

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

**A. PROJECT IDENTIFICATION**

1. Applicant/CON Action Number

**BayCare Hospice of Pinellas, Inc./CON #10372**

2985 Drew Street  
Clearwater, Florida 33759

Authorized Representative: Tommy Inzina  
(727) 820-8005

**Brookdale Hospice, LLC/CON #10373**

111 Westwood Place, Suite 400  
Brentwood, Tennessee 37027

Authorized Representative: Bryan D. Richardson/Julie A. McGlasson  
(615) 564-8034

**Chapters Hospice of Pinellas County, Inc./CON #10374**

12470 Telecom Drive, Suite 300 West  
Temple Terrace, Florida 33637

Authorized Representative: Darrell White  
(813) 871-8400

**Covenant Hospice, Inc./CON #10375**

5041 N. 12<sup>th</sup> Avenue  
Pensacola, Florida 32504

Authorized Representative: Jeff Mislevy  
(850) 433-2155

**Odyssey Healthcare of Marion County, LLC/CON #10376**

680 S. Fourth Street  
Louisville, Kentucky 40202

Authorized Representative: Jason Owen/Barbara Lankford  
(502) 596-7801

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**Palm Garden Hospice, LLC/CON #10377**

2033 Main Street, Suite 302  
Sarasota, Florida 34237

Authorized Representative: Kerry Demers  
(941) 952-9411

**Seasons Hospice and Palliative Care of Pinellas County, LLC/  
CON #10379**

6400 Shafer Court, Suite 700  
Rosemont, Illinois 60018

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

**Tidewell Hospice, Inc./CON #10380**

5955 Rand Boulevard  
Sarasota, Florida 34238

Authorized Representative: Robert Coseo  
(941) 552-7500

**VITAS Healthcare Corporation of Florida/CON #10381**

6300 La Calma Drive, Suite 170  
Austin, Texas 78752

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

2. Service District/Subdistrict

Hospice Service Area 5B (Pinellas County)

**B. PUBLIC HEARING**

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

## **Letters of Support**

**BayCare Hospice of Pinellas, Inc. (CON #10372):** The applicant submitted a significant amount of letters of support, including one letter from Representative David W. Jolly of the United States House of Representatives.

The remaining letters came from clinicians and physicians, managed care executives, community leaders, local businesses, elected officials and residents of the community. Many letters were variations of a form letter expressing each supporter's belief that "BayCare's hospice program will strengthen the patient's continuum of care through end-of-life and truly help family members during this difficult time."

**Brookdale Hospice, LLC (CON #10373):** The applicant submitted several letters of support written by Brookdale employees and local health care providers and organizations. Some of the letters are variations of a form letter that states each supporter's belief that "our area can support another hospice and patients and their families would benefit greatly."

**Chapters Hospice of Pinellas County, Inc. (CON #10374):** The applicant submitted several letters of support composed by local hospitals, physicians, University of South Florida (USF) faculty and community members.

Throughout its application, the applicant references and quotes many of its letters of support that it feels specifically emphasize why Chapters is best positioned to meet the identified need in Pinellas County.

**Covenant Hospice, Inc. (CON #10375):** The applicant submitted numerous letters of support written by local health care providers and organizations--including several written by the owners or employees of skilled nursing facilities (SNFs), assisted living facilities (ALFs) and educational facilities or groups.

The Agency independently received a letter from Louis S. Roberts III, Sheriff of Jackson County, Florida expressing his support and "full endorsement" for the proposed project.

**Odyssey Healthcare of Marion County, LLC (CON #10376):** The applicant submitted a significant amount of letters of support for the proposed service composed by local health care providers and organizations. A large portion of these are variations of a form letter, in

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which each supporter states that he or she “strongly supports Kindred Healthcare’s efforts to become a hospice provider in Pinellas County.”

**Palm Garden Hospice, LLC (CON #10377):** The applicant submitted numerous letters of support written by physicians, health care providers or services, community leaders, spiritual leaders, members of the community and vendors. The Agency received a letter from John Mangine, Chief Operating Officer of Southern HealthCare Management, LLC expressing that the facility plans to engage in a contractual agreement for the provision of hospice services and general inpatient care with Palm Garden should they be approved.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379):** The applicant submitted a significant amount of letters of support for the proposed service. Many of these letters came from existing ALFs and SNFs in the area as well as medical professionals and music educators.

**Tidewell Hospice, Inc. (CON #10380):** The applicant submitted a significant amount of letters of support for the proposed service including many from health care providers and facilities as well as four letters from members of the Florida Legislature.

**VITAS Healthcare Corporation of Florida (CON #10381):** The applicant submitted a significant amount of letters of support for the proposed service including many from health care providers and organizations, educators, religious organizations, law offices, local government and members of the Florida Legislature. A number of these letters were variations of form letters.

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

**C. PROJECT SUMMARY**

**Each** co-batched applicant seeks to establish a new hospice program in Hospice Service Area 5B (Pinellas County).

**BayCare Hospice of Pinellas, Inc. (CON #10372),** hereafter referenced as BayCare, BayCare Hospice or the applicant, a newly formed not-for-profit corporation established to support the development of the new hospice program, expects issuance of license in June 2016 and initiation of service in July 2016. The applicant asserts that BayCare Health

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System is a leading community-based health system in the Tampa Bay area composed of a network of 13 not-for-profit hospitals, outpatient facilities and services.

BayCare is proposing total project costs of \$3,557,337.31.

The applicant's Schedule C includes the following conditions:

1. The applicant will contract with Morton Plant Hospital in Clearwater to operate a 10-bed dedicated hospice inpatient unit
2. The applicant will provide care to self-pay/uncompensated care and charity patients at a level of 7.0 percent of patients served
3. Commitment to offer at least two hours of nurse's aide care daily to each hospice patient
4. Commitment of \$250,000 annually to be designated for programs and services outside of the Medicare hospice benefit
5. Provision of an AIDS program that will collaborate with existing AIDS service organizations in Pinellas County in meeting the needs of hospice patients with HIV
6. Development of a pediatric program in Pinellas County including supportive pediatric hospice programs
7. Sponsorship of up to \$5,000 per year for the support of an annual children's bereavement camp
8. Development of a specialized veterans program in Pinellas County
9. Commitment to create a Palliative Medical Fellowship program at Morton Plant Hospital with at least two spots, or fund two additional palliative care fellows at an existing Palliative Medicine Fellowship program if ACGME approach for the Morton Plant Palliative Medicine Fellow program is not obtained
10. Commitment to fund two additional clinical pastoral education residents
11. Commitment to establish and provide ongoing community-based education programs within Pinellas County focused on hospice and end-of-life health education literacy
12. Commitment to establish and provide ongoing education programs regarding the benefits and attributes of hospice care for the clinical and professional staffs of each BayCare hospital within Pinellas
13. Commitment to provide access to BayCare's existing community meeting rooms distributed throughout Pinellas County for community education and bereavement activities
14. Development of a complementary therapy program in Pinellas
15. Development of a community bereavement program in Pinellas
16. Commitment of 1.0 FTE in the first year of operation for the development of a Diversity Outreach Program with an emphasis on the Latino/Hispanic and African American populations

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17. Within the first two years BayCare will implement interdisciplinary palliative care consult service teams in every BayCare Hospital in Pinellas County
18. A minimum of \$2,500 annually per interdisciplinary team will be provided for the provision of quality-of-life funds for hospice patients and families
19. Implementation of a teen volunteer program within the first two years of operation
20. Development in year one of a community resource library including both online and hard copy resource materials
21. Development in year one of a community advisory committee to be composed of residents reflective of the community whose purpose is to provide input and feedback about the hospice/end-of-life needs of the Pinellas County community and whose recommendations will be used in future program development

**Brookdale Hospice, LLC (CON #10373)**, hereafter referenced as Brookdale or the applicant, an affiliate of Brookdale Senior Living, Inc., expects issuance of licensure in November 2016 and initiation of service in January 2017. Brookdale Senior Living owns and/or operates residential communities and health care facilities in 46 out of the 50 states. In Pinellas County the company operates a total of 22 properties, health care facilities and service agencies. At present, Brookdale Senior Living operates 17 hospices in 10 states.

Brookdale is proposing total project costs of \$410,000.

The applicant's Schedule C includes the following conditions:

1. The applicant will participate with other entities within Brookdale senior Living in fundraising activities in support of the Alzheimer's Association, including, but not limited to:
  - Donations by hospice associates from their paychecks
  - Participation in the annual "Walk to End Alzheimer's" sponsored by the Florida Gulf Coast Chapter of the Alzheimer's Association
2. The applicant will donate at least \$10,000 annually to charitable organizations in Pinellas County
3. The applicant will begin the application for participation in Florida's Medicaid program within six months after receiving Medicare certification as a hospice provider
4. The applicant will provide a combination of at least six percent the first year and seven percent annually, thereafter, of total admissions to patients who are reimbursed under traditional Medicaid, or Managed Medicaid or uncompensated care

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5. Within six months after receiving Medicare certification as a hospice provider, the applicant will commit 0.5 FTE for the development of a cultural diversity outreach/education program with emphasis on the African American and Latino/Hispanic populations. The program will include support from or involvement in bilingual staff, translated literature, training on cultural difference and competencies and flexible programming to meet their unique needs, including bereavement services
6. The applicant will provide all eligible employees the opportunity to complete educational courses that will support the hospice's efforts of providing the highest level of quality care and achieve operational excellence. A tuition reimbursement award of up to \$2,500 annually per person enrolled in an undergraduate degree program and up to \$3,500 annually per person enrolled in a graduate degree program will be available to eligible and approved hospice employees

**Chapters Hospice of Pinellas County, Inc. (CON #10374)**, hereafter referenced as Chapters or the applicant, part of Chapters Health System, a local, not-for-profit comprehensive post-acute care provider serving patients in seven West-Central Florida counties with hospice, palliative and home health care services, expects issuance of licensure and initiation of service on January 1, 2016. Chapters' hospice affiliates include LifePath Hospice in Hillsborough County, Good Shepard Hospice in Polk, Highlands and Hardee Counties and HPH Hospice in Pasco, Hernando and Citrus Counties.

Chapters is proposing total project costs of \$291,199.

The applicant's Schedule C includes the following conditions:

1. Establish an Open Access Program for adults and pediatric hospice patients in Pinellas County
2. Establish the Concurrent Care for Medically Complex Children Program in Pinellas County
3. Establish Partners in Care: Together for Kids Program in Pinellas County
4. Provide Children's Camp in Pinellas County within the first year of operation and Children's Grief Center within the second year
5. Expand adult Advanced Illness Management program into Pinellas County once that program is established in Hillsborough or Pasco County
6. Provide inpatient hospice services through collaboration with inpatient providers or in a Chapters' operated inpatient unit, as appropriate

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7. Establish a We Honors Veterans Program in Pinellas County
8. Obtain National Institute for Jewish Hospice (NIJH) accreditation within one year of initiation of hospice in Pinellas County
9. Begin operations no more than 120 days following final CON approval of the project should the initial Agency decision be appealed, or no later than January 1, 2016, if there is no appeal
10. Extend Chapters' pharmacy, durable medical equipment and HospiceHelp24® services provided to Chapters' hospice affiliates into Pinellas County to enhance quality of services provided to Pinellas County residents
11. Provide significant levels of physician and nursing care, demonstrated by an employed physician (0.5 FTE) in both the first and second year of operation
12. Open current and future research studies conducted by Chapters in Pinellas County patients and families, as appropriate
13. Medical and nursing students will be given the opportunity to rotate in an elective or clinical rotation with Chapters Pinellas
14. Obtain Joint Commission accreditation within the first year of initiation of the Pinellas hospice program
15. Add a Pinellas County representative to Chapters' Board-level Bioethics Committee within the first year of operation
16. Add up to three Pinellas County residents to the Board of Directors Chapters within the first year of operation
17. Use donations raised in Pinellas County solely for programs and services provided in Pinellas County
18. Establish a full-time hospice office location. The initial Pinellas County office location will be 2727 Ulmerton Road, Suite 20, Clearwater, Florida
19. Expand the provision of pediatric palliative care services by Chapters' palliative care affiliate into Pinellas County
20. Expand the provision of adult palliative care services by Chapters' palliative care affiliate to non-hospice patients in Pinellas County
21. Provide disease-specific programs for patients with chronic obstructive pulmonary disease and congestive heart failure
22. Provide short-term crisis "caregiver services" to ensure the safety and support of patients in their home in Pinellas County
23. Provide up to \$10,000 of annual funding towards a "Special Wish Fund" designated for end-of-life wishes for Chapters Pinellas patients and their families
24. Establish a Nursing Home Advisory Committee and hold at least one meeting in the first year of operation
25. Establish a Physician Committee and hold at least one meeting in the first year of operation



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26. Establish an Assisted Living Facility Advisory Committee and hold at least one meeting in the first year of operation
27. Provide bereavement programs and services for grieving survivors of Chapters Pinellas patients in the first quarter of operation

**Covenant Hospice, Inc. (CON #10375)**, hereafter referenced as Covenant or the applicant, a nationally-respected, not-for-profit, community-based leader in hospice and palliative care, expects issuance of licensure on June 1, 2016 and initiation of service on July 1, 2016. Covenant was founded in 1982 by local health system leadership and volunteers and has been serving northwest Florida and southern Alabama for more than 30 years. Covenant Hospice, Inc. currently operates in Hospice Service Areas 1, 2A and 2B.

Covenant is proposing total project costs of \$618,121.

The applicant's Schedule C includes the following conditions:

- Covenant Hospice commits to provide a direct service outreach program to support the needs of the aging, low-income population in Pinellas County
- Covenant Hospice commits to expand Covenant Palliative Care to Pinellas County
- Covenant Hospice commits to establishing its Care Transitions Program in Pinellas County
- Covenant Hospice commits to fund a minimum of \$25,000 for the development of a Covenant-related Home Health entity to obtain a non-Medicare, non-Medicaid certified Home Health license to serve residents of Pinellas County
- Covenant Hospice commits to expanding Covenant Alzheimer's Services (CAS) to Pinellas County within the first six months of operation
- Covenant Hospice commits to conducting a Community Needs Assessment for Pinellas County during the first year of operation
- Covenant Hospice commits to voluntarily submitting its Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice survey results to AHCA annually
- Covenant Hospice commits to establishing a Nursing Fellowship in Pinellas County to educate and certify hospice and palliative care nurses
- Covenant Hospice commits to expand its existing *We Honor Veterans* Level 4 program to serve Pinellas County veterans immediately upon licensure
- Covenant Hospice commits to expanding the Partners in Care-Together for Kids program into Pinellas County

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- Covenant Hospice will not actively solicit funds from the community in Pinellas County for the first three years of operation
- Covenant Hospice commits to forming a diverse Community Advisory Board in Pinellas County to identify and address on-going community needs
- In addition to the robust team of highly trained provider relations staff, Covenant Hospice commits to dedicating a 0.5 FTE Provider Relations position to lead Community Relations efforts in Pinellas County
- Covenant Hospice commits to providing annual funding of a “Make a Wish Elder Program” designed to accommodate end-of-life wishes of Pinellas County residents enrolled in hospice

**Odyssey Healthcare of Marion County, LLC (CON #10376)**, hereafter referred to as Odyssey or the applicant, is a wholly owned subsidiary of the parent, Kindred Healthcare, Inc. (Kindred). Odyssey has been a licensed and certified community hospice provider that has served Florida residents for three decades, expects issuance of licensure on February 28, 2016 and initiation of service on March 31, 2016. Kindred and its subsidiaries currently serve Florida residents in 14 counties from two licensed hospices: the applicant in Hospice Service Area 3B, 4B and 11 and Emerald Coast Hospice, Inc. in Hospice Service Area 1 and 2A.

