that care. However, LifePath opposes both CON application #10299 and #10302, as these proposals are sponsored by hospitals that serve as a primary source of referrals to LifePath. The letter of opposition indicates that approval of either CON application #10299 or #10302 would have a

CON Action Numbers: 10294 through 10302

devastating impact on LifePath’s operations. According to Mr. Frazier, in total, 88 percent of LifePath’s Medicare admissions were hospitalized at least once during their three years prior to their hospice admission. See the chart below.



Source: Letter of Opposition, page 2, from Seann M. Frazier on Behalf of LifePath

Further, Mr. Frazier indicates that Medicare admissions account for approximately 85 percent of LifePath’s admissions and additionally, this data does not account for non-Medicare patients that may also have received hospice care prior to admission to LifePath.

Mr. Frazier indicates that hospital-based affiliate CON application #10302 is sponsored by Tampa General Hospital and Florida Hospital, which are in control of approximately 40 percent of all acute care beds in Hillsborough County. Additionally, Mr. Frazier states that hospital-based affiliate CON application #10299 is sponsored by BayCare Health System, Inc. which is in control of approximately 27 percent of all beds (excluding psychiatric and neonatal) in Hillsborough County. According to Mr. Frazier, if either hospital applicant is approved, the impact on LifePath would be immediate and devastating, with a hospital-based hospice provider possessing the power to immediately shut down referrals to existing providers such as LifePath and instead refer all of its hospital patients to its affiliated hospice provider.

LifePath anticipates a 20 percent decline in admissions and average daily census (ADC) of 1,097 by year two and a 36 percent decline in general inpatient (GIP) days and hospice house occupancy by the same period. This is presuming that either hospital-based provider is approved. See the table below.

CON Action Numbers: 10294 through 10302

Impact of Hospital-Based Provider

	Year Two	Year Two w/new provider	Decrease	Decrease by percentage
Admissions	6,275	5,020	(1,255)	-20%
ADC	1,371	1,097	(274)	-20%
GIP Days	21,831	13,985	(7,846)	-36%
Hospice House Occupancy	87.0%	55.7%	-31.3%	-36%

Source: Letter of Opposition, page 4, from Seann M. Frazier on behalf of LifePath

LifePath also expects, under the same scenario, a 12 percent decrease in total operating expenses, a 242 percent decrease in operating income and a 7.6 percent operating margin decrease by year two of operations of either proposed hospice provider.

LifePath further states that with fewer patients to serve, there will be an expected drop in charitable donations to LifePath, with a 20 percent loss amounting to a financial loss of \$677,000 and a 30 percent loss amounting to a financial loss of \$1,000,000.

Mr. Frazier contends that Agency precedent supports approval of hospice programs that would have a lesser impact on existing providers and provides discussion on such cases. LifePath asserts that that it respectfully suggests that it will be unlikely that a hospital-based applicant will seek to serve patients discharged from competing hospital systems or even from the community at large. LifePath further respectfully suggests that approval of an independent, community-based hospice provider will be more likely to achieve the CON Program's goals of increasing access and promoting healthy competition for hospice services.

C. PROJECT SUMMARY

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

- Odyssey Healthcare of Marion County, LLC/CON application #10281
- Regency Hospice of Northwest Florida, Inc./CON application #10282
- Suncoast BayCare Hospice of Pasco, LLC/CON application #10283
- VITAS Healthcare Corporation of Florida/CON application #10284
- West Florida Health, Inc./CON application #10285

CON Action Numbers: 10294 through 10302

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294) (also referenced as Gulfside, GHPPC or the applicant) is an existing 501(c)(3) community-based not-for-profit organization. The applicant expects issuance of license on April 6, 2015 and initiation of service on April 7, 2015. Gulfside states it has been serving for 26 years in Pasco County, Florida - Hospice Service Area 5A.

Gulfside is proposing total project costs of \$365,778.

The applicant's Schedule C includes the following conditions:

- Gulfside commits to providing services tailored to the military Veterans in the community. Gulfside will immediately, upon licensure, expand its existing We Honor Veterans Level 4 program to serve Hillsborough County and Gulfside will provide the same broad range of programs and services to Veterans in Hillsborough County as currently is, or will be, provided in Pasco County.
- Bereavement programs and services.
 - Upon licensure, Gulfside commits to provide bereavement services beyond the 13 months required by law. Gulfside will not limit these services to the families of the deceased and will offer bereavement counseling to the community-at-large, including establishing grief support programs to workplaces that have experienced traumatic or multiple losses.
 - Gulfside will develop a traumatic loss program for families of victims of homicide, suicide and other traumatic loss within two years of licensure to serve Hillsborough County.
 - Gulfside will develop and implement a program in its second year of operation which will provide outreach for bereavement and anticipatory grief counseling for parents of infants who have died. Gulfside will work with the local hospitals which provide high-level neonatal intensive care to develop and carry out this program.
 - Gulfside will offer its Grief and Loss Puppet Program to local schools, churches and community organizations. Gulfside commits to no less than 24 performances and counseling sessions each year.
- Non-covered services include therapeutic programs and services which improve the patient's quality of life and which help provide a legacy. These measures will enhance the physical, emotional and spiritual wellbeing of patients and families. These programs will be fully integrated by the second year of operations in Hillsborough County. These programs include: Heartstrings program, pet therapy, Pet Peace of Mind, Lasting Impressions program, Treasured Memories and Cornea Donation Program.

CON Action Numbers: 10294 through 10302

- Gulfside commits upon licensure to providing Hillsborough patients and families with access to its existing Ethics Committee, and to expanding membership on the Committee to include members who live or work in Hillsborough County during the second year of operation.
- Upon licensure, Gulfside commits to expanding its Crisis Intervention and Stabilizations services to Hillsborough County.
- As part of meeting the needs of hospice patients and their families, Gulfside commits to hire one full-time equivalent Benefit and Resource Navigator to serve patients and families in Hillsborough County.
- Programs to serve patients whose primary language is not English.
 - Implementation of a Hispanic education and outreach program. Gulfside commits to provide two full-time salaried positions, with bilingual requirement for Spanish language competency to serve Hillsborough County. Team members will be responsible for the development, implementation, coordination and evaluation of programs to increase community knowledge and access to the hospice services to those who do not speak English, or for whom it is a second language.
 - Gulfside commits to recruit 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.
- Complex therapies and palliative care partnerships.
 - Gulfside commits to provide complex palliative interventions to hospice patients such as radiation therapy, chemotherapy, high-cost medications, blood transfusions and intravenous nutrition.
 - Gulfside will work with local palliative care physicians and providers to coordinate and provide education to keep current with treatment trends and practice guidelines for the administration of palliative interventions, including the balancing of the benefit to the patient as compared to the burden on the patient of some interventions.
 - Patients who are referred to Gulfside for assessment but are not admitted to hospice will be provided information concerning palliative care providers in the community, including Gulfside's affiliated Pasco Palliative Care and others such as Chapter's Axis Palliative Healthcare, to ensure that patients who are not ready, or do not qualify for hospice services are aware of and can access palliative care options in the community.

CON Action Numbers: 10294 through 10302

- Non-cancer patient outreach and education programs.
 - Gulfside will offer specific programs and make targeted outreach efforts to serve patients with non-cancer diagnoses.
 - During the second year of operation, Gulfside 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. Gulfside will also coordinate with local hospitals' staff and/or physicians on a monthly basis to review how Gulfside's services to heart-patients benefit both the hospital and the patient in terms of avoided hospitalizations, reduced lengths of stay and other measures.
- Gulfside will expand its existing Gift of Presence for the Actively Dying program to serve Hillsborough County upon licensure.
- Physician and aligned professionals networking and education.
 - Gulfside commits to developing an end of life focused outreach and education program specifically targeted and developed for physicians. Part of this effort will also be to help physicians practicing in end of life and palliative care networking opportunities to help them be aware of other physicians in the community involved in these fields. Events will be held at least quarterly, and during the course of the year at least one of the events will qualify for medical CEU credit.
 - Gulfside will provide educational sessions and training regarding topics in palliative and end of life care for staff and physicians in the community and at local facilities. Gulfside will also make its educational resources available for continuing education and general orientation for facility staff who may encounter hospice patients.
- Gulfside commits to offer internship experiences for positions such as physicians, medical students, nurses/nursing students, social workers, music therapists, art therapists, bereavement counselors, chaplains and medical assistants.
- Gulfside commits by its second year of operation to have in place a secure, interactive, web-portal for patients and authorized family members to access a patient's care records and to supplement other means of communication with the Gulfside and the patient's care-team.
- Gulfside Hospice commits to establish a new foundation account for Hillsborough County to meet the special needs of Hillsborough County residents and to provide \$25,000 in initial funding for its establishment.
- Gulfside commits to apply for licensure within five days of receipt of the CON to ensure that its service delivery begins as soon as practicable to enhance and expand hospice and community education and bereavement services in Hillsborough County.

CON Action Numbers: 10294 through 10302

Odyssey Healthcare of Marion County, LLC (CON #10295) (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 Areas 2A, 3B, 4B and 11. The applicant 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 Hillsborough 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 6A. 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 4 designation by the National Hospice and Palliative Care Organization (NHPCO) within two years of initiation of the hospice program in Subdistrict 6A.
- Gentiva Hospice conditions this application on providing community outreach and education as well as grief support programs.

CON Action Numbers: 10294 through 10302

- Gentiva Hospice commits to develop, in year two, a children's and family retreat program(s) to serve the residents of Subdistrict 6A. 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.

Palm Garden Hospice, LLC (CON #10296) (also referenced as Palm Garden, Palm Garden Hospice, PGH or the applicant), a newly formed development stage for-profit company, a subsidiary of Parkwood Properties, Inc. (parent), expects issuance of license on December 31, 2015 and initiation of service on January 1, 2016. PGH indicates that the parent has more than 40 years of serving both Florida and Texas. PGH maintains having 14 affiliate SNFs in all and operating two SNFs in Hillsborough County, Florida – Palm Garden of Tampa and Palm Garden of Sun City.

Palm Garden is proposing total project costs of \$350,519.

The applicant's Schedule C includes the following conditions:

- Palm Garden Hospice conditions this application to provide three percent of patient days for charity/self-pay patients.
- Palm Garden Hospice conditions this application on not seeking a CON approval for the development of a freestanding hospice house in Subdistrict 6A for a minimum of four years after the initiation of the service.
- Palm Garden Hospice conditions this application on the development of a primary office in Hillsborough County in a central location. No later than the end of the second year of operation, Palm Garden Hospice will develop a satellite office in a location that is at least 10 miles away from the applicant's primary office.
- Palm Garden Hospice commits to employ bilingual Spanish-speaking staff and to provide translated forms and literature.
- To meet the cultural needs of the underserved African American and Hispanic communities, Palm Garden Hospice will commit to a 20 percent minority workforce.
- Palm Garden Hospice commits to seek accreditation by the Community Health Accreditation Program (CHAP) or the Accreditation Commission for Health Care (ACHC) within the second year of commencement of operations.

CON Action Numbers: 10294 through 10302

- Palm Garden Hospice owner, Pat McCarver, commits to provide a minimum of two educational seminars per year focusing on end of life issues and hospice with a particular focus on spiritual leaders and local seminaries as this support the corporate culture of service and spirituality. This commitment will consist of a minimum of \$25,000 over the first two years of operation for this effort. In addition, the applicant will provide a listing of educational materials regarding end of life issues at these seminars. These funds will be provided by the owner, Pat McCarver.
- Palm Garden Hospice commits to provide up to \$10,000 annually for tuition reimbursement for employees to continue education in hospice or end of life care. This includes tuition reimbursement for Palm Garden Hospice staff to obtain Hospice Certification, further enhancing the quality of care for hospice patients/residents, as well as supporting staff ability to advance professionally.
- Palm Garden Hospice will donate up to \$25,000 per year for children under 14 who have become orphaned while parents were in Palm Garden Hospice care or any hospice within the state to support their care and services within an orphanage. Palm Garden will seek out existing orphanages within the state of Florida run by the Florida Baptist Church (Children's Home Society). These funds will be provided by the owner Pat McCarver.
- Palm Garden Hospice conditions this application to develop a program for "End-Stage Cardiac" patients which include telehealth.
- Palm Garden Hospice conditions this application that they will not solicit and will not accept donations from hospice patients, their families or the general community. Palm Garden Hospice will provide those seeking to make a donation a list of non-profit hospice(s) and other non-profit local organizations to consider for their charitable giving.

Regency Hospice of Northwest Florida, Inc. (CON #10297) (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 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 7.0 percent of total annual admissions to Medicaid, Medicaid Managed Care and/or Indigent/Charity patients in Subdistrict 6A.

CON Action Numbers: 10294 through 10302

- Establishment and maintenance of two offices to serve the needs of Hillsborough County at start-up of the hospice program. Initially, it is expected that the main office will be located in the vicinity of the intersection of Interstate 4 and Interstate 75, and the satellite office will be located in the northern Tampa area.
- Implementation of Homecare Homebase electronic medical records (EMRs) 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 6A.
- Expansion of Regency's Vigil Volunteer Program into Subdistrict 6A, 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.
- Offering of internship experiences for positions such as social workers, bereavement counselors, chaplains, nursing students and medical students. The applicant 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.

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298) (also referenced as Seasons, or the applicant), a newly formed development stage for-profit entity, contracts with Seasons Healthcare Management, closely affiliated with Seasons Hospice & Palliative Care (SHPC or the parent), expects issuance of license in December 2015 and initiation of service in January 2016. The applicant's parent was founded in 1997

CON Action Numbers: 10294 through 10302

and operates 21 Medicare-certified sites across 16 states, with Florida licensed a hospice program in Hospice Service Area 11 and an approved program in Hospice Service Area 10.

Seasons is proposing total project costs of \$592,610.

The applicant's Schedule C includes the following conditions:

- Season's Hospice and Palliative Care commits to provide at least two Continuing Education Units (CEU) offerings per year for registered nurses and/or licensed social workers at no charge through their nationally-accredited CEU programs by the Association of Social Work Boards and the American Nurses Credentialing Center.
- Season's Hospice and Palliative Care commits to offer internship experiences for positions such as social workers, music therapists, art therapists, bereavement counselors, chaplains and medical assistants. The applicant will seek local contracts as well as leverage existing national contracts with the American Music Therapy Association, Everest College, Kaplan College and the University of Southern California's Virtual Masters of Social Work (MSW) Program.
- Season's Hospice and Palliative Care of Tampa will donate \$25,000 per year to Season's Hospice Foundation restricted to Wish Fulfillment (funding the wishes that enhance quality of life), Emergency Relief (funding basic needs such as food and shelter) and Education and Research for Hillsborough County residents.
- Season's Hospice and Palliative Care commits to provide alternative therapies beyond the core hospice benefit, such as massage therapy, music therapy, art or other such alternative therapies when eligible and needed. Season's shall provide no less than one Full Time Equivalent (FTE) per 100 patients served on an average daily basis in Hillsborough County.
- Season's Hospice and Palliative Care commits to voluntary reporting of the Family Evaluation of Hospice Care survey to the Agency for Health Care Administration.

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) (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.

SBHH is proposing total project costs of \$1,488,603.15.

CON Action Numbers: 10294 through 10302

The applicant's Schedule C includes the following conditions:

- The applicant will contract with St. Joseph's Hospital in Tampa to operate a 10-bed (minimum) dedicated hospice inpatient unit.
- The applicant will provide care to uncompensated care patients and charity care patients at a level of 4.0 percent of Suncoast patients served, exceeding estimated existing amounts in the county by one percentage point.
- Commitment of \$250,000 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.
- Provision of an AIDS program that will collaborate with existing AIDS services organizations in Hillsborough County in meeting the needs of hospice patients with HIV. Specifically, the applicant will replicate the AIDS Service Association of Pinellas (ASAP) HIV/AIDS patients at Tampa Care Clinic in Tampa. It is a collaboration between the AIDS ASAP, a member of Empath Health, and Pinellas Care Clinic, a part of BayCare Health System whose services are described in full in the text of the application.
- The development of a Pediatric Program in Hillsborough 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 Hillsborough 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 Hillsborough 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.

CON Action Numbers: 10294 through 10302

- The development of a community bereavement program in Hillsborough 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 1.0 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.
- Within the first two years, the applicant will implement interdisciplinary palliative care consult services teams in every BayCare Hospital in Hillsborough 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 Hillsborough County community and whose recommendations will be used in future program development.

Tidewell Hospice, Inc. (CON #10300) (also referenced as Tidewell or the applicant), a Florida independent not-for-profit community-based organization founded in 1980, expects issuance of license and initiation of service on July 1, 2015. Tidewell is currently a hospice provider in Hospice Service Areas 6C, 8A and 8D.

Tidewell is proposing total project costs of \$771,352.

CON Action Numbers: 10294 through 10302

On Schedule C, Tidewell Hospice states that it will condition approval of the proposed hospice program on the provision of the following special programs and services:

- **Care to Financially Underserved Populations:** Tidewell will admit and care for any patient regardless of ability to pay. Tidewell will provide the Agency with annual reports on the number of patients admitted to its program for hospice care by payor source and indicate the number of patients admitted for whom no payment was obtained.
- **Outreach to Clinically Underserved Patients:** Tidewell will implement its Professional Outreach Team model in Hillsborough County as a mechanism to increase acceptance of the hospice model by the Hillsborough County population. Tidewell expects that its program will result in increased acceptance of the hospice model of care among caregivers for patients with non-cancer diagnoses in Hillsborough County as it has in Tidewell's existing service areas. Tidewell will provide the Agency with annual reports on the number of contacts made by its Professional Care Team to service area physicians, social workers and other parties.
- **Veteran's Program:** The Veteran's program will have the same features as the Veteran's programs that Tidewell currently offers in its established service areas. Key features of this program include specialized end of life counseling for patients with posttraumatic stress syndrome, special awards ceremonies, recruitment of veteran volunteers and participation in the **We Honor Veterans programs**. Tidewell will provide the Agency with annual reports on the number of veterans admitted to its Hillsborough County program, the number of veteran volunteers recruited and in service and the number of special events held for veteran patients, families and the general community.
- **Community Bereavement Programs:** Tidewell will make its bereavement counselors, including social workers and chaplains, available not only to its patients and their families, but also to the entire service area population. Tidewell will provide the Agency with annual reports on the number of bereavement visits made to patients and non-patient families and patients.
- **Complementary Care Services:** Tidewell will offer a full array of complementary care services in its Hillsborough County program. These services will include: pet therapy, expressive arts, life legacy/reminiscence, music interventions, horticultural therapy, aromatherapy, caring touch, massage therapy, reiki, memory quilts and clowns/humor therapy. Tidewell will provide the Agency annual reports documenting the scope of complementary care services provided at its Hillsborough County program.

CON Action Numbers: 10294 through 10302

- **Outreach to Children:** Tidewell will replicate its children's care programs in Hillsborough County, with the exception of its Partners in Care (PIC) program. Medicaid licenses only one PIC program per service area and this service is already provided by LifePath. Tidewell will, however, provide all of its other programs for pediatric patients, including pediatric and adolescent bereavement services at its Hillsborough County facility, and will provide the Agency with annual reports on the scope and extent of services provided.
- **Telemedicine and Other IT Programs:** Tidewell's Hillsborough County program will be fully-integrated into its established IT and electronic patient care systems. These systems will support the delivery of the highest quality, timely patient care.

VITAS Healthcare Corporation of Florida (CON #10301) (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 \$1,004,489.

The applicant's Schedule C includes the following conditions:

- VITAS will fund a teaching hospice program in collaboration with University of South Florida (USF)'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 be providing 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.
- 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.

CON Action Numbers: 10294 through 10302

- 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 6A within one year of licensure.
- VITAS will provide palliative radiation, chemotherapy and transfusions as appropriate for treating symptoms.
- By the second year of operation, 50 percent of all supervisory nursing will attain certification in Hospice and Palliative Care nursing.
- Masters 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 6A. VITAS will not solicit charitable contributions from patients, family or friends relating to its services in Subdistrict 6A.
- 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 five 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 or 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 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.

CON Action Numbers: 10294 through 10302

West Florida Health, Inc. (CON #10302) (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 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 it 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 USF 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. Hillsborough Hospice patients and their families.
- West Florida Health, Inc. commits to create and operate a four-bed inpatient unit at Florida Hospital Carrollwood.
- West Florida Health, Inc. will provide programs and services for residents of Hillsborough 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 Tampa General Hospital, Florida Hospital Tampa and Florida Hospital Carrollwood 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.

CON Action Numbers: 10294 through 10302

- 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 Hillsborough County and TGH.
- 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 Hillsborough 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, the applicant's 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.

CON Action Numbers: 10294 through 10302

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.

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 6A for the January 2016 Hospice Planning Horizon. Therefore, the applicants are applying in response to published need.

Service Area 6A is currently served by the following sole provider:

- LifePath Hospice

Hospice admissions in Hospice Service Area 6A are listed below:

CON Action Numbers: 10294 through 10302

Hospice Admissions in Hospice Service Area 6A for the 12-Month Period ending June 30, 2014	
LifePath Hospice	5,523
Total	5,523

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

Each co-batched applicant that offers additional arguments in support of need for their respective project, is listed and briefly described below.

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294) states that it is already providing hospice services to residents of Hillsborough County--admitting 216 Hillsborough County residents to a residential or inpatient bed in Pasco County. The applicant indicates that its main office is in Land O' Lakes with a freestanding inpatient hospice facility in Zephyrhills. GHPPC asserts that this proximity and accessibility has created a demand among Hillsborough County patients for its services.

GHPPC asserts that through its own area assessment, it has identified a growing need for a hospice program in Hillsborough County committed to addressing relative to end-stage heart disease, infant/children death and the cultural, language and religious needs of the area's large Hispanic community.

GHPPC indicates involvement in and knowledge of Hillsborough County and states maintaining well-established provider relationships with Hillsborough County providers, offering a list (CON application #10294, Volume 2, Tab 4). The applicant also states the following members of the GHPPC community live in Hillsborough County:

- 24 current employees
- 62 active volunteers
- Three board members

The applicant notes that the following categories that impact hospice needs in Hillsborough County:

- Population size and composition
- Mortality rates and other factors potentially impacting hospice use
- Needs of the veteran population
- Local community support

Using Agency population estimates, GHPPC expects the Hillsborough County total population (all ages) to increase by 42,965 (3.3 percent) compared to a statewide average of 2.7 percent, from January 2014 to January 2016. See the table below.

CON Action Numbers: 10294 through 10302

Total Population Characteristics, Service Area 6A & Florida Ages <65 and 65+ January 2014-January 2016

Area	January 2014			January 2016			Tot Growth	Tot % Chg
	<65	65+	Total	<65	65+	Total		
6A (Hillsborough)	1,124,409	163,659	1,288,068	1,155,949	175,084	1,331,033	42,965	3.3%
Florida	15,881,702	3,548,756	19,430,458	16,195,893	3,762,969	19,958,862	528,404	2.7%

Source: CON application #10294, page15, Table 1

GHPPC presents projected population growth (all ages) with regard to race and ethnicity from April 2013 to April 2015--noting the population growth in the county in comparison to the state. See the table below.

Total Population Characteristics, Service Area 6A & Florida Race and Ethnicity April 2013-April 2015

Area	April 2013			April 2015			Black	Hispanic
	Black	Hispanic	Total	Black	Hispanic	Total		
6A	231,473	331,738	1,276,410	243,687	354,920	1,319,740	5.3%	7.0%
Florida	3,296,953	4,532,232	19,259,543	3,411,161	4,772,044	19,747,233	3.5%	5.3%

Source: CON application #10294, page16, Table 2

According to the applicant, over this same period (April 2013 to April 2015) and the same area, African Americans are expected to comprise 18.5 of the total service area's population, while Hispanics are expected to comprise 26.9 percent. Again, according to the applicant, statewide, over the same period, African American and Hispanic residents are forecasted to be 17.3 percent and 24.2 percent, respectively. Gulfside asserts that due to its sheer size and relative concentration, the Hispanic population is in need of hospice services in Hillsborough County and that Gulfside is prepared to meet this need head-on.

Using a TGH community health needs assessment (fiscal year 2013), Florida Department of Health (DOH) CHARTS data and what the applicant references as interviews with key community leaders, Gulfside indicates that African Americans, Hispanics and Native Americans (in Hillsborough County) are the populations most affected by cardiovascular issues. Further, Gulfside indicates that Hispanic deaths and Hispanic age-adjusted death rates in Hillsborough County (from 2011 to 2013) increased at higher percentages than the total population in the area over the same period. See the table below.

Service Area 6A Resident Cardiovascular Disease Deaths and Age Adjusted Death Rates Hispanic and Total Population 2011-2013

	2011		2012		2013		Change		Percent Change	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
6A Hispanic	315	137.7	339	156.5	374	164.6	59	26.9	18.7%	19.5%
All 6A	2,677	214.1	2,826	224.1	2,831	218.8	154	4.7	5.8%	2.2%

Source: CON application #10294, page 17, Table 3

CON Action Numbers: 10294 through 10302

Gulfside states there is a need for additional services in the area for those who are terminally ill due to cardiac-related problems. Using Florida Department of Elder Affairs (DOEA) data, Gulfside contends that in 2013, it realized higher percentages of hospice admissions for end-stage heart, end-stage pulmonary and end-stage renal disease, compared to 6A's existing sole hospice provider and Florida overall. See the table below.

**Hospice Admissions By Diagnosis
LifePath Hospice, Gulfside Hospice and All Florida Hospices
2013**

Diagnostic Category	LifePath		Gulfside		All Florida	
	Admits	Percent	Admits	Percent	Admits	Percent
Cancer	2,110	35.3%	554	31.3%	39,370	33.7%
End-Stage Heart	648	10.8%	413	23.3%	16,201	13.9%
End-Stage Pulmonary	668	11.2%	235	13.3%	12,445	10.6%
End-Stage Renal	139	2.3%	61	3.4%	2,900	2.5%
AIDS	35	0.6%	0	0.0%	427	0.4%
Other	2,375	39.7%	508	28.7%	45,615	39.0%
Total	5,975	100.0%	1,771	100.0%	116,958	100.0%

Source: CON application #10294, page 18, Table 5

Gulfside contends that hospice penetration rates for conditions other than cancer in Service Area 6A lag behind the state average, regardless of age. Gulfside asserts it will utilize its Cardiac Comforts Program to accommodate end-stage heart disease patient admissions.

Gulfside indicates a Hillsborough County death rate (calendar year (CY) 2013) of 1.65 for infants 0-4 years of age, compared to a statewide rate of 1.44. For the same period and area, Gulfside indicates a 0.55 Hillsborough County death rate (under 20 years of age) compared to the state rate of 0.52. Further, as a percentage of all deaths, Gulfside indicates that the under 20 years of age death percentage in Hillsborough County was 1.9 percent for the period, compared to a state average of 1.3 percent. See the table below.

CON Action Numbers: 10294 through 10302

Hillsborough & Florida Resident Deaths By Age Group CY 2013

Age Group	Hillsborough Deaths	Florida Deaths	Hillsborough Pop < 20	Florida Pop < 20	Hillsborough Death Rate	Florida Death Rate
0-4*	138	1,571	83,661	1,090,136	1.65	1.44
5-9	9	131	83,410	1,110,415	0.11	0.12
10-14	9	170	84,397	1,136,049	0.11	0.15
15-19	33	502	89,381	1,198,964	0.37	.042
Total < 20	189	2,374	340,849	4,535,564	0.55	0.52
All Ages	9,740	180,014	1,276,410	19,259,543		
Deaths < 20 As Percent of All Deaths	1.9%	1.3%				

*Includes neonatal and infant deaths, 122 of the Hillsborough deaths and 1,318 of the Florida deaths in the 0-4 category occurred among patients < 1 year old
Source: CON application #10294, page 19, Table 6

Per Gulfside, most of the age 0-4 deaths were the result of injuries, perinatal conditions or congenital malformations. Gulfside asserts that to address these needs in the area, the applicant plans to offer special bereavement and community outreach programs to parents and families of deceased infants and children, focusing on anticipatory grief and bereavement counseling.

The applicant maintains that from October 2013 through September 2014, Gulfside experienced 216 Hillsborough County resident admissions from hospital referrals, with 193 hospital referral admissions (89.4 percent) from northern Hillsborough County, 22 hospital referral admissions (10.2 percent) from Central Hillsborough County and one hospital referral admission (0.5 percent) from eastern Hillsborough County. The applicant contends that this is not an isolated phenomenon and that these patients are referred primarily from hospitals, skilled nursing facilities (SNFs) and physicians' offices. The applicant provides a list of reported referral sources of these 216 admissions with the four highest admission referral sources as follows: Florida Hospital Tampa (40 referrals), H. Lee Moffitt Cancer Center (30 referrals), St. Joseph's North Hospital (20 referrals) and James A. Haley VA Hospital (15 referrals).