Odyssey is proposing total project costs of \$378,953.

The applicant’s Schedule C includes the following conditions:

- The applicant will provide uncompensated care to charity care patients at a level of 3.0 percent patient days
- Gentiva Hospice commits to hiring 1 FTE in the first year of operation for the development and implementation of programs focused on improving access to hospice services by Hispanics (and the subgroups within) and African Americans in Service Area 5B. The programs will include training on cultural differences and competencies and flexible programming to meet their unique needs
- 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 commits to hiring a Master’s prepared Licensed Clinical Social Worker to lead the psychosocial department

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- Gentiva Hospice conditions this application on the development of a specialized veterans program in Pinellas County that achieves the Level four designation by the NHPCA within two years of initiation of the hospice program in Subdistrict 5B
- Gentiva Hospice conditions this application on providing community outreach and education as well as grief support programs
- Gentiva Hospice commits to develop, in year two, a children's and family retreat program(s) to serve the residents of Subdistrict 5B. 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
- Gentiva conditions this application on the development of two hospice offices in separate portions of Pinellas County to more effectively serve the population of Subdistrict 5B

**Palm Garden Hospice, LLC (CON #10377)**, hereafter referred to as PGH or the applicant, a newly organized Delaware limited liability company, a subsidiary of Parkwood Properties, Inc. (parent), expects issuance of licensure on December 31, 2015 and initiation of service on January 1, 2016. PGH indicates that the parent has more than 40 years of experience operating and developing post-acute care services in Florida. PGH maintains having 14 affiliated SNFs--three of which are located in Pinellas County: Palm Garden of Clearwater, Palm Garden of Largo and Palm Garden of Pinellas.

PGH is proposing total project costs of \$304,350.

The applicant's Schedule C includes the following conditions:

1. PGH will establish a medical respite/hospice program for homeless individuals to be operated on site of (a) Pinellas County Salvation Army shelters. PGH will commit to operate and provide \$10,000 in annual funding to provide hospice services at this/these location(s) for the life of the program
2. PGH will not establish a freestanding inpatient hospice house in Pinellas County
3. PGH will create dedicated hospice units within its three affiliated SNFs in Pinellas County to serve nursing home patients who transition to hospice care
4. At a minimum, PGH will hold quarterly programs to address access and awareness of hospice services within the Hispanic community of Pinellas and will provide notice to Hispanic organizations and leaders of these programs

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5. PGH will offer a cardiac clinical program aimed at meeting the specific needs of Pinellas County and reducing hospital readmission rates
6. PGH will not develop a charitable foundation or accept charitable contributions
7. PGH will develop and offer faith based outreach and education programs

**Seasons Hospice and Palliative Care of Pinellas County, LLC**

**(CON #10379)**, hereafter referenced as Seasons or the applicant, a newly formed development stage entity, contracts with Seasons Healthcare Management, closely affiliated with Seasons Hospice and Palliative Care (SHPC or the parent), expects issuance of licensure in June 2016 and initiation of service in July 2016. The applicant's parent was founded in 1997 and operates 24 Medicare-certified sites across 17 states, with two Florida licensed hospice programs--one in in Hospice Service Area 10 and one in Hospice Service Area 11.

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

The applicant's Schedule C includes the following conditions:

- SHPC 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
- SHPC 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
- SHPC of Pinellas 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 Pinellas County residents
- SHPC 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

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**Tidewell Hospice, Inc. (CON #10380)**, hereafter referenced as Tidewell or the applicant, a Florida independent not-for-profit community-based organization founded in 1980, expects issuance of licensure on December 14, 2015 and initiation of service on January 1, 2016. Tidewell is currently a hospice provider in Hospice Service Areas 6C, 8A and 8D.

Tidewell is proposing total project costs of \$558,709.

The applicant's Schedule C includes the following conditions:

**Outreach to Underserved Groups**

1. Outreach to Hispanic population through bilingual staff and literature, including bilingual intake professionals
2. Outreach to African American populations through minority hiring and programs
3. Outreach to the population of the homeless, impoverished and educationally challenged
4. Maintain a bilingual staff and 20 percent minority staff
5. Commit three percent of services to self-pay and unreimbursed patients as measured by charges
6. Commit to three percent of services to Medicaid patients as measured by charges
7. Bring successful outreach programs for cardiac, pulmonary and renal patients to the Pinellas community
8. Coordinate outreach to groups that assist patients with HIV/AIDS
9. Implement a pediatric hospice and pediatric palliative care program
10. Establish a second office with two years of opening the first

**Community and Professional Education**

11. Develop a community education and awareness program using the acclaimed movie "Consider the Conversation" to forward open discussions about end-of-life. Coordinate with communities to host events and assist with transportation to reach the isolated and those living alone
12. Offer monthly CEU opportunities to health care practitioners throughout Pinellas County
13. Continue to work with area higher learning institutions to provide opportunities and internships
14. Offer continual and frequent outreach and education to physicians and their practices via trained liaisons
15. Offer monthly CEU opportunities to health care practitioners throughout Pinellas County

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16. Enrich the community's understanding of end-of-life issues through an online library

**Improve the Quality, Appropriateness and Efficiency of Hospice Care in the Service Area**

17. Develop a Case Management arm to coordinate with managed care companies and post-acute facilities to increase quality and reduce risk of hospital readmissions
18. Increase quality patient outcomes and reduce hospital admissions by utilizing the technology of telemedicine with Telehealth monitoring or cardiac and COPD patients
19. Reduce duplication of care through coordination of electronic medical records (EMRs) with area providers
20. Maintain accreditation with CHAP (Tidewell's current programs are already CHAP-accredited) and obtain CHAP-accredited status for the Pinellas County program
21. All grief counselors shall be MSWs
22. All chaplains in the Pinellas County program will hold a Masters of Divinity degree
23. Launch a Palliative Care program in collaboration with area hospitals

**Programs Beyond the Required Hospice Benefit**

24. Maintain a level 4 Veteran's program in Pinellas County
25. Bereavement and Grief Support to the Pinellas community at large through the school system, spiritual community, first responders and community leaders
26. Develop a junior summer camp for Pinellas County children experiencing loss
27. Establish a humanitarian fund for assistance to patients with need
28. Maintain a corps of dedicated volunteers, to include young adults, to assist in delivering compassion to patients and their families
29. Develop a Transitions program that serves at no charge terminally ill patients and families outside of the six month hospice diagnosis
30. Offer an array of Complementary Services that include but are not limited to: music, pet, aroma, humor, horticulture and massage

**VITAS Healthcare Corporation of Florida (CON #10381)**, hereafter referenced as VITAS, VHCF or the applicant, a Florida for-profit corporation, expects issuance of licensure and initiation of service on October 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 \$960,632.

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The applicant's Schedule C includes the following conditions:

- In order to increase referrals to hospice by increasing the understanding of hospice by physicians and other health care providers, VITAS will collaborate with USF Health to develop continuing education programs for primary care physicians, physicians in specific specialties and other health care professionals that will be offered live in Pinellas County and online for three years, subject to annual review and effectiveness determination. VITAS is prepared to extend the project, if the first three years prove successful. VITAS has made funding commitment for these programs. Specifically, VITAS will provide \$140,000 in funding for development of the programs and presentations, operating costs of \$75,000 per year up to three years and up to \$25,000 in administration costs for up to three years
- Because of the high percentage of Pinellas County residents age 65+ who live alone, VHCF will provide an added layer of support to address the needs of this demographic ("Geriatric Orphans"), who are attended to by hospice. As a condition of this application, VHCF will establish the Geriatric Orphan Support program to meet the needs of seniors living alone or without adequate caregiving support so that they can remain safely at home. The program has two components that go beyond the requirements for hospice services:
  - The VHCF Pinellas program will employ a full-time dedicated Geriatric Orphan Advocate
  - VHCF will spend up to \$100,000 per year to pay for private duty homemaker and home health aide services outside the normal scope of hospice services for a minimum three years, subject to annual review and effectiveness determination. The Geriatric Orphan Coordinator may use the VHCF contracted private duty company as needed to provide homemaker services to volunteers. Homemakers will also provide companionship to supplement services provided by volunteers. The Coordinator may also pay for private duty home health aides to provide afterhours support to the patient beyond the support provided by routine hospice care
- VITAS will partner with the Urban League with the goal of establishing and nurturing strong communication channels between VHCF and the African American community. The estimated annual budget for the Urban League Partnership program in Pinellas County is \$75,000
- In order to address the needs expressed in meetings with Pinellas County community leaders regarding end-of-life care for lesbian, gay, bisexual and transgender (LGBT) individuals, VHCF will contract with a yet to be determined LGBT advocacy organization to address the special needs of this population

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- In order to meet the needs of those individuals not yet ready or not eligible for hospice Medicare services, VHCF will contract with Palliative Medical Associates of Florida for palliative care services in Subdistrict 5B within one year of licensure
- Some cancer patients can only access hospice services if hospice can provide or arrange palliative radiation therapy or chemotherapy. Patients with other conditions need other forms of palliative care in order to use hospice
  - VHCF will develop relationships with a group of Physician Advisors in Pinellas County consisting of oncologists, primary care physicians and other specialists. These physicians will work with VHCF to enhance VHCF relationships with other community providers, provide input into the development of continuing education programs and utilize evidence-based protocols to improve system management. VHCF will solicit ongoing input from these physician advisors regarding patient care protocols, trends in hospice use rates, new and growing populations such as the geriatric orphan services
  - In order to meet the palliative care needs of residents of Subdistrict 5B, VHCF will work closely with community oncologists and other physicians to provide palliative chemotherapy and radiation to optimize pain and symptom management of hospice patients, as medically necessary
- In order to improve both access to hospice services and the quality of hospice services perceived by the community:
  - VHCF will develop a group of Community Advisors
  - VHCF will also work with The Foundation for a Healthy St. Petersburg to make its services responsive to the needs of the community. VITAS will commit \$25,000 in support of the Foundation's needs development process and up to \$100,000 to help the Foundation launch initiatives that address health disparities in Pinellas, especially improving awareness of health options for those persons facing serious chronic or terminal illness
  - VITAS will fund USF Health to perform studies to determine the impact of hospice services and educational programs in Pinellas County and elsewhere in Florida on aspects of quality and cost-effectiveness. VITAS will fund the research in the amount of \$200,000 over three years
  - VITAS will host a minimum of two community listening sessions per year for a minimum of three years in various locations in Pinellas County designed to gather insights regarding challenges in caring for our elders and those with serious illness in the community, with an emphasis on the unmet end-of-life care needs in the community



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- VHCF will meet or exceed the following quality and patient satisfaction indicators:
  - Response Time: Patients can be admitted to the VHCF hospice program 24 hours a day, seven days a week. Through the use of technology and a flexible staffing model VHCF is able to respond to referrals and ongoing patient needs within hours. VHCF commits to responding to 100 percent referrals within 24 hours and to having a VHCF staff person at the patient's bedside within 24 hours and to having a VHCF staff person at the patient's bedside with 24 hours of referral if desired by the patient or family caregiver seven days a week, 365 days a year
  - 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
- Another aspect VHCF's commitment to excellence is our emphasis on hiring, training and mentoring highly skilled clinical and administrative staff. As such VHCF has conditioned this application on the following:
  - VHCF will encourage employed RNs to take the Certified Hospice and Palliative Nurse Examination
  - VHCF will only employ or contract with chaplains who have Masters of Divinity or equivalent graduate degree from an accredited seminary or theological school required for chaplains
  - VHCF will only employ social workers who are Master's level or Licensed Clinical Social Workers
  - VITAS will provide \$50,000 per year in tuition assistance for VHCF employees at USF to increase their professional abilities

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- VITAS will meet or exceed the following operational and programmatic indicators:
  - Although bereavement services are generally provided to the family for one year after death of the patient, comprehensive bereavement services, including individual and group counseling will be available beyond one year, if needed
  - VHCF agrees that it will not engage in any fundraising events or campaigns to obtain charitable contributions from residents in Subdistrict 5B

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.

*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.

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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 Lucy Frederick 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 41, Number 65, of the Florida Administrative Register, dated April 3, 2015, a hospice program need of one was published for Service Area 5B for the July 2016 Hospice Planning Horizon. Therefore, the applicants are applying in response to published need.

Service Area 5B is currently served by the following sole provider:

- Suncoast Hospice

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Hospice admissions in Hospice Service Area 5B are listed below:

<b>Hospice Admissions in Hospice Service Area 5B for the 12-Month Period ending December 30, 2014</b>	
Suncoast Hospice	7,184
<b>Total</b>	<b>7,184</b>

Source: Florida Agency for Health Care Administration's Florida Need Projections for the July 2016 Hospice Planning Horizon, published April 3, 2015

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

**BayCare Hospice of Pinellas, Inc. (CON #10372)** indicates that review of updated Pinellas County mortality data confirms the Agency's forecast. The applicant states that this proposal goes beyond the fixed need pool projections--it will also provide enhanced integration of services. BayCare maintains that there remains gaps in the provision of patient care in Pinellas County--especially as one patient moves from one setting/service/provider to another. The applicant states that in order to improve the integration of care, it has established numerous initiatives including but not limited to its electronic health record program, its care navigator programs and its population health initiatives.

BayCare explains that in an integrated model, as uniquely proposed by this project, disruption would be minimized as BayCare would coordinate the smooth transition from a BayCare Health System inpatient or home care treatment setting to BayCare Hospice to avoid the disruptions in patient care and family support associated with introduction of new medical record requirements, care and support staff, equipment and services.

BayCare declares that with reduced costs, reduced hospital readmissions and enhanced patient and family satisfaction associated with this integrated hospice approach, the proposed new program will provide significantly more advantage to the community than just an expansion of hospice capacity. The applicant also maintains that both patients affiliated with BayCare as well as those not affiliated with BayCare will be served.

The applicant explains that the quantitative basis for its volume forecast is the assumption that 10 percent of Pinellas County residents discharged from a BayCare Health System hospital to hospice would be treated at BayCare's hospice. BayCare adds the result of this calculation--152 patients (10 percent of 1,521 discharges from the Agency's discharge data for the 12 months ending September 2014)--to

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an equal number of patients to be served by the new hospice from other settings and referral sources, resulting in a year one forecast of 304 patients.

BayCare uses a similar approach for year two, but raises its assumption to 20 percent and also assumes that BayCare Health System inpatient discharges to hospice would increase by 2.5 percent by the second year of operation. The applicant explains that this is a conservative growth level when compared to the +3.0 percent per year elderly population growth forecast for the county. BayCare expects 632 admissions in year two.

The applicant compares its year two volume forecast with Suncoast Hospice's 2014 admissions, estimating that BayCare will treat about eight percent of the Pinellas County market, with Suncoast retaining a substantial portion of their existing volume/market share. The applicant explains that it predicts its patient days by assuming a 40 day and 60 day length of service in years one and two, respectively.

BayCare presents an analysis of the Pinellas County hospice marketplace by including and analyzing several charts displaying Suncoast Hospice's admissions by age, primary diagnosis, race and payer class on pages 31 to 32 of CON #10372. The applicant finds that:

- Suncoast admitted 7,184 patients in 2014, the highest patient volume treated by any hospice in Florida for 2014
- Cancer patients and non-cancer patients accounted for 34.2 percent and 65.8 percent of Suncoast's admissions, respectively
- Suncoast's patients by primary diagnosis were broken down as follows: 33.8 percent cancer, 13.8 percent end-stage heart disease, 11.4 end-stage pulmonary disease, 2.5 percent end-stage renal disease, 0.2 percent AIDS and 38.3 percent as other diagnoses
- The vast majority of treated patients were reported as white (85.5 percent), 4.3 percent were African American, 2.5 percent were Hispanic, 0.6 percent were Asian and 7.1 percent were reported as other
- The majority of patients admitted were covered by Medicare (88.6 percent), 3.1 percent by Medicaid, 2.2 percent by third-party payers, 5.8 percent were self-pay, zero patients were reported as uncompensated and 0.3 percent were covered by other payer types

The applicant next examines 2014 Pinellas deaths admitted by Suncoast by patient type. As shown in the table below, BayCare observes that Suncoast supports the vast majority of cancer patients during the end-of-life (95/96 percent). BayCare contends that support for non-cancer patients was significantly below that seen for cancer patients and

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significantly below the percentage of non-cancer patients supported by hospice care statewide. The reviewer notes that the applicant did not provide statewide figures in its analysis to support this claim.