The applicant further maintains that again from October 2013 through September 2014, Gulfside experienced 91 Hillsborough County resident admissions due mostly to Hillsborough County physician referrals, with 19 of these referrals (20.9 percent) from a single Hillsborough County physician. Also, the applicant notes that six Hillsborough County physicians accounted for over half of the physician-generated referrals.

CON Action Numbers: 10294 through 10302

The applicant concludes that the majority of its Hillsborough County resident admits and referrals occur from northern ZIP codes in Hillsborough County and therefore, the applicant states plans to concentrate initially on the northern portion of Hillsborough County. However, the applicant asserts that through its pre-existing referral relationships with providers such as Tampa General Hospital, Gulfside is positioned to serve all service area residents in need, regardless of where they reside.

Gulfside asserts that project approval would allow the applicant's services to be "naturally extended" into patients' homes in Hillsborough County--giving these patients a true choice of provider and greatly enhancing the continuity of care for this population. The applicant notes that it is supported by the community, citing submitted letters of support.

Gulfside further discusses hospice services designed for Veterans including that it is a Level IV *We Honor Veterans* provider, that Level 4 is the highest level that can be attained and that Gulfside is one of only 12 hospice programs in Florida (343 nationally) that have achieved Level 4 status. The applicant notes that 95,000 Veterans live in Hillsborough County and it plans to extend its Veteran's programs into the proposed service area.

Gulfside estimates 178 admissions in year one (ending June 2016) and 276 admissions in year two (ending June 2017). Gulfside states that these calculations are based on the following factors:

- The published net need (the difference between projected and actual admissions) for Service Area 6A
- The experience and expectations of the most recently approved providers in larger urban markets in Florida
- Utilization of hospice services within the service area by patient age and diagnosis
- Gulfside's capabilities and readiness to begin operations

CON Action Numbers: 10294 through 10302

**Gulfside Hospice & Palliative Care, Inc.
Proposed New Hospice – Service Area 6A**

		Admissions	ALOS*	Pat. Days
Year One by Qtr.	Q3 2015	15	67.02	1,005
	Q4 2015	47	67.02	3,127
	Q1 2016	54	67.02	3,641
	Q2 2016	62	67.02	4,177
Forecast	Year One	178		11,951
Forecast as Percent of Net Need (Projected Current)		23%		
Year Two by Qtr.	Q3 2016	64	67.02	4,267
	Q4 2016	77	67.02	5,183
	Q1 2017	66	67.02	4,423
	Q2 2017	69	67.02	4,602
Forecast	Year Two	276		18,474
Forecast as Percent of Net Need (Projected Current)		36%	*Average of 2012 and 2013 combined	
Net Need		759		

Source: CON application #10294, page 39, Table 11

Gulfside states its year one projection is 2.8 percent of total expected admissions for the services area, “easily achievable” and still allowing for utilization growth among both Gulfside and the existing hospice provider.

Odyssey Healthcare of Marion County, LLC (CON #10295) states that the parent’s Gentiva Home Health already has an office located in Tampa that serves Hillsborough County and that there are two office suites in the same building that are suitable for the proposed project’s office in Hillsborough County. Gentiva indicates that it would likely utilize one of the referenced spaces and that this would create better opportunities for coordination of care between home health and the proposed hospice project (CON application #10295, Volume 1, Attachment 1).

Gentiva indicates that the proposed service will bring community education programs to Hillsborough 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 Hillsborough County, compared to Florida overall, from 2014 to 2019. The applicant emphasizes that the overall population of Hillsborough County is to grow at a faster rate (8.91 percent) compared to the state overall (7.05 percent) and that further, over the same period, the age 65+ population in Hillsborough County is to grow at a faster rate (16.88 percent) compared to the state overall (15.63 percent). See the exhibit below.

CON Action Numbers: 10294 through 10302

Subdistrict 6A and Florida Population Estimates 2014-2019

	Hillsborough County			Florida		
	2014	2019	% Change	2014	2019	% Change
Under 65	1,054,540	1,129,888	7.15%	4,056,414	4,245,397	4.66%
Over 65	233,528	272,955	16.88%	5,168,676	5,976,674	15.63%
Total Population	1,288,068	1,402,843	8.91%	19,430,458	20,800,262	7.05%

Source: CON application #10295, page 40, Exhibit 1

Gentiva also emphasizes the percent growth of the under age 65 population of Hillsborough County and that this is more than double than the under 65 population in the county. The applicant contends that a hospice provider must be prepared to meet the needs of both age categories and 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 Hillsborough 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 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. See the two exhibits below.

65 and Over Population Growth for Subdistrict 6A by Race / Exhibit 2

	2014	2019	Change	Percent Change	Annual Rate of Growth
Pacific Islander	77	132	55	71.43%	11.38%
American Indian	449	706	257	57.24%	9.47%
Asian	3,993	5,838	1,845	46.21%	7.89%
2 or More Races	1,970	2,791	821	41.68%	7.22%
Other Race	2,530	3,492	962	38.02%	6.66%
African American	17,049	22,564	5,515	32.35%	5.77%
White	141,569	171,360	29,791	21.04%	3.89%
Total	167,637	206,883	39,246	23.41%	4.30%

CON Action Numbers: 10294 through 10302

Total Population Growth by Subdistrict 6A by Race 2014-2019 / Exhibit 3

	2014	2019	Change	Percent Change	Annual Rate of Growth
Pacific Islander	1,172	1,529	357	30.46%	5.46%
American Indian	5,670	6,927	1,257	22.17%	4.09%
Asian	47,698	55,489	7,791	16.33%	3.07%
2 or More Races	43,063	49,053	5,990	13.91%	2.64%
African American	227,190	257,279	30,089	13.24%	2.52%
Other Race	66,274	72,440	6,166	9.30%	1.80%
White	909,360	946,464	37,104	4.08%	0.80%
Total	1,300,427	1,389,181	88,754	6.82%	1.33%

Source: CON application #10295, pages 41 and 42, respectively

Gentiva discusses ethnicity population growth in Hillsborough County from 2014 to 2019, for non-Hispanic and Hispanic residents. Gentiva contends that the Hispanic population is expected to have an 9.47 (31,318 residents) percent population increase over the period, compared to a 5.92 (57,436 residents) percent increase in the rest of the population. Gentiva emphasizes that any new hospice in the area must be able to provide bilingual programs and culturally sensitive programming. See the exhibit below.

Ethnicity of Population of Subdistrict 6A 2014-2019

	Hillsborough County		
	2014	2019	% Change
Not Hispanic	969,883	1,027,319	5.92%
Hispanic	330,544	361,862	9.47%
Total Population	1,300,427	1,389,181	6.82%

Source: CON application #10295, 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 both of these in place throughout the state and can seamlessly bring these to Hillsborough County. The applicant offers a sample of forms and materials provided in Spanish in Attachment 15 of CON application #10295. 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 Hillsborough County total veteran population of 94,474 in 2014 that will decrease to 88,109 by 2019. Gentiva attributes this population decrease in part to death. The applicant notes that for the same period, the veteran in the age 85 and older segment is

CON Action Numbers: 10294 through 10302

estimated to increase from 5,021 to 6,123. 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 Subdistrict 6A

	2014	2015	2016	2017	2018	2019
Veterans 65 and Under	56,487	55,177	54,288	53,397	52,374	51,188
Veterans 65+	37,987	37,995	37,597	37,241	36,993	36,921
Total Hillsborough	94,474	93,172	91,886	90,638	89,367	88,109
Veterans 85+	5,021	5,312	5,435	5,868	6,095	6,123

Source: CON application #10295, page 43, Exhibit 5

Gentiva indicates that from 2003 to 2013, the under age 65 population in Hillsborough County experienced a 5.7 percent increase in deaths compared to an increase of 14.3 percent for the age 65 and over population in the same area for the same time period. The applicant maintains that this is consistent with the aging of the population in the Subdistrict.

Using the same data, Gentiva indicates that the total Hispanic population in Hillsborough County from 2003 to 2013 experienced a 43.5 percent increase in deaths, compared to total non-Hispanic 7.6 percent increase in deaths, for the same time period in the same area. 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, Subdistrict 6A
2003-2013**

	2003	2013	Incremental Change	Percent Change
Hispanic Under 65	365	419	54	14.7%
Hispanic 65+	620	994	374	60.3%
Hispanic Total	985	1,413	428	43.5%
Non-Hispanic Under 65	2,326	2,426	100	4.3%
Non-Hispanic 65+	5,411	5,901	490	9.0%
Non-Hispanic Total	7,737	8,327	590	7.6%

Source: CON application #10295, 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 6A 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 (7.8 percent among whites, 22.9 percent among Blacks and 249.3 percent among “other”).

CON Action Numbers: 10294 through 10302

Deaths by Race, Subdistrict 6A

	2003	2013	Incremental Change	Percent Change
White Total	7,509	8,183	593	7.8%
Black Total	1,059	1,302	243	22.9%
Other Total	73	255	182	249.3%
All Races Total	8,722	9,740	1,018	11.7%

Source: CON application #10295, page 45, Exhibit 8

Gentiva indicates that for Subdistrict 6A, from 2003 to 2013¹, the number of deaths due to cancer, infectious diseases and respiratory diseases have increased significantly. Per Gentiva, death attributable to cardiovascular disease have decreased (by 10.6 percent) for the same period but that cardiovascular disease is still the largest cause of death in Subdistrict 6A. See the exhibit below.

Selected Causes of Death in Subdistrict 6A, 2003-2013

	2003	2012	Percent Change
Cancer	1,915	2,194	14.6%
Infectious Diseases	262	343	30.9%
Cardiovascular Diseases	3,167	2,831	-10.6%
Respiratory Diseases	709	924	30.3%

Source: CON application #10295, page 46, Exhibit 9

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 states an interest in establishing an office at 14497 or 14499 North Dale Mabry Highway, Tampa, Florida and plans to have a physical presence in southern Hillsborough County in the form of a branch office. Gentiva contends that given the large geographical size of the subdistrict, the area can be best served from two administrative locations to provide ease and efficiency to its clinicians in all areas of the county.

The applicant indicates that Hillsborough County residents discharged to hospice totaled 2,069 or 1.76 percent of the total of 117,598 residents discharged. Utilizing the same source for the same period, Gentiva states that 1.52 percent of Hispanic residents were discharged to hospice, compared to 1.83 percent non-Hispanic and 0.84 percent “unknown.” Gentiva contends that this shows that Hispanics are not receiving hospice services at the rate on non-Hispanics and therefore, plans to remedy this barrier through extensive outreach, education and targeted care and programming. See the exhibit below.

¹ The reviewer notes that the applicant cites the data as 2003-2013 data although the accompanying chart lists the last years' worth of data coming from 2012.

CON Action Numbers: 10294 through 10302

Subdistrict 6A 2013 Discharges to Hospice by Ethnicity

	Discharged to Hospice	Total Discharges	Percent of Total
Hispanic or Latino	343	22,498	1.52%
Non-Hispanic or Latino	1,717	94,032	1.83%
Unknown	9	1,068	0.84%
Grand Total	2,069	117,598	1.76%

Source: CON application #10295, 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 Hillsborough County for the same time period. The applicant also presents Hillsborough 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 Over 65 with Diagnosis Other Than Cancer

The applicant concludes that overall, patient deaths under the age of 65 and all death that are non-cancerous in Subdistrict 6A appear to be driving the need for additional hospice services in Hillsborough County. Gentiva indicates plans to meet this need through its extensive existing relationships in the area with hospitals, nursing homes, assisted living facilities, physicians and other referral sources within the community.

Gentiva contends that care provided by setting is also an important characteristic to consider. Using hospice utilization reports, Gentiva states that from January 2013 to June 2014, 60 percent of hospice patients in Subdistrict 6A were served in their homes with the vast majority being served in their homes (including ALFs), with the remaining 13.2 percent in nursing homes, 3.1 percent at the existing area provider's freestanding hospice facility and 2.1 percent in hospitals.

According to Gentiva, because the existing provider in the area is spread thin, LifePath cannot adequately serve the county in all types of patient settings. Per Gentiva, a new provider may give LifePath the opportunity to focus on its dedicated inpatient settings. Gentiva attests to a documented history of serving patients in nursing homes and hospitals. Gentiva expects to offer a robust percentage on hospital and nursing home inpatient settings, with the proposed project. Gentiva also states its proposed program will balance the services already offered by LifePath.

CON Action Numbers: 10294 through 10302

Gentiva's states that its proposed project is based on 20 assumptions and calculations (CON application #10295, page 57-58) and briefly describes each. Based on these factors, Gentiva estimates 95 admissions in year one (ending June 30, 2016) and 281 admissions in year two (ending June 30, 2017). Gentiva maintains that 286 incremental patients in 2016 and 400 incremental patients in 2017 will remain for the existing area hospice provider. See the exhibit below.

Projected Gentiva Patients in Subdistrict 6A

	Actual		Projected Calendar Years				
	2013	2014	2015	2016	2017	2018	2019
Cancer Under 65	669	675	685	695	707	719	730
Cancer 65 and Over	1,441	1,439	1,473	1,509	1,547	1,586	1,624
Non-Cancer Under 65	435	439	455	483	514	546	580
Non-Cancer 65 and Over	3,430	3,491	3,666	3,883	4,113	4,356	4,610
Total	5,975	6,044	6,279	6,571	6,881	7,206	7,544
				Market Patients FY 2016	Market Patients FY 2017	Incremental Patients FY 2016	Incremental Patients FY 2017
Project Years							
Cancer Under 65				690	701	15	27
Cancer 65 and Over				1,491	1,528	52	89
Non-Cancer Under 65				469	498	31	60
Non-Cancer 65 and Over				3,774	3,998	283	506
Total				6,425	6,726	381	682
AHCA Projected Need January 2016				6,282			
<i>Admissions by Gentiva</i>				Projected Market Share		Projected Admissions	
Cancer Under 65				0.6%	1.7%	4	12
Cancer 65 and Over				0.9%	2.6%	13	40
Non-Cancer Under 65				1.6%	5.4%	8	27
Non-Cancer 65 and Over				1.9%	5.1%	71	203
Total Gentiva Patients				1.5%	4.2%	95	281
Incremental Patients Remaining for the Existing Provider						286	400

Source: CON application #10295, page 59, Exhibit 23

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

ALOS, ADC and Projected Patient Days

	Year One	Year Two
ALOS	67.3	79.4
Projected Patient Days	6,398	22,317
Average Daily Census	17.5	61.1

Source: CON application #10295, page 59, Exhibit 24

The applicant contends meeting its projections with no impact on the existing provider in Hillsborough County--through population growth and increases in penetration rates. Other factors that the applicant contends will support the conclusion that the existing provider 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

CON Action Numbers: 10294 through 10302

The applicant presents 10 key factors demonstrating that is the best candidate to meet the needs of Hillsborough 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 Hillsborough 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 Hillsborough County
- National reputation as an industry leader of hospice services
- Demonstrated patient satisfaction
- Demonstrated financial feasibility
- CHAP accreditation
- Gentiva’s track record for outcome driven hospice care and
- Gentiva’s operation of the Gentiva Hospice Foundation to increase outreach and care for future and existing patients and caregivers

Palm Garden Hospice, LLC(CON #10296) proposes the development of a primary office in Hillsborough County in a central Tampa location to easily serve Ybor City and College Park as well as the section closest to the St. Lawrence Parish. Further, PGH proposes that no later than the second year of operation, the development of a satellite office in a location that is at least 10 miles away from the proposed primary office. The applicant expects that it will open two additional satellite offices.

PGH indicates that there is a growing shadow community of homeless or near homeless individuals and that this is reflected by the county having the second lowest percentage of deaths in hospice in the State. The reviewer notes that the applicant states that Miami-Dade has a lower percentage of deaths in hospice but the table provided does not match the narrative of the application. See the table below.

#	Description	Hillsborough	Miami-Dade	Florida
1	Hospice Patients	5,523	10,997	115,974
2	Resident Deaths	9,898	19,202	183,807
3	% of Deaths in Hospice	55.8%	57.3%	63.1%

Source: CON application #10296, page 28, Table 11

CON Action Numbers: 10294 through 10302

PGH contends that this low percentage of deaths in hospice is related to:

- A single hospice serving the area
- A failure to fully serve or educate the large Hispanic population to the merits of hospice
- A failure to fully serve or educate the African American population to the merits of hospice
- A failure to fully serve or educate the homeless and near homeless population to the merits of hospice

PGH states plans to take the following necessary steps:

- Educate through schools, radio stations, TV or other mediums
- Meetings at homeless organizations such as Metropolitan Ministries or other similar facilities
- Marketing to the smaller boarding homes and ALFs in addition to other marketing efforts
- Meetings with spiritual and community leaders of both the African American and Hispanic communities

PGH contends that by contrast with the co-batched applicants, the proposed project will not adversely impact LifePath's:

- existing donor base and/or
- total admissions

The applicant provides a table to reflect other stated adverse impact characteristics between and among the other co-batched applicant's compared to PGH, as it relates to LifePath (CON application #10296, page 33, Table 15). PGH supplies the Agency with a number of issues that it should consider in making its decision and discusses these suggestions on pages five through 21. In addition, the applicant provides criteria for the Agency to utilize in awarding a new hospice program, these include:

- Ability to operate a quality program
- Financial strength to support the pre-operating and initial operating stages of hospice as well as any future date when revenues are less than expenses
- Willingness to serve the entire population and not to "selectively choose" patients
- Ability to recognize underserved populations within the service district and to take the necessary steps to make their services available to these patients
- Corporate culture is one that will enhance the hospice services within the service area
- Willingness to go beyond the requirements of the CON and provide services that will meet the needs of the service area without regard to the cost of offering the service

CON Action Numbers: 10294 through 10302

- Willingness to become an integral component of the service area
- Willingness to accept conditions which will guarantee the statements made within the application which make them superior to the competitors in meeting the community’s needs
- Conditions are more than the “fluff” so often reference in CON applications
- Hospice will not adversely impact LifePath

PGH asserts that the Hispanic population is now underserved and that the growth rate will increase demand for hospice services by the Hispanic population if properly educated to the value of hospice care. PGH presents the Hispanic population growth percentages as compared to the State (2014-2016). See the table below.

#	Description	Hillsborough	Florida
1	Hispanic 2014 Population < 65	314,470	4,156,959
2	Hispanic 2014 Population 65 and over	28,859	495,179
3	Hispanic 2014 Total Population	343,329	4,652,138
4			
5	Hispanic 2016 Population < 65	336,715	4,373,946
6	Hispanic 2016 Population 65 and over	31,729	535,941
7	Hispanic 2016 Total Population	368,444	4,909,887
8			
9	Hispanic Growth Population < 65	22,245	216,987
10	Hispanic Growth Population 65 and over	2,870	40,762
11	Hispanic Growth in Total Population	25,115	257,749
12			
13	Hispanic Total % Change < 65	7.1%	5.2%
14	Hispanic Total % Change 65 and over	9.9%	8.2%
15	Hispanic Total % Change Total Population	7.3%	5.5%

Source: CON application #10296, page 37, Table 19

PGH states that the non-Hispanic African American population is increasing by 5.4 percent with the 65+ cohort increasing by 11.4 percent (2014-2016). The applicant provides data regarding this conclusion along with corresponding State population averages. See the table below.

CON Action Numbers: 10294 through 10302

#	Description	Hillsborough	Florida
1	Non-Hispanic Black 2014 Population < 65	197,019	2,817,633
2	Non-Hispanic Black 2014 Population 65 and over	16,404	289,309
3	Non-Hispanic Black 2014 Total Population	213,423	3,106,942
4			
5	Non-Hispanic Black 2016 Population < 65	206,636	2,896,013
6	Non-Hispanic Black 2016 Population 65 and over	18,278	319,392
7	Non-Hispanic Black 2016 Total Population	224,914	3,215,405
8			
9	Non-Hispanic Black Growth Population < 65	9,617	78,380
10	Non-Hispanic Black Growth Population 65 and over	1,874	30,083
11	Non-Hispanic Black Growth in Total Population	11,491	108,463
12			
13	Non-Hispanic Black Total % Change < 65	4.9%	2.8%
14	Non-Hispanic Black Total % Change 65 and over	11.4%	10.4%
15	Non-Hispanic Black Total % Change Total Population	5.4%	3.5%

Source: CON application #10296, page 38, Table 21

PGH also offers a summary table regarding that entire population, the Hispanic, Non-Hispanic white and Non-Hispanic African American populations from 2014-2016. See the table below.

#	Description	Entire Population	Hispanic	Non-Hispanic White	Non-Hispanic Black
1	Population 2014	1,298,075	343,329	687,263	213,423
2	Population Growth 2014-2016	46,785	25,155	7,201	11,491
3	Percent Population Growth 2014-2016	3.6%	7.3%	1.0%	5.4%
4					
5	Population 2015 65+	165,746	28,859	116,129	16,404
6	Population Growth 2014-2016 65+	12,043	2,870	6,828	1,874
7	Percent Population Growth 2014-2016 65+	7.3%	9.9%	5.9%	11.4%

Source: CON application #10296, page 38, Table 22

According to the applicant, national research from the Pew Foundation demonstrates that roughly two-thirds of the U.S. Hispanic population is affiliated with the Catholic Church. Further, PGH maintains being committed to providing hospice care oriented to the language, culture and religious beliefs of the Hispanic population.

PGH provides and discusses several tables that address ZIP code data in Hillsborough County (CON application #10296, page 40–58). According to the applicant, PGH has examined these area ZIP codes to seek the most prevalent populations for Hispanics, African Americans and for lower income individuals. Per PGH, this will form the basis of the applicant’s marketing to these subgroups and allow for targeted contacts.

Using DOEA hospice admission data for 2013, PGH offers tables to address admissions by race/ethnic group and terminal illness type (both for total admissions and percentages) among LifePath and the co-batched

CON Action Numbers: 10294 through 10302

applicants (CON application #10296, page 59-61). PGH concludes that historically, higher rates of hospice utilization have been found among higher income populations. Further, PGH maintains that there is a hospice need in the area for a provider that will target low income, African American and Hispanics. PGH asserts that it has begun this process.

In addition, PGH notes that in 2013, LifePath admitted 648 end-stage heart disease patients which was 10.8 percent of LifePath's total admission volume, compared to a statewide hospice admission percentage for this same diagnosis for the same period of 13.9 percent.

PGH forecasts 200 admissions in year one and 426 in year two of the proposed project. PGH asserts that these projected admissions are achievable due to:

- The projection that there will be an additional 759 admissions during the horizon year
- The applicant having two existing nursing homes in the service area which are currently providing hospice care on behalf of the existing licensed hospice
- The applicant having an experienced hospice executive heading up the program
- The applicant recognizes underserved patients including, Hispanics, African Americans, homeless and near homeless individuals
- The applicant is creating educational programs to complement those already provided within the community
- The applicant recognizes the significant difference between the end stage heart disease diagnosis for Hillsborough County when compared to the statewide average and the willingness to meet with cardiologists
- The applicant has sufficient employees within Palm Garden's facilities to meet the projections
- The applicant has met many community leaders, educators and individuals who are expected to support the program
- 200 admits in year one represents approximately three percent of the county's projected totals which are easily obtainable and not expected to have any adverse impact on LifePath
- The percentage of deaths in hospice to total deaths is one of the lowest in the State which is attributable (in part) to a sole provider simply being stretched the max and unable to provide services to every individual in need

CON Action Numbers: 10294 through 10302

Regency Hospice of Northwest Florida, Inc. (CON #10297) proposes a main office located in the vicinity of the intersection of Interstates 4 and 75 and a satellite office in the northern Tampa area. The applicant notes that these locations provide quick and easy access to a large portion of Hillsborough County.

Using Agency population estimates, Regency indicates that the Hillsborough County population age 65 and older is significant and expected to reach nearly 200,000 people (an increase of 18.6 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
Hillsborough County and Florida**

Age Cohorts	Hillsborough County				Florida
	2014	2019	Increase	Percent Increase	Percent Increase
Under 18	308,045	332,662	24,617	8.0%	4.7%
18 to 65	823,580	884,766	61,186	7.4%	4.8%
65 to 74	95,812	117,504	21,692	22.6%	21.1%
75 and Older	70,549	79,851	9,302	13.2%	12.9%
Subtotal 65 and Older	166,361	197,355	30,994	18.6%	17.4%
All Ages	1,297,986	1,414,783	116,797	9.0%	7.1%

Source: CON application #10297, page 38, Table 2

Regency provides a 2014 to 2019 total population table for all ages in Hillsborough County, by race. Per Regency, the level of racial diversity is expected to increase (particularly among the non-white residents) in the county. In addition, the applicant indicates that among the age 65+ population the white population has a greater proportion of population, but not the greatest percent increase in total 65+ population from 2014 to 2019. See the table below.

**Estimated and Projected Population and Growth by Race
65 and Older
Subdistrict 6A (Hillsborough County) and Florida**

Race	Hillsborough County				Florida
	2014	2019	Increase	Percent Increase	Percent Increase
White	141,569	171,360	29,791	21.0%	16.0%
African American	17,049	22,564	5,515	32.3%	23.9%
American Indian	449	706	257	57.2%	35.9%
Asian	3,993	5,838	1,845	46.2%	38.8%
Pacific Islander	77	132	55	71.4%	62.7%
Other Race	2,530	3,492	962	38.0%	40.0%
Two or More Races	1,970	2,791	821	41.7%	40.2%
Total	167,637	206,883	39,246	23.4%	17.4%

Source: CON application #10297, page 40, Table 4

CON Action Numbers: 10294 through 10302

Regency contends that the non-white population is significant and rapidly growing. The applicant indicates that the Hispanic population (for all ages) in Hillsborough County is significant in size and growing-- expected to show a 9.5 percent increase between 2014 and 2019. See the table below.

**Estimated and Projected Population and Growth by Ethnicity
All Ages
Subdistrict 6A and Florida**

Ethnicity	Hillsborough County			Florida	
	2014	2019	Increase	Percent Increase	Percent Increase
Hispanic	330,544	361,862	31,318	9.5%	12.3%
Non-Hispanic	969,883	1,027,319	57,436	5.9%	3.7%
Total	1,300,427	1,389,181	88,754	6.8%	5.7%

Source: CON application #10297, page 42, Table 6

In addition, Regency points out that the Hispanic 65 and older population of Hillsborough County is expected to grow at a faster rate than the non-Hispanic population, by nearly 29 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 Hispanic organizations in Hillsborough County is also mentioned, including to the Hispanic Services Council and the Latino Coalition of Tampa Bay. 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 Hillsborough County, many of whom are older and facing end of life decisions. See the table below.

CON Action Numbers: 10294 through 10302

Veteran Estimated and Projected Population Subdistrict 6A

Age Cohort	2014	2015	2016	2017	2018	2019
Under 65	56,487	55,177	54,288	53,397	52,374	51,188
65 and Older	37,987	37,995	37,597	37,241	36,993	36,921
All Ages	94,474	93,172	91,886	90,638	52,374	88,109

Source: CON application #10297, page 44, Table 9

Regency anticipates that by 2019, the number of Veterans in Hillsborough County is expected to decrease by approximately 6,000, primarily due to deaths. The applicant contends that as a result, there is expected to be significant demand for hospice services that offer the dignity and respect that our Veterans and their families deserve. 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 includes

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

Using Florida DOH CHARTS data, between 2011 and 2013, Regency indicates that the number of deaths (all ages) in Hillsborough County increased by 686 or 7.6 percent. The applicant also notes that the number of deaths among the 65 and older age group increased more significantly, by 640 individuals or 10.2 percent. See the table below.

Deaths by Selected Causes Ages 65 and Older Subdistrict 6A (Hillsborough County)

Cause of Death	2011	2013	Change	% Change
Cardiovascular Disease	2,016	2,185	169	8.4%
Cancer	1,371	1,484	113	8.2%
Respiratory Disease	627	771	144	23.0%
All Other Causes	2,241	2,455	214	9.5%
Total-All Causes	6,255	6,895	640	10.2%

Source: CON application #10297, page 41, Table 13

According to the applicant, cardiovascular disease is the leading cause of death in Hillsborough County, followed by cancer and respiratory disease. Regency contends that though it 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

CON Action Numbers: 10294 through 10302

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 #10297.

Regency next discusses hospice penetration rates in Subdistrict 6A from 2011 to 2013, noting that Hillsborough County has one of the lowest hospice penetration rates in Florida. See the table below.