**2014 Pinellas Resident Deaths and Suncoast Admissions by Patient Type**

<b>Patient Type</b>	<b>Suncoast Patients</b>	<b>Pinellas County Deaths</b>	<b>% of Deaths Served</b>
Cancer Under 65	669	704	95.0%
Cancer Over 65	1,790	1,871	95.7%
Non-Cancer Under 65	428	1,928	22.2%
Non-cancer Over 65	4,297	6,987	61.5%
Total	7,184	11,490	62.5%

Source: CON application #10372, page 33

BayCare declares that the linkage of the proposed BayCare hospice with the larger BayCare Health System provides a strong benefit for the proposed program in expanding service to the underserved non-cancer patient population.

The applicant assesses Pinellas deaths admitted by Suncoast by race, noting that due to the mix of race and ethnic categories used by the Florida Department of Elder Affairs (DOEA), a precise analysis is not possible. BayCare states that while the data are not 100 percent compatible, on a comparative basis, patients identified racially as African American and Hispanic had a lower than expected percentage of deaths supported by hospice (compared to white and non-Hispanic). BayCare feels that its new hospice program will have the opportunity to enhance access to the non-cancer and the African American and Hispanic population sectors within Pinellas County and references its condition of 1.0 FTE per year for the development of a Diversity Outreach Program.

BayCare includes an analysis of Pinellas County population growth by race and age on pages 34 to 36 of CON #10372. The applicant makes the following conclusions:

- Pinellas County has a five-year total growth rate of +3.4 percent and a compounded annual growth rate (CAGR) of 0.66 percent per year
- The Hispanic population is forecasted to grow by +21.1 percent (+18,092 residents) versus growth of +1.6 percent (+13,189 residents) for the non-Hispanic group from 2014 to 2019
- The African American population is forecasted to grow by +9.7 percent (+9,848 residents), a rate much higher than the forecast for the white population at +1.3 percent from 2014 to 2019
- Population growth is forecasted to be concentrated in the 65+ age cohort and specifically in the 65-74 age cohort from 2014 to 2019
- Data show that while population under the age of 65 is forecasted to remain flat/decline slightly, the population aged 65-74 and 75+ is forecasted to grow by 22 percent and 7.2 percent, respectively

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The applicant believes that the implication of this population data on the proposed hospice service is that BayCare will need to focus on meeting the expanding end-of-life needs associated with strong forecasted growth in the Hispanic and African American populations. BayCare states that the implication of this strong elderly growth and aging of the Pinellas County population is that it will drive strong growth in the volume of/demand for hospice services. The applicant concludes that as a result, the proposed new service is needed to meet this growing hospice demand providing enhanced access to and availability of an integrated hospice program.

BayCare includes the following table illustrating Pinellas County’s veteran population, indicating it provides insights into the needs of this important population sector. The applicant points out that while 22.7 percent of the total population of Pinellas County are age 65+, a significantly higher 52.7 percent of Pinellas County veterans are age 65+. BayCare notes 26.7 percent of the total population age 75+ are veterans.

**Pinellas County Veterans Population**

	<b>Total County 2014</b>	<b>% of Total 2014 Pop</b>	<b>Veterans 2013</b>	<b>% of Veterans 2013 Pop</b>	<b>Veterans as a % of Total County Pop</b>
<b>Pop Under 65</b>	721,273	77.3%	44,934	47.3%	6.2%
<b>Pop 65-74</b>	108,371	11.6%	22,419	23.6%	20.7%
<b>Pop 75+</b>	103,475	11.1%	27,644	29.1%	26.7%
<b>Total</b>	933,119		94,997		10.2%

Applicant’s source: 2014 total pop data from The Nielsen Company, 2013 Veterans data from U.S. Census  
Source: CON application #10372, page 36

The applicant feels it is important to establish the service initiatives and program specifics which will provide the unique care needed to support the hospice needs for this group of surviving veterans. BayCare references its condition to include the development of specialized veterans’ program, including the *We Honor Veterans* program.

BayCare indicates that the need for the proposed project is also documented by the strong level of support for the project received from the Pinellas County community--with over 200 letters of support.

**Brookdale Hospice, LLC (CON #10373)** states that the projected admissions for its hospice of 200 in year one and 400 in year two are within the projections of need determined by the Agency’s uniform need methodology and should not have a material impact on Suncoast.

The applicant maintains that although the one existing hospice in Pinellas County has done a good job of providing services, there is anecdotal evidence of concerns and problems that have affected the lives and care of persons in senior living communities and SNFs:

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- Suncoast has failed to attend several of the routine care plan meetings at ALFs which are regularly scheduled to discuss issues associated with referrals of patients who could benefit from hospice
- Too often, hospice care is regarded as available only to patients with terminal cancer diagnosis--there are many other patients with terminal diagnoses that might be appropriate for hospice care, but this does not seem to be the focus of Suncoast's education and outreach activities
- From time to time, there have been problems coordinating the care plans and transitions from ALFs and SNFs to hospice service--an improvement in this area would enhance the quality of care

Brookdale states that the DOEA requires hospices to report utilization according to various demographic factors including race and ethnicity. The applicant reports that for calendar year (CY) 2013, 4.5 percent of Suncoast's admissions were by African American persons and 2.7 percent were by Hispanics. In comparison, 7.2 percent of all admissions to hospices in Florida were by African American persons and 10.6 percent were by Hispanics.

The applicant analyzes statewide rates of hospice admissions by race and ethnicity in Exhibit 6, page 23 of CON #10373 and applies them to Pinellas County's demographics. Brookdale calculates an estimated hospice admission rate of 4.9 percent for African Americans and 4.4 percent for Hispanics for Pinellas County. Brookdale contends that on this basis, Suncoast's actual admission rates were 8.2 percent lower than estimated for African Americans and 33.6 lower than estimated for Hispanics.

Brookdale next analyzes racial and ethnic characteristics of patients discharged from hospitals to hospice for CY 2013 using the Agency's "Hospital Inpatient Database." The applicant reports that the database reveals that seven percent of the discharges from Pinellas County hospitals to hospice were by African Americans and 2.4 percent were by Hispanics, yet the comparable percentages for Florida were 9.7 percent and 14.1 percent, respectively.

The applicant believes that hospice patients with neurologic diseases including dementia and Alzheimer's disease are an underserved patient group. To illustrate this point, Brookdale presents a data analysis including the top 20 hospice terminal diagnoses for Medicare patients for CY 2009 and two comparative analyses of discharges to hospice from CY 2013 between Pinellas County hospitals and all Florida hospitals--one by



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hospice product line and one by discharge status and hospice primary admitting diagnosis on pages 25 to 29 of CON #10373. Brookdale makes the following conclusions:

- The ranking of the top 20 hospice terminal diagnoses for Medicare patients has changed over time with relatively fewer cancer patients and relatively more non-cancer patients as a percentage of total hospice patients
- In 2006, non-Alzheimer's dementia became the most common diagnosis among Medicare hospice patients
- In 2009, non-Alzheimer's dementia, Alzheimer's disease and Parkinson's disease accounted for 19 percent of all Medicare patients admitted to hospice and nine specific cancers comprised 23 percent
- With respect to non-Alzheimer's dementia and Alzheimer's disease, Pinellas County hospitals discharge fewer patients on a percentage basis than the statewide averages
- The following diagnosis categories had lower percentages of discharges from Pinellas County hospitals to hospice than all Florida hospitals: debility, mental health and neurologic diseases

Brookdale declares that it has extensive experience in caring for and treating patients with neurologic diseases and approval of this CON application will alleviate the programmatic access discussed above.

The applicant notes that Suncoast is a very utilized provider--over the last five years, its admissions have consistently exceeded 7,000 annually. Brookdale indicates that a comparison to all hospices in Florida indicates that the average number of annual patient admissions per hospice agency over the last five years is 1,600-1,700—the applicant maintains that Suncoast's admissions exceeds the Florida average by approximately 350 percent annually.

Brookdale explains that a supplemental analysis was performed using the Agency's data for Hospice Service Area 4A, which consistently had similar levels of projected and actual hospice patients as Hospice Service Area 5B. The applicant finds that although existing providers in 4A and 5B had nearly identical numbers of hospice patient admissions in CY 2014 of 7,596 and 7,614, respectively, there are four hospices in 4A which results in an average of 1,899 admissions per hospice compared to the 7,614 admissions at Suncoast.

The applicant uses Agency data to make a comparison of the projected number of hospice patients based on the uniform methodology to actual admissions for 5B and Florida for a three-year period. Brookdale notes that as shown in the table below, actual utilization at Suncoast exceeded the projected number of hospice patient admissions by an average of 4.3

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percent whereas at the State level, the actual number of hospice admissions has approximated the numeric need formula with variance at -0.3 percent. See below.

**Comparison of Projected to Actual Hospice Patient Admissions  
in 5B--Pinellas County and Florida**

Area and Batching Cycle	Time Frame	Planning Horizon		Net	Variance
		Projected Hospice Patients	Actual Hospice Patient Admissions		Percent
<b>5B</b>					
April 2010	July 2011-June 2012	7,492	7,513	21	0.3%
April 2011	July 2012-June 2013	7,164	7,861	697	9.7%
April 2012	July 2013-June 2014	7,310	7,531	221	3.0%
<b>Average</b>		<b>7,322</b>	<b>7,635</b>	<b>313</b>	<b>4.3%</b>
<b>Florida</b>					
April 2010	July 2011-June 2012	116,574	112,789	-3,785	-3.2%
April 2011	July 2012-June 2013	113,353	117,171	3,818	3.4%
April 2012	July 2013-June 2014	117,097	115,974	-1,123	1.0%
<b>Average</b>		<b>115,675</b>	<b>115,311</b>	<b>-363</b>	<b>-0.3%</b>

Source: CON application #10373, page 58

Brookdale feels that the conclusions of its analyses are: 1) Suncoast is a very well utilized provider 2) need for a new hospice is demonstrated and 3) Brookdale’s application is consistent with this statutory review criterion.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** states that the proposed hospice program will address access issues within the service area which would be approved under special circumstances even if an Agency-defined need did not exist because the proposed project will include the provision of specialized, concurrent services and programs along the end-of-life continuum of care to increase access to hospice services for patient populations with unmet needs.

The applicant includes a discussion of Pinellas County’s demographic profile, stating that Pinellas has a large total population, forecasted to exceed 920,000 persons in 2015 and 2020. Chapters notes that the population ages 65+ is projected to comprise a larger percentage of the total population (23.0 percent in 2015 and 25.5 percent in 2020), when compared to Florida (18.5 percent in 2015 and 20.3 percent in 2020).

Chapters provides Pinellas County population projections by race in the following table. The applicant points out that the white race is growing slower than every other category (with the exception of Pacific Islander), indicating that a new hospice provider in Pinellas must be prepared to develop programs that address the diversity of the service area.

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Chapters asserts that notably, the African American population is projected to comprise 11.2 percent of the total 2020 population. See the table below.

**Pinellas County, Race Distribution and Growth**

<b>Race</b>	<b>2015</b>	<b>2020</b>	<b>% of 2020 Total</b>	<b>5-year % Change</b>
White	760,870	776,466	79.3%	2.0%
African American	101,464	109,900	11.2%	8.3%
American Indian	3,179	3,530	0.4%	11.0%
Asian	31,297	36,235	3.7%	15.8%
Pacific Islander	764	715	0.1%	-6.4%
Other	20,972	24,452	2.5%	16.6%
Two or More Races	23,362	27,324	2.8%	17.0%
<b>Total</b>	<b>941,908</b>	<b>978,622</b>	<b>100.0%</b>	<b>3.9%</b>

Source: CON application #10374, page 49

Chapters maintains that diversity programs are a particular strength to Chapters Health System, evidenced by the fact that over one-fourth of patients at Chapters affiliate, LifePath Hospice, represent minority populations. The applicant indicates that in addition, Chapters has employed community relations representatives to enhance its outreach efforts--several programs targeted the elderly, both urban and rural residents as well as underserved and inner city communities.

The applicant also includes a table illustrating Pinellas County's ethnicity distribution and growth, finding that the Hispanic population is projected to increase significantly more than the non-Hispanic population. Chapters declares that this large and fast-growing population can best be served by Chapters, who will implement its proven programs, services, community outreach and education geared to this ethnic group.

Chapters presents its volume forecasts, listing the market-based assumptions which they are based upon on page 50 of CON #10374 and indicates that it projects to serve 214 patients in year one and 409 patients in year two. The applicant also includes an analysis of its projected Pinellas County market share for year one (2.8 percent) and year two (5.4 percent).

The applicant states that its proposed project will not adversely impact Suncoast Hospice for the following reasons:

- Chapters Pinellas will meet the Agency-identified need for additional hospice patients
- Chapters will serve patient populations with unmet needs, e.g. open access patients, through its range of comprehensive programs and services

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- The numeric need in Pinellas County is likely understated because Suncoast has historically overstated its patient volume in reports to the Agency compared to its reported volumes to CMS--consistently by 10 percent for the most recent three year period

Chapters believes that illustrative of the identified open access gap in local hospice care is the fact that Suncoast no longer offers an open access program--the applicant includes several letters of support from clinical staff at area hospitals that cite this fact. Chapters explains that open access is a model of care that allows hospice patients to continue to receive aggressive palliative treatments, such as chemotherapy, radiation therapy, cardiac infusions and total parenteral nutrition without having to choose between enrolling in hospice and ending the palliative interventions.

The applicant provides a comprehensive discussion of the following programs on pages five to 16 of CON #10374:

- Open Access Model of Care for Adults and Children
- Concurrent Care for Medically Complex Children
- Partners in Care: Together for Kids Program
- Medicare Care Choice Model (MCCM): Centers for Medicare and Medicaid Services (CMS) Demonstration Project
- Advanced Illness Management Program

Chapters includes a detailed explanation of the following points, declaring that they demonstrate why Chapters is best positioned to address the hospice needs of residents in Pinellas County:

- The applicant will provide proven, high quality hospice programs and services, including open access and other concurrent care programs for adult and pediatric patients and their families, filling an identified gap in care in the service area
- The applicant's proven, high quality programs and services utilize higher levels of physician services and nursing care resources compared to most other hospice providers
- Service area patients and families of the applicant will benefit from the strong focus on research and education by applicant's parent organization, ensuring that hospice patients benefit from end-of-life care research in the short-term and education of future physicians and caregivers in the long-term
- Service area patients and families will benefit from the applicant's affiliation with Chapters, a local not-for-profit organization with an experienced management team and a proven history of operating a full continuum of high quality, financially viable post-acute care services through West-Central Florida

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**Covenant Hospice, Inc. (CON #10375)** begins its discussion with an overview of Pinellas County. The applicant provides a table illustrating hospitals and discharges in Pinellas County and maps of the hospitals and SNFs in the county, making the following conclusions:

- Two percent of patient discharges (or 2,885) from Pinellas County's 16 hospitals were discharged to hospice care during the 12-month period ending September 2014
- Most of these (1,861 or 64.5 percent) were discharged directly to a hospice facility with the remainder (1,024 or 35.5 percent) discharged to home hospice care
- The leading referral hospital was Morton Plant Hospital, accounting for 20.9 percent of the total followed by Mease Countryside Hospital (19.5 percent) and Largo Medical Center (14.3 percent)
- Overall, the BayCare Health System discharged a total of 1,597 patients to hospice, representing 55.4 percent of the total
- SNF occupancy for the last six months of 2014 stood at 88.3 percent, slightly higher than the state occupancy rate of 87.4 percent

Covenant next discusses population demographics and dynamics, including several maps and charts on pages 1-8 to 1-13 of CON #10375 that the applicant feels illustrate the following points:

- The current Pinellas County population aged 65+ is estimated to be 215,260 (23.2 percent of the total population of the county)
- By 2020, this age group is expected to reach 239,695 (25.7 percent of the total population)--a strong indication of the vibrancy of the senior market and the demands it will place on health care in the future
- Population concentrations are in the southern and northwestern portions of the county
- The population of Florida is estimated to be 19,816,176 in 2015 and is projected to grow 7.1 percent to 21,217,866 residents by 2020

The applicant presents the estimated 2015 senior population by Hospice Service Area in Table 1-4 on page 1-10 of CON #10375. Covenant notes that Service Area 5B is ranked the fourth most populous with respect to senior population--the most populous area for seniors with only one hospice program. The applicant points out that in fact, many service areas with fewer seniors have multiple hospice programs.

A few of Covenant's included charts focus on race, ethnicity and the veterans populations of Pinellas County. Covenant notes:

- The white population (2.5 percent) is expected to grow at a slower rate than the African American population (9.7 percent) and the Hispanic population is expected to grow at a much higher rate (17.9 percent) than its non-Hispanic counterpart (2.5 percent)

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- Growth by race in Pinellas compares favorably to what is expected statewide--however, Hispanic growth (predicted to increase by 17.9 percent between 2015 and 2020) is expected to be somewhat higher than what is expected statewide (predicted to increase by 12.8 percent)
- The increase in African American and Hispanic populations presents a need for creative and culturally-sensitive programs
- Covenant's approach to program design for these two population segments will involve a comprehensive Community Needs Assessment with a series of focus groups to better understand the needs of these program--results will be used to design better programs and services aimed at increasing penetration within these population segments
- There is a higher concentration of veterans residing in Pinellas County (9.3 percent of the total population) than there is in the state overall (7.9 percent of the total population)
- By 2020, Pinellas is expected to decline to represent 8.0 percent of the total veteran population while Florida's veteran population is expected to decline to 6.8 percent--largely attributable to death and a clear indication of the need for veteran-targeted programs and services
- Covenant is prepared to serve the special needs of the veteran population in Pinellas County and has identified this segment as one of the groups in the community deserving priority

Covenant provides a comprehensive discussion of mortality by cause and age in Pinellas County, illustrating its arguments with data analysis presented in several charts on pages 1-13 to 1-18 of CON #10375. The applicant highlights the following points:

- While mortality among those under the age of 65 appears to be declining somewhat (an average year-to-year change between 2010 and 2013 of -2.3 percent), mortality among seniors is increasing (an average year-to-year change of 1.0 percent for the same period)
- While white deaths are significantly higher than African American deaths, mortality among African Americans (2.2 percent from 2010 to 2013) is increasing more than it is among whites (0.0 percent for the same period)
- Hispanics in Pinellas can expect a higher rate of change in mortality (3.3 percent from 2010 to 2013) than non-Hispanics (0.1 percent for the same period)
- Nearly two-thirds of deaths (61 percent from 2010 to 2014) are among seniors from non-cancer diagnoses
- In 2013, heart disease is the number one cause of death in the county (23.1 percent of all resident deaths) while cancer accounts for 22.2 percent of resident deaths

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The applicant presents mortality trends for 2010 to 2013 for non-cancer deaths in Table 1-13 on page 1-17 of CON #10375. Covenant notes that the greatest year-to-year changes are for heart disease--more often than not, communication about hospice and palliative care for heart failure patients reaching the end-of-life is inadequate. The applicant declares that it recognizes this trend and has a commitment to address the need for early identification of hospice patients.

Covenant states that Pinellas County has been served by one hospice provider--Suncoast--for nearly 40 years and the provider has achieved exceptional rates of admission and penetration. The applicant recognizes this and commends Suncoast on its success, declaring that it is the intent of Covenant to operate in a manner that is complementary to Suncoast to meet the needs of the terminally ill in the community.

The applicant reiterates the Agency's fixed need pool calculation for the July 2016 planning horizon, pointing out that service gaps for cancer deaths and under 65 non-cancer deaths are relatively small. Covenant states that there is a gap of 464 patients age 65+ with non-cancer diagnoses who are projected to need hospice care that will not be available to them--nearly one-half of this group will die of heart disease. Covenant also presents data showing that admissions to Suncoast in all four of its mortality groups are declining, however mortality in Pinellas County is increasing.

The applicant explains that in 2003, it entered Hospice Service Area 2B--which like Pinellas, only had one hospice provider, Big Bend Hospice, prior to Covenant's entrance in the market. The applicant maintains that its synergistic approach resulted in increased community awareness in that service area, as well as increased admissions and penetration. Covenant presents a graph of hospice admissions in Hospice Service Area 2B from 2003-2010, noting that it shows its entry produced little-to-no impact on the existing provider.

Covenant concludes that historical data from its market entry in Hospice Service Area 2B evidences its ability to increase access and penetration. The applicant declares that it will replicate this proven strategy in a manner that is complementary to Suncoast's program in order to meet the needs of the terminally ill in Pinellas County. Covenant states it will enter the Pinellas County market with direct market experience including an established network of physician and facility relationships.

**Odyssey Healthcare of Marion County, LLC (CON #10376)** affirms the Agency's fixed need pool calculation, indicating that the State of Florida projects that as of the July 2016 planning horizon, an unmet need of 430

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hospice admissions will exist in Pinellas County. Odyssey asserts that it is proposing to satisfy the projected need of one additional hospice program in Hospice Service Area 5B by developing a high-quality full-service hospice. The applicant states that furthermore, Odyssey believes that it can satisfy that need in an efficient and cost-effective manner.

The applicant maintains that the Hispanic population is growing at a notably faster pace than the non-Hispanic population in Pinellas County. Odyssey reports that according to current Nielsen Claritas estimates, the Hispanic population increased 18 percent during the past five years, while the non-Hispanic population remained stable--this trend is projected to continue and suggests that the need for culturally specific and appropriate hospice care in the community is increasing.

Odyssey insists that it has extensive experience in working with Hispanic populations and that there are several factors that make outreach more essential to this population. The applicant states that first, while Hispanic populations often are lumped into one group for the purposes of outreach and care, the truth is that there are a number of various segmented and distinct groups within the Spanish-speaking community --each of these groups has its own cultural differences and values that must be understood to provide the most individualized hospice care.

Odyssey continues by stating that these various Hispanic communities can be closed to outsiders--without strong ties in the community, any outreach initiatives may be looked at skeptically or with distrust. The applicant explains that to be effective, Odyssey has a multi-level approach--it intends to reach out to multicultural and Hispanic churches and expects to network with local chaplains, ministers, pastors, spiritual care volunteers and other spiritual advisors to help bolster awareness of the accessibility of hospice services. Odyssey notes that it will provide the opportunity to access hospice services with Spanish materials and Spanish-speaking staff in a culturally sensitive environment.

The applicant indicates that the African American population is also growing at a faster pace than the white population in Pinellas County. Odyssey reports that according to current Nielsen Claritas estimates, the African American population increased approximately seven percent during the past five years, while the white non-Hispanic population remained stable--this suggests a greater need for additional outreach to and support for African American hospice patients.

Odyssey asserts that it intends to develop relationships with access points in the African American community, that it will make a concerted effort to educate its staff about the values and cultural experiences



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unique to African Americans and that it will also support other community education efforts to improve awareness of end-of-life care and its benefits among African Americans. The applicant notes that Dr. Lyla Correoso-Thomas, the Regional Medical Director, brings a great amount of experience in providing outreach across cultural barriers to bring hospice services to the African American community.

The applicant estimates a Pinellas County total veteran population of 86,727 in 2015 that will decrease to 74,858 by 2020. The applicant attributes this population decrease in part to death. Odyssey notes that for the same period, veterans age 85+ as a percentage of the total veteran population is expected to increase from 10.2 percent in 2015 to 11.3 percent in 2020. The applicant 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 table below.

**Veteran Population for Pinellas County**

	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Veterans 65 and Under	39,488	38,022	36,551	35,200	33,828	32,448
Veterans 65+	47,239	46,173	45,202	44,179	43,253	42,410
Total Veteran Population	86,,727	84,194	81,752	79,379	77.083	74,858
Veterans 85+	8,906	8,878	8,934	8,649	8,588	8,428

Source: CON application #10376, page 35

The applicant declares that Odyssey is committed to caring for veterans and their families throughout their lives, especially at the end-of-life, because it is an honor to acknowledge and show gratitude to those who have served our country. Odyssey asserts that this is why it participates in the *We Honor Veterans* program and includes a training packet from Gentiva University's *Veterans and End-of-life* training course in Attachment 12 of CON #10376.

Odyssey maintains that it understands that patients who have a non-cancer diagnosis may have an unmet need for hospice services. The applicant states that the Agency estimated that on a statewide basis patients with non-cancer diagnosis utilize hospice services at a much lower rate than patients with a cancer diagnosis. See the table below.

**Florida Deaths and Hospice Usage, 2012**

<b>2012</b>	<b>Cancer Under 65</b>	<b>Cancer 65 and Over</b>	<b>Non-Cancer Under 65</b>	<b>Non-Cancer 65 and Over</b>	<b>Total</b>
Deaths	11,710	29,265	31,858	102,218	175,751
Hospice Patients	10,571	29,764	7,490	71,553	119,377
% Hospice Usage	90.3%	99.3%	23.5%	70.0%	67.9%

Source: CON application #10376, page 36

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The applicant insists that while Odyssey intends to care for hospice patients regardless of age or diagnosis, it plans to implement enhanced outreach programs, particularly its Memory Care and Cross Continuum Collaborative Programs, for patients who have a non-cancer diagnosis, so as to increase their utilization of and benefit from hospice services.

**Palm Garden Hospice, LLC (CON #10377)** states that the population of Subdistrict 5B is estimated to be 928,186 in 2015 and is barely projected to grow by 0.34 percent to 931,356 by 2020. PGH feels that, however, what stands out is the population growth for the age 65+ cohort--projected to grow 11.19 percent while all under-65 age cohorts are expected to decrease in size in the next five years.

PGH includes a discussion of race for those 65+, noting that it is significant that the white race is growing more slowly in the subdistrict than every other category. The applicant feels that these growth patterns indicate that a new hospice in the area must be prepared to develop programs that address this increasing diversity. PGH notes that many of the large percentage increases are due to low population numbers--for example, while the overall growth 65+ population of Pacific Islanders is projected to grow more than 70 percent in the next five years, this is due to a population increase of 24 additional people built on an original population of 34. The applicant asserts that it may be important to focus on overall growth versus percent growth to capture the populations that are truly building in numbers--these would include the Asian and African American population from both a total and 65+ perspective. See the table below.

**Total Population Growth for Subdistrict 5B by Race 2015-2010**

	<b>2015</b>	<b>2020</b>	<b>Percent Change</b>	<b>Annual Rate of Growth</b>
Two or More Races	23,362	27,324	16.96%	3.18%
Other Races	20,972	24,452	16.59%	3.12%
Asian	31,297	36,235	15.78%	2.97%
American Indian	3,179	3,530	11.04%	2.12%
African American	101,464	109,900	8.31%	1.61%
White	760,870	776,466	2.05%	0.41%
Pacific Islander	764	715	-6.41%	-1.32%
<b>Total</b>	<b>941,908</b>	<b>978,622</b>	<b>3.90%</b>	<b>0.77%</b>

Source: CON application #10377, page 52

The applicant presents a quantitative analysis of ethnicity, noting that it demonstrates that the focus of a new hospice provider in this community at least initially needs to be on the Hispanic community. PGH finds that the non-Hispanic population is expected to grow by only 2.48 percent while in contrast, the Hispanic population is projected to grow 17.94 percent from 2015-2020--well exceeding the projected growth of the Hispanic population for the state for the same period (12.74 percent).

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The applicant further believes that the increase in deaths in the Hispanic population is another indicator of the importance of increased access to hospice for the Hispanic community. PGH reports that from 2003 to 2013, deaths among Hispanics in Pinellas County increased 65.6 percent while deaths among non-Hispanics decreased seven percent.

PGH insists that most notably as demonstrated by acute care discharges to hospice from October 1, 2013 to September 30, 2014, Hispanic residents of Subdistrict 5B are being discharged from acute care to hospice at half the rate of non-Hispanic residents. The applicant explains its proposed outreach efforts to the Hispanic and Latino communities. See the table below.

**Subdistrict 5B Discharges to Hospice by Ethnicity**

	<b>Discharges to Home Hospice</b>	<b>Discharged to Hospice Facility</b>	<b>Total Discharges</b>	<b>Percent of Total</b>
Hispanic or Latino	27	28	4,807	1.14%
Non-Hispanic or Latino	951	1,730	116,126	2.31%
Unknown	7	14	1,122	1.87%
<b>Grand Total</b>	<b>985</b>	<b>1,772</b>	<b>122,055</b>	<b>2.26%</b>

Source: CON application #10377, page 54

The applicant indicates that as shown in the table below, Pinellas County veterans in 2014 accounted for 9.6 percent of the population--more than half of which are 65+. PGH points out that ten percent are 85+. The applicant states this cohort is projected to remain relatively constant in the next five years and their presence remains an important factor for the specialized provision of hospice care. See below.

**Veteran Population for Pinellas County**

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Veterans 65 and Under	41,025	39,488	38,022	36,551	35,200	33,828	32,448
Veterans 65+	48,305	47,239	46,173	45,202	44,179	43,253	42,410
Total Veteran Population	89,331	86,727	84,194	81,752	79,379	77,083	74,858
Veterans 85+	8,947	8,906	8,878	8,934	8,649	8,588	8,428

Source: CON application #10377, page 55

PGH presents an analytical discussion of deaths in Subdistrict 5B on pages 55 to 57 of CON #10377. PGH finds:

- For 2011-2014 total deaths for the population under age 65 have remained flat--meanwhile 65+ deaths increased by 4.6 percent
- The trends in deaths are not uniform across the ethnic groups--non-Hispanic deaths only increased three percent from 2011 to 2014 while Hispanic deaths increased 21 percent during the same time frame
- The number of deaths among Hispanic residents age 65+ increased by 24 percent from 2011-2014

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- Deaths among white residents increased 2.5 percent from 2011-2014 while African American deaths grew by 13.2 percent and deaths from all other races markedly increased by 20.0 percent

The applicant reports that according to Florida CHARTS data, cardiovascular diseases account for almost 30 percent of Pinellas deaths in 2014, representing the largest cause of death for the county--cancer falls shortly behind at 21.7 percent and respiratory diseases are also a significant contributing cause of death (8.8 percent).

PGH believes it is also important to note that there are several causes of death that have grown significantly in the last four years. The applicant points out that deaths from nervous system diseases grew almost 40 percent from 2011-2014 while digestive disease deaths grew 21 percent during the same time. PGH asserts that while these causes result in far fewer total deaths than the two main causes, PGH recognizes that it must have programs, protocols and training in place to place comfort and care to those with a variety of life-limiting illnesses. See the table below.