Hospice Penetration Rates Trend Non-Cancer Diagnosis Subdistrict 6A					
Subdistrict 5A	2011	2012	2013	Change	% Change
Population Under 65					
Hospice Admissions	486	517	435	-51	-10.5%
Deaths	2,116	2,200	2,135	+19	+0.9%
6A Penetration Rates	23.0%	23.5%	20.4%	-2.6%	-11.3%
FL Penetration Rates	23.1%	22.0%	23.3%	+0.2%	+0.9%
Population 65+					
Hospice Admissions	3,232	3,489	3,430	+198	6.1%
Deaths	4,886	5,046	5,411	+525	+10.7%
6A Penetration Rates	66.1%	69.1%	63.4%	-2.7%	-4.1%
FL Penetration Rates	66.4%	65.2%	66.1%	-0.3%	-0.5%

Source: CON application #10297, page 51

Regency notes that there is unserved need for hospice services in Hillsborough in general but for individuals with a terminal non-cancer diagnosis in particular for all ages. The applicant asserts plans to provide an even greater focus on service the needs of non-cancer patients. The applicant indicates serving this population through the provision of multiple approaches, including outreach and education and its internal systems.

Regency states that its proposed project is based on 10 data sources and assumptions and based on these factors, Regency estimates 345 admissions in year one (ending June 30, 2016) and 734 admissions in year two (ending June 30, 2017). Regency maintains that 500 incremental patients (by June 2016) and 468 incremental patients (by June 2017) will remain for the existing area hospice provider. See the table below.

CON Action Numbers: 10294 through 10302

**Projected Regency Patients
Subdistrict 6A (Hillsborough County)**

Subdistrict Admissions Diagnosis/Age	Actual			Projected			
	2011	2012	2013	2014	2015	2016	2017
Cancer Under 65	775	762	669	682	697	713	729
Cancer 65 and Older	1,369	1,494	1,441	1,499	1,561	1,628	1,698
Non-Cancer Under 65	486	517	435	451	464	500	504
Non-Cancer 65 and Older	3,232	3,489	3,430	3,644	3,900	4,176	4,405
Total	5,862	6,262	5,975	6,276	6,622	7,017	7,336

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	705	721	36	52
Cancer 65 and Older	1,595	1,663	154	222
Non-Cancer Under 65	482	502	47	67
Non-Cancer 65 and Older	4,038	4,291	608	861
Total	6,820	7,177	845	1,202

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	3.0%	6.0%	21	43
Cancer 65 and Older	4.0%	8.0%	62	130
Non-Cancer Under 65	6.0%	12.0%	28	60
Non-Cancer 65 and Older	6.0%	12.0%	234	501
Total	5.2%	10.5%	345	734

	7/15-6/16	7/16-6/17
Incremental Admissions for Existing Providers	500	468

Source: CON application # 10297, page 53, Table 19

Regency's estimates total admissions, ALOS and patient days for year one and year two of the proposed project. The reviewer notes that the applicant's table title indicates an ADC but this is not included in the table text. See the table below.

CON Action Numbers: 10294 through 10302

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

Admissions	Year One	Year Two
Under 65	49	103
65 and Older	296	631
Total	345	734
ALOS		
	Year One	Year Two
Under 65	47	59
65 and Older	69	86
Total	66	82
Patient Days		
	Year One	Year Two
Under 65	2,303	6,077
65 and Older	20,424	54,266
Total	22,727	60,343

Source: CON application #10297, page 54, Table 20

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298)

explains that the mission of SHPC is to honor life and offer hope, with a vision based on five principles: care, staff support, creativity, excellence and community awareness of hospice care.

The applicant discusses SHPC's admission trend data in order to demonstrate that SHPC increased admissions at their hospice programs nationwide by 69 percent, from 2,570 admissions in the first quarter of 2010 to 4,388 in the third quarter of 2014, due in large part to the programs utilized by the company.

The applicant presents a list of entitled "elements of success in assuring professionalism" noting that SHPC's accredited programs and memberships in hospice organizations. SHPC also notes its use of EMRs and 24/7 call centers with trained responders.

SHPC presents a list of programs and services that it provides to address the core needs of patients, including:

- Music Therapy offered only by board-certified music therapists
- Leaving a Legacy-a program designed to help patients find purpose and meaning while leaving behind tangible recordings, art works, journals etc. for family to assist with coping during bereavement
- A Touch For All Seasons Dementia Program
- Massage Therapy
- Volunteer Vigil
- Spiritual Presence
- Loyal Friends Pet Team
- Music Companion
- CareFlash-online care support community for patients and families.

CON Action Numbers: 10294 through 10302

- We Honor Veterans Program (with the Missouri office obtaining Level IV and the proposed project being implemented and Level I status sought, according to the applicant)
- Open Access Services--allows Seasons to fund medical interventions for patients choosing to continue them so long as their prognosis remains six months or less with the on-going intervention
- Bereavement Services including:
 - Camp Kangaroo for children (serving both children served by hospice and free of charge to all community children who experienced the death of a loved one)
 - Kavod haNe'fesh (compassionate and culturally sensitive care to Jewish patients) and
 - Friendly Visitor Bereavement Program (serving low risk bereavement clients who are lonely and socially withdrawn or isolated)

The applicant discusses the elements of success specific to training and workforce development efforts by SHPC, including CEU and internship opportunities, and additional programs that SHPC will bring to the proposed project (Wish Fulfillment Program and Emergency Care) through the Seasons Hospice Foundation.

SHPC provides an overview of the entity's mission, values, and corporate culture, emphasizing its commitment to the fundamental principal of allowing patients to die at home. Employee training, onsite corporate visits, and company-wide focus on understanding the needs of the dying are detailed. The applicant states that education and proper empowerment of employees through corporate involvement help provide hospice patients with the highest quality of care. Additionally, the applicant offers a diagram of the holistic continuum of care rendered by the proposed project – Seasons Hospice Circle of Care on page 1-12 of CON application #10298.

The applicant asserts that a hospice is a hospice, a hospital is a hospital, a nursing home is a nursing home and a health system is a health system--they are not interchangeable. According to SHCP, hospitals, nursing homes and health systems do not have the expertise to support their communities at large and that further, they do not offer new and innovative programs to improve palliative care. Seasons contends it has grown in some very competitive markets (Chicago and California are mentioned) by continually focusing on better service, quality and access improves.

CON Action Numbers: 10294 through 10302

The applicant contends that how quickly a program can increase admissions is a good indicator of how well it can meet a large unmet need. Utilizing Agency data, SHCP emphasizes having the highest admission growth rate (523.0 percent) at Season’s Hospice (formerly Douglas Gardens Hospice), for the period June 2010 to June 2014, compared to all other co-batched applicants and LifePath Hospice, over the same period. See the table below.

Hillsborough Count and Florida Hospice Admissions and Three-Year Growth

Hillsborough Hospice Programs	Admissions for 12 Months Ending					6/10-6/14	
	June 2010	June 2011	June 2012	June 2013	June 2014	Total Increase	Growth Rate
Seasons Hospice*	209	460	834	1,109	1,302	1,093	523.0%
Regency Hospice of NW Florida	78	184	257	278	307	229	293.6%
Gulfside Hospice	1,011	1,248	1,387	1,587	1,536	525	51.9%
VITAS	17,778	19,408	19,988	20,841	20,672	2,894	16.3%
Tidewell Hospice and Palliative Care	7,500	7,375	7,595	7,632	7,972	472	6.3%
Suncoast Hospice	7,425	7,350	7,513	7,861	7,531	106	1.4%
Odyssey Healthcare of Marion County	1,473	1,544	1,422	1,235	1,222	-251	-17.0%
LifePath	5,862	4,486	6,191	6,302	5,523	-339	-5.8%

*Change of ownership 9/10, formerly Douglas Gardens Hospice for the 12-month period ending June 2010

Source: CON application #10298, page 1-17, Table 1-1

Seasons maintains that advancement in reaching more Hillsborough residents eligible for hospice and improving choice can occur with the proposed project. SHCP indicates strong support for the proposed project and contends that by building a strong workforce through internship programs, providing training opportunities and engaging the medical community--the proposed program will become a magnet, bringing quality support and allied health staff into hospice care in Hillsborough County.

SHCP references the DOEA 2013 Annual Hospice Demographic and Outcome Measures Report, indicating that its hospice had a Medicaid percent of revenues of 9.0 percent, the highest of any co-bathed applicant or LifePath. Based on this, the applicant maintains that hospice enrollment for terminally ill patients eligible for Medicaid is expected to improve, if the proposed project is approved.

CON Action Numbers: 10294 through 10302

Using Nielsen Company 2014 data, Seasons estimates that over the next five years (2014-2019) the Hillsborough County population will grow by 88,640 or 6.8 percent, but the elderly population (age 65+) is expected to increase by 39,507, or 23.4 percent. The reviewer notes the applicant draws these totals from a list of 22 ZIP Codes, sorted from highest to lowest population growth rates. The reviewer collapses the applicant's table to reflect the aggregate ZIP Code population totals. See the table below.

**Hillsborough County Population Increase
2014-2019**

5-Year Increase Age 0-64	5-Year Increase Age 65+	5-Year Total Population Increase	5-Year Growth Age 0-64	5-Year Growth Age 65+	5-Year Total Population Growth
49,133	39,507	88,640	4.3%	23.4%	6.8%

Source: CON application #10298, page 1-28, Table 1-5

SHCP contends that considering its previously mentioned track record of its program growing by over 500 percent in just four years, a similar increase in service is expected for Hillsborough County. The applicant also asserts being responsible for 70 percent of Hospice Service Area 11's admission growth from June 2010 to June 2014--reflecting a focus on service first. The reviewer collapses the applicant's table to reflect Season's admission totals and those of the district overall. See the table below.

Seasons Contribution to Growth Within the Service Area 11 Market

Service Area 11	June 2010	June 2014	Increase	Market Share of Increase
Seasons Hospice (Douglas Gardens thru 9/10)	209	1,302	1,093	70.2%
District 11 Total	9,441	10,997	1,556	100.0%

Source: CON application #10298, page 1-29, Table 1-6

According to the applicant, analysis of the 12-months ending June 30, 2014 hospice admissions for Hillsborough County and Florida by age and cause of death show that the existing Hillsborough hospice program is enrolling cancer patients of all age cohorts and patients under age 65, at rates below the state average. Similar analysis by the applicant of penetration rates for Hillsborough County demonstrate lower penetration rates in the county (0.585) compared to the statewide average (0.660). SHCP concludes that the general population of Hillsborough County--all causes of death and all age groups--are underserved by the local hospice provider.

CON Action Numbers: 10294 through 10302

Specifically, SHCP indicates higher projected need for non-cancer patients and the elderly, those residing in SNFs and ALFs. The applicant contends that for the 12-months ending June 30, 2014, admission data show that 97 percent of its admissions are for patients age 65 and 73 percent are non-cancer patients and that this is similar to the need distribution in Hillsborough County.

Seasons Hospice states having done a better job providing service to residents of ALFs and SNFs in comparison to the co-batched applicants and provides a table to account for this (CON application #10298, page 1-34, Table 1-11). According to the applicant:

- Ninety-seven percent of Seasons' District 11 admissions during the 12 months ending June 30, 2014 were ages 65+
- Seasons reported 46,966 patient days for ALF residents, 38 percent of the total (123,224 days)
- LifePath reported 105,134 patient days for ALF residents, or 21 percent of the total (501,655 days)

Seasons further contends more service to nursing homes than LifePath and similar to statewide averages. Seasons contends that its proven track record of caring for the frail and elderly makes them the solid choice for project approval.

Seasons states using Florida DOH Office of Vital Statistics and Agency hospital discharge data in providing a table (CON application #10298, page 1-37, Table 1-12) to account for 2013 Hillsborough County and Florida deaths and hospice discharges by patient race and ethnicity. The applicant concludes that overall, the white population which represents 84 percent of all deaths in 2013, are underserved by hospice in the area, as demonstrated by higher rates for in-hospital deaths. SHCP contends that for other races or ethnic groups, the gap in hospice care is less distinct. Seasons maintains having the programs and experience to tailor the hospice program according to the individuals served.

SHCP offers a table to account for 2013 Hillsborough County and Florida causes of death and corresponding percentages. According to the applicant, for 2013, the 10 leading causes of death in Hillsborough County, in rank order, were: heart disease, cancer, chronic lower respiratory diseases, unintentional injury, stroke, diabetes mellitus, Alzheimer's, septicemia, suicide and nephritis. AIDS was ranked as the 17th leading cause death in the area for the same period. Seasons indicates that in 2012, Seasons Hospice had a higher of patients in each of the diagnosis categories associated with some of the more prevalent cause of death in Hillsborough County, with the ability to enroll these patients at higher rates than LifePath. The applicant highlights AIDS,

CON Action Numbers: 10294 through 10302

end-stage renal disease and end-stage heart disease. The reviewer collapses the applicant's table to reflect Seasons' patient totals and percentages, those of LifePath and Florida overall. See the table below

**2012 Patients and Percent of Total Patients by Diagnosis in Hillsborough County
Seasons Hospice and Florida**

Hospice	Cancer	AIDS	End-Stage Pulmonary Disease	End-Stage Renal Disease	End-Stage Heart Disease	Other	Total
HOSPICE PATIENTS							
LifePath	2,110	35	668	139	648	2,375	5,975
Seasons Hospice	328	30	126	100	205	473	1,262
Florida	39,370	427	12,445	2,900	16,201	45,615	116,958
PERCENT OF TOTAL HOSPICE PATIENTS							
LifePath	35.3%	0.6%	11.2%	2.3%	10.8%	39.7%	100.0%
Seasons Hospice	26.0%	2.4%	10.0%	7.9%	16.2%	37.5%	100.0%
Florida	33.7%	0.4%	10.6%	2.5%	13.9%	39.0%	100.0%

Source: CON application #10298, page 1-44, Table 1-15

The applicant also discusses improving hospice services for Alzheimer's patients, pediatric patients and for veterans on pages 1-45 through 1-47 of CON application #10298.

Seasons forecasts 222 admissions and an ALOS of 58 days for year one (ending December 31, 2016) and 516 admissions and an ALOS of 72 days for year two (ending December 31, 2017) of the proposed project. The applicant indicates that projections are based on the recent experience of Seasons in Service Area 11 and the most recent start-ups in areas where a new hospice in the areas having only one hospice provider. See the table below.

**Forecasted Hospice Admissions for First Two Years in Service Area 6A
and the Expected Number of Admissions to Seasons**

Cause of Death	Projected Hospice Patients 1/16-12/16			Seasons Admissions 1/16-12/16 - Year 1 Market Share 3.5 Percent			Seasons Patient Days 1/16-12/16 - Year 1 ALOS=58		
	0-64	65+	Total	0-64	65+	Total	0-64	65+	Total
Cancer	648	1,533	2,181	23	54	77	1,334	3,159	4,493
Other	529	3,573	4,101	19	126	145	1,089	7,361	8,450
Total	1,176	5,106	6,282	4242	180	222	2,423	10,520	12,943
Cause of Death	Projected Hospice Patients 1/17-12/17			Seasons Admissions 1/17-12/17 - Year 2 Market Share 8.0 Percent			Seasons Patient Days 1/17-12/17 - Year 2 ALOS=72		
	0-64	65+	Total	0-64	65+	Total	0-64	65+	Total
Cancer	659	1,561	2,220	53	126	179	3,814	9,031	12,845
Other	538	3,637	4,174	43	293	337	3,113	21,042	24,155
Total	1,197	5,197	6,394	97	419	516	6,927	30,073	37,000

Source: CON application #10298, page 1-48, Table 1-16

CON Action Numbers: 10294 through 10302

The applicant contends that the proposed admissions and ALOS totals are reasonable and that Seasons has one of the longest ALOSs in Florida--attributed to outreach and education in enrolling patients sooner and allowing patients to maximize the hospice benefit to improve quality of life.

Seasons expects no adverse impact on LifePath and assumes that LifePath will keep operating at the same level with no further decreases in utilization.

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) 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 Hillsborough County by establishing two locations:

- Main office – Tampa area (Year One)
- Satellite office – South Hillsborough County (Year Two)

SBHP offers the projected population by race and annual rate of change in Hillsborough 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 Hillsborough County must be prepared to develop programs that address this diversity. SBHH asserts that diversity programs are a particular strength of the SBHH partnership. The reviewer added a column in the chart below to enumerate the change as well. See the exhibit below.

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

Race	2015	2020	Population Change	Annual Percent Change
White	923,852	969,646	45,794	1.0%
Black	221,601	238,704	17,103	1.5%
American Indian	5,615	6,549	934	3.1%
Asian	50,470	59,939	9,469	3.5%
Pacific Islander	1,151	1,410	259	4.1%
Other	69,401	77,972	8,571	2.4%
Two or More Races	45,041	52,132	7,091	3.0%
Total	1,317,131	1,406,352	89,221	1.3%

Source: CON application #10299, page 54, Exhibit 8

CON Action Numbers: 10294 through 10302

SBHH also discusses the population growth rate of Hispanic and Non-Hispanic residents in Hillsborough County for an earlier five-year period (2010-2015, noting that the age 65+ Hispanic population grew incrementally by 5,084 residents or 3.8 percent, the highest percentage increase during that time period. SBHH indicates that Hillsborough County's Hispanic population death rate increased overall by 12.5 percent with the Hispanic age 65+ population death rate increasing by 20.9 percent from 2009 to 2013. According to SBHH, while Hispanics constitute a small percentage of total deaths, the number of deaths among this ethnic group increased significantly. See the exhibit below.

**Deaths by Ethnicity
2009-2013**

Ethnicity	2009	2013	Incremental Change	Percent Change
Hispanic Under 65	434	419	-15	-3.5%
Hispanic 65 and Over	822	994	172	20.9%
Hispanic Total	1,256	1,413	157	12.5%
Non-Hispanic Under 65	2,547	2,416	-131	-5.1%
Non-Hispanic 65 and Over	5,379	5,883	504	9.4%
Non-Hispanic Total	7,926	8,299	373	4.7%
Grand Total	9,182	9,712	530	5.8%

Source: CON application #10299, page 56, Exhibit 11

SBHH 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 6A/Hillsborough County**

Race	LifePath	Percent	Statewide
Asian	50	0.8	0.5
Black	600	10.0	7.2
Caucasian	4,230	70.8	73.9
Hispanic	773	12.9	10.6
Other	322	5.4	7.8
Total	5,975	100.0	100.0

Source: CON application #10299, page 58, Exhibit 15

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

CON Action Numbers: 10294 through 10302

**Hospice Admissions by Payor, 2013 f
or Subdistrict 6A/Hillsborough County**

Payor	LifePath	Statewide Average
Medicare	88.3	86.1
Medicaid	4.8	7.4
Third-party	4.2	4.1
Self-Pay	0.1	0.8
Uncompensated	2.6	1.5
Other	0.0	0.2
Total	100.0	100.0

Source: CON application #10299, page 59, Exhibit 16

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

**Hospice Patient Days by Treatment Setting, 2013
Subdistrict 6A/Hillsborough County**

Treatment Settings	LifePath	Percent	Statewide
Private Residence	298,459	59.9%	54.9%
Family Care	3,745	0.7%	0.3%
Assisted Facility	105,134	21.0%	19.8%
Non-Inpatient Bed	67,409	13.4%	19.1%
Inpatient Bed	0	0.0%	0.3%
Dedicated Hospice	0	0.0%	1.4%
Other Than Dedicated	11,440	2.3%	0.9%
Residential Facility	0	0.0%	0.3%
Freestanding Facility	15,468	3.1%	2.8%
Days Other	0	0.0%	0.2%
Total	501,655	100.0%	100.0%

Source: CON application #10299, page 60, Exhibit 18

SBHH anticipates serving 340 hospice patients by year one and 755 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 Hillsborough 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

SBHH 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 #10299. Based on the assumptions and methodologies applied, the applicant provides three estimates of

CON Action Numbers: 10294 through 10302

projected hospice patients and the subsequent unmet hospice need of: 1,405, 1,519 and 1,434, depending on the data source used. See the exhibit below.

Penetration Rate Based Need Analysis

Population Source	Projected 2016				Need		
	Population	Deaths	Penetration Rate	Hospice Patients	Hospice Patients 7/13-6/14	Projected minus Current	Need >350?
AHCA Hospice Need Projections 1)	1,342,789	9,898	70.0	6,928	5,523	1,405	Yes
State of Florida 2)	1,343,820	10,060	70.0	7,042	5,523	1,519	Yes
Nielsen Claritas 3)	1,334,510	9,938	70.0	6,957	5,523	1,434	Yes

Source: CON application #10299, page 67, Exhibit 25

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

- If penetration rates increase in the area, the number of patients available to both LifePath and SBHH could be much higher than projected in the Agency’s need methodology or in CON application #10299
- SBHH will bring new programs and approaches to meeting the hospice needs of Hillsborough County and these special need populations that SBHH has targeted may choose hospice care in larger numbers--contributing to the higher penetration rate
- SBHH will seek opportunities to work in collaboration with existing providers--every effort will be made to avoid unnecessary duplication of services

Tidewell Hospice, Inc. (CON #10300) states that its application offers the following strengths:

- Tidewell has the financial resources and managerial depth to implement a full-service program in the Hillsborough County service area
- Tidewell has an established, successful record of outreach to traditionally underserved populations, including: African Americans, Hispanics, patients with HIV/AIDS, patients without caregivers and the medically indigent
- Tidewell currently provides a very high quality of care that will be replicated in its Hillsborough County program
- Tidewell is committed to its vision of hospice care a social movement committed to changing societal approaches to death and dying

CON Action Numbers: 10294 through 10302

The applicant proposes to expand acceptance of the hospice care model in the Hillsborough County service area through:

- Tidewell’s historical success in attracting end of life patients in its existing services areas
- The reasons that some patients and patient populations decline to access hospice services
- Tidewell’s approach to patient and community outreach

Tidewell present data showing that it ranked 4th, 8th and 10th statewide in terms of penetration rates in Table six of CON application #10300, page 14. The reviewer notes that the table ranks penetration rates (from one to 27) from 2004 through 2013, with Tidewell exceeding penetration rates among the state average and Hillsborough County, for those years. The applicant presents this data in Table 7 by percentage and notes that for 2013, Tidewell exceeded admissions as a percentage of 2013 resident deaths, when compared to all of Florida and Hospice Service Area 6A regarding all four hospice patient categories. See the table below.

**2013 Hospice Penetration Rates Tidewell Service Area
Hillsborough County and All Florida**

Hospice Admissions 12 Months Ending December 31, 2013					
	Cancer Under 65	Cancer 65 and Over	Other Under 65	Other 65 and Over	Total
Tidewell	612	2,081	381	4,766	7,840
All Florida	10,433	28,884	7,442	69,876	116,635
Hillsborough	669	1,441	435	3,430	5,975
Resident Deaths 12 Months Ending December 31, 2013					
	Cancer Under 65	Cancer 65 and Over	Other Under 65	Other 65 and Over	Total
Charlotte	114	427	267	1,547	2,355
Desoto	17	45	54	181	297
Manatee	225	589	564	2,120	3,498
Sarasota	250	1,039	541	3,248	5,078
Subtotal Tidewell	606	2,100	1,426	7,096	11,228
Florida	11,765	30,584	31,983	105,671	180,003
Hillsborough	710	1,489	2,135	5,411	9,740
Hospice 2013 Admissions as a Percentage of 2013 Resident Deaths					
	Cancer Under 65	Cancer 65 and Over	Other Under 65	Other 65 and Over	Total
Tidewell	101.0%	99.1%	26.7%	67.2%	69.8%
All Florida	88.7%	94.4%	23.3%	66.1%	64.8%
6A	94.2%	97.1%	20.4%	63.4%	61.3%

Source: CON application #10300, page 15, Table 7

Tidewell contends that there is a large body of literature that describes the disparities in hospice utilization based on race, ethnicity, culture, diagnosis, geography and socio-economic status. In the context of these challenges, Tidewell asserts that it has developed specific successful strategies to meet these barriers to access. Tidewell provides NHPCO’s Facts and Figures: Hospice Care in America 2014 Edition offering snapshots of hospice utilization in the United States in 2013.

CON Action Numbers: 10294 through 10302

The applicant presents additional studies on pages 15-22 and Appendix A of CON application #10300.

The applicant indicates that disparities exist all along the hospice continuum, from eligibility to enrollment to disenrollment and to address these disparities, Tidewell contends that a hospice must:

- Provide culturally and linguistically sensitive outreach to patients and families
- Employ hospice staff who are reflective of the population being served
- Provide effective and sustained outreach to physicians and other clinical caregivers to facilitate understanding of referral timing and hospice duration based on illness and diagnosis and
- Develop strategic linkages with clinical and community programs to increase education around hospice

Tidewell maintains that it has established strong community relationships with health care providers and other professionals in its existing service areas through education and outreach programs. The applicant states it will use this same model to build relationships with the Hillsborough County community. The model includes:

- Providing outreach and support
- General community education
- Specialized programs for other traditionally underserved populations
- Partners in Care (PIC) for Kids Program
- Tidewell Veteran's Outreach
 - We Honor Veterans Partnership (recognized nationally in this program as a Level 4 Partner)
- Telemedicine/telehealth
- Durable medical equipment
- Consumable medical supplies

The applicant indicates that it enhances the quality of its services through adoption of advanced technological patient care delivery and monitoring systems. Tidewell states that patients who require ongoing monitoring may be appropriate for Telehealth monitoring which can be used to monitor blood pressure, weight, heart rate and oxygen saturation

CON Action Numbers: 10294 through 10302

level with results sent to a monitoring computer. The applicant maintains that the system allows the Tidewell team to track patient vital signs and see when subtle changes occur without visiting or disturbing the patient. Tidewell notes that important benefits of Telehealth include:

- Potential reduction in cases of hospital readmission
- Reduced anxiety and stress, increased security and improvement in the quality of patient's lives
- Daily monitoring and evaluation
- Rapid response time, good communication and great teamwork
- Decreased feelings of worry and agitation
- Service patient needs in a time efficient and cost-effective manner
- Ability to program diagnosis-related questions to determine disease progression into the monitor
- Capability to send the patient a reminder
- Capacity to trend and track daily vital signs provides an opportunity for early intervention, education and service recovery
- The monitor is user friendly
- Trending reports to the patient's physicians via email or fax

VITAS Healthcare Corporation of Florida (CON #10301) states that because of the size and transportation network in Hillsborough County, VHCF will have three offices (for the proposed project): a main office (proximate to the USF Health campus) and two satellite offices (one in the South Bay/Sun City area and one in the Brandon area). 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 utilizing an analysis of both the Centers for Medicare and Medicaid Services (CMS) Hospice Standard Analytical File (SAF) for 2012 and the Denominator File, in determining specific needs in the subdistrict. VHCF indicates that the 65+ population constitutes over 80 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 specific needs in the subdistrict would be addressed by project approval. These are listed below:

- Provide independent hospice services to offer Hillsborough patients and families an expanded choice of hospice providers and compete promptly and effectively with the current hospice provider
- Expand hospice outreach efforts, with particular emphasis on low income residents, to increase the hospice use rate

CON Action Numbers: 10294 through 10302

- Improve end of life care in Hillsborough County and beyond by establishing a teaching hospice in conjunction with USF Health
- Reduce the percentage of hospice patients dying in hospitals by providing palliative care and continuous care at home to more patients when appropriate
- Provide high quality services to area hospice patients and their families

Regarding the provision of independent hospice services and competing promptly and effectively, VHCF indicates having 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 Hillsborough 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 but one of the remaining applicants (not named) have taken seven to 17 months to be licensed. The applicant also contends that one applicant's partner (SunCoast Hospice of Pinellas County, a partner of CON application #10299) failed to implement the CON for hospice services in Manatee County, obtained through a 2010 final order after an administrative hearing. According to VITAS, every day of delay in implementing an approved hospice program, results in patient dying without the benefit of an additional provider of end of life services in the community. The applicant contends that of the competing co-batched applicants, only VITAS has entered a new service area and achieved (substantially met or exceeded in the first two years) the patient volume it projected in its application. 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 second high-quality provider in the area.

CON Action Numbers: 10294 through 10302

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” reducing the financial cost of care in the final months of life. VITAS indicates that as a new entrant to the market, it will increase outreach and use rates.

The applicant states that the overall 2013 hospice use rate in Hillsborough County is well below the highest rate observed in other hospice Florida subdistricts. VHCF’s 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).

VHCF contends that concerning statistics for Hillsborough 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 indicate 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 Hillsborough County to be \$185,000. See the table below.

HELLO Program Funding

Category	Qty	Description	Estimated Annual Budget
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
Total Annual Cost			\$185,000

Source: CON application #10301, page 17

CON Action Numbers: 10294 through 10302

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 15-16 of CON application #10301. 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
- 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. This includes funding 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.