**2011-2014, Pinellas County, Selected Deaths by Type**

	<b>2011</b>	<b>2014</b>	<b>Percent Change</b>
Malignant Neoplasm (Cancer) (C00-C97)	2,529	2,488	-1.6%
Nervous System Diseases (G00-G99)	349	487	39.5%
Cardiovascular Diseases (I00-I99)	3,140	3,320	5.7%
Respiratory Diseases (J00-J99)	970	1,008	3.9%
Digestive Diseases (K00-K99)	206	249	20.9%

Source: CON application #10377, page 58

The applicant next presents an analytical discussion of the existing hospice provider on pages 59 to 68 of CON #10377. PGH reports that Suncoast has three inpatient care units in Subdistrict 5B, which appear to be its recent focus of care. The applicant contends that it has learned that many patients prefer to remain in their home but are encouraged, if not required, to relocate to these hospice houses instead of receiving care in their home.

PGH states that it is clear that Suncoast has not been providing hospice care to all patients in Subdistrict 5B, as certain population segments appear to be underserved. The applicant indicates that in addition and more importantly, Suncoast appears to be unable or unwilling to treat patients in their homes with the same frequency as in the past. PGH insists these claims are substantiated by letters of support received by Jennifer Johnson and Renee Mendoza, former Suncoast nurses. The reviewer notes that Ms. Mendoza stated, "I am a former Hospice Nurse for Suncoast providing care to hospice patients and families in the home. I left the organization because I experienced a lack of commitment from

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leadership to keep patients in their home by providing Continuous Care to meet their level of care needs. Patients were moved to in-patient care to get their needs met as we were instructed that we could not order Continuous Care. This does not align with the important mission of hospice and serving patients where ever they call home.”

The applicant includes several charts illustrating Suncoast’s and Florida’s hospice admissions, historical trends in caseload by setting at Suncoast, Suncoast’s historical unit occupancy along with a comparison to the state and hospice coverage of similarly populated counties in Exhibits 16-22 of CON #10377. PGH finds that:

- The number of admissions for Suncoast decreased by almost six percent from 2011 to 2014 while the number of admissions for the state as a whole increased by 6.44 percent
- The admissions for the under 65 population have dropped a total of 11.75 percent during the four year period and the admissions for those under 65 without cancer dropped by more than 17 percent
- It appears that Suncoast has shifted much of its care outside of the home environment in the past five years--since 2010, Suncoast’s total admissions have decreased 12.2 percent but its private caseload has decreased 38.8 percent in the same time
- Suncoast’s historical inpatient unit occupancy shows its inpatient hospice houses have remained largely filled over the past five years until 2014--this indicates that there may be staffing shortages or issues at play in 2014 and this demonstrates that Suncoast’s most focused case setting has been its inpatient hospice houses
- According to the *Hospice Demographic and Outcome Measures 2014 Report*, Suncoast’s inpatient beds operated at an average of 87 percent in 2014 despite the decline in admissions across care settings--the average for the state was 69 percent during the same year
- Pinellas does not have the same level of competition as most other similarly populated Florida counties--there is only one other county with similar total population that has only one hospice provider

The applicant concludes that increased competition will increase access to hospice services and will force both Subdistrict 5B providers to increase their operational efficiency in an attempt to contain costs.

PGH next includes an analysis of trends in hospice utilization in Subdistrict 5B through Exhibits 23-31 of CON #10377. The applicant makes the following conclusions:

- Hospice penetration rates for the state have stayed relatively constant around 65 percent over the last four years (2011-2014)

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- From 2013-2014 hospice admissions in Subdistrict 5B steeply declined and the penetration rate significantly declined, from 69.06 percent in 2013 to 62.52 percent in 2014--accordingly there is a need for additional hospice care in this subdistrict
- In 2014 Subdistrict 5B had the 12<sup>th</sup> lowest penetration rate in the state while in 2013 it had the seventh highest--indicating that another provider in the subdistrict is needed
- While cancer patients in both age cohorts presented (Under 65 and 65+) appear well-served, there will be growth in demand for care based on the projected level of growth for Pinellas County
- Previous years' penetration rates for the those under 65 with non-cancer diagnoses demonstrate a larger percentage of this population can be reached--Suncoast's limitations on in-home hospice care that seem to have emerged in recent years likely had an effect on this segment
- The subdistrict's penetration rate for the population 65+ non-cancer diagnoses remained steady around 69 percent until 2014--when it experienced a steep decline from 69.0 percent to 60.80 percent which put it well under the statewide average of 65.63 percent for this cohort
- Overall the non-cancer deaths in Subdistrict 5B appear to be driving the need for additional hospice services in Pinellas County

The applicant presents its projected utilization for the proposed project in Exhibit 32, including a list of assumptions and calculations on which it is based. PGH includes the following projected utilization in Exhibit 33 of CON #10377.

**Projected Palm Garden Utilization**

	<b>Year One</b>	<b>Year Two</b>
Patients	290	659
Patient Days	16,217	41,758
Average Daily Census	44.4	114.4
Average Length of Stay (ALOS)	55.93	63.38

Source: CON application #10377, page 78

PGH insists it will achieve its projected utilization without any material impact on the existing provider. The applicant contends it will focus on increasing access to the Hispanic community, those with cardiac and other non-cancer diagnoses and the homeless population--therefore communities that are not being reached by the existing provider. PGH feels that general hospice care as well as continuous care in the home setting has greatly declined in the subdistrict over the past four years--PGH plans to focus on these care settings and because it will expand access to environments that are currently underserved, it will not take volume away from the existing provider.

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The applicant asserts that important indicators that demonstrate PGH will best meet the needs of Pinellas County include:

- PGH will join a family of affiliated post-acute care providers which establish initial administrative and clinical infrastructure on which to build and will create a seamless and complete post-acute care continuum for Subdistrict 5B
- PGH has carefully assessed the needs of this community and will bring committed programming to homeless residents, the Hispanic community, diagnostic-based populations and those who seek care, to include Continuous Care, outside of an inpatient facility
- Palm Garden facilities have a reputation for quality and committed service throughout Florida
- PGH will seek and receive Accreditation Commission for Health Care (ACHC) accreditation
- PGH has demonstrated economic efficiencies in developing this project while providing high quality care and comprehensive community programming
- PGH providers place the utmost importance in serving the community, participating in community events and giving back to the community

**Seasons Hospice and Palliative Care of Pinellas County, LLC**

**(CON #10379)** explains that its mission 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 65 percent, from 10,771 admissions in 2010 to 17,754 in 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 SHPC's accredited programs and memberships in hospice organizations. SHPC also indicates 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
- Namaste Care dementia program
- Massage therapy

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- Volunteer Vigil
- Spiritual presence
- Loyal Friends Pet Team
- Music companion
- CareFlash-online care support community for patients and families
- *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
  - 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 Relief) 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 #10379.

The applicant asserts that a hospice is a hospice, a hospital is a hospital, a SNF is a SNF and a health system is a health system--they are not interchangeable. According to SHPC, hospitals, SNFs 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



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improve palliative care. SHPC contends it has grown in some very competitive markets (Chicago and California are mentioned) by continually focusing on better service, quality and access improvements.

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, SHPC emphasizes having the highest admission growth rate (363.7 percent) at Seasons Hospice (formerly Douglas Gardens Hospice), for the period CY 2010 to 2014 compared to existing hospice applicants and Suncoast Hospice, over the same period. SHPC notes that the individual hospice programs recently acquired by Chapters are shown separately in the table below, while all Vitas' separately licensed programs are shown as one. See below.

**Pinellas County and Florida Hospice Admissions and 5-Year Growth**

Pinellas Hospice Programs	Admissions for Calendar Years					CY 2010-2014	
	2010	2011	2012	2013	2014	Total Increase	Growth Rate
Seasons Hospice*	303	651	912	1,263	1,405	1,102	363.7%
Covenant Hospice	4,513	4,298	4,511	4,539	4,615	102	2.3%
Good Shepard	3,205	4,476	3,430	3,063	2,941	-264	-8.2%
HPH Hospice	4,502	4,222	4,208	3,966	3,647	-855	-19.0%
LifePath Hospice	5,810	4,619	6,262	5,975	5,690	-120	-2.1%
Odyssey Healthcare of Marion County	1,566	1,443	1,348	1,229	1,236	-330	-21.1%
Regency Hospice of Northwest Florida <sup>1</sup>	150	184	293	302	331	181	120.7%
Tidewell Hospice	7,489	7,527	7,549	7,840	7,974	485	6.5%
VITAS	18,616	19,674	20,553	20,600	21,738	3,122	16.8%
Suncoast Hospice	7,271	7,629	7,532	7,831	7,184	-87	-1.2%

\*Formerly Douglas Gardens Hospice for the first eight months of 2010

Source: CON application #10379, page 1-17

SHPC insists that even though some competitors may claim “knowing the area” because of serving an adjacent area, they are not necessarily the most knowledgeable about how to best serve the area, given their past performance (detailed above). The applicant maintains that advancement in reaching more Pinellas residents eligible for hospice and improving choice can occur with the proposed project.

SHPC 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 Pinellas County. The applicant indicates that through initial contacts made while collecting

<sup>1</sup> The reviewer notes that Regency Hospice of Northwest Florida, Inc. (CON application #10378) withdrew its application for this batching cycle and is no longer a competing applicant.

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letters of support in Broward County, Seasons was able to build partnerships throughout the community for the new hospice program--forging alliances with all residents under the care of various providers. SHPC maintains that it established relationships with multiple health care and senior housing providers throughout Pinellas County in developing the submitted application as evidenced in their letters of support.

SHPC references the DOEA 2014 *Annual Hospice Demographic and Outcome Measures Report*, indicating that its hospice had a Medicaid percent of revenues of 6.83 percent, a higher percentage than most competing applicants. The applicant notes that Suncoast reported 3.10 percent of its revenues as Medicaid during this period, indicating a possible gap in service to low income individuals. Based on this, the applicant maintains that hospice enrollment for terminally ill patients eligible for Medicaid is expected to improve, if its project is approved.

Using Nielsen Company 2014 data, SHPC estimates that over the next five years (2014-2019) the Pinellas County population will grow by 31,281 or 3.4 percent, but the elderly population (age 65+) is expected to grow by a much faster pace, with an increase exceeding that of the total population of 32,013 or 15.1 percent. The reviewer notes the applicant draws these totals from a list of 47 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 below.

**Pinellas County Population Increase, 2014-2019**

<b>5-Year Increase Age 0-64</b>	<b>5-Year Increase Age 65+</b>	<b>5-Year Total Population Increase</b>	<b>5-Year Growth Age 0-64</b>	<b>5-Year Growth Age 65+</b>	<b>5-Year Total Population Growth</b>
-732	32,013	31,281	0.1%	15.1%	3.4%

Source: CON application #10379, page 1-29

SHPC contends that considering its previously mentioned track record of its program growing by over 350 percent in just five years, a similar increase in service is expected for Pinellas. The applicant also asserts being responsible for 77.5 percent of Hospice Service Area 11's admission growth from CY 2010 to June 2014--reflecting a focus on service first.

SHPC finds that analysis of the 2014 hospice admissions for Pinellas and Florida by age and cause of death show that the existing Pinellas hospice program is enrolling patients of various ages and those with and without cancer proportionately with other programs in Florida, although at an insufficient overall number, based on projected population and admissions--therefore need is widespread among all categories.

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Similar analysis by the applicant of penetration rates for Pinellas County demonstrate lower penetration rates in the county (0.647) compared to the statewide average (0.679). The applicant finds that when these values are applied to projected Pinellas deaths, the difference in the projected hospice admissions and current hospice admissions represents the net need for each group--Cancer under 65, Cancer 65+, Other Under 65 and Other 65+. SHPC concludes that the greatest need is identified for people age 65+ with illnesses other than cancer--this represents virtually all the need, whereas the terminally ill under age 65 without cancer represent 5.6 percent. See the table below.

**Pinellas County Net Need by Cause of Death and Age**

<b>Variable</b>	<b>Cancer Under 65</b>	<b>Cancer 65+</b>	<b>Other Under 65</b>	<b>Other 65+</b>	<b>Total</b>
Projected Pinellas Deaths CY 2016	710	1,772	1,923	6,801	11,206
Projected Pinellas Admissions CY 2016	641	1,760	452	4,761	7,614
7/13-6/14 Pinellas Admissions	669	1,790	428	4,297	7,184
DIFFERENC/NEED	-28	-30	24	464	430
<b>Distribution of Need</b>	<b>-6.5%</b>	<b>-7.0%</b>	<b>5.6%</b>	<b>107.9%</b>	<b>100%</b>

Source: CON application #10379, page 1-32

Specifically, SHPC indicates higher projected need for non-cancer patients and the elderly, those residing in SNFs and ALFs. The applicant contends that 2014 Seasons admission data show that 96.7 percent of its admissions are for patients 65+ and 71.8 percent are non-cancer patients and that this is similar to the need distribution in Pinellas.

SHPC 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 #10379, page 1-35, Table 1-11). The applicant finds that:

- In 2014, 96.7 percent of Seasons' hospice admissions in Hospice Service Area 11 for 2014 were age 65+
- Seasons reported 46,966 patient days for ALF residents, 38.1 percent of the total (123,224 days) in 2013--a greater percentage than all the other competing applicants
- Suncoast reported 101,099 patient days for ALF residents, or 16.0 percent of the total (632,090 days) in 2013

SHPC further contends that it reported 56.2 percent of total patient days with ALFs and SNFs, a higher combined rate than all the others reviewed. The applicant insists that the data show with respect to proportion of enrollees, Suncoast falls below the statewide average in service to ALFs. The applicant explains that applying the statewide rate of ALF bed days (5.10 percent) to Pinellas ALF beds reveals 155,417 possible hospice days, 54,318 more than the current utilization. SHPC

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explains that applying Seasons' ALOS results in 498 potential ALF patients, similar to the documented need of 430 for the service area-- SHPC could fill this gap in service.

The applicant presents a discussion of racial and ethnic minorities, providing data illustrating five year population estimates in Pinellas, Miami-Dade and Florida. The applicant reports that although the growth rate of the Hispanic population in Pinellas is almost twice that of the African American or other minorities' populations, the increased number of Hispanic residents is small and will only increase by approximately one percent of the total population. SHPC reports that other minorities represent even smaller numbers, meaning that opportunities to improve access are limited. SHPC concludes that growth rates for minorities are stronger in other areas of the state.

The applicant analyzes 2013 deaths, hospice patients and penetration rates by race in Pinellas and Florida, indicating that the results show higher penetration rates for racial and ethnic minorities in Pinellas, indicating no gap in service. The reviewer includes the following partial portion of the applicant's table. See below.

**2013 Penetration Rates by Race**

<b>Race/Ethnicity</b>	<b>Suncoast Hospice Patients</b>	<b>Florida Hospice Patients</b>
	<b>Penetration Rate</b>	<b>Penetration Rate</b>
Hispanic	72.1%	59.2%
Non-Hispanic	69.0%	65.7%
Total	69.1%	65.0%
Asian	43.9%	41.7%
African American	47.8%	43.2%
Caucasian	66.3%	55.0%
Total	69.1%	65.0%

Source: CON application #10379, page 1-40

SHPC states that the penetration rates for each category identified indicates that Suncoast serves a proportionate number of minorities in comparison to minorities throughout the state. The applicant asserts that nonetheless, Seasons has the ability to improve access and outreach efforts to minorities.

The applicant insists it has the programs and experience to tailor the hospice program according to the individuals served. SHPC explains that it hired additional staff to reflect the population served at its District 11 hospice program--now the majority of the staff is Hispanic, reflective of the Miami-Dade population which is approximately 60 percent Hispanic. The applicant concludes that to promote diversity and truly represent the population to be served, SHPC commits to having at least one African American, one Hispanic and one Jewish board member.

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SHPC offers a table to account for 2013 Pinellas County and Florida causes of death and corresponding percentages. The applicant states that the 10 leading causes of death in Pinellas County, in rank order, were: heart disease, cancer, chronic lower respiratory diseases, unintentional injury, stroke, Alzheimer’s, diabetes mellitus, chronic liver disease/cirrhosis, influenza/pneumonia and suicide. HIV/AIDS was ranked as the 17<sup>th</sup> leading cause death in the area for the same period.

The applicant also presents a detailed table illustrating 2013 Pinellas resident hospital discharges to hospice or those who died at the hospital. SHPC feels that hospital discharges for Pinellas by Major Diagnostic Category for CY 2013 indicate that more in-hospital deaths occur than are discharged to hospice, indicating potential improvements can be made in working with hospital discharge planners and physicians to educate about the benefits of hospice care in the progression of particular illnesses. SHPC insists that a program such as itself that would offer additional outreach and education to the medical community would enhance care already in place within the service area.

The applicant indicates that in 2012, Seasons had a higher percent of patients in each of the diagnosis categories associated with some of the more prevalent cause of death in Pinellas with the ability to enroll these patients at higher rates than Suncoast. The applicant highlights HIV/AIDS, 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 Suncoast and Florida overall. See below.

**2012 Patients and Percent of Total Patients by Diagnosis in Pinellas County  
Seasons Hospice, Suncoast Hospice and Florida**

Hospice	Cancer	AIDS	End-Stage Pulmonary Disease	End-Stage Renal Disease	End-Stage Heart Disease	Other	Total
<b>HOSPICE PATIENTS</b>							
Suncoast Hospice	2,567	27	921	203	1,080	3,033	7,831
Seasons Hospice	328	30	126	100	205	473	1,262
Florida	39,370	427	12,445	2,900	16,201	45,615	116,958
<b>PERCENT OF TOTAL HOSPICE PATIENTS</b>							
Suncoast Hospice	32.8%	0.3%	11.8%	2.6%	13.8%	38.7%	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 #10379, page 1-48

The applicant also discusses improving hospice services for HIV/AIDS patients, Alzheimer’s patients, pediatric patients and veterans on pages 1-49 through 1-53 of CON #10379.

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SHPC forecasts 190 admissions and an ALOS of 58 days for year one (ending June 30, 2017) and 419 admissions and an ALOS of 75 days for year two (ending June 30, 2018) of the proposed project. The applicant indicates that projections are based on the recent experience of Seasons in Hospice Service Area 11 and the most recent start-ups in areas previously having only one hospice provider. See below.

**Forecasted Hospice Admissions for First Two Years in Service Area 5B  
and the Expected Number of Admissions to Seasons**

Cause of Death	Projected Hospice Patients 7/16-6/17			Seasons Admissions 7/16-6/17- Year 1 Market Share 2.5 Percent			Seasons Patient Days 7/16-6/17- Year 1 ALOS=58		
	0-64	65+	Total	0-64	65+	Total	0-64	65+	Total
	Cancer	641	1,759	2,401	16	44	60	962	2,639
Other	452	4,761	5,212	11	119	130	678	7,141	7,819
<b>Total</b>	<b>1,093</b>	<b>6,520</b>	<b>7,613</b>	<b>27</b>	<b>163</b>	<b>190</b>	<b>1,640</b>	<b>9,780</b>	<b>11,420</b>
Cause of Death	Projected Hospice Patients 6/17-7/18			Seasons Admissions 6/17-7/18- Year 2 Market Share 5.5 Percent			Seasons Patient Days 6/17-7/18-Year 2 ALOS=75		
	0-64	65+	Total	0-64	65+	Total	0-64	65+	Total
	Cancer	642	1,760	2,401	35	97	132	2,646	7,259
Other	452	4,762	5,214	25	262	287	1,865	19,643	21,507
<b>Total</b>	<b>1,094</b>	<b>6,522</b>	<b>7,615</b>	<b>60</b>	<b>359</b>	<b>419</b>	<b>4,511</b>	<b>26,901</b>	<b>31,412</b>

Source: CON application #10379, page 1-53 to page 1-54

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

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

**Tidewell Hospice, Inc. (CON #10380)** states that its application offers the following strengths:

- Tidewell has the financial resources and managerial depth to implement a full-service program in the Pinellas 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 Pinellas County program
- Tidewell understands hospice as a social movement and thus as a community movement to provide a dignified and compassionate approach to death, dying and bereavement

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

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

Tidewell presents data showing that it ranked 4<sup>th</sup>, 8<sup>th</sup> and 10<sup>th</sup> statewide in terms of penetration rates in 2013 in Table 6 of CON #10380, page 13. The reviewer notes that the table ranks penetration rates (from one to 27) from 2009 through 2013, with Tidewell exceeding or tying penetration rates among the state average for those years. The reviewer observes that Tidewell exceeds or ties penetration rates among Pinellas County, except for in two cases--Pinellas County’s rates exceeded those of Tidewell’s program in Hospice Service Area 6C in 2009 and 2012.

The applicant illustrates 2013 penetration rate data by age and diagnosis for Tidewell’s three service areas, Florida and Pinellas County, noting that Tidewell exceeds the statewide penetration rate in every category of resident death and the Pinellas County penetration rate in two of four categories. See the table below.

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

<b>Hospice Admissions 12 Months Ending December 31, 2013</b>					
	<b>Cancer Under 65</b>	<b>Cancer 65 and Over</b>	<b>Other Under 65</b>	<b>Other 65 and Over</b>	<b>Total</b>
Tidewell	612	2,081	381	4,766	7,840
All Florida	10,433	28,884	7,442	69,876	116,635
Pinellas	612	2,081	381	4,766	7,840
<b>Resident Deaths 12 Months Ending December 31, 2013</b>					
	<b>Cancer Under 65</b>	<b>Cancer 65 and Over</b>	<b>Other Under 65</b>	<b>Other 65 and Over</b>	<b>Total</b>
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
Pinellas	649	1,873	1,895	6,923	11,340
<b>Hospice 2013 Admissions as a Percentage of 2013 Resident Deaths</b>					
	<b>Cancer Under 65</b>	<b>Cancer 65 and Over</b>	<b>Other Under 65</b>	<b>Other 65 and Over</b>	<b>Total</b>
Tidewell	101.0%	99.1%	26.7%	67.2%	69.8%
All Florida	88.7%	94.4%	23.3%	66.1%	64.8%
Pinellas	94.3%	111.1%	20.1%	68.8%	69.1%

Source: CON application #10380, page 14, Table 7

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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 the *NHPCO's (National Hospice and Palliative Care Organization's) Facts and Figures: Hospice Care in America 2014 Edition* offering snapshots of hospice utilization in the United States in 2013. The applicant presents additional studies on pages 16-21 and Appendix A of CON #10380.

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
- 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 Pinellas County community. The model includes:

- Providing outreach and support
- General community education
- Specialized programs for other traditionally underserved populations
- Tidewell's children's team services
- 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



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The applicant explains that Telehealth allows the patient to be treated in the home while enabling Tidewell to address symptoms as soon as they occur. 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 monitoring process
- Capability to send the patient a reminder
- Capacity to trend and tack 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

Tidewell discusses emerging strategies, noting that it intends to develop several innovative strategies in its existing and any new service areas to improve the coordination of care. The applicant aims to enhance liaisons with non-hospice providers by incorporating hospice staff in the care planning process from the beginning, streamlining the sharing of medical records and through educational outreach initiatives.

The applicant also includes a discussion of its competing applicants, providing several tables illustrating the penetration rates of the service areas of other co-batched applicants on pages 40 to 42 of CON #10380. Tidewell makes the following conclusions:

- BayCare did recently partner with Suncoast Hospice to apply for programs in Pasco and Hillsborough Counties--the appearance of BayCare as an applicant in this batch raises legitimate questions about whether its application is a genuine proposal to provide a new service or whether it is simply a technique by which Suncoast can essentially apply to open a second program in its existing service area
- In most recent years, at least half of the VITAS hospices in Florida have operated in service areas where hospice penetration rates lag the statewide average
- Seasons operates its only Florida program in Service Area 11<sup>2</sup>, which is consistently one of the lowest penetration rate service areas in Florida

<sup>2</sup> The reviewer notes that Seasons Hospice of Palliative Care of Broward Florida, LLC was licensed to provide services in Broward County on January 9, 2015.

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- In the case of Covenant, none of its hospices operate in a service area where the hospice penetration rate exceeds the statewide average
- Though over the past four years two of the three Odyssey/Gentiva hospices in Florida have operated in service areas in which the overall hospice penetration rates have exceeded the statewide average, closer examination of the utilization data suggests this is not a result of the success of its programs
- The percentage of programs in the Chapters group that operated in service areas with hospice penetration rates below the statewide average has ranged between 20 and 40 percent since 2009, with the trend worsening in the two most recent years

**VITAS Healthcare Corporation of Florida (CON #10381)** indicates that to develop its application, VHCF spent significant time researching Pinellas County and gathering feedback from residents and community leaders. The applicant explains its steps in this process on page 10 of CON #10381. VHCF uses this information to identify “Subdistrict 5B’s Identified Needs”:

1. Pinellas needs a second hospice to increase the overall hospice use, to provide a choice of hospice programs, to improve the response time for both referred and admitted hospice patients and to better meet specific needs of Pinellas County residents
2. Some Pinellas seniors who live alone and lack local family need additional support to stay in their homes for hospice services--this includes a sub-community of LGBT residents age 65+
3. The hospice use rate for all racial and ethnic groups in Pinellas is below the state average--better engagement with underserved groups, particularly African American and LGBT is needed to increase hospice use rates
4. Improved access to palliative radiation and chemotherapy is needed to improve access to hospice for cancer patients and improve symptom management
5. Continuing education of physicians on end-of-life care is needed to increase the timeliness and number of hospice referrals

The applicant analyzes Subdistrict 5B and Florida hospice use rates from 2011 to 2014, finding that there is room for growth in the number of patients receiving hospice care in the subdistrict, as well as opportunities for improving the consistency of the hospice use rate. VHCF insists that the 2014 hospice use rate in Pinellas is well below the rates observed in other Florida subdistricts. The applicant includes a chart illustrating how many hospice admissions Pinellas would have experienced if its use rate was as high as the use rates in listed subdistricts.

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VHCF states that starting community hospice operations quickly is very important. 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 while competing applicants have taken seven to 10 months. VHCF contends that it is the only applicant that has shown its ability to enter a new service area and achieve the patient volume it projected in its application and includes a chart comparing itself to Odyssey and Regency on this measure.<sup>3</sup> The applicant states that its chart shows that both of its hospices in Subdistrict 4A and 8B met or exceeded their year one and year two projections in competition with existing hospices.

VHCF asserts that when it asked Pinellas residents and providers what is needed from a new hospice provider, the ability to admit patients in a timely manner emerged as a theme, as did the ability to respond rapidly when visits are requested--the applicant includes excerpts from interviews with Pinellas ALF and SNF providers. The applicant's excerpts including the following regarding Subdistrict 5B Resident's on Hospice Response Times:

- ALF residents sometimes have to wait for an assessment for services by the existing hospice provider
- Cited problems with the existing provider including issues with clinical team responsiveness
- One supervisor of a memory care unit cited the lack of ability to manage patient's plan of care after hours
- Expressed concern regarding increasing issues with care for patients at the end-of-life, including timely responses to hospice care calls

VHCF insists that it will implement a more responsive and rapid admissions process through the use of technology and a flexible staffing model to respond to admissions and ongoing patient needs.

The applicant includes a figure illustrating the user's view of its Connected Care application--which centralizes electronic interfaces to multiple EMRs and places that data into automated workflows that deploy its caregivers with the goals of:

1. Making first contact with the patient and family within 30 minutes
2. Transitioning the patient home and under VHCF's care the very same day the referral is received

<sup>3</sup> The reviewer notes that Regency Hospice of Northwest Florida, Inc. (CON application #10378) withdrew its application for this batching cycle and is no longer a competing applicant.

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VHCF states that Pinellas County is home to a significant number--as many as 84,000 in 2015--of elderly people who lack caregiver support, either because they live alone or their primary caregiver is unable to meet their care needs. The applicant maintains that seniors who are unable to manage activities of daily living in the home may be unable to receive hospice services in the home and they are more likely to receive high-cost care and services contrary to their wishes. VHCF reports that Suncoast opened a residential program in the late 1990s at its Woodside facility, but since 2013 no longer offers residential services at any location.

VHCF declares that it knows how to safely care for hospice patients in their home. The applicant insists that it is able to help more than 90 percent of its patients safely live and die in their preferred place of care and describes its processes for being able to do so. Additionally VHCF discusses the frequency of its staffing visits, its utilization and payment for monthly Lifeline AutoAlert services and its provision of the continuous level of hospice care.

The applicant declares that the hospice use rates for all racial and ethnic groups except Native Americans in Pinellas are below the state average, as indicated in the table below. VHCF includes a list of organizations that it met with members of in order to understand the reasons for the lower use rates.

**2013 Florida and Pinellas County Use Rates by Race and Ethnicity**

<b>Admissions</b>	<b>Unknown</b>	<b>White</b>	<b>African American</b>	<b>Other</b>	<b>Asian</b>	<b>Hispanic</b>	<b>N. American Native</b>	<b>Total</b>
Pinellas	65.0%	55.9%	44.4%	55.0%	46.9%	60.6%	60.0%	55.3%
Florida	65.1%	63.1%	53.5%	63.2%	51.3%	64.6%	49.3%	62.3%

Source: CON application #10381, page 27

The applicant also conducted a community listening session to gather more data and demonstrate its genuine desire to build a lasting relationship. VHCF provides the following feedback from its meetings and listening session:

- There is a lack of awareness of hospice services in Pinellas County
- There is a need for caregiving assistance and support for seriously ill people who live alone
- Communities of color are underserved and underrepresented in hospice management--enhanced efforts are needed to recruit, train and promote staff from diverse communities to staff positions at all levels of the organization
- Ongoing staff and volunteer training regarding multiculturalism is needed
- Education is needed for hospice clinical staff and leaders to emphasize the specialized needs of LGBT residents

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- Increased grief support services are needed for sudden, accidental and violent deaths
- Ongoing engagement and partnership between diverse communities and the new Pinellas County hospice after the CON is awarded

The applicant provides a detailed discussion of each of the following “VHCF Responses” on pages 28 to 34 of CON #10381:

- Community advisors program
- Partnership with urban league
- Career advancement for African American employees
- Partnership with leading LGBT organizations
- Listening sessions

VHCF asserts that it will partner with physicians to provide access to quality hospice care. The applicant insists that these physicians will work with VHCF to enhance VHCF relationships with other community providers and provide input into the development of continuing education programs that utilize evidence-based protocols to improve symptom management.

The applicant notes that for nearly two decades, hospices have provided palliative chemotherapy and radiation therapy to reduce the impact of cancer on a patient’s quality of life. VHCF states that a Pinellas County oncologist, Dr. Syed Abid, expressed to VHCF staff a concern related to Suncoast’s reduction in its willingness to provide these therapies. The applicant believes that these therapies, when offered as part of a hospice care plan to reduce a patient’s pain and suffering, must be available to clinicians and patients. As a condition of its application, VHCF maintains that it will provide these therapies as medically necessary.

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 to address the issue of lack of training for current providers, VITAS has partnered with USF Health--during the first year, USF Health will design and produce continuing education programs for community clinicians in three forms: live programs, live and retrievable webinars and podcasts.