CON Action Numbers: 10294 through 10302

VCHF states that the teaching hospice program that will educate physicians, nurses and pharmacists in Hillsborough 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 22 of CON application #10301.

Regarding reducing the percentage of hospice patients dying in hospitals, VHCF indicates that the primary reason for hospice care is to provide a better end of life experience for the dying person and the family. Further, VHCF states that for most people, an important reason to have hospice care is to die at home instead of in a hospital. According to the applicant, the percentage of patients served by a hospice who die in a hospital is an important measure is the effectiveness of a hospice. Using CMS data for CY 2011-2012, the applicant offers the table below to account for the inpatient death percentage from patients of VHCF, the existing Hospice Service Area 6A provider and Florida overall. Please see below.

2010-2011 Hospice Patient Deaths and Percent Dying in Inpatient Setting

Hospice	Hospice Patient Deaths in Inpatient Hospice Settings	Hospice Patient Deaths	Inpatient Death Percentage
VHCF	466	29,341	1.59%
LifePath	389	7,896	4.93%
All Florida Hospices	3,547	165,490	2.14%

Source: CON application #10301, page 23

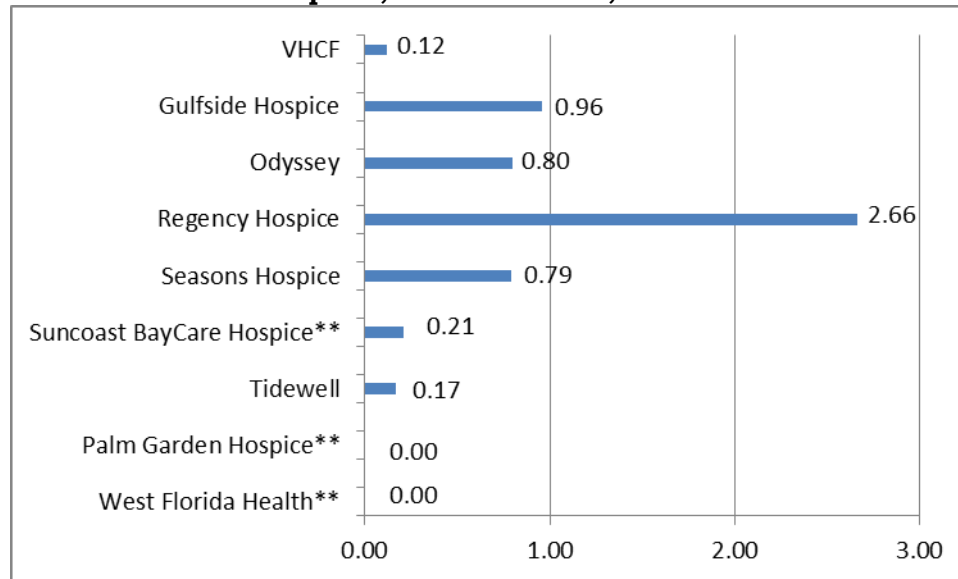
VHCF asserts that two factors are important in a hospice's ability to allow a patient to remain at home: the ability to provide expert pain and symptom management and the ability to provide continuous care.

Per VITAS, its patients receive expert pain and symptom management through Palliative Medical Associates (PMA), a stated wholly owned subsidiary of VITAS. According to the applicant PMA, formed in 2008, offers palliative care services to patients in selected geographic areas and if the proposed project is approved, the VHCF hospice in Subdistrict 6A will be contracted with PMA for palliative care.

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. VHCF asserts that this deficiency rate shows that it provides a higher quality of care than any of the co-batched applicants. See the table below.

CON Action Numbers: 10294 through 10302

Deficiencies per 1,000 Admissions, 2010-June 2014



**Applicant's note: No experience starting new Florida hospice operations
Source: CON application #10301, page 25

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 28-31 of CON application #10301. VHCF 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 provider in Subdistrict 6A is 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 6A would be able to compete with the existing provider 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 #10302) 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

CON Action Numbers: 10294 through 10302

focusing on post-acute care services and access. The applicant 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 Hillsborough County. Using Agency discharge data, WFH indicates that of Hillsborough County residents, almost 36 percent of inpatient discharges to hospice came combined between TGH and FHS area hospitals. See the figure below.

CON Action Numbers: 10294 through 10302

**Florida Hospital and Tampa General Hospital Facilities
2013 Inpatient Discharges (Excluding Normal Newborns)
Patients Originating from Service Area 6A
Discharged to Hospice**

Facility	2013
Florida Hospital Tampa	149
Florida Hospital Carrollwood	44
Other Florida Hospital Facilities	19
<i>Subtotal, Florida Hospital Facilities</i>	<i>212</i>
Tampa General Hospital	329
Total, Florida Hospital and Tampa General Hospital	541
Other Facilities	983
Total Pasco* County Residents Discharged to Hospice	1,524
Percent of Hillsborough County Residents Discharged to Hospice from Florida Hospital and Tampa General Hospital Facilities	35.5%

*The reviewer notes that the applicant refers to Pasco County residents here not Hillsborough County residents
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 Hillsborough 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 partnership, especially the raised awareness of hospices for palliative care patients.

CON Action Numbers: 10294 through 10302

WFH discusses the benefits of integrated 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 and
- Identify and monitor best practices

WFH indicates that benefits realized by 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 contends that placing a satellite office at each FHS and TGH campus will further the integration process. The applicant asserts that this will facilitate and improve access to quality hospice services, including high acuity patients--maximize 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 and 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 and
- Spiritual considerations at the end of life

The applicant indicates that from 2010 to 2019, the Hillsborough County age 65 plus age cohort will increase from 146,385 residents to 197,355 residents, an increase of approximately 51,000 residents. WFH contends that this age cohort represents the predominant number of hospice

CON Action Numbers: 10294 through 10302

patients. The reviewer collapses the applicant's population figure (below) to show the total and age 65+ population.

**Service Area 6A
Population by Age Cohort**

Year	Total	Age 65+
2010	1,231,803	146,385
2011	1,242,523	150,916
2012	1,260,737	155,985
2013	1,278,702	161,047
2014	1,297,986	166,361
2015	1,319,561	172,076
2016	1,342,789	178,155
2017	1,366,743	184,440
2018	1,390,835	190,852
2019	1,414,783	197,355
Percent Change	14.9%	34.8%

Source: CON application #10302, page 39, Figure 6

WFH indicates that from 2000 to 2010, the Hispanic population grew from 18 percent to approximately 25 percent--an increase of almost 127,000 Hispanic residents. WFH further states that the number of Hispanic elderly residents increased from approximately 16,000 to almost 25,000 in the same period. According to the applicant, the need for bilingual and programs and culturally sensitive programming is apparent 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 6A
Population by Race and Age Cohort**

Year 2000	Total	Age 65+
Hispanic	179,692	15,687
Non-Hispanic	819,256	103,986
Total	998,948	119,673
Percent of Total Hispanic	18.0%	13.1%
Year 2010		
Hispanic	306,635	24,953
Non-Hispanic	922,591	120,284
Total	1,229,226	145,237
Percent of Total Hispanic	24.9%	17.2%
Number Change		
Hispanic	126,943	9,266
Non-Hispanic	103,335	16,298
Total	230,278	25,564
Percent Change		
Hispanic	70.6%	59.1%
Non-Hispanic	12.6%	15.7%
Total	23.1%	21.4%

Source: CON application #10302, page 40, Figure 7

CON Action Numbers: 10294 through 10302

Using Florida DOH CHARTS data, WFH indicates that mortality in Hillsborough County increased by approximately nine percent between 2005 and 2013. WFH states that the number of deaths in the Hispanic population increased by over 30 percent for the same time period. See the figures below.

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

Age Group	2005	2013	Change 2005-2013	
			Number	Percent
Under 65	2,721	2,845	124	4.6%
Age 65 and Over	6,223	6,895	672	10.8%
All Ages	8,944	9,740	796	8.9%

Source: CON application #10302, page 41, Figure 10

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

Group	Age Group	2005	2013	Change 2005-2013	
				Number	Percent
Hispanic	Under 65	380	419	39	10.3%
	Age 65 and Over	725	994	269	37.1%
	All Ages	1,105	1,413	308	27.9%
Non-Hispanic	Under 65	2,341	2,426	85	3.6%
	Age 65 and Over	5,498	5,901	403	7.3%
	All Ages	7,839	8,327	488	6.2%
Total	All Ages	8,944	9,740	796	8.9%

Source: CON application #10302, page 42, Figure 11308

WFH maintains 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 Hillsborough County. The reviewer collapses the nine discreet years into the first year (2005) the midpoint year (2009) and the last year (2013). See the figure below.

**Service Area 6A Deaths
2005-2013**

Cause of Death	Race	2005	2009	2013
HIV	White	48	26	37
	Black and Other	55	46	27
	Total	103	72	64
Alzheimer's Disease	White	207	307	250
	Black and Other	19	32	34
	Total	226	339	284

Source: CON application #10302, page 38, Figure 12

CON Action Numbers: 10294 through 10302

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

WFH offers estimated proposed project utilization volume of 5,980 in 2016, 6,394 in 2017 and 6,507 in 2018. The applicant indicates that these volume estimates are based on the following:

- To project deaths for 2016-2018, the death rate of the Agency's January 2016 planning horizon was applied to population estimates
- 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
- 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	9,040	9,056	9,436		
Population	1,231,803	1,242,523	1,260,737		
Death Rate	0.007339	0.007288	0.007485		
Death Rate Year 3 Average			0.007371		
	2016	2017	2018		
Population	1,342,789	1,366,743	1,390,835		
Projected Deaths	9,898	10,074	10,251		
	Cancer		Non-Cancer		Total
..	Under 65	65 and Over	Under 65	65 and Over	
Resident Deaths 2012	692	1,498	2,200	5,046	9,436
Projected Deaths					
2016	726	1,571	2,308	5,293	9,893
2017	739	1,599	2,349	5,387	10,074
2018	752	1,627	2,390	5,482	10,251
Statewide Use Rate	0.892	0.976	0.229	0.675	
Projected Need/Volume					
2016	647	1,534	226	3,573	5,980
2017	659	1,561	538	3,636	6,394
2018	671	1,588	547	3,700	6,507

Source: CON application #10302, page 46, Figure 13

WFH anticipates market shares of seven, nine, and 10 percent in 2016-2018, respectively, resulting in projected volumes of 419, 575 and 651 for 2016-2018, respectively. See the figure below.

CON Action Numbers: 10294 through 10302

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

Hospice Market Share (July 2013-June 2014)			
LifePath Hospice	100.0		
Projected Market Share	2016	2017	2018
LifePath Hospice	93.0	91.0	90.0
West Florida Hospice	7.0	9.0	10.0
Projected Volume	2016	2017	2018
LifePath Hospice	5,561	5,818	5,856
West Florida Hospice	419	575	651
Total	5,980	6,394	6,507

Source: CON application #10302, page 47, Figure 14

WFHH expects the impact on the existing provider in Hillsborough County to be minimal--as the applicant expects LifePath Hospice to maintain their existing market share minus the 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.

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294) responded to this Agency rule criterion and preference in Item E.1.a (CON application #10294) of this report. Specifically, Gulfside cited the following populations as experiencing unmet hospice need: persons with end-stage heart disease, parents and family of dying infants and children and the Hispanic community.

Odyssey Healthcare of Marion County, LLC (CON #10295) responded to this Agency rule criterion and preference in Item E.1.a (CON application #10295) of this report. Specifically, Gentiva cited the following populations as experiencing unmet hospice need: Hispanics, African Americans, Veterans and those over age 65 with a non-cancer diagnosis.

CON Action Numbers: 10294 through 10302

Palm Garden Hospice, LLC (CON #10296) responded to this Agency rule criterion and preference in Item E.1.a. (CON application #10296) of this report. Specifically, Palm Garden Hospice cited the following populations as experiencing unmet hospice need: homeless and near homeless individuals, end-stage cardiac patients, Hispanics, Hispanics who are concerned that hospice care is not consistent with the view of Catholicism, individuals living in the more remote sections of Hillsborough County and African Americans.

Regency Hospice of Northwest Florida, Inc. (CON #10297) responded to this Agency rule criterion and preference in Item E.1.a. (CON application #10297) 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.

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298) responded to this Agency rule criterion and preference in Item E.1.a. (CON application #10298) of this report. Specifically, Seasons cited the following populations as experiencing unmet hospice need: the elderly, the population residing in SNFs and ALFs, all races and ethnicities, those with AIDS, end-stage renal failure and end-stage heart disease.

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) responded to this Agency rule criterion and preference in Item E.1.a. (CON application #10299) 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

CON Action Numbers: 10294 through 10302

The reviewer notes that the applicant did not identify a number of these populations experiencing specific unmet hospice need in Hillsborough County in its earlier analysis of need except to note that the existing hospice provider serves a higher percentage of the under 65 age cohort than the statewide average.

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
- Specialized Bereavement Programs
- Veterans
- Uncompensated Care and Charity Care Patients
- Teens

Tidewell Hospice, Inc. (CON #10300) attributes its success in achieving high penetration rates in its existing service areas to its model of comprehensive outreach to medical, social services and other communities in its service area. Tidewell states the application of this model in Hillsborough County.

The applicant's Table 8 indicates that, according to the CMS claims data base for 2012, Tidewell's outreach programs have had an impact on attracting patients from cancer and heart disease diagnoses among patients age 65 and over. The applicant compares this data to total deaths by the same causes as reported by the 2012 Florida Vital Statistics Report. Tidewell contends that the critical fact to keep in mind is the "demonstrable effectiveness" of Tidewell's outreach programs in building acceptance of the hospice model among patients with heart disease--the largest single cause of death in Hillsborough County among persons age 65 and over. Tidewell's stated reference counties are: Charlotte, DeSoto, Sarasota and Manatee. Tidewell maintains that it will implement its outreach program in Hillsborough County. See the table below.

CON Action Numbers: 10294 through 10302

**2012 Hospice Deaths as a Percentage of Resident Deaths
by Major Death Categories**

2012 Hospice Deaths by Disease			
Geographic Area	Cancers	Heart Disease	Total
Tidewell Hospice Counties	1,757	1,197	2,954
Hillsborough	1,255	694	1,949
Florida	24,716	15,808	40,524

2012 Resident Deaths by Disease Persons Age 65 & Over			
Geographic Area	Cancers	Heart Disease	Total
Tidewell Hospice Counties	1,997	2,319	4,316
Hillsborough	1,498	1,640	3,138
Florida	29,979	34,421	64,400

2012 Hospice Admissions by Percentage of Resident Deaths Persons Age 65 & Over			
Geographic Area	Cancers	Heart Disease	Total
Tidewell Hospice Counties	88.0%	51.6%	68.4%
Hillsborough	83.8%	42.3%	62.1%
Florida	82.4%	45.9%	62.9%

Source: CON application #10300, page 65, Table 8, including CMS Data from Hospice Analytics and Florida Vital Statistics Annual Report 2012

VITAS Healthcare Corporation of Florida (CON #10301)

responded to this Agency rule criterion and preference in Item E.1.a (CON application #10301) 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 #10302) responded to this Agency rule criterion and preference in Item E.1.a (CON application #10302) of this report but primarily through improved awareness and understanding of the benefits of hospice within the community. WFH states being committed 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 Hillsborough 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 and
- Hospice care: What is it all about

CON Action Numbers: 10294 through 10302

- (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.**

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294)

expects to provide approximately 7.6 percent (just over 1,400 general inpatient days) of its total patient days to inpatients during the first two years of operation of the proposed project. The applicant estimates that this is fewer than four inpatient beds and is expected to be delivered through contractual arrangements with existing nursing homes and hospitals located in Hillsborough County. Senior executives of the following Hillsborough County providers agree by letter to contract with the applicant, should the proposed project be approved:

- Tampa Community Hospital²
- Accentia Health and Rehabilitation Center of Tampa Bay

Gulfside provides policies and procedures that relate to general inpatient hospice care and offers a sample contractual agreement in Volume 2, Tab 5 of CON application #10294. Gulfside indicates having extensive experience in such contractual agreements and lists 17 SNFs and seven hospitals with which the applicant states it currently has such agreements.

Odyssey Healthcare of Marion County, LLC (CON #10295)

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

² The reviewer notes that the letter reads, "This letter serves as confirmation that whoever is awarded the Hospice CON in Hillsborough County, Tampa Community Hospital will contract with for inpatient hospice care."

CON Action Numbers: 10294 through 10302

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 and
- 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.

Average Percentage of Services Provided By Hospices in Pasco County and Gentiva January 2013 to June 2014						
	Private Home	ALF	Hospice Residential Unit	Freestanding Hospice Facility	SNF	Hospital
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

The applicant 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 list of facilities that 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:

- Consulate Health Care of Brandon
- Kindred Hospital-Bay Area Tampa
- Kindred Hospital-Central Tampa

Gentiva also references Accentia Health and Rehabilitation Center of Tampa Bay as submitting a letter of support indicating a willingness to use as the applicant as a choice for hospice care.

CON Action Numbers: 10294 through 10302

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.

Average Percentage of Services Provided By Hospices in Hillsborough County and Gentiva January 2013 to June 2014						
	Private Home	ALF	Hospice Residential Unit	Freestanding Hospice Facility	SNF	Hospital
LifePath Hospice	60.0%	21.7%	3.1%	13.2%	13.2%	2.1%
Gentiva Hospice	33.7%	25.6%	0	0	24.8%	15.9%

Source: CON application #10281, page 73

Palm Garden Hospice, LLC(CON #10296) states that 4.6 percent of its total patient days will require inpatient care during the first two years of operation in the proposed project (435 general inpatient days for the second year), or the equivalent of 1.2 inpatient beds.

PGH expects to develop contractual arrangements with its own Hillsborough County SNFs (Palm Garden of Tampa and Palm Garden of Sun City), local hospitals and LifePath’s hospice house.

PGH states and the reviewer confirms signed letters from senior executives indicating support in contracting for general inpatient services at their respective SNFs and hospitals:

- Sun City Skilled Nursing and Rehabilitation Center
- Bayshore Pointe Nursing and Rehabilitation Center
- Ybor City Healthcare and Rehabilitation Center
- Four Hospital Corporation of America Hillsborough hospitals

PGH reiterates that is already contracts with LifePath for general inpatient services at its existing two Hillsborough County SNFs. The applicant offers a sample contract for inpatient hospice services in volume 2, Appendix DD of CON application #10296.

Regency Hospice of Northwest Florida, Inc.(CON #10297) plans to meet this Agency rule and preference through contractual arrangements with existing facilities, acute care hospitals and SNFs throughout Subdistrict 6A as it has done in Subdistrict 1.

CON Action Numbers: 10294 through 10302

The applicant lists 11 such providers in Subdistrict 1. The applicant states having been involved in discussions with hospitals and SNFs in Subdistrict 6A 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 and
- There will be seamless transitions between the inpatient care and the hospice setting

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298) states intent to provide inpatient care through contractual agreements with area hospitals and nursing homes. SHCP states and the reviewer confirms the below listed signed letters from senior executives that operate SNFs in Hillsborough County, who indicate a willingness to enter into a contractual arrangement with the applicant, should the proposed project be approved:

- Central Park Health and Rehabilitation Center
- The Home Association, Inc.
- Senior Care Group, Inc.
- South Tampa Health and Rehabilitation Center

The applicant discusses other providers who are interested in working with SHCP and provided letters of support.

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) states that it will enter into a contractual relationship with St. Joseph's Hospital to provide inpatient care. The applicant offers a sample inpatient agreement (CON application #10283, Attachment 2). SBHH maintains that it will seek contracts with every general acute care hospital in Hillsborough County and will seek contracts with SNF providers in key geographic areas.

Tidewell Hospice, Inc. (CON #10300) states it will initially provide any inpatient services through contractual agreements with licensed hospitals, nursing homes or other qualified providers of inpatient hospice services. The applicant itemizes those responsibilities reserved for Tidewell and those reserved for the contracting facilities on page 65 of CON application #10300.

The applicant indicates that its Appendix I includes letters of facilities with interest in contracting with Tidewell to provide inpatient services for its proposed Hillsborough County patients.

CON Action Numbers: 10294 through 10302

The reviewer notes that the applicant does not reference any facilities by name. However, the reviewer confirms the below listed signed letters from senior executives that operate SNFs or hospitals in Hillsborough County, who indicate a willingness to enter into a contractual arrangement for general inpatient services, should the proposed project be approved:

- Accentia Health and Rehabilitation Center of Tampa Bay
- Bayshore Pointe Nursing & Rehabilitation Center
- Whispering Oaks
- South Tampa Health & Rehabilitation Center
- HCA West Florida Division (operating)
 - Brandon Regional Hospital
 - Memorial Hospital of Tampa
 - South Bay Hospital and
 - Tampa Community Hospital

VITAS Healthcare Corporation of Florida (CON #10301) 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 6A. 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 a support letter from Hillsborough County's Accentia Health and Rehabilitation Center of Tampa Bay which states a willingness, if the proposed project is approved, to use the applicant for general inpatient hospice care.

VCHF also states other types of contractual agreements:

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

CON Action Numbers: 10294 through 10302

West Florida Health, Inc. (CON #10302) commits to enter into an agreement with Florida Hospital Carrollwood to provide inpatient hospice services to residents of Hillsborough County by leasing up to four beds. In addition, the applicant states that it may also provide inpatient care through contractual arrangements with existing skilled nursing homes and assisted living facilities in Hillsborough 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.**

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294) maintains that it is prepared to meet the needs the identified populations. GHPPC states the delivery of hospice services to those who meet the hospice eligibility criteria regardless of their living status and diagnosis and will continue to do so in the proposed project. The applicant indicates that it operates a Navigator Program to coordinate community resources and government benefits to support the patient and family and will extend it to the proposed project. GHPPC contends that it provides services wherever the patient calls home. In those cases where a patient does not have a home setting, the applicant asserts that its social service department is notified, the patient is admitted and the interdisciplinary team “takes over from there.” Per the applicant, this is done on a case-by-case basis with a SNF, an ALF or the applicant’s inpatient unit are all stated to be options in this scenario.

Gulfside asserts providing care to patients with HIV or AIDS and being fully skilled and prepared to meet this population’s hospice needs and others with potentially infectious diseases. The applicant offers the Gulfside Infection Prevention and Control Program Policy in Volume 2, Tab 6 of CON application #10294.

Odyssey Healthcare of Marion County, LLC (CON #10295) 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.

CON Action Numbers: 10294 through 10302

Palm Garden Hospice, LLC (CON #10296) commits to providing care to all individuals who meet the criteria of terminal illness and reside within the service area, regardless of their living status and diagnosis. PGH contends that a hospice program should not be dependent on an answering service but should utilize triage nurses for this purpose. PGH asserts that it will meet the need of individuals without a caregiver whatever their need is.

PGH contends that it will develop a plan specifically for patients who live alone or in an unsafe environment within 48 hours of admission and make discuss with the patient appropriate steps when the patient can no longer live alone safely. The applicant offers a proposed admission policy in Volume 2, Appendix G of CON application #10296.

PGH reiterates its commitment to reach out to the homeless or near homeless and states already having done so through reaching out to:

- Clergy
- Food banks and soup kitchens
- Metropolitan Ministries and similar organizations

PGH asserts plans to reach out also to individuals in or about to be released from correctional facilities.

Regency Hospice of Northwest Florida, Inc. (CON #10297) 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.

The applicant notes documentation regarding its care for patients with AIDS in appendix eight of CON application #10297. The reviewer notes that the information provided only lists criteria for patients in the terminal states of HIV Disease.

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298) states being committed to serving all patients in need that are eligible for hospice or that could benefit from its Open Access Program, including those who do not have a primary caregiver at home, the homeless and patients with AIDS.

CON Action Numbers: 10294 through 10302

For patients without a caregiver at home, SHCP details extensive options for the provision of care in locations in accordance with the patient's wishes. Similarly, the homeless' wishes will be honored in regard to what they consider their "home" and arrangements for care will be implemented as appropriate.

The applicant discusses AIDS cases statewide and in Hillsborough County, stating that it has a proven track record of providing care to AIDS patients in District 11, with Miami-Dade County having the highest total number of cases of any county statewide. SHCP estimates five AIDS patients in year one and 12 in year two asserting having the expertise to provide hospice services to this population.

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) states it will serve patients who do not have primary caregivers at home, the homeless and patients with HIV/AIDs. SBHH indicates that it has a long dedicated itself to the care of those affected by HIV/AIDS. The applicant notes that Suncoast Hospice admitted Pinellas County's first AIDS patient, cared for him in his home and supported his loved ones in their grief.

Tidewell Hospice, Inc. (CON #10300) states that if no caregiver is identified, the social worker will explore other options depending upon the patient's financial circumstances, and will, with the patient's permission, undertake discussions with other family members, friends, church affiliation and community resources. The applicant states that patients who cannot safely remain in their homes may be placed in a long-term care facility, an ALF or a hospice house residential level of care. Tidewell provides copies of its Policy and Procedures for Caregivers in Appendix J of CON application #10300.

VITAS Healthcare Corporation of Florida (CON #10301) states that 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.

CON Action Numbers: 10294 through 10302

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 ALF or SNF. The applicant notes that the homelessness rates in Hillsborough County has experienced peaks where it was much higher than the overall rate. 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 CON application #10301).

The applicant also notes the Ryan White Reports published by the Health Council of West Central Florida including the FY 2012-2015 report that found there was a 42 percent service gap for hospice services. VHCF asserts that it committed to serving patients with special care needs, including patients with HIV or AIDS.

West Florida Health, Inc. (CON #10302) 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 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, SNF or inpatient hospice facility. The applicant expects approximately 1.0 percent of hospice care days to be continuous care days.

CON Action Numbers: 10294 through 10302

- (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 6A consists of one county – Hillsborough. 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.**

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294)

states providing services that are not covered by private insurance, Medicaid or Medicare and will do so in the proposed program. Gulfside states plans to serve patients who are not served by traditional medical entities and that this would include individuals:

- With too many assets to qualify for Medicaid
- Who are not old enough to qualify for Medicare
- Whose income is too high to qualify for Medicaid but who cannot afford health insurance even with the Affordable Care Act in effect

The applicant lists six stated non-covered services to be provided by Gulfside. They are briefly listed below.

- Heartstrings Program--a music therapy mechanism which utilizes the reverie harp
- Pet therapy
- Pet Peace of Mind Program (PPOM)--pet care and adoption for those patients/families who can no longer care for a pet
- Lasting Impressions Program--allows family members to make one a clay thumbprint
- Treasured Memories Program
- Cornea Donation Program

Odyssey Healthcare of Marion County, LLC (CON #10295)

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, assistance with errands and light homemaking tasks

CON Action Numbers: 10294 through 10302

- Services to persons who have exhausted their insurance benefit
- Veteran recognition events
- Community education
- Employee programs

Palm Garden Hospice, LLC (CON #10296) plans to provide a broad range of services that are not covered by private insurance, Medicaid or Medicare. PGH provides lists of reimbursed and non-reimbursed services. PGH asserts that there may be a copayment required for the time the person spends in the in-patient facility. PGH maintains that it will evaluate all patients'/families' ability to pay and will provide sliding scale fees and indigent care.

PGH states plans to serve patients who are not served by traditional medical entities and that this would include individuals:

- With too many assets to qualify for Medicaid
- Who are not old enough to qualify for Medicare
- Whose health insurance dropped them when they could no longer work and had little cash to carry them through their health care crisis

The applicant lists seven stated non-covered/partially covered services to be provided by PGH, these are listed below:

- Alzheimer's Dementia Program
- Bereavement Program
- Pet Service Support Program
- Volunteers
- Services more difficult as the patient becomes increasingly homebound – including the provision of:
 - Licensed hairdressers/beauticians and barbers
 - Licensed cosmetologists
 - Licensed manicurists
- Vigil Support
- Homeless

Regency Hospice of Northwest Florida, Inc. (CON #10297)

states that it currently provides a broad range of services that are not specifically covered by private insurance, Medicaid or Medicare to residents of Subdistrict 1 and asserts 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

CON Action Numbers: 10294 through 10302

- Volunteers
- Community education programs
- Pet therapy
- Perenity Flower Ministry
- Second Wind Dreams
- Caring Bridge

Seasons Hospice & Palliative Care of Tampa, LLC

(CON #10298) reiterates the conditions it proposed, specifically that the applicant provides services beyond the core hospice benefit with no less than one FTE per 100 patients served for this purpose. The applicant provides a description of each of the following programs:

- Music therapy
- Pet therapy
- Palliative care program
- A Touch For All Seasons
- Open Access
- Pharmacy consultant
- Education
- Kangaroo Kids Summer Support Camp
- Kangaroo Kids
- Volunteer Vigil program
- Call center

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299)

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

CON Action Numbers: 10294 through 10302

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
 - 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, 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)

Tidewell Hospice, Inc. (CON #10300) states an extensive array of services and programs that exceed the service offerings mandated by Medicare, Medicaid and private insurance. These services are stated to range from comprehensive grief and bereavement services for families and the general community, to a broad scope of specialized, complementary care modalities such as pet, art and music therapy.

Tidewell states that for the 12-month period ending June 30, 2014, Tidewell provided expenditures on non-covered services totaling \$855,000. See the table below

CON Action Numbers: 10294 through 10302

Tidewell FY 2014 Expenditures on Non-Covered Services	
Service	FY 2014 Expenditures
Community Grief Education and Support	\$320,000
Transitions Program	\$175,000
Complementary Therapies	\$350,000
Veteran's Honors Program	\$10,000
Total	\$855,000

Source: CON application #10300, page 66, Table 9

Tidewell discusses its grief education and support center and related grief support and complementary services on pages 66 – 79 and Appendix L of CON application #10300. Tidewell offers the following complementary and therapeutic services:

- Pet therapy
- Expressive arts
- Life legacy and reminiscence
- Music interventions
- Horticultural therapy
- Aromatherapy
- Caring touch
- Massage therapy
- Reiki
- Memory quilts
- Clowns/humor therapy

Tidewell indicates that more than 20 bereavement groups are conducted each month and that these services are free of charge and open to anyone who has experienced a death-related loss, whether they have used Tidewell or not.

Tidewell highlights its Spiritual Care Program and states that it is staffed by chaplains who are graduates of an accredited seminary or school of theology, or who hold certifications from a nationally recognized chaplaincy certification board with two year of chaplaincy in a health care environment. According to the applicant, it currently has 10 full-time chaplains and the Chaplain Committee meets quarterly. Tidewell contends that it will incorporate the same full-service grief and chaplaincy/spiritual care in its proposed program.

VITAS Healthcare Corporation of Florida (CON #10301) 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 VHCF welcomes charity care patients and that year after year, VITAS provides at least 1.0 percent of revenues in

CON Action Numbers: 10294 through 10302

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 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 #10302) 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 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 WFHH 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 physician in Hillsborough 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 and
 - 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

CON Action Numbers: 10294 through 10302

- 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 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.

	2013	2012
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 #10302, page 54

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.

	2013	2012
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:**

CON Action Numbers: 10294 through 10302

(a) Proposed staffing, including use of volunteers.

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294): The following is the applicant’s proposed Subdistrict 6A staffing for each of the first two years of operation.

Gulfside Proposed Staffing for Subdistrict 6A Year One Ending June 30, 2016 and Year Two Ending June 30, 2017		
Position	Number of FTEs Year One	Number of FTEs Year Two
Nurse Case Manager	--	1.0
Nurse Care Manager Assistant	--	1.0
Medical Records Clerk	--	1.0
Other	4.0	4.0
RNs	7.2	10.4
LPNs	--	1.0
Nurses’ Aides	2.2	3.4
Clinical Liaison	--	1.0
Chaplain	0.5	0.8
Social Worker	1.7	2.1
Total	15.6	25.7

Source: CON application #10294, Schedule 6A

The applicant provides an extensive list of roles and duties recently provided in the Pasco service area by volunteers on pages 57 through 58 of CON application #10294. GHPCC anticipates that the same or similar volunteer functions will be experienced in proposed service area.

Odyssey Healthcare of Marion County, LLC (CON #10295): The following is the applicant’s proposed Subdistrict 6A staffing for each of the first two years of operation.

CON Action Numbers: 10294 through 10302

Odyssey Proposed Staffing for Subdistrict 6A Year One Ending June 30, 2016 and Year Two Ending June 30, 2017		
Position	Number of FTEs Year One	Number of FTEs Year Two
Administrator	1.0	1.0
Manager Office	1.0	1.0
Admissions – RNs	0.3	1.0
Admissions Coord.	1.0	1.0
Revenue Coord.	--	1.0
Manager Pt. Care	1.0	2.0
All Other Managerial Staff	--	1.0
Physicians-Program Director-Clinic Services	Contract	Contract
RNs	2.2	6.4
On Call	1.0	3.0
Hospice Aides	2.9	8.3
Bereavement Counselors	--	0.5
Quality Managers	--	1.0
Patient Care Secretaries	1.0	2.0
Other Technical-Med Records		1.0
Social Workers	1.0	2.4
Spiritual Care Coord.	1.0	2.0
Dietician	0.2	0.2
Volunteer Coordinators	--	1.0
Total	13.6	35.8

Source: CON application #10295, Schedule 6A

Notes to Schedule 6A indicate that as the applicant is an existing provider and that much of the administrative, the technical and support infrastructure is currently available and can serve both the existing and proposed hospice programs, offering greater efficiency and effectiveness. 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.

Palm Garden Hospice, LLC (CON #10296): The following is the applicant’s proposed Subdistrict 6A staffing for each of the first two years of operation.

CON Action Numbers: 10294 through 10302

Palm Garden Proposed Staffing for Subdistrict 6A Year One Ending December 31, 2016 and Year Two Ending December 31, 2017		
Position	Number of FTEs Year One	Number of FTEs Year Two
Administrator	1.00	1.00
Director of Clinical Services	1.00	1.50
Spiritual Counselor	1.00	1.50
Medical Social Worker	0.90	2.40
Hospice Liaison-Marketing	1.50	3.00
Other Manager (Clinical Staff)	0.90	2.40
Billing Clerk	0.50	1.00
Bereavement Counselor	0.50	0.80
Medical Director-Contract	0.15	0.25
Alternate Medical Director-Contract	0.10	.015
Continuous Care (RNs, LPNs, HHAs)	1.33	3.65
Hospice Liaison-Patient Care	1.50	3.00
PT/OT/ST-Contract	--	--
Alternate/Integrative Therapies-Contract	--	--
RNs	2.70	7.20
Hospice Aides/Homemakers	3.30	9.10
Coordinator of Volunteers	0.40	1.20
Dietary Counselor	0.01	0.02
Total	16.79	38.17

Source: CON application #10296, Schedule 6A

Notes to the schedule indicate that FTE projections are based on established staffing ratios, staffing minimums and the projected census, including patient days by level of care.

Regency Hospice of Northwest Florida, Inc.(CON #10297): presents its proposed Subdistrict 6A staffing for each of the first two years of operation.

Regency Proposed Staffing for Subdistrict 6A Year One Ending June 30, 2016 and Year Two Ending June 30, 2017		
Position	Number of FTEs Year One	Number of FTEs Year Two
Director of Operations	2.00	2.00
Patient Care Coordinator	1.88	4.18
Hospice Care Consultant	6.00	6.00
Chaplain	1.15	1.15
Volunteer Coordinator	2.00	2.00
Bereavement Coordinator	0.61	0.67
RNs	4.36	11.26
Nurses' Aides	3.70	9.80
Other	0.72	1.62
Social Workers	1.50	3.90
Total	23.93	42.59

Source: CON application #10297, Schedule 6A

CON Action Numbers: 10294 through 10302

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 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.

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298): As reflected in Schedule 6A of the application, the following is the applicant’s proposed Subdistrict 6A staffing for each of the first two years of operation.

Seasons Proposed Staffing for Subdistrict 6A Year One Ending December 31, 2016 and Year Two Ending December 31, 2017		
Position	Number of FTEs Year One	Number of FTEs Year Two
Administrator	1.00	1.00
Admissions	1.00	1.67
Other: Team Coordinator	1.00	1.00
Other: Team Assistant	1.42	2.58
Other: Business Development	1.00	1.67
Other: HR	1.00	1.00
Other: CC Coordinator	1.00	1.00
Other: Clinical Administration	1.00	1.50
Physicians: Medical Director	0.20	0.20
Physicians: Other	--	1.00
RNs/LPNs	14.08	43.50
Nurses’ Aides/HHAs	4.75	14.25
Other: Chaplain	1.17	2.00
Other: Social Worker	1.50	2.83
Other: Volunteer Coordinator	1.00	1.17
Other: Music/Art/Message Therapy	1.17	2.00
Total	34.7	78.37

Source: CON application #10298, Schedule 6A

Notes to the schedule indicate that staffing patterns and number of FTEs are based on management’s experience in initiating services in new markets, required positions for hospice programs, and forecasted admissions and patient days.

CON Action Numbers: 10294 through 10302

The applicant acknowledges the federal participation standards regarding volunteers and that it will meet this requirement. SHCP provides a list of tasks which a volunteer may perform:

- Companionship
- Homemaking chores
- Babysitting
- Running errands
- Clerical help
- Attend educational sessions
- Conduct surveys
- Represent the hospice with other community groups
- Attend meetings and in-services

Suncoast BayCare Hospice of Hillsborough, LLC

(CON #10299): 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.

Suncoast BayCare Proposed Staffing for Subdistrict 6A Year One Ending June 30, 2016 and Year Two Ending June 30, 2017		
Position	Number of FTEs Year One	Number of FTEs Year Two
Administrator	1.00	1.00
Director of Nursing	--	1.50
Secretary	1.00	1.00
Medical Records Clerk	0.50	1.50
Other: Volunteer Coord.	1.00	1.50
Medical Director	0.75	1.00
Other: ARNP	--	1.00
RNs	6.42	12.85
Nurses’ Aides	3.49	10.48
Other: Team Assistant	0.50	1.50
Other: Sr. Staff Nurse	0.50	1.00
Other: Admissions RN, Liaison	8.00	12.00
Other: Dietician	0.10	0.25
Social Services Director	--	1.00
Other: Social Worker	2.18	5.52
Other: Chaplain	0.50	1.50
Total	25.94	54.57

Source: CON application #10299, Schedule 6A

Notes to Schedule 6A indicate that with Suncoast BayCare being an existing provider of hospice services and health care services, much of the administrative, technical and support infrastructure is currently available and can serve

CON Action Numbers: 10294 through 10302

the Pinellas and (proposed) Hillsborough 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. SBHH indicates that the majority of volunteers will work directly with patients, many will assist the organization in administrative and fundraising activities.

Tidewell Hospice, Inc. (CON #10300): The following is the applicant’s proposed Subdistrict 6A staffing for each of the first two years of operation.

Tidewell Proposed Staffing for Subdistrict 6A Year One Ending June 30, 2016 and Year Two Ending June 30, 2017		
Position	Number of FTEs Year One	Number of FTEs Year Two
Administrator	1.0	1.0
Admissions Director	2.5	2.5
Other: Team Coordinator	1.0	1.0
Other: Volunteer Coordinator	0.5	0.5
Unit/Program Director (MD)	0.5	0.5
Other: ARNP	0.5	0.5
RNs	3.5	3.5
Nurses’ Aides	3.0	3.0
Other: Admissions RN	1.8	1.8
Other: Triage RN	1.5	1.5
Other: LPN	3.0	3.0
Other: Bereavement	0.5	0.5
Social Service Director	1.5	1.5
Other: Complementary Service Coordinator	0.5	0.5
Other: Chaplain	0.8	0.8
Other: Community Service Personnel	0.8	0.8
Total	24.0	24.0

Source: CON application #10300, Schedule 6A

Notes to the above schedule indicate that staffing projections reflect the number and mix of patients expected to be served “in the proposed skilled nursing unit and applicable regulatory and professional staffing standards.”

Tidewell expects to recruit 25 to 30 volunteers (approximately 1,500 hours of service) in its first year of operations and 55 to 60 volunteers (approximately 3,200 hours of service) in its second year of operations.

VITAS Healthcare Corporation of Florida (CON #10301): As reflected in Schedule 6A of the application, the following

CON Action Numbers: 10294 through 10302

is the applicant's proposed Subdistrict 6A staffing for each of the first two years of operation.

VITAS Proposed Staffing for Subdistrict 6A Year One Ending March 2016 and Year Two Ending March 2017		
Position	Number of FTEs Year One	Number of FTEs Year Two
General Manager	1.00	1.00
Team Director/PCA	2.25	3.08
Admissions Director/ Admissions Nurse Hospice Rep/Community Liaison/Coordinator	6.78	11.08
Business Manager	1.00	1.00
Receptionist/Secretary	1.08	3.50
PC Secretary	1.17	2.13
CC Manager	0.17	1.00
Medical Director	1.00	1.00
Team Physician	0.35	0.54
RNs	4.13	12.62
LPNs	4.13	14.28
Nurses' Aides	5.73	19.31
On-Call	1.58	2.29
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	1.33	2.29
Volunteer/Bereavement Manager	1.00	1.00
Chaplain	1.00	2.17
HELLO Program LCSW & CHWs	2.33	3.92
Total	36.11	82.21

Source: CON application #10301, 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 #10302): indicates in Schedule 6A of the application the following proposed staffing for each of the first two years of operation.

CON Action Numbers: 10294 through 10302

West Florida Health Proposed Staffing for Subdistrict 6A Year One Ending 2016* and Year Two Ending 2017*		
Position	Number of FTEs Year One	Number of FTEs Year Two
Administrator	1.00	1.00
Admissions Director	1.00	1.00
Billing	1.50	1.50
Secretary	2.00	3.00
Medical Records Clerk	1.00	1.00
Performance Improvement	1.00	1.00
Community Relations	2.00	3.00
Physicians-Unit/Program Director	1.00	1.00
Clinical Coordinator	2.00	2.00
RNs	12.20	18.20
LPNs	9.20	12.20
Hospice Aides	9.00	12.00
Registered Dietician	0.60	0.50
Social Service Director	0.00	0.00
Social workers	4.00	5.00
Bereavement Counselors	1.00	1.00
Chaplain	2.50	2.50
Volunteer Services	1.00	1.00
Secretary	1.00	2.00
Total	53.00	68.90

Source: CON application #10302, Schedule 6A

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

Notes to Schedule 6A indicate that all employees will be directly employed by "WFW Hillsborough 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 and
- Community outreach volunteers

(b) Expected sources of patient referrals.

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294) provides the following estimates of expected sources of patient referrals:

Source	Percent of Referrals
Hospitals	45%
Physicians	30%
SNF, ALF, Home Health	15%
Patient, Family, Churches, Service Orgs., Other	10%

Source: CON application #10294, page 59

CON Action Numbers: 10294 through 10302

Odyssey Healthcare of Marion County, LLC (CON #10295)

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

- Physicians
- Hospital discharge planners
- Social workers
- Nursing facilities
- ALFs
- 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 among the largest sources of existing referral in the Subdistrict are:

- Tampa General Hospital
- Oak Hill Hospital Brooksville
- Bayfront Health Dade City
- Florida Hospital Tampa Fletcher
- Manor Care of Carrollwood
- HealthSouth Springhill
- Heartland of Zephyrhills and
- Gutentag, IRA

Palm Garden Hospice, LLC (CON #10296) does not respond to this Agency rule and preference directly.

CON Action Numbers: 10294 through 10302

Regency Hospice of Northwest Florida, Inc.

(CON #10297) provides the following list of referral sources:

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

Regency also indicates that patients and families will also refer themselves with the support of their physicians. The applicant mentions Hospice Care Consultants as key components in outreach efforts and 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 Hillsborough County.

Seasons Hospice & Palliative Care of Tampa, LLC

(CON #10298) expects the education of physicians and outreach efforts to facilities will produce active referrals that are appropriate. Seasons expect referrals from the following sources:

- SNFs
- Hospitals
- ALFs
- Comprehensive Medical Rehabilitation Facilities
- Long-Term Care Hospitals
- Physicians
- Families
- Individuals
- Advocates for the homeless
- Advocates of AIDS and HIV+ groups
- Military related organizations within the area

CON Action Numbers: 10294 through 10302

Suncoast BayCare Hospice of Hillsborough, LLC

(CON #10299) indicates that referrals will come from a wide variety of sources:

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

Tidewell Hospice, Inc. (CON #10300) anticipates that it will obtain referrals from physicians, hospitals, nursing homes and ALFs, as well as from social workers, clergy, other social service organizations and professionals.

VITAS Healthcare Corporation of Florida (CON #10301)

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.

West Florida Health, Inc. (CON #10302) indicates that patient referrals will come from a wide variety of sources, including:

- Hospitals
- Physicians
- SNFs
- ALFs
- Home health agencies
- Patient self-referrals
- Families and friends
- Managed care companies
- Faith communities

CON Action Numbers: 10294 through 10302

- (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.**

Gulfside Hospice & Pasco Palliative Care, Inc.

(CON #10294) provides the following table to account for projected admissions by payer for the first two years of operations of the proposed project.

Admission Type	Admits Year One	Admits Year Two
Medicare	168	260
Medicaid	4	7
Private Ins	3	5
Indigent/Self Pay	3	4

CON application #10294, page 59

Odyssey Healthcare of Marion County, LLC (CON #10295)

provides the following projected admissions by payer for the first two years of operations of the proposed project.

**Projected Number of Admissions by Payor Type
Gentiva Hospice, Subdistrict 6A**

	Medicare	Medicaid	3rd Party Insurance	Self-Pay	Total
Year 1 2016	82	5	7	1	95
Year 2 2017	242	15	20	4	281
% of Total 2016	86.0%	5.5%	7.0%	1.5%	100%
% of Total 2017	86.0%	5.5%	7.0%	1.5%	100%

Source: CON application #10295, page 77, Exhibit 29

NOTE: The applicant's Schedule 6 indicates that year one ends June 30, 2016 and year two ends June 30, 2017.

Palm Garden Hospice, LLC(CON #10296) does not respond to this Agency rule and preference directly, nor did the applicant supply number of admissions on its Schedule 7 so that the reviewer could create a table.

Regency Hospice of Northwest Florida, Inc.(CON #10297)

provides the following projected admissions by payer for the first two years of operations of the proposed project.

CON Action Numbers: 10294 through 10302

Projected Regency Admissions by Payer

	Year One	Year Two
	7/15-6/16	7/16-7/17
Medicare	296	631
Medicaid	31	66
Commercial Insurance	11	22
Self-Pay/Indigent	7	15
Total	345	734

Source: CON application #10297, page 71, Table 23

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298) submits the following table showing projected admissions and patient days for years one and two of the proposed project.

**Seasons Hospice & Palliative Care of Tampa, LLC
Admissions and Patient Days
First Two Years by Payer**

Payer	Percent	Admissions		Patient Days	
		Year One	Year Two	Year One	Year Two
Medicare	85.0%	189	439	10,998	31,453
Medicaid	7.0%	16	36	906	2,590
Insurance	5.0%	11	26	647	1,850
Self-Pay	1.0%	2	5	133	365
Charity	2.0%	4	10	259	740
TOTAL	100.0%	222	516	12,943	36,998

Source: CON application #10298, page 2-29, Table 2-5

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) 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.

Payor	Percent of Total		Admissions	
	Year One	Year Two	Year One	Year Two
Medicare	85.0%	85.0%	289	643
Medicaid	5.0%	5.0%	17	38
Self-Pay/Indigent	4.0%	4.0%	14	30
Commercial	6.0%	6.0%	20	45
Total	100.0%	100.0%	340	755

Source: CON application #10299, page 84

Tidewell Hospice, Inc. (CON #10300) provides the following table to account for projected admissions and patient days by payor for the first two years of operations of the proposed project.

CON Action Numbers: 10294 through 10302

Hospice Admissions By Payor

Payor Type	Year One		Year Two	
	Admissions	Patient Days	Admissions	Patient Days
Self-Pay	1	78	4	219
Medicaid	7	390	20	1,094
Medicare	119	6,549	336	18,381
Commercial	11	624	32	1,751
Charity	3	156	8	438
Total	142	7,797	400	21,883

Source: CON application #10300, page 81, Table 11

VITAS Healthcare Corporation of Florida (CON #10301)

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

Payer Source	Year One Admissions	Year Two Admissions
Medicare	293	644
Medicaid	14	31
Indigent	5	11
Private Insurance/Self-Pay/Other	7	15
Total	319	701

Source: CON application #10301, page 76

West Florida Health, Inc. (CON #10302) provides the following projected admissions by payer for the first two years of operations of the proposed project.

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

	Year One	Year Two
Self-Pay	10	14
Medicaid	19	26
Medicare	356	489
Commercial	34	46
Total	419	575

Source: CON application #10302, page 60, Figure 16

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

Gulfside Hospice & Pasco Palliative Care, Inc.

(CON #10294) provides the following table to account for expected admissions by type of terminal illness for the first two years of operations of the proposed project.

Admission Type	Admits Year One	Admits Year Two
Cancer	58	86
Non-Cancer	120	190

CON application #10294, page 59

CON Action Numbers: 10294 through 10302

Odyssey Healthcare of Marion County, LLC (CON #10295) provides expected admissions by type of terminal illness for the first two years of operations of the proposed project.

	Fiscal Year 2015	Fiscal Year 2016
Cancer Under 65	4	12
Cancer 65 and Over	13	40
Non-Cancer Under 65	8	27
Non-Cancer 65 and Over	71	203
Total Patients	95	281

Source: CON application #10295, page 78, Exhibit 30

Palm Garden Hospice, LLC (CON #10296) does not respond to this Agency rule and preference directly.

Regency Hospice of Northwest Florida, Inc. (CON #10297) provides projected admissions by type of terminal illness for the first two years of operations of the proposed project.

Projected Regency Admissions

	Year One	Year Two
	7/15-6/16	7/16-7/17
Cancer Under 65	296	631
Cancer 65 and Older	31	66
Non-Cancer Under 65	11	22
Non-Cancer 65 and Older	7	15
Total	345	734

Source: CON application #10297, page 71, Table 23

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298) states that terminal illnesses served will be difficult to predict, however, based upon previously presented data, the applicant projects the following admissions by disease category and age cohort.

**Number of Admissions by Age and Disease Category
Seasons Hospice & Palliative Care of Tampa, LLC**

Illness	Year One			Year Two		
	0-64	65+	Total	0-64	65+	Total
Cancer	23	54	77	53	126	179
Other	19	126	145	43	293	337
TOTAL	42	180	222	97	419	516

Source: CON application #10298, page 2-29, Table 2-6

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) 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: 10294 through 10302

Projected Admissions by Type of Terminal Illness

	Year One		Year Two	
	Cancer	Non-Cancer	Cancer	Non-Cancer
Under 65	35	29	78	64
65 and Over	83	193	184	429
Total	118	222	262	493

Source: CON application #10299, page 84

Tidewell Hospice, Inc. (CON #10300) provides the following tables to account for projected admissions by age group and diagnosis for the first two years of the proposed project.

Projected Admissions Year One by Age and Disease Type (Table 12)

	Under 65	65 & Over	Total
Cancer	15	32	47
Heart Disease	3	26	29
Alzheimer's	0	4	4
Chronic Lower Respiratory Disease	0	8	8
Subtotal	18	71	88
All Other	8	45	54
Total	26	116	142

Projected Admissions Year Two by Age and Disease Type (Table 13)

	Under 65	65 & Over	Total
Cancer	41	91	132
Heart Disease	8	74	81
Alzheimer's	0	12	12
Chronic Lower Respiratory Disease	1	22	24
Subtotal	50	199	249
All Other	23	128	151
Total	73	327	400

Source: CON application #10300, page 82, Tables 12 and 13, respectively

VITAS Healthcare Corporation of Florida (CON #10301)

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 6A

Terminal Illness	Year One Admissions	Year Two Admissions
Cancer	93	205
HIV/AIDS	2	4
Respiratory	31	69
Cardiac	60	131
Alzheimer/Cerebral Dementia	55	121
Cerebrovascular/Stroke	49	109
Other	29	62
Total	319	701

Source: CON application #10301, page 77

West Florida Health, Inc. (CON #10302) provides the following projected admissions by type of terminal illness for the first two years of operations of the proposed project.

CON Action Numbers: 10294 through 10302

**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	45	107	16	250	419
2017	59	140	48	327	575

Source: CON application #10302, page 60, Figure 17

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

Gulfside Hospice & Pasco Palliative Care, Inc.

(CON #10294) provides the following table to account for projected admissions by age group for the first two years of operations of the proposed project.

Admission Type	Admits Year One	Admits Year Two
Under 65	33	51
65+	145	225

Source: CON application #10294, page 60

Odyssey Healthcare of Marion County, LLC (CON #10295)

estimates in year one and year two, 12 and 39 admissions, respectively, for patients under age 65. The applicant indicates that for patients age 65+, 84 and 243 admissions, in year one and year two, respectively.

Palm Garden Hospice, LLC (CON #10296) does not respond to this Agency rule and preference directly.

Regency Hospice of Northwest Florida, Inc.

(CON #10297) provided projected admissions by type of terminal illness for the first two years of operations of the proposed project.

Projected Regency Admissions

	Year One	Year Two
	7/15-6/16	7/16-7/17
Cancer Under 65	296	631
Cancer 65 and Older	31	66
Non-Cancer Under 65	11	22
Non-Cancer 65 and Older	7	15
Total	345	734

Source: CON application #10297, page 71, Table 23

CON Action Numbers: 10294 through 10302

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298) provided projected admissions by typed of terminal illness for the first two years of operations of the proposed project.

**Number of Admissions by Age and Disease Category
Seasons Hospice & Palliative Care of Tampa, LLC**

Illness	Year One			Year Two		
	0-64	65+	Total	0-64	65+	Total
Cancer	23	54	77	53	126	179
Other	19	126	145	43	293	337
TOTAL	42	180	222	97	419	516

Source: CON application #10298, page 2-29, Table 2-6

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) estimates in year one, 26 admissions under age 64 and 276 admissions for patients age 65 and older. The applicant estimates in year two, 141 admissions under age 65 and 614 admissions for patients age 65 and older.

Tidewell Hospice, Inc. (CON #10300): provides the following tables to account for projected admissions by age group and diagnosis for the first two years of the proposed project.

Projected Admissions Year One by Age and Disease Type (Table 12)

	Under 65	65 & Over	Total
Cancer	15	32	47
Heart Disease	3	26	29
Alzheimer's	0	4	4
Chronic Lower Respiratory Disease	0	8	8
Subtotal	18	71	88
All Other	8	45	54
Total	26	116	142

Projected Admissions Year Two by Age and Disease Type (Table 13)

	Under 65	65 & Over	Total
Cancer	41	91	132
Heart Disease	8	74	81
Alzheimer's	0	12	12
Chronic Lower Respiratory Disease	1	22	24
Subtotal	50	199	249
All Other	23	128	151
Total	73	327	400

Source: CON application #10300, page 82, Tables 12 and 13, respectively

VITAS Healthcare Corporation of Florida (CON #10301) provides the following table to account for projected admissions by age group for the first two years of operations of the proposed project.

CON Action Numbers: 10294 through 10302

Projected Admissions by Age Group for Subdistrict 6A

Terminal Illness	Year One Admissions	Year Two Admissions
Under 65	42	93
Over 65	277	608
Total	319	701

Source: CON application #10301, page 77

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 #10302) 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**

	Under 65	Over 65	Total
2016	61	375	419
2017	108	468	575
2018	122	529	651

Source: CON application #10302, 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.

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294) states that core services to be provided directly by Gulfside Hospice staff and volunteers:

- Chief Medical Officer
- Nurse Care Manager
- Nursing services
- Social work services
- Pastoral and counseling services

CON Action Numbers: 10294 through 10302

- Bereavement counseling services
- Home health aides
- Volunteer Services for the Gift of Presence

The applicant indicates that services that will be provided through contractual arrangements:

- Team physician
- Physical, occupational and speech therapy
- Dietary/nutritional counseling
- Pharmacy services
- Supplies and durable medical equipment
- Patient transportation services
- Infusion therapy
- Wound Care Specialist RN/LPN/CAN –agency staffing (only to supplement as needed for continuous care and vacancies)
- Answering service
- Language Line/interpretation
- Respiratory therapist
- Lab Services
- Palliative radiation/chemo services
- Mobile X-Ray

Odyssey Healthcare of Marion County, LLC (CON #10295)

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

CON Action Numbers: 10294 through 10302

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

Palm Garden Hospice, LLC(CON #10296) does not respond to this Agency rule and preference directly.

Regency Hospice of Northwest Florida, Inc.

(CON #10297) 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.

Seasons Hospice & Palliative Care of Tampa, LLC

(CON #10298) states core services will be provided directly by hospice staff (nursing, social work, pastoral or counseling services, dietary and bereavement). Core services are also described as the provision of routine, respite, inpatient and continuous care. A medical director will be employed meeting the licensure requirements as a hospice physician. Volunteers will provide services as previously described in this report.

The applicant indicates that additional services that will be available through contractual arrangements and include: I.V. therapy, physical, speech and occupational therapy, patient transport, mobile and fixed site X-ray, radiation and related oncological treatments, nursing home and ALF patient services, laboratories, emergency room and outpatient hospital services and backup pharmacy/medical equipment services.

CON Action Numbers: 10294 through 10302

The applicant provides additional details regarding the types of contract services available.