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Additionally, the VHCF noted that the aging LGBT population is facing a number of problems, including:

- Gay seniors are twice as likely to live alone
- Gay seniors are four times less likely to have adult children to help them
- Gay seniors are far more likely to be fearful of discrimination from health care workers

The applicant states that it is very accepting of diverse lifestyles, including life partners in all decisions and trains staff accordingly. VHCF maintains that it has historically demonstrated a commitment to providing sensitive and inclusive care to LGBT patients.

VHCF notes that to summarize, it has reviewed statistical data and met with many Pinellas residents to identify the specific needs a new hospice should address. The applicant feels it has identified what it thinks are the most important needs for better access and improved services and has developed a pragmatic response to each need.

The applicant includes a comprehensive discussion indicating why it believes VHCF is the best choice to serve Subdistrict 5B on pages 38 to 49 of CON #10381. VHCF centers its argument around the following:

- Qualifications and experience of VHCF
- Positive impact on Florida communities
- Experience in the Florida marketplace

VHCF asserts that for the reasons discussed above, selecting VHCF gives the Agency the best chance to:

1. Meet the hospice needs of Pinellas through the rapid development of a hospice program that meets projected patient volumes
2. Increase the hospice use rate and expand access to hospice services by underserved populations
3. Improve end-of-life care by establishing a continuing education hospice program in conjunction with USF Health
4. Provide evidence-based access to palliative chemotherapy/radiation
5. Provide timely and high quality service to area residents and families

**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 July 2016 planning horizon.

**Each** co-batched applicant discusses serving populations they believe to be underserved or otherwise in need of target population hospice services.

**BayCare Hospice of Pinellas, Inc. (CON #10372)** believes that Hispanic and African American populations appear to be currently underserved when compared to other population groups--further, these are the groups that are forecasted to experience the largest growth through 2019. The applicant states that in addition, non-cancer residents also appear to be underserved when compared to statewide or other planning region hospice utilization.

The applicant declares that examples of the initiatives/activities that will be established include the provision of outreach/education programs focused on the Hispanic and African American populations in Pinellas County, the establishment of a hospice community resource library including web based and social media outreach initiatives and the establishment of a veterans service focused to meet the unique needs of the country's veterans.

BayCare notes that further, its application is conditioned such that staffing of at least 1.0 FTE will be made available to develop a Latino/Hispanic and African American diversity outreach program focusing on education and bringing needed hospice care services to these underserved populations.

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**Brookdale Hospice, LLC (CON #10373)** asserts that it is committed to serving the following populations with unmet needs:

- Assisted living and independent living residents
- African American and Hispanic patients
- Persons with dementia, Alzheimer's disease and other neurologic conditions--the majority of its residential communities have "memory care" programs and units within their residential developments for persons with these conditions

The applicant explains that all of Brookdale's residential communities use a Collaborative Care Review (CCR) process which is the primary tool for organizing resident-specific information to facilitate the process of coordination of care and service solutions to address residents' changing needs. Brookdale notes that CCR is a continuous action planning process and explains the steps.

The applicant indicates that Brookdale will implement a community outreach and education program specifically tailored to African American and Hispanic patients, which will include:

- Bilingual staff, including, but not limited to, referral and admission staff
- Translation of all educational materials, especially hospice benefits and services, into Spanish
- Staff training on cultural differences and cultural heritage
- Building partnerships with community groups
- Involvement of churches and pastors in the African American community
- Special attention to support the caregiver by the hospice team in addition to the care given to the patient
- Education programs focused on African American and Latino physicians and nurses about the role of hospice in end-of-life care
- Development of volunteer programs with cultural and linguistic diversity

Brookdale states that of the two FTEs to be employed in the marketing department of the proposed hospice, half of the time of one of these individuals will be devoted to outreach and education efforts to culturally diverse communities in Pinellas County and is identified as a condition by the applicant. The applicant plans to use its full-time staff person dedicated to education and marketing in the Latino community from Brookdale's home health agency in Fort Myers to help create a similar program for the Pinellas County hospice.



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**Chapters Hospice of Pinellas County, Inc. (CON #10374)**

indicates that in order to serve the identified population with unmet needs in Pinellas, Chapters Pinellas conditions its application on the provision of an open access program for adult and pediatric patients. Chapters insists that it will implement its proven programs to provide cost-effective, high quality, patient-centered, coordinated care in a capitated payment environment.

The applicant feels that it is uniquely positioned to offer a comprehensive array of concurrent end-of-life care programs, including its Open Access Model of Care for Adults and Children. Chapters Pinellas explains that it will also provide an Advanced Illness Management program through its affiliate organization.

**Covenant Hospice, Inc. (CON #10375)** states that it is sometimes thought that demographic factors contribute to variations in hospice penetration rates and that some groups of people are naturally less “disposed” to choose hospice care. The applicant maintains that this school of thought explains persistently low penetration rates as due to populations that are “hard to serve.” Covenant declares that it does not accept this theory and believes that all people value freedom from pain and value support during a medical crisis regardless of their life circumstances. The applicant feels that if there are barriers to access, it is the responsibility of hospice providers to find ways to overcome those barriers.

Covenant states that it commits to increase services to all residents of Pinellas with a special emphasis on the following population segments and includes a discussion of each:

- 65+ populations with non-cancer diagnoses
  - Covenant believes that both outreach and awareness of hospice care can be improved by a physical presence-- which will be established in the community in a number of ways
- Veterans
  - Covenant has met the strict requirements to reach the Partner Level-4 Status with the *We Honor Veterans* campaign
  - The “Dale O. Knee-A Hero’s Wish” Fund
  - Veteran patients are visited by Covenant volunteers and are presented with a certificate and a pin in recognition of their service to our country
- African Americans and Hispanics
  - Covenant will ensure barriers do not exist and that culturally-sensitive education is provided

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- Residents of local SNFs and ALFs
  - The Covenant Hospice “Partners in Care” program assures that the same level of care and services are provided to hospice patients wherever they call home

**Odyssey Healthcare of Marion County, LLC (CON #10376)**

states that population increases among specific groups are changing the demographic makeup of Pinellas County. The applicant proposes to serve these populations through specialized outreach programs to meet their individual need. The applicant indicates that specifically, these groups include Hispanics, African Americans, veterans and persons with non-cancer diagnoses.

**Palm Garden Hospice, LLC (CON #10377)** states that it has established in its application that there are significant unmet needs in Subdistrict 5B. The applicant contends that there is a particular need to provide hospice services for:

- Hispanics
  - PGH quantitatively recognizes the need for hospice services for the Hispanic community and will make every effort to increase programming, visibility and education to increase access to these services for the community
- The homeless community
  - PGH has an active Homeless Leadership Board and would also like to emulate the Medical Respite Program at Pinellas Hope and offer partnership to provide hospice care to homeless individuals
- Veterans
  - PGH will take part and provide care through the *We Honor Veterans* program and in addition, its application is supported by Major “Mack” Macksam, Founder and President of the Veterans Art Center of Tampa Bay
- Those with non-cancer diagnosis regardless of age
  - PGH will bring clinical programming to address the needs of this community--this includes the Breathe Easy program and Heartwise program

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The applicant concludes that through its existing relationships in the medical and spiritual communities as well as its existing community presence in the subdistrict partnered with its planned programming and education outlined through its application, it will reach patient populations in need.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** declares that it will improve access to those identified as being underserved including:

- The elderly, particularly those residing in ALFs
- Residents with AIDS
- Residents with end-stage renal disease
- Residents with end-stage heart disease

**Tidewell Hospice, Inc. (CON #10380)** declares that all of its existing service areas experience penetration rates that exceed those of the State of Florida as a whole--its three established programs are all among the top 10 programs in the state with respect to penetration rates. The applicant attributes its comprehensive outreach to the medical, social services and other communities in its service area who influence hospice election--Tidewell will apply this model in Pinellas County.

The applicant's Table 12 indicates that, according to the CMS claims database 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 its outreach programs in building acceptance of the hospice model among patients with heart disease--the largest single cause of death in Pinellas County among persons age 65 and over. Tidewell's stated reference counties are Charlotte, DeSoto, Sarasota and Manatee. Tidewell maintains that it will also implement its outreach program to minority populations in Pinellas County. See the table below.

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

<b>2012 Hospice Deaths by Disease</b>			
<b>Geographic Area</b>	<b>Cancers</b>	<b>Heart Disease</b>	<b>Total</b>
Tidewell Hospice Counties	1,757	1,197	2,954
Pinellas County	1,420	933	2,353
Florida	24,716	15,808	40,524

<b>2012 Resident Deaths by Disease Persons Age 65 and Over</b>			
<b>Geographic Area</b>	<b>Cancers</b>	<b>Heart Disease</b>	<b>Total</b>
Tidewell Hospice Counties	1,997	2,319	4,316
Pinellas County	1,756	2,219	3,975
Florida	29,979	34,421	64,400

<b>2012 Hospice Admissions by Percentage of Resident Deaths Persons Age 65 and Over</b>			
<b>Geographic Area</b>	<b>Cancers</b>	<b>Heart Disease</b>	<b>Total</b>
Tidewell Hospice Counties	88.0%	51.6%	68.4%
Pinellas County	80.9%	42.0%	59.2%
Florida	82.4%	45.9%	62.9%

Source: CON application #10380, page 70, Table 12, including CMS Data from Hospice Analytics and Florida Vital Statistics Annual Report 2012

**VITAS Healthcare Corporation of Florida (CON #10381)**

indicates that it has spent a substantial amount of time in Pinellas County listening to the needs of community members regarding hospice services and identifying populations with unmet needs.

In response to this criterion, the applicant states that it will:

- Work with the Urban League and community advisors to improve knowledge of hospice services and develop trust of respected hospice providers within the African American community
- Work with oncologists and other specialists to make appropriate palliative care available to hospice patients
- Establish geriatric orphan support services to meet the needs of seniors living without adequate caregiving support so they can remain safely at home

- (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.**

**BayCare Hospice of Pinellas, Inc. (CON #10372)** insists that it will establish contracts with the remaining BayCare Pinellas County hospitals as well as the non-BayCare Health System Pinellas County hospitals to provide inpatient hospice care

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services. BayCare concludes that it will also provide inpatient care through contractual agreements with existing SNFs and ALFs located throughout Pinellas County.

**Brookdale Hospice, LLC (CON #10373)** indicates that it will contract with acute care hospitals and SNFs throughout Pinellas County for beds to serve patients in need of inpatient hospice services--copies of these agreements are included as Attachments 6 and 7, respectively in the application. The applicant asserts that it will also contract with ALFs in Pinellas County.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** expects to provide approximately four percent of its total patient days to inpatients during the first two years of operation, consistent with the experience of Chapters LifePath in Hillsborough County. The applicant explains that all inpatient care is expected to be delivered through contractual agreements with existing health care facilities.

Chapters points out that it is a not-for-profit, "independent" hospice--not affiliated with a single hospital organization--and thus will work with all area hospitals and physicians to ensure that the needs of all service area patients and families are met, regardless of where the patient received acute care.

The applicant emphasizes that Chapters has a history of serving patients from 100 percent of the hospitals throughout the four-county area served by its affiliate entities LifePath and Good Shepard and is currently implementing this practice in three counties served by its newest affiliate, HPH Hospice. Chapters declares that it is the only post-acute health system in the Bay area that can ensure a seamless provision of care to residents of Pinellas, regardless of where the patient received treatment.

**Covenant Hospice, Inc. (CON #10375)** proposes to provide the inpatient care component through contractual agreements with health care facilities in Pinellas County. The applicant states that as it does now in Hospice Service Areas 1, 2A and 2B, Covenant intends to seek out contracts with Pinellas health care providers and is confident it will achieve a high number of contractual agreements from hospitals, SNFs, ALFs and other health-related organizations, upon approval.

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The applicant notes that letters of interest to contract with Covenant for inpatient care beds have been provided by Silvia Shafi, Administrator and Sheria Anderson, Director of Nursing at Baywood Nursing Center and Samantha Ballantine, Admissions Director of Palm Terrace of St. Petersburg nursing home.

Covenant reiterates that when it is no longer possible to live at home, Covenant Hospice has established relationships with more than 200 Partners in Care.

**Odyssey Healthcare of Marion County, LLC (CON #10376)** asserts that it plans to enter into contractual agreements with area SNFs for the provision of general inpatient care upon issuance of a CON. The applicant notes that Odyssey has currently been involved in discussions with hospital providers in Subdistrict 5B regarding an agreement to work together to ensure seamless transition from the hospital setting to hospice care, as well as the prevention of unnecessary readmissions of hospice patients under Odyssey's care.

Odyssey indicates that letters from area SNFs confirming their interest in working with the applicant are included in Attachment 9 of CON #10376.

**Palm Garden Hospice, LLC (CON #10377)** proposes to provide the inpatient care component through contractual arrangements with existing health care facilities, including acute care hospitals and SNFs in the subdistrict. The applicant asserts that it has reached out to a number of providers in the subdistrict and as a result, includes three letters of intent to contract for the provision of inpatient services from the Hospital Corporation of America, Southern Healthcare Management and Clear Choice Healthcare in Attachment 1 of CON #10377.

The applicant affirms that it will not construct or otherwise establish a freestanding inpatient hospice house and has conditioned the application on this commitment.

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**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** states intent to provide inpatient care through contractual agreements with area hospitals and SNFs. SHPC states the below listed signed letters from senior executives that operate SNFs in Pinellas County, who indicate a willingness to enter into a contractual arrangement with the applicant:

- Mease Continuing Care
- Reliant Health Care Services, for:
  - Advanced Rehabilitation and Health Center
  - Bayside Rehabilitation and Health Center
  - Gulf Shore Rehabilitation and Nursing Center
  - Shore Acres Rehabilitation and Health Center

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

**Tidewell Hospice, Inc. (CON #10380)** states it will provide any required inpatient services through contractual agreements with licensed hospitals, SNFs or other qualified providers of inpatient hospice services. The applicant notes that under the terms of these agreements, it will be responsible for:

- Patient admission
- Advance directives
- Care planning
- Coordination of services
- Quality assurance
- Hospice training
- Payment

Tidewell indicates that the contracting facility will be responsible for providing:

- 24-hour nursing care
- Space for families and visitors
- Providing staff privileges for the hospice medical director and physicians
- Ancillary services including meals, drugs and medical supplies

**VITAS Healthcare Corporation of Florida (CON #10381)** states that it is VCHF's general preference to have contractual agreements with SNFs and hospitals, as well as other health care providers designed to meet patient needs in Subdistrict 5B. 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 vital service to the local communities it serves.

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The applicant maintains that it has already received letters from four SNFs in Pinellas County indicating a willingness to provide beds for hospice patients who need an inpatient setting:

- Palm Terrace of St. Petersburg
- Baywood Nursing Center
- Comprehensive Healthcare of Clearwater
- Pinellas Point Nursing and Rehab Center

**(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.**

**BayCare Hospice of Pinellas, Inc. (CON #10372)** states that patients without caregivers at home will receive increased support from hospice staff and volunteers, including a plan of care that may include support from the patient's network of friends, family, neighbors and other members of the community to help assist them and allow them to remain in their home. The applicant determines that the hospice patients who may not be able to safely remain at home and receive hospice services and for homeless patients, these patients will be assisted to enter an ALF, SNF or inpatient hospice facility.

The applicant contends that while every hospice provider is supposed to treat all patients regardless of payment ability, BayCare will actively work with all potential hospice patients--even those with the most difficult situations--in assuring that a workable housing solution is provided for every patient. BayCare points out that an indication of this commitment is shown in its conditions, as it has commits to provide a minimum of \$250,000 per year for care/services not part of the Medicare hospice benefit.

BayCare asserts that it commits to treat the HIV/AIDS patient population just as they will treat every other population cohort in need of hospice services and provides examples of BayCare's experiences working with HIV/AIDS patients. The applicant notes that its application is conditioned such that the applicant will establish an AIDS hospice program that collaborates with the existing AIDS infrastructure within Pinellas County.