Suncoast BayCare Hospice of Hillsborough, LLC

(CON #10299) 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 SBHH, patient care services that can be integrated rather than duplicated between SBHH'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
- Integrative therapies
- Professional/community outreach and education
- Patient/family surveys
- Palliative care (non-con service)
 - Consult team in-hospital care and
 - Palliative home care

CON Action Numbers: 10294 through 10302

Further, the applicant offers a list of 24 administrative services that are stated to be integrated rather than duplicated between SBHH's partners and the proposed project.

Tidewell Hospice, Inc. (CON #10300) states it will provide most of its services through employed staff or volunteers. The applicant indicates that the following types of services will be provided via contract labor or contractual agreements:

- Physical, occupational and speech therapy
- Laboratory
- Pharmacy
- Inpatient care
- Durable medical equipment

VITAS Healthcare Corporation of Florida (CON #10301) 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.

CON Action Numbers: 10294 through 10302

West Florida Health, Inc. (CON #10302) 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

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.

Gulfside Hospice & Pasco Palliative Care, Inc.

(CON #10294) indicates that it has developed tools and policies to facilitate the provision of the inpatient level of hospice care in Tab 5 of CON application #10294.

Odyssey Healthcare of Marion County, LLC (CON #10295)

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.

Palm Garden Hospice, LLC (CON #10296) expects to develop contractual arrangements with its own Hillsborough County SNFs (Palm Garden of Tampa and Palm Garden of Sun City), local hospitals and LifePath's hospice house.

PGH reiterates that is already contracts with LifePath for general inpatient services at its existing two Hillsborough County SNFs. The applicant offers a sample contract for inpatient hospice services in Volume 2, Appendix DD of CON application #10296.

CON Action Numbers: 10294 through 10302

Regency Hospice of Northwest Florida, Inc.

(CON #10297) states plans to meet this Agency rule and preference through contractual arrangements with existing facilities, acute care hospitals and SNFs throughout Subdistrict 6A 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 the direct administration of Regency whether it is located in a hospital or nursing home.

Seasons Hospice & Palliative Care of Tampa, LLC

(CON #10298) proposes to provide inpatient services through contracts with hospitals and if beds are available, with nursing homes. SHCP indicates that it will actively seek contracts with several different providers so that inpatient care is available as needed.

Suncoast BayCare Hospice of Hillsborough, LLC

(CON #10299) states it will enter into a contractual relationship with St. Joseph's Hospital to provide inpatient care. SBHH maintains that it will also seek contracts with every general acute care hospital in Hillsborough County and will seek contracts with SNF providers in key geographic areas.

Tidewell Hospice, Inc. (CON #10300) states that it intends to provide needed inpatient services via contractual agreements with service area hospitals and nursing homes.

VITAS Healthcare Corporation of Florida (CON #10301)

states that the 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 letter of support contained in CON application #10301 (Accentia Health and Rehabilitation) expressing interest in contracting with VHCF.

West Florida Health, Inc. (CON #10302) commits to enter into an arrangement with Florida Hospital Carrollwood to provide inpatient hospice services to residents of Hillsborough County by leasing up to four beds.

CON Action Numbers: 10294 through 10302

WFH also states that it may provide inpatient care through contractual arrangements with existing skilled nursing homes and ALFs in Hillsborough County.

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

Gulfside Hospice & Pasco Palliative Care, Inc.

(CON #10294) anticipates 1,400 general inpatient days of care for the second year of operation, or the equivalent of fewer than four inpatient beds. GHPPC indicates that it expects to deliver the identified days through contractual arrangements with existing SNFs and hospitals in Hillsborough County.

Odyssey Healthcare of Marion County, LLC (CON #10295)

states this as not applicable.

Palm Garden Hospice, LLC (CON #10296) states that 4.6 percent of its total patient days will require inpatient care during the first two years of operation in the proposed project (435 general inpatient days for the second year), or the equivalent of 1.2 inpatient beds. PGH expects to develop contractual arrangements with its own Hillsborough County SNFs (Palm Garden of Tampa and Palm Garden of Sun City), local hospitals and LifePath's hospice house.

Regency Hospice of Northwest Florida, Inc.(CON #10297)

plans to contract for existing beds (at nursing homes and hospitals) on an as-needed basis.

Seasons Hospice & Palliative Care of Tampa, LLC

(CON #10298) does not expect to operate a freestanding inpatient hospice facility and will contract for beds as needed.

Suncoast BayCare Hospice of Hillsborough, LLC

(CON #10299) indicates that this criterion is not applicable. The reviewer notes that the applicant has stated it will establish an inpatient unit through a contractual agreement with St. Joseph's hospital, but does not specify the number of beds this unit will comprise.

CON Action Numbers: 10294 through 10302

Tidewell Hospice, Inc. (CON #10300) forecasts approximately 261 general inpatient days in year one and 732 “GP” patient days in year two. The applicant estimates that these patient day projections translate into need for one to two general inpatient beds which will be provided in contracted facilities.

VITAS Healthcare Corporation of Florida (CON #10301) forecasts 433 inpatient days by year two (no year one forecast is 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.

West Florida Health, Inc. (CON #10302) commits to enter into an arrangement with Florida Hospital Carrollwood to provide inpatient hospice services to residents of Hillsborough County by leasing up to four beds.

WFH also states that it may provide inpatient care through contractual arrangements with existing skilled nursing homes and ALFs in Hillsborough County.

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

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294) states that consistent with Medicare guidelines, Gulfside admits patients to admits patients to the inpatient setting only when the patient’s needs are such that they cannot be appropriately managed or controlled in the home setting. According to the applicant such arrangements are made to provide privacy, dignity, comfort, warmth and safety to the terminally ill patient and his or her family.

Odyssey Healthcare of Marion County, LLC (CON #10295) 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

CON Action Numbers: 10294 through 10302

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

Palm Garden Hospice, LLC (CON #10296) does not respond to this Agency rule and preference directly.

Regency Hospice of Northwest Florida, Inc.

(CON #10297) 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, 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

CON Action Numbers: 10294 through 10302

Seasons Hospice & Palliative Care of Tampa, LLC

(CON #10298) states that it will provide inpatient level of care for pain control, symptom management and respite purposes for the hospice patient--providing a detailed list of how and when this will occur.

Suncoast BayCare Hospice of Hillsborough, LLC

(CON #10299) states that patients will be evaluated daily by the SBHH interdisciplinary team to determine the continued need for inpatient care. To meet this need, the applicant asserts that it will contract with St. Joseph's Hospital to provide for these services in the facility. Further, SBHH states that it intends to contract with every acute care hospital in Hillsborough County. The applicant contends that the patient's condition or family circumstances may result in the need for inpatient services. SBHH maintains that Suncoast Hospice will bring its same Pinellas County experience and commitment to the proposed project.

Tidewell Hospice, Inc. (CON #10300) states that Medicare regulations prescribe the conditions under which a hospice patient may be admitted to an inpatient unit. According to Tidewell, these regulations have been incorporated into Tidewell's inpatient admission criteria and that this appears within Appendix N of the application. However, the reviewer notes that Appendix N addresses spiritual services. The "Long-term Care: Admission to General Inpatient Level of Care" policy and procedures is found within Appendix K.

VITAS Healthcare Corporation of Florida (CON #10301)

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.

CON Action Numbers: 10294 through 10302

West Florida Health, Inc. (CON #10302) 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 6A.

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

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294) states that for patients with no suitable caregiver at home, an appropriate caregiver network will be sought from among neighbors, nearby relatives and friends who are capable of providing the necessary amount of supervision and assistance to the patient within the patient's or caregiver's home. Qualified sitter services are briefly discussed as an option. Alternatively, Gulfside maintains that placement in an ALF or SNF may be appropriate, through existing and newly developed relationships with ALFs and SNFs in Hillsborough County.

Odyssey Healthcare of Marion County, LLC (CON #10295) 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 or admission to a long-term care facility or an alternative place where the patient's safety can be secured.

CON Action Numbers: 10294 through 10302

Palm Garden Hospice, LLC (CON #10296) commits to providing care to all individuals who meet the criteria of terminal illness and reside within the service area, regardless of their living status and diagnosis. PGH contends that a hospice program should not be dependent on an answering service but should utilize triage nurses for this purpose. PGH asserts that it will meet the need of individuals without a caregiver whatever their need is.

PGH contends that it will develop a plan specifically for patients who live alone or in an unsafe environment within 48 hours of admission and make discuss with the patient appropriate steps when the patient can no longer live alone safely. The applicant offers a proposed admission policy in Volume 2, Appendix G of CON application #10296.

Regency Hospice of Northwest Florida, Inc.

(CON #10297) states that when a hospice patient can no longer care for themselves, the patient's individual care plan requires a primary care giver at the home or admission to a long-term care facility or an alternative place where the patient's safety can be secured. The applicant states that in such cases, Regency may recommend placement in an ALF or nursing home, in which the program will be able to provide residential care.

Seasons Hospice & Palliative Care of Tampa, LLC

(CON #10298) states that a team leader will identify and direct safe and effective provision of hospice care in situations where the patient requires assistance with self-care and skilled services, in a location that is in accordance with the patient's wishes. SHCP states that patients who are still able to provide their own care will be supported and managed until such time as the interdisciplinary care team needs contact family or place in an inpatient bed.

Suncoast BayCare Hospice of Hillsborough, LLC

(CON #10299) 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. SBHH asserts that when possible, SBHH will

CON Action Numbers: 10294 through 10302

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. SBHH maintains that if required, it will help patients to find placements in a SNF or ALF, if needed.

Tidewell Hospice, Inc. (CON #10300) states that if no caregiver is identified, the social worker will explore other options depending upon the patient's financial circumstances, and with the patient's permission, undertake discussions with other family members, friends, church affiliation and community resources. Patients who cannot safely remain in their homes may be placed in a long-term care facility, an ALF or a hospice house residential level of care.

VITAS Healthcare Corporation of Florida (CON #10301) 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. Sample contractual agreements are provided for review (see Tab 17 of CON application #10301).

West Florida Health, Inc. (CON #10302) 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 and remain in their home.

CON Action Numbers: 10294 through 10302

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.

Gulfside Hospice & Pasco Palliative Care, Inc.

(CON #10294) states having extensive programming and related policies and procedures in place for the provision of bereavement. Gulfside states it will conduct similar bereavement services in the proposed project.

Per the applicant, bereavement support begins at the time of admission and continues at least 14 months post death for the family members and friends of Gulfside Hospice's patients, with the social worker having primary responsibility in providing this type of care. According to the applicant, grief support may range from individual and group counseling and support, to telephonic support and printed materials designed to help with the grieving process.

GHPCC presents details regarding specific bereavement programs for adults and children. According to the applicant, all these offerings are open to the community as well as hospice families residing in the area regardless of whether the patient was served by Gulfside.

Odyssey Healthcare of Marion County, LLC (CON #10295)

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 and that 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

CON Action Numbers: 10294 through 10302

states that bereavement coordinators, medical social workers and spiritual care coordinators also provide bereavement support to Gentiva hospice employees and volunteers.

Palm Garden Hospice, LLC (CON #10296) does not respond to this rule and preference directly. However, PGH offers a proposed Bereavement Policy in Volume 2, Appendix L of CON application #10296. The proposed policy maintains that upon admission, patients and care givers will be assessed and provided anticipatory grief services, as needed.

Regency Hospice of Northwest Florida, Inc.

(CON #10297) indicates that its bereavement services are to facilitate a normal grieving process and to 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 those 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 #10297, Appendix 6).

Seasons Hospice & Palliative Care of Tampa, LLC

(CON #10298) views the provision of bereavement services as a core service that must be provided and indicates that volunteers are also trained to provide bereavement support. SHCP states that it will provide bereavement support to the patient and family before and following patient death in order to minimize adverse effects of the natural grief process.

CON Action Numbers: 10294 through 10302

The applicant details bereavement service protocols on pages 2-39 through 2-40 of CON application #10298.

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) 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 SBHH's bereavement services will be modeled after the bereavement programs Empath currently offers in Pinellas County, specified are:

- Individual counseling and bereavement groups
- Trauma counseling

Tidewell Hospice, Inc. (CON #10300) indicates the provision of bereavement services to families of its patients for as long as such services are needed. Tidewell also states the offering of bereavement and grief counseling to members of the community who are not relatives of its patients. Tidewell contends that it will offer the same level of services to its patients, patients families and the general community in Hillsborough County.

VITAS Healthcare Corporation of Florida (CON #10301) 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 #10301, 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 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 81-85 of CON application #10301.

West Florida Health, Inc. (CON #10302) 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.

CON Action Numbers: 10294 through 10302

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 who have bereavement issues.

(1) Proposed community education activities concerning hospice programs.

Gulfside Hospice & Pasco Palliative Care, Inc.

(CON #10294) states having a very active and effective community outreach and education program, organized under the applicant's community relations department. GHPPC expects to extend this program quickly into the adjacent service area. The applicant offers a list and description of community education activities for each month of 2014 in Volume 2, Tab 9 of CON application #10294.

Odyssey Healthcare of Marion County, LLC (CON #10295)

briefly discusses community education activities targeted to the Latino, Hispanic and African American communities as well as the Hillsborough 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 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.

Palm Garden Hospice, LLC (CON #10296) does not respond to this rule and preference directly. However, the reviewer notes PGH offers a proposed condition to provide a minimum of four educational meetings for the Hispanic Community each year and will coordinate these meetings with leaders of the Hispanic community and/or by advertising these meetings in the Hispanic media. The applicant also proposes other educational conditions on its Schedule C.

CON Action Numbers: 10294 through 10302

Regency Hospice of Northwest Florida, Inc.

(CON #10297) 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

According to Regency, one of the key members of Regency's community education team is the Hospice Care Consultants. Regency further states a Mobile Hospice Education Team in the first year of proposed 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 #10297, Appendix 13).

Seasons Hospice & Palliative Care of Tampa, LLC

(CON #10298) states that a range of community education activities will occur through many venues, such as:

- The Circle of Care Program will ensure widespread community outreach via printed materials, commercials on television and radio, newspaper and magazine articles, testimonials in person at service clubs and places of worship, schools and universities
- Partnerships with other organizations in the community such as hospitals, nursing homes and seminars and panels sponsored by insurance companies and stock brokers, who provide public education opportunities in which hospice team members can participate
- Hospice website and toll free number available to the public--24 hours a day, seven days a week
- Management publishes education guides and brochures which the applicant will adapt to their program

CON Action Numbers: 10294 through 10302

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) 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 SBHH, this assures consumer choice in palliative care and competency of end of life care professionals. SBHH maintains that the same programs will be available to Hillsborough County residents.

Tidewell Hospice, Inc. (CON #10300) reiterates its community education and outreach programs discussed previously that will be provided through Tidewell's Professional Relations Team.

VITAS Healthcare Corporation of Florida (CON #10301) reiterates its HELLO program found under the Project Summary. The applicant indicates that it will continue to 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 6A. VHCF also offers a list of education, health, civic and cultural arts projects on page 87 of CON application #10301.

West Florida Health, Inc. (CON #10302) indicates 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 agencies in the area to offer educational presentations on caregiving, grief and bereavement--creating a strong presence and promoting 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.

CON Action Numbers: 10294 through 10302

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.

Gulfside Hospice & Pasco Palliative Care, Inc.

(CON #10294) states being an active and productive fundraising organization, utilizing funds to help meet identified needs in the community. Gulfside emphasizes that under no circumstances will hospice care be denied, limited or discontinued for any qualified person or family.

Gulfside maintains that its fundraising activities are organized by its Director of Philanthropy to raise funds for unreimbursed patient care. According to the applicant, many of its community outreach activities have a fundraising component or include fundraising materials as part of the overall event. Per Gulfside, these may result in contributions, bequests, endowments, memorials, and “restricted donations” from families, friends and others positively impacted by Gulfside’s services. The applicant lists the following fundraising activities:

- Hike for Hospice (5K walk/run)
- Hittin the Road (motorcycle poker run)
- Ride for Hospice (horseback trail ride)
- Hospice Thrift Shoppes

The applicant expects similar activities in Hillsborough County.

Odyssey Healthcare of Marion County, LLC (CON #10295)

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

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

CON Action Numbers: 10294 through 10302

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 6 of CON application #10295.

Palm Garden Hospice, LLC(CON #10296) does not respond to this rule and preference directly. However, the reviewer notes PGH offers a proposed condition that it will not solicit and will not accept donations from hospice patients, their patients or the general community.

Regency Hospice of Northwest Florida, Inc.

(CON #10297) states that Regency will not engage in any direct fundraising activities in Subdistrict 6A outside of its own employees. According to the applicant, inquiries from people seeking to make charitable contributions for hospice services by referring them to charitable organizations that benefit residents of Hillsborough County and therefore, the proposed project will not adversely impact existing programs.

Seasons Hospice & Palliative Care of Tampa, LLC

(CON #10298) states that programs and services not covered by insurance are provided to patients are made possible by operation efficiency and volunteers. Per the applicant, donations are often given without being sought but cannot be counted upon as a steady revenue stream. The applicant states the following regarding fundraising and donations:

- Seasons Hospice Foundation is a non-profit foundation within the organization that develops community relationships which produce and encourage donations
- Fund-raising for hospice is sponsorship--those activities often have a higher success rate with raising funds, and they allow the hospice to become involved with a wide range of community volunteer organizations. As an example, asking the Alzheimer's Association to sponsor a fund-raising event with proceeds going to hospice has benefits for both organizations by increasing community awareness and visibility for both programs in the communities

CON Action Numbers: 10294 through 10302

- Fund-raising for hospice is a special day of the week--the applicant states that cities may proclaim a “hospice day” focusing on public outreach and education, which creates opportunities for donation
- Fund-raising for hospice is partnership--activities such as calendars featuring artwork from nursing home residents allow fund raising to occur which builds partnerships between different community organizations
- Fund-raising for hospice is corporate--corporate gift giving in the form of donations is growing, and gifts to hospice organizations are a well-respected fit
- Fund-raising for hospice is local and driven by appreciation - churches, temples and other religious organizations may donate to hospice as well

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) states that fundraising activities in Hillsborough County will be coordinated by Empath Health’s existing foundation, Suncoast Hospice Foundation or 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.

SBHH maintains that the Foundation identified 4,295 current donors (within the past five years) who reside in Hillsborough 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 #10299. The applicant states that the capacity for securing grant funds from major foundations will be part of the fundraising strategy for the proposed project.

Tidewell Hospice, Inc. (CON #10300) states it heavy relies on community philanthropy to advance its mission. Tidewell indicates that it solicits funds from community businesses and charity foundations as well as obtaining gifts and bequests from patients, patients families and other individuals in its service area. Staff and volunteers also provide the applicant with gift support. Tidewell additionally receives gift support from annual fund-raising events and direct mail campaigns. Tidewell expects to attract similar community support for its proposed Hillsborough County program.

CON Action Numbers: 10294 through 10302

VITAS Healthcare Corporation of Florida (CON #10301)

agrees not to engage in any fundraising events or campaigns to obtain charitable contributions from residents in Subdistrict 6A. 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 #10302)

indicates that fundraising activities in Service Area 6A 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 20th of each year and January 20th of the following year.**

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294) does not respond to this rule directly. The reviewer notes that the existing hospice currently provides semi-annual reports as specified under the rule provision.

Odyssey Healthcare of Marion County, LLC (CON #10295) states that Gentiva will provide semi-annual utilization reports as specified under the rule provision.

Palm Garden Hospice, LLC (CON #10296) does not respond to this rule directly.

Regency Hospice of Northwest Florida, Inc. (CON #10297) 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.

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298) does not respond to this rule directly. The reviewer notes that the existing affiliated hospice currently provides semi-annual reports as specified under the rule provision.

CON Action Numbers: 10294 through 10302

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) states that SBHH will provide semi-annual utilization reports containing the data elements set forth in this criterion.

Tidewell Hospice, Inc. (CON #10300) states that it currently complies with all required reporting regulations and that it will continue to do so for its proposed Hillsborough County program.

VITAS Healthcare Corporation of Florida (CON #10301) states that VHCF will comply with all reporting requirements as it does for its existing hospice services in Florida.

West Florida Health, Inc. (CON #10302) 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 6A.

The following chart illustrates hospice admissions for the past five years, ending June 30, 2014. As shown below, admissions decreased from 5,862 as of June 30, 2010 to 5,523 as of June 30, 2014. In the five year period, the highest admission occurred in the 12-month period ending June 30, 2013 (6,302 admissions) and the lowest admission occurred in the 12-month period ending June 30, 2014 (5,523 admissions).

Hospice Admissions for Hospice Service Area 6A June 30, 2010 – June 30, 2014	
June 30, 2010 through June 30, 2014	Admissions
June 2014	5,523
June 2013	6,302
June 2012	6,191
June 2011	5,729
June 2010	5,862

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

CON Action Numbers: 10294 through 10302

Service Area 6A is currently served by the following provider:

- LifePath Hospice

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294)

reiterates no anticipated negative impact on the existing sole hospice provider in the area. GHPPC also reiterates that hospice unmet need exists in Hillsborough County, particularly among those with end-stage heart disease and among the Hispanic community. The applicant indicates that while LifePath already serves the Hispanic population, the size and growth of that population make it imperative that any new hospice provider be able and willing to address the unique need of the Hispanic population. GHPPC notes that it has conditioned approval of CON #10294 on a commitment to offer a full bilingual program.

The applicant also discusses some of the highlights of its Veteran's programs, including:

- Veteran Recognition Pins
- Pasco Stand Down (helping homeless veterans "combat" life on the streets)
- Wreaths Across America (laying wreaths at Florida National Cemetery and national cemeteries throughout the country)
- Veterans' Education and Outreach (including 12 Gulfside Veteran Volunteers who help provide continued education to the community regarding the We Honor Veterans Program and veteran needs at the end of life)
- Gulfside's Level IV We Honor Veterans status

GHPPC notes the benefit of palliative chemotherapy and radiation and states covering the cost of such treatments when considered palliative and non-curative. The applicant indicates this to be part of its mission to provide compassionate care for terminally ill patients.

The applicant further discusses the Gift of Presence Program. According to GHPPC, the applicant has 11 specially trained Gift of Presence volunteers who can be called 24/7 to provide presence during the last few hours of life for patients and their families.

Odyssey Healthcare of Marion County, LLC (CON #10295) 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.

CON Action Numbers: 10294 through 10302

Palm Garden Hospice, LLC (CON #10296) contends that LifePath is not able to serve the entire community because of the large geographic area of Hillsborough County. PGH states plans to give special emphasis to individuals who live in remote areas of the county. The applicant asserts that it will meet all State and Medicare guidelines to become a Medicare-certified hospice and will provide all core services.

PGH reiterates an availability and accessibility issue related to services in the area to end-stage heart disease patients and that the applicant will target this group. PGH also reiterates Hillsborough County's low percentage of deaths under hospice care compared to the State.

PGH notes that the number of resident deaths per hospice in Hospice Service Area 6A (9,436 in 2012) is greater than the State average (2,408 in the same year). The reviewer collapses the 26 hospice service areas shown to Hospice Service Area 6A only and retains the State average. See the table below.

Service Area	# of Hospices	Hospice Patients 7/13-6/14	Hospice Patients Per Hospice	Resident Deaths CY 2012	Resident Deaths Per Hospice
Florida	73	115,974	1,589	175,767	2,408
6A	1	5,523	5,523	9,436	9,436

Source: CON application #10296, page 82, Table 43

PGH further asserts its reputation within Hillsborough County and discusses nursing home surveys, indicating that PGH's affiliate nursing homes routinely surveys its patients, patients' families, physicians and employees to determine how to improve services. The applicant indicates that these results have been 98 percent or higher in the past five years.

Also the applicant contends that the proposed project, if approved:

- Improves Efficiency
- Improves Quality of Care by
 - providing a service appropriate to the level of care required
 - allows physicians to care for both their SNF patients and their hospice patients without requiring this scarce resource to incur the time necessary to monitor multiple providers and
 - providing the community with an alternative provider

Regency Hospice of Northwest Florida, Inc. (CON #10297) reiterates that the proposed project will improve access, being 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.

CON Action Numbers: 10294 through 10302

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.

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 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.

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298)

states that by focusing on recruitment efforts, SHCP has grown into the 4th largest hospice provider in the nation. The applicant reiterates its proportionate percentage share of hospice growth admissions in Miami-Dade County over the past four years--with an expectation of similar rapid growth in Hillsborough County.

Concerning quality of care, Seasons states that quality in service provision will occur through:

- Accreditation
- Oversight by integration with affiliated hospices
- NHPCO and FHPO membership
- NHPCO’s Quality Partner performance Improvement Plan participation
- National Ethics Committee involvement
- Internal quality improvement
- Participation in the Agency Family Evaluation of Hospice Care Survey
- Partnership with local and state colleges regarding end of life research efforts

CON Action Numbers: 10294 through 10302

Additionally, the applicant shares the company code of conduct, and core philosophy that emphasized dignity in the treatment of employees and patients.

Regarding access, the applicant states that although Hillsborough County does not have a geographic access problem, it is the sixth largest service area in terms of population and a large gap in hospice service exists. Seasons indicates that Hillsborough County ranks 24th out of 27 service areas in terms of having the highest unmet need for hospice service. Seasons reiterates its services and proposed conditions as mechanisms to improve access and enrollments in Hillsborough County

Seasons discusses the Health Care Access Criteria on pages 3-10 through 3-16 of CON application #10298.

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) states that the proposed project will serve all patients in Subdistrict 6A 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 #10299. SBHH notes that BayCare offers an extensive quality and clinical outcomes model in Attachment 3 of CON application #10299. 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)

SBHH notes that Suncoast Hospice's Pinellas County service area is adjacent to Hillsborough County and it has staff that reside in Hillsborough County who may be interested in being part of the initial team the will develop the proposed project. Per SBHH, this will reduce recruitment expenses as well as accelerate SBHH'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 #10299.

CON Action Numbers: 10294 through 10302

Tidewell Hospice, Inc. (CON #10300) notes the generally declining hospice penetration rate in Hillsborough County since 2007 and that the penetration rate for non-cancer diagnosis in Hillsborough County is significantly below the state-wide average. Tidewell further contends that within the Medicare non-cancer populations, patients with heart disease are an underserved group in Hillsborough County.

Tidewell indicates success in its existing programs regarding outreach toward Medicare heart disease patients to its program and will implement these same outreach programs in its proposed program in Hillsborough County.

VITAS Healthcare Corporation of Florida (CON #10301) reiterates five specific needs it identified for the service area:

- Provide independent hospice services to offer Hillsborough patients and families an expanded choice of hospice providers and compete promptly and effectively with the current hospice provider
- Expand hospice outreach efforts, with particular emphasis on low income residents, to increase the hospice use rate
- Improve end of life care in Hillsborough County and beyond by establishing a teaching hospice in conjunction with USF Health
- Reduce the percentage of hospice patients dying in hospitals by providing palliative care and continuous care at home to more patients when appropriate
- Provide high quality services to area hospice patients and their families

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 6A.

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 6A.

CON Action Numbers: 10294 through 10302

Cultural and Religious Groups for Which VITAS has Specific Programming

Cultural Diversity	Spiritual Religious
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 #10301, page 95

The applicant discusses accreditation from the National Institute for Jewish Hospice and Veterans programs (page 95 of the application). VHCF also discusses 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 97 of CON application 10301) and states that PMA is “a true palliative care service.”

The applicant also offers the VITAS Hospice Eligibility Reference Guide App (CON application #10301, 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.

CON Action Numbers: 10294 through 10302

West Florida Health, Inc. (CON #10302) 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 the Florida Hospice Palliative Care, Inc.

WFHH discusses quality features of the parent companies (FHS and TGH). WFHH asserts that if approved, the proposed project will be Medicare-certified and will seek Joint Commission accreditation and plans to join NHPCO and the 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

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 and
- Increase access to professional community-based bereavement services

CON Action Numbers: 10294 through 10302

- 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 that participated in the most recent survey is listed in the table below, with each listed provider in the table having attained a five-of-five star rating in each of the five survey questions, with the exceptions of Gulfside Hospice (CON application #10294)³, Seasons Hospice & Palliative Care of Southern Florida, Inc. (affiliate of CON application #10298)⁴ and Hospice of the Comforter (affiliate of CON application #10302)⁵. The five-star rating is the highest attainable and indicates respondents were 90 to 100 percent satisfied with the hospice’s performance.

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

Hospice	Main Office (City)	Lowest # of Respondents	Highest # of Respondents
Florida Hospital HospiceCare	Ormond Beach	44	53
Gentiva Hospice	Miami	25	34
Gulfside Hospice	Land O'Lakes	1	1
Hospice of the Comforter	Altamonte Springs	121	97
Regency Hospice of Northwest Florida, Inc.	Pensacola	3	3
Seasons Hospice & Palliative Care of Southern Florida, Inc.	Miami	29	33
Suncoast Hospice	Clearwater	280	350
Tidewell Hospice, Inc.	Sarasota	309	428
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 11/12/2014

³ Gulfside Hospice was rated “N/A” for four of the five survey questions (no star) and had one star for one of the five survey questions.

⁴ Seasons Hospice & Palliative Care of Southern Florida, Inc. was rated five of five stars for four of the survey questions and was rated four stars for one of the survey questions.

⁵ 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 #10302), parented by AHS/S.

CON Action Numbers: 10294 through 10302

In October 2014, the Florida Department of Elder Affairs (DOEA) published 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/affiliate) that participated in this DOEA report is listed in the table below, with each 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	
Florida Hospital HospiceCare / Ormond Beach	86%	96%	91%	1,118
Gulfside Regional Hospice, Inc. / Land O'Lakes	80%	95%	97%	1,771
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
Seasons Hospice & Palliative Care of Southern Florida / Miami	97%	96%	96%	1,262
Suncoast Hospice / Clearwater	93%	95%	98%	7,831
Tidewell Hospice, Inc. / Sarasota	83%	94%	97%	7,181
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 #10297). Florida Hospital HospiceCare and Hospice of the Comforter are subsidiaries of FHS (CON application #10302), with the same parent (ASH/S).

CON Action Numbers: 10294 through 10302

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.

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294) states a long and exemplary history of providing quality of care, including preparing for Joint Commission accreditation with a survey scheduled for summer 2015, being Agency licensed as well as being a member of the Florida Hospice and Palliative Care Association, Inc. The applicant asserts being committed to promoting honest and ethical behavior in all work-related activities.

GHPPC maintains that in June 2011, Gulfside Regional Hospice was named the 2011 Non-Profit of the Year by the Tampa Bay Business Journal. The applicant provide a list of relevant events in the life of the organization since July 1988 on pages 75-76 of CON application #10294.

The applicant notes that patient care is delivered through an Interdisciplinary Team (IDT). GHPPC provide roles of the IDT:

- Provide or supervise hospice care or services
- Establish policies and procedures governing the day-to-day provision of hospice care and services
- Review and resolve conflict of care and ethical issues
- Plan for community education regarding hospice services and
- Participate in quality assessment performance improvement activities

GHPPC asserts that it has 329 policies and procedure statements with associated forms and tools governing all aspects of operation of its existing Pasco County program. According to the applicant, these materials will guide development, implementation and operation of the proposed program expansion into Hillsborough County. The applicant also discusses its Quality Assurance Performance Improvement (QAPI) plan in place. GHPPC notes key procedures, including the Continual Process Improvement (CPI).

The applicant notes its Ethics Committee to assist with patient care issues that have ethical dilemmas. The applicant briefly discusses the committee's protocols and steps. In addition, GHPPC presents the Crisis Intervention Model. According to the applicant, at intake and upon initial assessment, risk and safety issues are reviewed and appropriate

CON Action Numbers: 10294 through 10302

action is taken, which may lead to patient discharge for cause. However, Gulfside maintains that in most situations, the team is able to de-escalate the crisis and implement a crisis plan of care to stabilize the patient/family situation. Gulfside contends that the model is designed to help develop a state of balance and foster hope.

Gulfside serves the following service area in Florida: 5A (Pasco County). 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 Patient Rights.

Odyssey Healthcare of Marion County, LLC (CON #10295) 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 6A.

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.

Palm Garden Hospice, LLC (CON #10296) reiterates that as a start-up company, it has no history of its own. However, the applicant references to quality of its affiliate area SNFs – Palm Garden of Tampa and Palm Garden of Sun City. PGH maintains that both nursing homes have contracts with LifePath to provide hospice care to LifePath's patients requiring services within a nursing home environment.

CON Action Numbers: 10294 through 10302

As of January 14, 2015, according to the Agency's website www.FloridaHealthFinder.gov, last updated November 2014, both Palm Garden of Tampa and Palm Garden of Sun City received an overall nursing home inspection rating of four (of a possible five) stars for the period April 2012-September 2014.

Agency complaint records indicate that the affiliated nursing homes associated with the parent company, for the three-year period ending November 19, 2014, had 39 substantiated complaints at 13 of 14 facilities. A single complaint can encompass multiple complaint categories. The substantiated complaint categories are listed below:

Nursing Homes affiliated with Palm Garden Group	
Complaint Category	Number Substantiated
Quality of Care/Treatment	12
Administration/Personnel	9
Resident/Patient/Client Rights	6
Physical Environment	5
Resident/Patient/Client Assessment	4
Resident/Patient/Client Abuse	4
Infection Control	2
Unqualified Personnel	2
Nursing Services	2
Admission, Transfer & Discharge Rights	2
Physician Services	1
Falsification of Records/Reports	1
Billing/Refunds	1

Source: Florida Agency for Healthcare Administration Complaint Records

PGH maintains that a number employees from Palm Garden of Tampa and Palm Garden of Sun City moonlight for LifePath, providing hospice care for a licensed provider. PGH asserts having conducted a survey of employees who had experience providing hospice care service within:

- a nursing home under contract to a licensed and/or
- a licensed hospice

Below are the applicant's stated survey results.

CON Action Numbers: 10294 through 10302

Type of Employee	# of Employees with Experience in Licensed Hospice	Average # of Years of Experience for the Employees with Experience in Licensed Hospice
Administrators	0	0
Clinical Directors	1	5
Medical Social Workers	2	6.5
Office Managers	0	0
Billing Clerks	3	5
Medical Directors	0	0
Marketing individuals	3	2.33
PTs	0	0
OTs	0	0
Speech Therapists	0	0
RNs	58	4.29
CNAs	62	7.21
Dietary Counselors	2	2.5
Other (maintenance, housekp., cooks)	2	11.5

Source: CON application #10296, page 89

PGH asserts being committed to the provision of quality care and will:

- Encourage its nurses through training, compensation, incentives and support to become board certified in hospice and palliative care
- Physicians will make regular visits to the patients and provide bedside care
- Provide 24-hour direct telephone access to the proposed Palm Garden Hospice staff (triage nurse)
- Provide weekend visits to patients in long-term care facilities and ALFs by nurses, chaplains and social workers
- Have trained bereavement specialists to provide grief and loss counseling
- Hire a volunteer director
- Have a minimum of 10 percent of staff bi-lingual and a contract to provide translation services to all non-English speaking patients and families
- Have a minimum of 20 percent of staff members of the Hispanic and African American communities to meet the cultural needs of this underserved population and
- Develop culturally sensitive programs

Regency Hospice of Northwest Florida, Inc.(CON #10297) asserts it has a reputation for high quality care and a very successful experience operating a hospice program in Florida and the backing of its parent.

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 6A.

CON Action Numbers: 10294 through 10302

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 88-89 of CON application #10297. 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 the parent's QAPI plan in Appendix 16 of CON application #10297. Regency maintains that its proposed program will bring a high level of quality to residents in Subdistrict 6A.

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.

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298)

directs attention to its 18 programs that have received accreditations for the Gold Seal of Approval from The Joint Commission. Additionally the application includes SHCP's Credentials for Continuing Education Units, as an accredited provider of CEUs (Exhibit 4-2) sample internship notices (Exhibit 4-3) and the We Honor Veterans Program Standards and Seasons Hospice Participants (Exhibit 4-4).

The applicant states that the proposed project will have the required policies and procedures to provide the highest quality of hospice care. The applicant also extensively discusses procedures for its QAPI program on pages 4-2 through 4-5 of CON application #10298. The applicant further states that it will participate in identifying, reporting, analyzing and managing sentinel events in order to prevent such incidents and to improve patient care.

CON Action Numbers: 10294 through 10302

Seasons maintains that a key component to quality is building a competent workforce and again discusses its related conditions.

Seasons Hospice discusses involvement in national research initiatives and the Compassionate Allies Program, which provides on-going hospice experience for nurses and medical students. Seasons also ensures quality of care through:

- EMRs-this provides statistical data, integration of medication tracking, patient status updates available at all hours of the day to employees on shift
- Electronic call center-integrated into the EMR, coverage is available 24 hours a day, seven days a week, staffed by Seasons employees.
- Ongoing competency assessment of patient care staff
- Specialized programs
- CareFlash-online care support community
- Open Access services
- We Honor Veterans program
- Camp Kangaroo
- Kavod haNe-fesh Jewish hospice program
- Friendly Visitor Bereavement program

SHCP states their current CEO serves on the Public Policy Board for the National Hospice and Palliative Care Organization (NHPCO). The applicant notes that it is also a member of the Florida Hospices and Palliative Care organization. The applicant reviews the 10 components of hospice care identified by NHPCO, and lists six performance measures and reports with which Seasons Hospice participates.

Additionally, the applicant reviews the NHPCO keys to quality care which Seasons integrates into their hospice programs. These keys include

- Planning and information
- Recognizing that hospice care is increasingly what American want
- More information about end of life care
- Hospice is the model for end of life care
- Hospice as the gold standard for end of life care.

Seasons serves the following service area in Florida: 11. The parent is also CON-approved to operate a hospice program in Service Area 10 (CON #10213). Agency records indicate that the applicant had no substantiated complaints during the three-year period ending November 19, 2014.

CON Action Numbers: 10294 through 10302

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) 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.

SBHH 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.

The applicant 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 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 SBHH.

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

Tidewell Hospice, Inc. (CON #10300) discusses the following:

- Accreditation
- Interdisciplinary Group (IDG) Meetings that address
 - Identification of obstacles to and solutions for access of care issues
 - Review of admissions and comprehensive assessments
 - Determination of levels of services and
 - Reviewing and revising care plans
- A Fiscal Year 2015 QAPI Plan with the following plan objectives:
 - Focus on indicators related to improve palliative outcomes and end of life support
 - Take actions to demonstrative improvement of performance
 - Monitor the effectiveness and safety of services and quality of care
 - Identify opportunities and priorities for improvement

CON Action Numbers: 10294 through 10302

- Improve the quality, accessibility, accessibility and affordability of desired patient outcomes
 - Enhance the value of services provided
 - Assure a culture that promotes the reduction of clinical and support service process errors and service failures while facilitating the delivery of the highest quality of care
 - Comply with CMS Conditions of Participation and
 - Participate in required reporting of outcome measures to the Florida DOEA
- Ongoing Staff Education and Recognition
 - Compliance and Ethics
 - NHPCO survey participation

According to Tidewell, the IDG reviews and updates the plan of care every 15 days during IDG conferences, with agendas. In reference to the QAPI, the applicant notes that the process involves the following elements:

- Identification of key activities in each functional area focusing on those activities that are characterized by high volume, high risk, and high levels of problematic outcomes
- Monitoring or performance through systematic collection of valid and reliable data collected over extended periods of time
- Identification of potential problems that might adversely affect palliative outcomes or patient/family service
- Ongoing analysis of progress toward meeting goals

The applicant also discusses on-going staff education and recognition. Tidewell states that 190 members of the applicant's staff have achieved certification in hospice/discipline-specific areas, and 24 of the 190 hold a second related certification.

Tidewell indicates participation in a NHPCO survey annually. According to Table 14 of the application, "Would you recommend Tidewell to a friend," for each quarter in the 12-month period ending March 31, 2014, 2014, "definitely yes" was the response in a low of 89.2 percent of cases (July through September 2013) and a high of 90.4 percent of cases (April through June 2013). For the same 12-month period, "probably yes" was the response in a low of 5.9 percent of cases (January through March 2014) and a high of 7.5 percent of cases (July through September 2013). The reviewer notes that according to the table, in each referenced quarter ending March 31, 2014, the combined "definitely yes" and "probably yes" ranged from a low of 95.7 percent of cases and a high of 96.8 percent of cases.

CON Action Numbers: 10294 through 10302

For the same 12-month period (ending March 31, 2014), Tidewell offers the following NHPCO annual survey quarterly overall satisfaction survey results and comparable scores. See the tables below.

Quarterly Overall Satisfaction Survey Results

Quarter	Tidewell	All Florida	All USA
Apr-Jun 2013	78.0%	74.9%	73.5%
Jul-Sep 2013	76.1%	74.9%	73.5%
Oct-Dec 2013	77.7%	75.0%	73.5%
Jan-Mar 2014	75.6%	75.0%	73.5%

Source: CON application #10300, page 92, Table 15

Tidewell Comparable Scores

Quarter	Percent of Questions in Which Tidewell Scores Higher Than its Peer Hospices
Apr-Jun 2013	81%
Jul-Sep 2013	59%
Oct-Dec 2013	89%
Jan-Mar 2014	89%

Source: CON application #10300, page 92, Table 16

Tidewell serves the following service areas in Florida: 6C (Manatee County), 8A (Charlotte and DeSoto Counties) and 8D (Sarasota County).

Agency records indicate that the applicant had one substantiated complaint during the three-year period ending November 19, 2014 in the category of nursing services.

VITAS Healthcare Corporation of Florida (CON #10301) references its extensive experience and accreditations (CON application #10301, page 100-101) 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 102-103 of CON application #10301. 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 QI program, specifically the Quality of Services component and the Palliative Outcomes component (page 104 of the application).

CON Action Numbers: 10294 through 10302

VHCF points out that RNs are encouraged to become certified in hospice and palliative care nursing. VHCF states 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 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.

Substantiated Complaint Categories in the Past 36 Months	
Complaint Category	Number Substantiated
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 #10302) introduces 26 additional significant quality features or characteristics of FHS on pages 68-71 of CON application #10302. Additionally, the applicant lists 14 significant quality features or characteristics of TGH on pages 71-73 of CON

CON Action Numbers: 10294 through 10302

application #10302. 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 County), 7B (Orange and Osceola County) 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 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.

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294): Below is an analysis of the audited financial statements of Gulfside Hospice & Pasco Palliative Care, Inc. and where the two short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

CON Action Numbers: 10294 through 10302

CON 10294 Gulfside Hospice & Pasco Palliative Care, Inc.		
	Jun-14	Jun-13
Current Assets	\$5,250,797	\$4,915,347
Total Assets	\$14,100,269	\$13,936,595
Current Liabilities	\$2,418,347	\$2,251,819
Total Liabilities	\$5,793,001	\$5,805,972
Net Assets	\$8,307,268	\$8,130,623
Total Revenues	\$28,285,963	\$30,026,408
Excess of Revenues Over Expenses	\$249,544	\$1,867,398
Cash Flow from Operations	\$225,567	\$3,344,034
Short-Term Analysis		
Current Ratio (CA/CL)	2.2	2.2
Cash Flow to Current Liabilities (CFO/CL)	9.33%	148.50%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	40.6%	43.7%
Total Margin (ER/TR)	0.88%	6.22%
Measure of Available Funding		
Working Capital	\$2,832,450	\$2,663,528

Position	Strong	Good	Adequate	Moderately Weak	Weak
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 \$2,280,778 which includes \$365,778 for this project. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. With over \$2.8 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.

CON Action Numbers: 10294 through 10302

Odyssey Healthcare of Marion County, LLC (CON #10295): 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.

CON 10295 Gentiva Health Services, Inc. and Subsidiaries		
	Dec-13	Dec-12
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
Short-Term Analysis		
Current Ratio (CA/CL)	1.3	1.8
Cash Flow to Current Liabilities (CFO/CL)	9.88%	43.45%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	-395.5%	420.3%
Total Margin (ER/TR)	-34.66%	1.62%
Measure of Available Funding		
Working Capital	\$94,291,000	\$226,128,000

Position	Strong	Good	Adequate	Moderately Weak	Weak
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%

CON Action Numbers: 10294 through 10302

Capital Requirements and Funding:

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

Palm Garden Hospice, LLC (CON #10296): Below is an analysis of the audited financial statements for Parkwood Properties, Inc. and Subsidiaries, its parent company and the entity that is funding the project, where the short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

CON 10296 Parkwood Properties, Inc. and Subsidiaries		
	Current Year	Previous Year
Current Assets	\$23,286,646	\$39,185,719
Total Assets	\$98,611,295	\$85,927,327
Current Liabilities	\$2,678,722	\$1,578,109
Total Liabilities	\$93,390,787	\$76,125,239
Net Assets	\$5,220,508	\$9,802,088
Total Revenues	\$19,225,037	\$18,796,895
Excess of Revenues Over Expenses	\$6,935,004	\$11,189,032
Cash Flow from Operations	\$8,912,593	\$14,642,113
Short-Term Analysis		
Current Ratio (CA/CL)	8.7	24.8
Cash Flow to Current Liabilities (CFO/CL)	332.72%	927.83%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	1737.6%	760.5%
Total Margin (ER/TR)	36.07%	59.53%
Measure of Available Funding		
Working Capital	\$20,607,924	\$37,607,610

CON Action Numbers: 10294 through 10302

Position	Strong	Good	Adequate	Moderately Weak	Weak
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 \$426,429 which includes \$350,519 for this project. The applicant is relying on the parent company to fund the project. As noted above, the parent company had \$20.6 million in working capital as of December 31, 2013. The parent has letters of financial commitment to fund or acquire funding on three CONs in this batching cycle (10296, 10332, and 10345). The combined capital projects for these three CONs totals \$35 million. This project is relatively small and funding is available. Funding of the commitment on all three CON projects is likely given the \$6.8 million line of credit provided in CON 10332 and 10345 and the supporting documentation provided in those applications for debt financing. Although leveraged, the parent has strong operating ratios making debt repayment more likely. Funding for all three CONs is likely but not guaranteed.

Conclusion:

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

Regency Hospice of Northwest Florida, Inc. (CON #10297): 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.

CON Action Numbers: 10294 through 10302

CON 10297 Curo Health Services Holdings, Inc. and Subsidiaries		
	Dec-13	Dec-12
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
Short-Term Analysis		
Current Ratio (CA/CL)	1.1	1.4
Cash Flow to Current Liabilities (CFO/CL)	56.49%	0.33%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	129.8%	147.9%
Total Margin (ER/TR)	2.12%	-2.74%
Measure of Available Funding		
Working Capital	\$5,756,000	\$13,991,000

Position	Strong	Good	Adequate	Moderately Weak	Weak
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.

CON Action Numbers: 10294 through 10302

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298): The applicant is a development stage company, meaning there is no operational data to be analyzed for the purposes of this review. However, the audit submitted for Seasons Hospice and Palliative Care of Tampa, LLC (Applicant), included \$1.5 million in cash/total net assets of \$1.5 million and no liabilities. The \$1.5 million appears to be available as capitalization of this development stage company and project.

Capital Requirements and Funding:

On Schedule 2, the applicant indicates one capital project totaling \$592,610 which consists entirely of the costs for this project. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. With start-up capital of \$1.5 million, 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.

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299): 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.

CON Action Numbers: 10294 through 10302

CON 10299 BayCare Health System, Inc. and Affiliates		
	Dec-13	Dec-12
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	\$3,503,908,000	\$2,842,094,000
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
Short-Term Analysis		
Current Ratio (CA/CL)	0.8	0.9
Cash Flow to Current Liabilities (CFO/CL)	39.01%	48.29%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	29.9%	38.3%
Total Margin (ER/TR)	24.60%	17.42%
Measure of Available Funding		
Working Capital	(\$189,601,000)	(\$99,661,000)

Position	Strong	Good	Adequate	Moderately Weak	Weak
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%

CON Action Numbers: 10294 through 10302

CON 10299 Suncoast Caring Community, Inc. and Affiliates		
	Sep-13	Sep-12
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	\$75,633,179	\$72,003,909
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
Short-Term Analysis		
Current Ratio (CA/CL)	1.3	1.3
Cash Flow to Current Liabilities (CFO/CL)	15.15%	17.16%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	22.4%	26.1%
Total Margin (ER/TR)	2.38%	1.39%
Measure of Available Funding		
Working Capital	\$8,243,279	\$8,134,320

Position	Strong	Good	Adequate	Moderately Weak	Weak
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 \$1,448,603 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.

CON Action Numbers: 10294 through 10302

Tidewell Hospice, Inc. (CON #10300): Below is an analysis of the audited financial statements of Tidewell Hospice, Inc. and Related Entities and where the two short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

CON 10300 Tidewell Hospice, Inc. and Related Entities		
	Jun-14	Jun-13
Current Assets	\$105,851,962	\$85,237,400
Total Assets	\$148,831,068	\$129,582,928
Current Liabilities	\$8,196,799	\$6,027,859
Total Liabilities	\$8,196,799	\$6,027,859
Net Assets	\$140,634,269	\$123,555,069
Total Revenues	\$86,911,691	\$86,146,040
Excess of Revenues Over Expenses	\$5,262,709	\$4,061,581
Cash Flow from Operations	\$9,782,595	\$8,326,372
Short-Term Analysis		
Current Ratio (CA/CL)	12.9	14.1
Cash Flow to Current Liabilities (CFO/CL)	119.35%	138.13%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	0.0%	0.0%
Total Margin (ER/TR)	6.06%	4.71%
Measure of Available Funding		
Working Capital	\$97,655,163	\$79,209,541

Position	Strong	Good	Adequate	Moderately Weak	Weak
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:

The applicant indicates on Schedule 2 capital projects totaling \$1,548,255 which includes \$771,352 for this project. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. With over \$97 million in working capital, the applicant has sufficient resources on hand to fund this and all capital projects listed.

CON Action Numbers: 10294 through 10302

Conclusion:

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

VITAS Healthcare Corporation of Florida (CON #10301): 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.

CON 10301 VITAS Healthcare Corporation of Florida		
	Dec-13	Dec-12
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	\$327,017,642	\$283,700,837
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
Short-Term Analysis		
Current Ratio (CA/CL)	1.6	1.4
Cash Flow to Current Liabilities (CFO/CL)	193.49%	225.60%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	0.3%	0.5%
Total Margin (ER/TR)	10.46%	10.35%
Measure of Available Funding		
Working Capital	\$12,557,309	\$7,852,029

Position	Strong	Good	Adequate	Moderately Weak	Weak
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%

CON Action Numbers: 10294 through 10302

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$25,684,301 which includes \$1,004,489 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 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 #10302): 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.

CON Action Numbers: 10294 through 10302

CON 10302 Florida Health Sciences Center, Inc.		
	Sep-13	Sep-12
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
Short-Term Analysis		
Current Ratio (CA/CL)	1.1	1.1
Cash Flow to Current Liabilities (CFO/CL)	44.38%	34.01%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	80.3%	113.6%
Total Margin (ER/TR)	6.74%	4.88%
Measure of Available Funding		
Working Capital	\$17,963,543	\$29,709,428

Position	Strong	Good	Adequate	Moderately Weak	Weak
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%

CON Action Numbers: 10294 through 10302

CON 10302 Adventist Health System		
	Dec-13	Dec-12
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	\$6,320,408,000	\$5,755,907,000
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
Short-Term Analysis		
Current Ratio (CA/CL)	4.0	4.0
Cash Flow to Current Liabilities (CFO/CL)	80.96%	76.58%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	62.7%	62.8%
Total Margin (ER/TR)	7.62%	6.87%
Measure of Available Funding		
Working Capital	\$4,286,558,000	\$3,789,041,000

Position	Strong	Good	Adequate	Moderately Weak	Weak
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,

CON Action Numbers: 10294 through 10302

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.**

Analysis:

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.

CON Action Numbers: 10294 through 10302

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294):

CON 10294	Gulfside Hospice and Pasco Palliative Care, Inc.				
Hillsborough	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					
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	\$2,618,436		16,710
Continuous Home Care	1.044	\$914.52	\$49,940	24	55
Inpatient Respite	1.044	\$164.19	\$8,967		55
General Inpatient	1.044	\$699.96	\$968,354		1,383
		Total	\$3,645,697		18,202
		Days from Schedule 7			18,473
		Difference			271
		Percentage Difference			1.47%

The applicant's projected patient days are 1.47 percent or 271 days more than the calculated patient days. Operating profits from this project are expected to decrease from an operating profit of \$356,173 for year one to \$340,533 for year two.

Conclusion:

This project appears to be financially feasible.

CON Action Numbers: 10294 through 10302

Odyssey Healthcare of Marion County, LLC (CON #10295):

CON 10295	Odyssey Healthcare of Marion County, LLC dba Gentiva Hospice				
Hillsborough	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	\$3,377,671		21,555
Continuous Home Care	1.044	\$914.52	\$207,501	24	227
Inpatient Respite	1.044	\$164.19	\$37,255		227
General Inpatient	1.044	\$699.96	\$476,454		681
		Total	\$4,098,881		22,689
		Days from Schedule 7			22,317
		Difference			-372
		Percentage Difference			-1.67%

The applicant’s projected patient days are negative 1.67 percent or 372 days less than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$268,775 for year one to an operating profit of \$315,574 for year two.

Conclusion:

This project appears to be financially feasible.

CON Action Numbers: 10294 through 10302

Palm Garden Hospice, LLC (CON #10296):

CON 10296	Palm Garden Hospice, LLC				
Hillsborough	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	\$3,902,995		24,392
Continuous Home Care	1.066	\$933.83	\$241,020	24	258
Inpatient Respite	1.066	\$167.66	\$5,903		35
General Inpatient	1.066	\$714.74	\$832,463		1,165
		Total	\$4,982,381		25,850
		Days from Schedule 7			26,525
		Difference			675
		Percentage Difference			2.54%

The applicant’s projected patient days are 2.54 percent or 675 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$408,140 for year one to an operating profit of \$587,069 for year two.

Conclusion:

This project appears to be financially feasible

CON Action Numbers: 10294 through 10302

Regency Hospice of Northwest Florida, Inc. (CON #10297):

CON 10297	Regency Hospice of Northwest FL, Inc.					
Hillsborough	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	\$8,215,735		52,429	
Continuous Home Care	1.044	\$914.52	\$2,587,885		24	2,830
Inpatient Respite	1.044	\$164.19	\$185,654			1,131
General Inpatient	1.044	\$699.96	\$1,185,655			1,694
		Total	\$12,174,929		58,083	
		Days from Schedule 7			60,343	
		Difference			2,260	
		Percentage Difference			3.75%	

The applicant’s projected patient days are 3.75 percent or 2,260 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating profit of \$1,838,067 for year one to an operating profit of \$7,236,561 for year two.

Conclusion:

This project appears to be financially feasible.

CON Action Numbers: 10294 through 10302

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298):

CON 10298	Seasons Hospice and Palliative Care of Tampa				
Hillsborough	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	\$5,446,800		34,040
Continuous Home Care	1.066	\$933.83	\$794,200	24	850
Inpatient Respite	1.066	\$167.66	\$6,200		37
General Inpatient	1.066	\$714.74	\$767,900		1,074
		Total	\$7,015,100		36,002
		Days from Schedule 7			36,998
		Difference			996
		Percentage Difference			2.69%

The applicant’s projected patient days are 2.69 percent or 996 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$301,300 for year one to an operating profit of \$292,400 for year two.

Conclusion:

This project appears to be financially feasible.

CON Action Numbers: 10294 through 10302

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299):

CON 10299	Suncoast BayCare Hospice of Hillsborough, LLC				
Hillsborough	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	\$6,740,937		43,017
Continuous Home Care	1.044	\$914.52	\$531,464	24	581
Inpatient Respite	1.044	\$164.19	\$19,488		119
General Inpatient	1.044	\$699.96	\$2,607,055		3,725
		Total	\$9,898,944		47,442
		Days from Schedule 7			49,075
		Difference			1,633
		Percentage Difference			3.33%

The applicant’s projected patient days are 3.33 percent or 1,633 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$491,019 for year one to an operating profit of \$207,469 for year two.

Conclusion:

This project appears to be financially feasible.

CON Action Numbers: 10294 through 10302

Tidewell Hospice, Inc. (CON #10300):

CON 10300	Tidewell Hospice, Inc.				
Hillsborough	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	\$3,185,714		20,330
Continuous Home Care	1.044	\$914.52	\$340,036	24	372
Inpatient Respite	1.044	\$164.19	\$9,882		60
General Inpatient	1.044	\$699.96	\$502,092		717
		Total	\$4,037,724		21,479
		Days from Schedule 7			21,882
		Difference			403
		Percentage Difference			1.84%

The applicant's projected patient days are 1.84 percent or 403 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$579,865 for year one to an operating profit of \$369,369 for year two.

Conclusion:

This project appears to be financially feasible.

CON Action Numbers: 10294 through 10302

VITAS Healthcare Corporation of Florida (CON #10301):

CON 10301	VITAS Healthcare Corporation of Florida				
Hillsborough	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	\$6,366,786		40,630
Continuous Home Care	1.044	\$914.52	\$1,080,297	24	1,181
Inpatient Respite	1.044	\$164.19	\$0		0
General Inpatient	1.044	\$699.96	\$273,029		390
		Total	\$7,720,112		42,201
		Days from Schedule 7			43,764
		Difference			1,563
		Percentage Difference			3.57%

The applicant's projected patient days are 3.57 percent or 1,563 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$1,493,536 for year one to an operating profit of \$64,564 for year two.

Conclusion:

This project appears to be financially feasible.

CON Action Numbers: 10294 through 10302

West Florida Health, Inc. (CON #10302):

CON 10302	West Florida Health, Inc.				
Hillsborough	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	\$6,210,224		38,811
Continuous Home Care	1.066	\$933.83	\$381,514	24	409
Inpatient Respite	1.066	\$167.66	\$68,497		409
General Inpatient	1.066	\$714.74	\$876,014		1,226
		Total	\$7,536,249		40,854
			Days from Schedule 7		40,250
			Difference		-604
			Percentage Difference		-1.50%

The applicant's projected patient days are negative 1.5 percent or 604 days less than the calculated patient days. Operating profits from this project are expected to increase from an operating profit of \$77,952 for year one to \$612,144 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.

As previously stated in this report, the co-batched applicants are proposing a new hospice program to be located in Hospice Service Area 6A, which currently has one existing hospice program.

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

CON Action Numbers: 10294 through 10302

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. This service area only has one existing provider so approval of any of these applications will, by definition, introduce competition to the market for the first time. However, given the existing barriers to price-based competition it is not clear that a new entrant will have a material impact on quality and cost-effectiveness.

Conclusion:

The projects submitted for Hospice Area 6-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.

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294):

Gulfside indicates plans to serve Hillsborough County residents regardless of race, ethnicity, age, gender or ability to pay, as it states it has done in Pasco County, consistent with its mission to service indigent and low-income populations.

CON Action Numbers: 10294 through 10302

Gulfside estimates 11,950 total patient days for year one (ending June 30, 2016) and 18,473 total patient days for year two (ending June 30, 2017). The majority of patients days are estimated to be Medicare in year one (11,249 patient days or 94 percent) and again Medicare in year two (17,389 patient days or 94 percent). The applicant provided the following information on self-pay and Medicaid patient days for year one and year two.

**Gulfside Hospice & Pasco Palliative Care, Inc.
Self-Pay and Medicaid Patient Days
12 Months Ending June 30, 2016 (Year One)**

Payer Source	Patient Days	Percentage
Self-Pay	179	1.5%
Medicaid	298	2.5%
Total Medicaid/Self-Pay	477	4.0%
Total Patient Days	11,950	100.0%

Source: CON application #10294, Schedule 7A

12 Months Ending June 30, 2017 (Year Two)

Payer Source	Patient Days	Percentage
Self-Pay	277	1.5%
Medicaid	461	2.5%
Total Medicaid/Self-Pay	738	4.0%
Total Patient Days	18,473	100.0%

Source: CON application #10294, Schedule 7A

Notes to Schedule 7A indicate that charity care is reflected in the self-pay column.

Odyssey Healthcare of Marion County, LLC (CON #10295): 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 6,398 total patient days for year one (ending June 30, 2016) and 22,317 total patient days for year two (ending June 30, 2017). The majority of patients days are estimated to be Medicare in year one (5,502 patient days or 86.0 percent) and again Medicare in year two (19,192 patient days or 86.0 percent). The applicant provided the following information on self-pay, charity and Medicaid patient days for year one and year two. 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)**

Payer Source	Patient Days	Percentage
Self-Pay/Charity	96	1.5%
Medicaid	352	5.5%
Total Medicaid/Self-Pay/Charity	448	7.0%
Total Patient Days	6,398	100.0%

Source: CON application #10295, Schedule 7A

CON Action Numbers: 10294 through 10302

12 Months Ending June 30, 2017 (Year Two)

Payer Source	Patient Days	Percentage
Self-Pay/Charity	335	1.5%
Medicaid	1,227	5.5%
Total Medicaid/Self-Pay/Charity	1,562	7.0%
Total Patient Days	22,317	

Source: CON application #10295, Schedule 7A

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.

Palm Garden Hospice, LLC(CON #10296): PGH indicates that its affiliate SNFs have a history or serving of Medicaid and medically indigent patients.

Palm Garden Hospice estimates 9,700 total patient days for year one (ending December 31, 2016) and 26,525 total patient days for year two (ending December 31, 2017). The majority of patients days are estimated to be Medicare in year one (8,278 patient days or 85.3 percent) and again Medicare in year two (22,638 patient days or 85.3 percent). The applicant provided the following information on self-pay and Medicaid patient days for year one and year two.

**Palm Garden Hospice, LLC
Self-Pay and Medicaid Patient Days
12 Months Ending December 31, 2016 (Year One)**

Payer Source	Patient Days	Percentage
Self-Pay	288	3.0
Medicaid	799	8.2
Total Medicaid/Self-Pay	1,087	11.2%
Total Patient Days	9,700	100.0%

Source: CON application #10296, Schedule 7A

12 Months Ending December 31, 2017 (Year Two)

Payer Source	Patient Days	Percentage
Self-Pay	789	3.0%
Medicaid	2,131	8.0%
Total Medicaid/Self-Pay	2,920	11.0%
Total Patient Days	26,525	100.0%

Source: CON application #10296, Schedule 7A

Notes to the schedule indicate that charity/indigent care is shown under the self-pay column and all patients are assumed to be charity or indigent with 100 percent of the charges written-off to charity.

CON Action Numbers: 10294 through 10302

Regency Hospice of Northwest Florida, Inc. (CON #10297): 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 22,727 total patient days for year one (ending June 30, 2016) and 60,343 total patient days for year two (ending June 30, 2017). The majority of patients days are estimated to be Medicare in year one (20,424 patient days or 89.9 percent) and again Medicare in year two (54,266 patient days or 89.9 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)**

Payer Source	Patient Days	Percentage
Self-Pay	329	1.4%
Medicaid	1,457	6.4%
Total Medicaid/Self-Pay	1,786	7.9%*
Total Patient Days	22,727	100.0%

Source: CON application #10297, Schedule 7A

12 Months Ending June 30, 2017 (Year Two)

Payer Source	Patient Days	Percentage
Self-Pay	885	1.5%
Medicaid	3,894	6.5%
Total Medicaid/Self-Pay	4,779	7.9%*
Total Patient Days	60,343	100.0%

Source: CON application #10297, Schedule 7A

Applicant's Note: * Any percentage difference is likely due to rounding.

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.

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298):

Seasons estimates 12,943 total patient days for year one (ending December 31, 2016) and 36,998 total patient days for year two (ending December 31, 2017). The majority of patients days are estimated to be Medicare in year one (10,998 patient days or 85 percent) and again Medicare in year two (31,453 patient days or 85 percent). The applicant provided the following information on self-pay and Medicaid Managed Care patient days for year one and year two.

CON Action Numbers: 10294 through 10302

**Seasons Hospice & Palliative Care of Tampa, LLC
Self-Pay and Medicaid Managed Care (MC) Patient Days
12 Months Ending December 31, 2016 (Year One)**

Payer Source	Patient Days	Percentage
Self-Pay	133	1.0%
Medicaid Managed Care (MC)	906	7.0%
Total Medicaid MC/Self-Pay	1,039	8.0%
Total Patient Days	12,943	100.0%

Source: CON application #10298, Schedule 7A

12 Months Ending December 31, 2017 (Year Two)

Payer Source	Patient Days	Percentage
Self-Pay	365	1.0%
Medicaid Managed Care (MC)	2,590	7.0%
Total Medicaid MC/Self-Pay	2,955	8.0%
Total Patient Days	36,998	100.0%

Source: CON application #10298, Schedule 7A

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) states that as a new entity, SBHH 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. SBHH contends that Suncoast Hospice began providing hospice care before there was a Medicare hospice benefit. SBHH 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 15,300 total patient days for year one (ending June 30, 2016) and 49,075 total patient days for year two (ending June 30, 2017). The majority of patients days are estimated to be Medicare in year one (13,005 patient days or 85.0 percent) and again Medicare in year two (41,714 patient days or 85.0 percent). The applicant provided the following information on self-pay and Medicaid patient days for year one and year two.

**Suncoast Hospice of Hillsborough, LLC
Self-Pay and Medicaid Patient Days
12 Months Ending June 30, 2016 (Year One)**

Payer Source	Patient Days	Percentage
Self-Pay	612	4.0%
Medicaid	765	5.0%
Total Medicaid/Self-Pay	1,377	9.0%
Total Patient Days	15,300	100.0%

Source: CON application #10299, Schedule 7A

CON Action Numbers: 10294 through 10302

12 Months Ending June 30, 2017 (Year Two)

Payer Source	Patient Days	Percentage
Self-Pay	1,963	4.0%
Medicaid	2,454	5.0%
Total Medicaid/Self-Pay	4,417	9.0%
Total Patient Days	49,075	100.0%

Source: CON application #10299, Schedule 7A

Notes to the above schedule discuss that charity and uncompensated care represent services provided primarily to indigent patients.

Tidewell Hospice, Inc. (CON #10300): Tidewell indicates a well-established record of care to Medicaid and indigent populations. Tidewell offers for 2012, 2013 and 2014 (fiscal year ending June 30th) and for July 2014–November 2014, admission totals, patient days, patient days as a percentage of the total, and total costs, for its Medicaid and self-pay/charity care populations (CON application #10300, page 95, Table 17). According to the table and for the referenced time periods, Tidewell's Medicaid patient days as a percentage of total have ranged from 2.0 percent to 3.0 percent, with the self-pay/charity care patient days as a percent of total having ranged from 1.0 percent to 1.3 percent.

Tidewell contends that it provides services to all persons regardless of ability to pay. Tidewell states in its projections that it will provide 5.0 percent of its services to Medicaid patients and an additional 3.0 percent to charity and self-pay patients in its proposed Hillsborough County program.

Tidewell estimates 7,796 total patient days for year one (ending June 30, 2016) and 21,882 total patient days for year two (ending June 30, 2017). The majority of patients days are estimated to be Medicare in year one (6,549 patient days or 84 percent) and again Medicare in year two (18,381 patient days or 84 percent).

Further, Tidewell states that payor distribution for the proposed program reflects an assumption of lower Medicare utilization and higher Medicaid utilization based on demographic differences between the Hillsborough County service area and Tidewell's existing services areas. The applicant provided the following information on self-pay and Medicaid patient days for year one and year two.

CON Action Numbers: 10294 through 10302

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

Payer Source	Patient Days	Percentage
Self-Pay/Charity	234	3.0%
Medicaid	390	5.0%
Total Medicaid/Self-Pay/Charity	468	8.0%
Total Patient Days	7,796	100.0%

Source: CON application #10300, Schedule 7A

12 Months Ending June 30, 2017 (Year Two)

Payer Source	Patient Days	Percentage
Self-Pay/Charity	657	3.0%
Medicaid	1,094	5.0%
Total Medicaid/Self-Pay/Charity	1,313	8.0%
Total Patient Days	21,882	100.0%

Source: CON application #10300, Schedule 7A

Notes to the applicant's Schedule 7A indicate that these estimates are based on the applicant's historical level of utilization by various payor groups in its existing programs.

VITAS Healthcare Corporation of Florida (CON #10301) states it has a long history of providing services to Medicaid patients and proposes to provide services to Medicaid patients in Subdistrict 6A. 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 history of providing services to the medically indigent and proposes to provide services to medically indigent patients in Subdistrict 6A. 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 12,829 total patient days for year one (ending March 31, 2016) and 43,764 total patient days for year two (ending March 31, 2017). The majority of patients days are estimated to be Medicare in year one (11,792 patient days or 91.9 percent) and again Medicare in year two (40,239 patient days or 91.9 percent). The applicant provided the following information on self-pay, charity and Medicaid patient days for year one and year two.

CON Action Numbers: 10294 through 10302

**VITAS Healthcare Corporation of Florida
Self-Pay, Charity and Medicaid Patient Days
12 Months Ending March 31, 2016 (Year One)**

Payer Source	Patient Days	Percentage
Self-Pay/Charity	5*	0.0%
Medicaid	565	4.4%
Total Medicaid/Self-Pay/Charity	570	4.4%
Total Patient days	12,829	100.0%

Source: CON application #10301, Schedule 7A

* The reviewer notes that the applicant's Schedule 7A (Page 1 or 2) indicates that column 8 (charity care) is blank, but column 9 (other revenue) indicates 206 patient days (1.6 percent of total patient days).

12 Months Ending March 31, 2017 (Year Two)

Payer Source	Patient Days	Percentage
Self-Pay/Charity	707	1.6%
Medicaid	1,929	4.4%
Total Medicaid/Self-Pay/Charity	1,592	6.0%
Total Patient days	43,764	100.0%

Source: CON application #10301, Schedule 7A

West Florida Health, Inc. (CON #10302) estimates 29,330 total patient days for year one (ending 2016) and 40,250 total patient days for year two (ending 2017). The majority of patients days are estimated to be Medicare in year one (24,931 patient days or 85 percent) and again Medicare in year two (34,213 patient days or 85 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)**

Payer Source	Patient Days	Percentage
Self-Pay	733	2.5%
Medicaid	1,320	4.5%
Total Medicaid/Self-Pay	2,053	7.0%
Total Patient Days	29,330	100.0%

Source: CON application #10302, Schedule 7A

Ending 2017 (Year Two)

Payer Source	Patient Days	Percentage
Self-Pay	1,006	2.5
Medicaid	1,811	4.5
Total Medicaid/Self-Pay	2,817	7.0%
Total Patient Days	40,250	100.0%

Source: CON application #10302, Schedule 7A

The applicant reiterates that it is committed to serving those who seek hospice care but do not have the ability to pay and provides charity care for indigent patients. Also, the applicant asserts acceptance of all patients in immediate need of care, regardless of ability to pay.

CON Action Numbers: 10294 through 10302

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 6A – Hillsborough County. All proposed projects seek to establish a new hospice program in 6A.

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

- Odyssey Healthcare of Marion County, LLC/CON application # #10280
- Regency Hospice of Northwest Florida, Inc./CON application #10282
- Suncoast BayCare Hospice of Pasco, LLC/CON application #10283
- VITAS Healthcare Corporation of Florida/CON application #10284
- West Florida Health, Inc./CON application #10285

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294) is proposing total project costs of \$365,778 and is an existing 501(c)(3) community-based not-for-profit organization. The applicant expects issuance of license on April 6, 2015 and initiation of service on April 7, 2015. Gulfside has operated in Pasco County for 26 years.

Gulfside proposes 15 conditions on its Schedule C.

Odyssey Healthcare of Marion County, LLC (CON #10295), 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.

Palm Garden Hospice, LLC (CON #10296), a newly formed development stage for-profit company, a subsidiary of Parkwood Properties, Inc. (parent), is proposed total project costs of \$350,519. PGH indicates that the parent has more than 40 years of serving both Florida and Texas, with 14 affiliate SNFs in all and operating two SNFs in Hillsborough

CON Action Numbers: 10294 through 10302

County, Florida – Palm Garden of Tampa and Palm Garden of Sun City. PGH is not currently a Florida licensed or CON-approved hospice provider.

Palm Garden proposes 11 conditions on its Schedule C.

Regency Hospice of Northwest Florida, Inc.(CON #10297), 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.

Regency proposes 11 conditions on its Schedule C.

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298), a newly formed development stage for-profit entity, contracts with Seasons Healthcare Management, closely affiliated with SHCP is proposing total project costs of \$592,610. The applicant's parent was founded in 1997 and operates 21 Medicare-certified sites across 16 states, with Florida licensed hospice program in Hospice Service Area 11 and an approved program in Hospice Service Area 10.

Seasons proposes five conditions on its Schedule C.

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299), a development stage 501(c)(3) charitable organization and a collaborative partnership between not-for-profit BayCare Health System, and SunCoast, expects issuance of license in June 2015 and initiation of service in July 2015. Suncoast Hospice operates hospice services in Hospice Service Area 5B.

SBHH is proposing total project costs of \$1,488,603.15.

Suncoast BayCare proposes 14 conditions on its Schedule C.

Tidewell Hospice, Inc. (CON #10300), a Florida independent not-for-profit community-based organization and founded in 1980, is proposing total project costs of \$771,352. Tidewell is currently a hospice provider in Hospice Service Areas 6C (Manatee County, 8A (Charlotte and DeSoto Counties) and 8D (Sarasota County).

Tidewell proposes seven conditions on its Schedule C.

CON Action Numbers: 10294 through 10302

VITAS Healthcare Corporation of Florida (CON #10301), a Florida for-profit corporation, is proposing total project costs of \$1,004,489. VITAS/VHCF is currently a hospice provider in Hospice Service Areas 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9C, 10 and 11.

VITAS proposes 14 conditions on its Schedule C.

West Florida Health, Inc. (CON #10302), 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 11 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 6A. **Each applicant's** argument(s) in support of need for their respective proposal is briefly summarized below.

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294) indicates no anticipated negative impact on the existing sole hospice provider in the area. Gulfside also maintains that hospice unmet need exists in Hillsborough County, particularly among those with end-stage heart disease (especially among the Hispanic community). The applicant also states a need for parents and family of dying infants and children in order to enhance access to hospice care among area residents.

Gulfside projects 178 admissions in year one (ending June 30, 2016) and 276 in year two (ending June 30, 2017).

Odyssey Healthcare of Marion County, LLC (CON #10295) 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 and
- Residents 65 years and over with a life-limiting illness

CON Action Numbers: 10294 through 10302

Odyssey projects 95 admissions in year one (ending June 30, 2016) and 281 in year two (ending June 30, 2017).

Palm Garden Hospice, LLC (CON #10296) identifies targeting hospice services most specifically to the following area populations:

- Homeless and near homeless individuals
- End-stage cardiac patients
- Hispanics
- Hispanics who are concerned that hospice care is not consistent with the views of Catholicism
- Individuals living in the more remote sections of the County
- African Americans

Palm Garden projects 200 admissions in year one (ending December 31, 2016) and 426 in year two (ending December 21, 2017).

Regency Hospice of Northwest Florida, Inc. (CON #10297) identifies the following three specific populations with unmet hospice needs in the subdistrict:

- Residents with a terminal non-cancer diagnosis
- Hispanics
- Veterans

Regency projects 345 admissions in year one (ending June 30, 2016) and 734 in year two (ending June 30, 2017).

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298) identified the following specific populations with unmet hospice needs in the area:

- The elderly, particularly those residing in SNFs and ALFs
- All racial and ethnic minorities
- Those with
 - AIDS
 - End-Stage Renal Disease
 - End-Stage Heart Disease

Seasons projects 222 admissions in year one (ending December 31, 2016) and 516 in year two (ending December 31, 2017).

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299) identifies the following eight populations in the subdistrict to specifically target:

- Children
- Residents with HIV/AIDS

CON Action Numbers: 10294 through 10302

- 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

Suncoast BayCare projects 340 admissions in year one (ending June 30, 2016) and 755 in year two (ending June 30, 2017).

Tidewell Hospice, Inc. (CON #10300) emphasizes a generally declining hospice penetration rate in Hillsborough County since 2007 and that the existing penetration rate for non-cancer diagnosis in Hillsborough County is significantly below the state-wide average.

Tidewell further contends that within the Medicare non-cancer populations, patients with heart disease are an underserved group in Hillsborough County. Tidewell asserts success in its existing programs regarding outreach toward Medicare heart disease patients and that Tidewell will implement these same outreach programs in its proposed program in Hillsborough County.

Tidewell projects 142 admissions in year one (ending June 30, 2016) and 400 in year two (ending June 30, 2017).

VITAS Healthcare Corporation of Florida (CON #10301) identifies the following five specific needs in the subdistrict that would be addressed by project approval:

- Provide independent hospice services to offer Hillsborough patients and families an expanded choice of hospice providers and compete promptly and effectively with the current hospice provider
- Expand hospice outreach efforts, with particular emphasis on low income residents, to increase the hospice use rate
- Improve end of life care in Hillsborough County and beyond by establishing a teaching hospice in conjunction with USF Health
- Reduce the percentage of hospice patients dying in hospitals by providing palliative care and continuous care at home to more patients when appropriate
- Provide high quality services to area hospice patients and their families

VITAS projects 319 admissions in year one (ending March 31, 2016) and 701 in year two (ending March 31, 2017).

CON Action Numbers: 10294 through 10302

West Florida Health, Inc. (CON #10302) 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

WFH projects 419 admissions in year one (ending 2016), 575 in year two (ending 2017) and 651 in year three (ending 2018).

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.

CON Action Numbers: 10294 through 10302

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

Hospice Name/City	Outcome Measure			Number of Patients
	1	2	2A	
Florida Hospital HospiceCare / Ormond Beach	86%	96%	91%	1,118
Gulfside Regional Hospice, Inc. / Land O'Lakes	80%	95%	97%	1,771
Odyssey Healthcare of Marion County, Inc. / Miami	77%	95%	96%	1,217
Regency Hospice of Northwest Florida, Inc. / Pensacola	100%	95%	100%	304
Seasons Hospice & Palliative Care of Southern Florida / Miami	97%	96%	96%	1,262
Suncoast Hospice / Clearwater	93%	95%	98%	7,831
Tidewell Hospice, Inc. / Sarasota	83%	94%	97%	7,181
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.

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294)

identifies its quality in the context of:

- Agency licensure, membership in the Florida Hospice and Palliative Care Association
- Planning for The Joint Commission accreditation in summer 2015
- Promoting honest and ethical behavior in all work-related activities
- Non-Profit of the Year Award (2011) by the Tampa Bay Business Journal and associated prizes valued over \$30,000
- An IDT to address patient and family hospice needs
- Policy and procedure statements totaling 329
- QAPI/CPI activities to improve quality
- Special programs and services:
 - Maintenance of an Ethics Committee
 - The Crisis Intervention Model
 - Palliative chemotherapy and radiation at no cost to patients/families
 - Physician and Allied Professionals Networking and Education
 - Technology Advancement-Patient and Family Web Portal

Agency records indicate that the applicant had one substantiated complaint during the three-year period ending November 19, 2014.

Odyssey Healthcare of Marion County, LLC (CON #10295) identifies its quality in the context of:

- Being a provider of quality care to patients with Medicare and Medicaid benefits
- NHPCO membership

CON Action Numbers: 10294 through 10302

- 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 6A
- 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.

Palm Garden Hospice, LLC(CON #10296) identifies its quality in the context of:

- Affiliate SNFs Palm Garden of Tampa and Palm Garden of Sun City being contracted with LifePath for inpatient hospice services
- The two affiliate SNFs having received a four (out of a possible five) nursing home inspection rating in the Agency's most recent quality survey
- The two affiliate SNFs having staff experienced in working at a facility under contract to a licensed SNF and/or having worked for a licensed hospice and willingness to relocate to Hillsborough County
- Making commitments to quality care

Regency Hospice of Northwest Florida, Inc.(CON #10297) identifies its quality in the context of:

- Better quality measures than other hospice providers in Subdistrict 1 and hospice services currently provided in Subdistrict 6A
- 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

CON Action Numbers: 10294 through 10302

Agency records indicate that the applicant had no substantiated complaints during the three-year period ending November 19, 2014.

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298)

identifies its quality in the context of:

- Seasons Hospice having growing to the fourth largest hospice in the nation
- Season's proportionate hospice admission growth over the past four years in Miami-Dade County
- Joint Commission accreditation in 18 hospice programs nationwide
- Current CEO's membership on the Public Policy Board for the NHPCO
- NHPCO and FHPO membership
- National Ethics Committee involvement
- Being credentialed and an accredited provider of CEUs
- Holding We Honor Veterans Level I status
- Having an extensive QAPI program
- Extensively managing, reviewing and analyzing sentinel events (to prevent them)
- Compassionate Allies Program
- Electronic Medical Records
- Electronic Call Center
- Competency Assessments and Specialized Programs
- CareFlash

Agency records indicate that the parent had no substantiated complaints during the three-year period ending November 19, 2014.

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299)

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
- 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

CON Action Numbers: 10294 through 10302

- 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.

Tidewell Hospice, Inc. (CON #10300) identifies its quality in the context of:

- Accreditations
- IDC meetings
- QAPI
- Patient care policies and procedures
- Compliance and ethics plan

The above quality measures are to be applied to the proposed project.

Agency records indicate that the applicant had one substantiated complaint during the three-year period ending November 19, 2014.

VITAS Healthcare Corporation of Florida (CON #10301) 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
- 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 #10302) 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

CON Action Numbers: 10294 through 10302

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:

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294):

Funding for this project and all capital projects should be available as needed. This project appears to be financially feasible.

This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

Odyssey Healthcare of Marion County, LLC (CON #10295):

Funding for this project and all capital projects should be available as needed. This project appears to be financially feasible.

This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

Palm Garden Hospice, LLC (CON #10296): Funding for this project and the entire capital budget should be available as needed. This project appears to be financially feasible.

This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

Regency Hospice of Northwest Florida, Inc. (CON #10297):

Funding for this project and all capital projects should be available as needed. This project appears to be financially feasible.

This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298):

Funding for this project and all capital projects should be available as needed. This project appears to be financially feasible.

This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

CON Action Numbers: 10294 through 10302

Suncoast BayCare Hospice of Hillsborough, LLC (CON #10299):

Funding for this project and all capital projects should be available as needed. This project appears to be financially feasible.

This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

Tidewell Hospice, Inc. (CON #10300): Funding for this project and all capital projects should be available as needed. This project appears to be financially feasible.

This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

VITAS Healthcare Corporation of Florida (CON #10301): Funding for this project and all capital projects should be available as needed. This project appears to be financially feasible.

This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

West Florida Health, Inc. (CON #10302): Funding for this project and the entire capital budget should be available as needed. This project appears to be financially feasible.

This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

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.

Gulfside Hospice & Pasco Palliative Care, Inc. (CON #10294):

Schedule 7A shows 1.5 percent of total annual patient days for self-pay in years one and two of operations. Gulfside's patient day Medicaid percentage is projected to be 2.5 percent for year one and year two of operations.

CON Action Numbers: 10294 through 10302

Odyssey Healthcare of Marion County, LLC (CON #10295): Schedule 7A shows 1.5 percent of total annual patient days for self-pay/charity care in years one and two of operations. Odyssey's patient day Medicaid percentage is projected to be 5.5 percent for year one and two of operations.

Palm Garden Hospice, LLC (CON #10296): Schedule 7A shows 3.0 percent of total annual patient days for self-pay in years one and two of operations. Palm Garden's patient day Medicaid percentage is projected to be 8.2 percent for year one and 8.0 percent in year two of operations.

Regency Hospice of Northwest Florida, Inc. (CON #10297): Schedule 7A shows 1.4 percent of total annual patient days for self-pay care in year one and 1.5 percent in year two of operations. Regency's patient day Medicaid percentage is projected to be 6.4 percent for year one and 6.5 percent in year two of operations.

Seasons Hospice & Palliative Care of Tampa, LLC (CON #10298): Schedule 7A shows 1.0 percent of total annual patient days for self-pay care in years one and two of operations. Seasons' patient day Medicaid Managed Care percentage is projected to be 7.0 percent for year one and year two of operations.

Suncoast BayCare's Hospice of Hillsborough, LLC (CON #10299): Schedule 7A shows 4.0 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 5.0 percent for year one and year two of operations.

Tidewell Hospice, Inc. (CON #10300): Schedule 7A shows 3.0 percent of total annual patient days for self-pay/charity care in years one and two of operations. Tidewell's patient day Medicaid percentage is projected to be 5.0 percent for year one and year two of operations.

VITAS Healthcare Corporation of Florida (CON #10301): Schedule 7A shows 0.0 percent of total annual patient days for self-pay/charity care in year one and 1.6 percent in year 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 #10302): Schedule 7A shows 2.5 percent of total annual patient days for self-pay in years one and two of operations. West Florida Health's patient day Medicaid percentage is projected to be 4.5 percent for year one and year two of operations.

G. RECOMMENDATION

Approve CON #10302 to establish a new hospice program in Hospice Service Area 6A, Hillsborough County. The total project cost is \$410,925.

CONDITIONS:

- In the second year of operation, West Florida Health, Inc. will commit to provide annual funding for one additional USF 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. Hillsborough Hospice patients and their families.
- West Florida Health, Inc. commits to create and operate a four-bed inpatient unit at Florida Hospital Carrollwood.
- West Florida Health, Inc. will provide programs and services for residents of Hillsborough 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 Tampa General Hospital, Florida Hospital Tampa and Florida Hospital Carrollwood 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 Hillsborough County and TGH.

CON Action Numbers: 10294 through 10302

- 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 Hillsborough 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.

Deny CON #10294, CON #10295, CON #10296, CON #10297, CON #10298, CON #10299, CON #10300 and CON #10301.

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