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**Brookdale Hospice, LLC (CON #10373)** declares that it is committed to serving all patients including those who do not have primary caregivers at home, the homeless and patients with AIDS. The applicant states that it has a non-discrimination policy that offers hospice care to terminally ill patients without regard for diagnosis, gender, race, ethnicity or age.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** insists that it currently serves these patient types and will continue to do so through its proposed Chapters Pinellas. The applicant declares that it will utilize Chapters' proven policies and procedures, staffing, staff training and mission orientation to seek out and appropriately address the needs of these groups.

Chapters explains that it will have a caregiver program designed specifically to address circumstances in which a patient has no or inadequate caregiver services available. The applicant reiterates its condition of committing to provide short-term crisis "caregiver services" to ensure the safety and support of patients in their home in Pinellas County. The applicant notes that any member of the Interdisciplinary Group (IDG) may identify the potential need for a supplemental caregiver, including no caregiver, a fragile caregiver or a part-time caregiver.

Chapters states that it has a number of proven approaches to serve a homeless individual will be implemented as appropriate by Chapters Pinellas. The applicant indicates that for example, Chapters works with area hospitals, shelters and organizations both to identify potential persons in need and to find appropriate solutions.

**Covenant Hospice, Inc. (CON #10375)** indicates that it will establish its Care Transitions Program to provide support to patients without primary caregivers, noting that the program is described in detail on page 2-12 of CON #10375. The applicant explains that this program will directly complement the partnership with Neighborly Care Network in Pinellas--which provides social, health, pharmaceutical, nutrition, transportation and other vital services that enable older adults to live more independently in their community.

Covenant asserts that through its participation in annual homeless counts and Homeless Veterans Stand Downs, it ensures that care for homeless patients will be provided where they consider "home" and arrangements for care are provided as appropriate.

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The applicant intends to partner with Metro Wellness and Community Center, located in St. Petersburg, Florida--a not-for-profit HIV/AIDS and LGBT service organization committed to providing quality health and wellness services that are inclusive, relevant and supportive and represent the lifetime continuum of diverse people in the community.

Covenant asserts that the centers provide premier comprehensive HIV services and medical care, social activities, classes, support groups, counseling, health and fitness programs, youth programs, substance abuse programs, older adult programs, behavioral health services and free HIV testing. The applicant references a letter for support from Chris Rudisil, Director of LGBT Community Center Services with Metro Wellness and Community Center.

**Odyssey Healthcare of Marion County, LLC (CON #10376)** commits to serve the referenced population. Odyssey states that it has a record of success in Florida in serving the homeless and those without primary caregivers at home by utilizing a medical ethics committee and surrogate decision maker pursuant to state law. The applicant notes its condition to provide a minimum of 0.3 percent of patient days to serve charity patients.

**Palm Garden Hospice, LLC (CON #10377)** commits to serve and admit all patients who qualify for hospice care within the licensed service area, including homeless persons, persons without primary caregivers and persons with HIV or AIDS. PGH affirms that it conditions its application on the commitment to partner with the Salvation Army campus and further commits \$10,000 per year to this program for at least five years and/or the life of this program.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** 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.

For patients without a caregiver at home, SHPC 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.

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The applicant discusses AIDS cases statewide and in Pinellas 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. SHPC estimates five AIDS patients in year one and 10 in year two.

**Tidewell Hospice, Inc. (CON #10380)** 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 #10380.

**VITAS Healthcare Corporation of Florida (CON #10381)** states that the 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 asserts that it will employ a full-time dedicated Geriatric Orphan Advocate to identify care needs, assess community resource needs and help the patient obtain the support serviced needed to remain safely at home.

VHCF indicates that the Geriatric Orphan Advocate will provide additional support for homeless patients. The applicant notes that the homelessness rates in Pinellas County have fluctuated over the past several years. VHCF maintains that it is committed to serving patients, regardless of their housing situation and will endeavor to reach homeless patients.

The applicant explains that because of the high percentage of Pinellas County seniors who live alone, VHCF will establish geriatric orphan support services. VHCF reiterates its related condition and includes a position description of its Geriatric Orphan Advocate on pages 82-83 of CON #10381.

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

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- (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 5B consists of one county--Pinellas. 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.**

**BayCare Hospice of Pinellas, Inc. (CON #10372)** declares that it will provide required hospice care and supportive services to all patients in need, regardless of whether care and services are covered by insurance programs. The applicant discusses its various conditions relating to charity/uncompensated/self-pay patients, patients outside of the Medicare Hospice Benefit and non-reimbursed services to enhance a patient's quality during his/her end-of-life.

The applicant insists that its charity/uncompensated/self-pay condition combined with the fact that BayCare Health System hospitals accounted for 58.9 percent of all charity care provided in all in Pinellas hospitals during 2013 documents that the proposed project is entirely consistent with this preference. The reviewer notes that the applicant did not provide a reference for this statistic other than "most recent hospital financial data available for all Pinellas hospitals."

The applicant indicates that in addition to these patient focused non-reimbursed activities, it will also provide an array of community services, including bereavement services, that will be provided at no charge to recipients with no reimbursement anticipated.

**Brookdale Hospice, LLC (CON #10373)** states that it will provide services that are not specifically covered by private insurance, Medicaid or Medicare. The applicant notes that these services include, but are not limited to: palliative radiation and chemotherapy treatments, bereavement services, pet therapy, music therapy massage therapy, aromatherapy and other alternative medicine treatments.

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Brookdale reiterates that it has conditioned its application to provide care to uncompensated/charity care patients and notes that its policy on charity care is included in Attachment 8 of the application.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** maintains that it is its policy to offer all patients access to hospice services--it provided more than \$1.8 million in uncompensated care in 2014.

The applicant states that in addition, it offers a broad range of unfunded services designed to support patients, families and others in need throughout the community. Chapters asserts that it receives no direct reimbursement or payment for these vital programs, which include extensive bereavement services for adults and children, caregiver services that permit patients to remain in their homes, pet and music therapy, education programs for medical students from the USF, medical fellowships and ongoing community education. Chapters reports that expenditures for those programs exceeded \$765,000 during 2014.

**Covenant Hospice, Inc. (CON #10375)** notes that many of its distinguished programs are outside the scope of what is covered by private insurance, Medicare and Medicaid. The applicant explains that these special services are offered to maximize care and comfort, help with everyday needs and allow patients and their families to do the things they most enjoy.

The applicant asserts that Covenant provided \$1.5 million in unfunded care services to patients and families in 2013. Covenant includes a detailed discussion of each of the following services:

- Innovative volunteer programs
- Bereavement services
- Children and family support services
- Partners in Care-Together for Kids
- Spiritual care services
- “Make a Wish Elder Program”
- Additional services proposed to extend to Pinellas County

**Odyssey Healthcare of Marion County, LLC (CON #10376)** states that it provides services that are not specifically covered by private insurance, Medicaid or Medicare and will continue to do so in the proposed program. Specific non-covered services provided by Odyssey include:

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- Bereavement and grief support programs that are available to all service area residents
- Volunteers to provide respite for caregivers at home, assistance with errands and light homemaking tasks
- Services to persons who have exhausted their insurance benefit
- Veteran recognition events
- Community education
- Employee programs

**Palm Garden Hospice, LLC (CON #10377)** maintains that it will offer numerous services and programs that are not specifically covered by private insurance, Medicaid or Medicare, including:

- Specialty clinical programming to include Heartwise, Breathe at Ease and wound care
- *We Honor Veterans*
- Veteran recognition events
- SmartCare concierge monitoring
- General telehealth
- Telecommunications for hard of hearing patients
- Translation services
- Palm Garden U and staff training
- Community education
- Employee programs

**Seasons Hospice and Palliative Care of Pinellas County, LLC**

**(CON #10379)** reiterates its proposed condition to provide alternative therapies 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
- Namaste care
- Open Access
- Pharmacy consultant
- Education
- Kangaroo Kids Summer Support Camp
- Kangaroo Kids
- Volunteer Vigil program
- Call center

**Tidewell Hospice, Inc. (CON #10380)** insists that it provides 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

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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.

<b>Tidewell FY 2014 Expenditures on Non-Covered Services</b>	
<b>Service</b>	<b>FY 2014 Expenditures</b>
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 #10380, page 72, Table 13

Tidewell discusses its grief education and support center and related grief support and complementary services on pages 72-85 and Appendix L of CON #10380. 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 10-full time chaplains who are graduates of an accredited seminary or school of theology with two years of chaplaincy in a health care environment. Tidewell contends that it will incorporate the same full-service grief and chaplaincy/spiritual care in its Pinellas County program.

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**VITAS Healthcare Corporation of Florida (CON #10381)** states plans to provide the following “non-core” services:

- Geriatric orphan support
- Palliative radiation and chemotherapy
- Life bio
- *We Honor Veterans*
- Lavender Touch Experience
- Musical memories
- Paw pals pet therapy

The applicant asserts that VHCF will serve all medically qualified patients 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 charity care and that in 2014, this amounted to \$10.1 million. In the same year, VITAS indicates having provided over \$4.9 million of charity care to Florida residents.

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

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

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

**BayCare Hospice of Pinellas, Inc. (CON #10372):** The following is the applicant’s proposed Subdistrict 5B staffing for each of the first two years of operation.



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<b>BayCare Proposed Staffing for Subdistrict 5B Year One Ending Quarter Two 2017 and Year Two Ending Quarter Two 2018</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
Administrator	1.00	1.00
Director of Nursing	1.00	2.00
Outreach Coordinator	1.00	1.00
Secretary	1.00	1.50
Medical Records Clerk	0.25	0.50
Other: Volunteer Coordinator	0.25	0.50
Other: Foundation Coordinator	0.20	0.50
Physicians: Medical Director	0.20	0.50
Physicians: Other	-	0.20
Other: ARNP	-	0.50
RNs	6.44	14.63
Nurses' Aids	5.34	17.37
Other: Team Assistant	1.00	2.00
Other: Admission RN	-	1.00
Other: Social Worker	1.47	4.46
Other: Chaplain	0.50	1.50
<b>Total</b>	<b>19.65</b>	<b>49.16</b>

Source: CON application #10372, Schedule 6A

BayCare states that it is expected that five to 10 percent of the hospice's hours of care will be provided by hospice volunteers thus exceeding the volunteer percent requirement mandated under the Medicare Conditions of Participation. The applicant explains that its existing volunteer programs, management and training resources and staff resources will all be used to successfully establish the volunteer program in support of this proposed program.

**Brookdale Hospice, LLC (CON #10373):** The following is the applicant's proposed Subdistrict 5B staffing for each of the first two years of operation.

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<b>Brookdale Proposed Staffing for Subdistrict 5B Year One Ending 2017 and Year Two Ending 2018</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
Administrator	1.00	1.00
Director of Professional Services	1.00	1.00
Assistant Director of Professional Services	-	1.00
Intake Nurse	-	1.00
Secretary	-	1.00
Office manager	-	1.00
Medical Records Clerk	1.30	1.00
Medical Director	0.10	0.20
RNs	3.10	5.50
Nurses Aids	2.60	5.50
Other: On Call	0.40	0.40
Outreach Coordinator	1.50	2.00
Social Worker	1.00	1.50
Volunteer Coordinator	-	1.00
Chaplain	0.80	1.00
Bereavement	-	0.60
<b>Total</b>	<b>12.80</b>	<b>24.70</b>

Source: CON application #10373, Schedule 6A

The applicant provides a description of the members of its interdisciplinary team, explaining that it is the core group that assures continuous assessment, planning and integration of the resident/patient, family and community needs.

Brookdale provides a description of its volunteer program and indicates that additional information is included in Attachment 10 of the application. The applicant includes an illustration of its hospice team members and their roles and responsibilities in Figure 1 on page 37 of CON #10373.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)**

The following is the applicant's proposed Subdistrict 5B staffing for each of the first two years of operation.

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<b>Chapters Proposed Staffing for Subdistrict 5B Year One Ended December 31, 2016 and Year Two Ending Year Ended December 31, 2017</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
Executive Director	0.00	0.50
Team Clerk	1.00	1.00
Medical Records/HIM	0.25	0.50
Coder	0.50	0.50
Director Professional Relations	1.00	1.00
Professional Relations reps	1.00	2.00
Volunteer Coordinator	0.50	0.50
Bereavement Specialist	0.25	0.50
RN	3.89	6.13
HHA	4.17	8.85
Social Worker	0.50	1.50
Chaplain	0.50	0.75
Clinical Administrator	1.00	1.00
Business Unit Director	0.25	1.00
Patient Access Admissions RN	1.83	2.00
12 hour weekend Patient Access RN	0.30	0.50
On Call RNs	0.60	2.00
On Call Pool RNs (“Runners”)	1.50	3.00
Pool LPN	3.00	5.67
Staff Physician	0.50	0.50
<b>Total</b>	<b>22.50</b>	<b>38.90</b>

Source: CON application #10374, Schedule 6A

The applicant states that volunteers are an important part of hospice care and explains that all volunteers receive training specially designed to prepare them for their role in hospice care. Chapters asserts that all volunteers provide a range of services in Chapters’ affiliates, including patient and family support, bereavement support, administration and fundraising.

**Covenant Hospice, Inc. (CON #10375):** The following is the applicant’s proposed Subdistrict 5B staffing for each of the first two years of operation.

**CON Action Numbers: 10372-10377 and 10379-10381**

<b>Covenant Proposed Staffing for Subdistrict 5B Year One Ending June 30, 2017 and Year Two Ending June 30, 2018</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
Regional Director of Operations	1.00	1.00
Secretary/Administrative Support	0.60	1.80
Clinical Managers	0.20	1.60
Medical Records Clerk	1.00	1.80
Other: Provider Relations Manager	1.00	1.00
Other: Provide Relation Reps/Community Outreach	1.00	2.00
Other: Volunteer Managers	0.50	1.00
Other: Care Transitions Specialist	0.80	1.00
Medical Director	0.50	0.80
RNs	4.30	10.50
Admission RNs/Nurse Navigators	1.00	2.00
LPNs	-	1.00
Nurses' Aids	4.80	14.00
Nurse Practitioners	-	0.20
LPNs-Continuous Home Care	3.00	8.90
Nurses' Aids-Continuous Home Care	1.00	3.00
Clinical Social Workers	1.60	4.00
Spiritual Care Coordinators	0.40	1.20
Other: Bereavement Coordinator	0.30	0.60
<b>Total</b>	<b>22.80</b>	<b>57.30</b>

Source: CON application #10375, Schedule 6A

The applicant explains that volunteer staff is projected to increase from approximately 50 in the first year to 100 in the second year. Covenant indicates that a letter of support from St. Petersburg College, located in Pinellas County, demonstrates a great source of volunteers.

**Odyssey Healthcare of Marion County, LLC**

**(CON #10376):** The following is the applicant's proposed Subdistrict 5B staffing for each of the first two years of operation.

**CON Action Numbers: 10372-10377 and 10379-10381**

<b>Odyssey Proposed Staffing for Subdistrict 5B Year One and Year Two</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
Administrator	1.00	1.00
Manager Office	1.00	1.00
Admissions – RNs	0.30	1.00
Admissions Coord.	1.00	1.00
Revenue Coord.	-	1.00
Manager Pt. Care	1.00	2.00
All Other Managerial Staff	-	1.00
Physicians-Program Director-Clinic Services	Contract	Contract
RNs	2.20	6.40
On Call	1.00	3.00
Hospice Aides	2.90	8.30
Bereavement Counselors	-	0.50
Quality Managers	-	1.00
Patient Care Secretaries	1.00	2.00
Other Technical-Med Records	-	1.00
Social Workers	1.00	2.40
Community Liaison	1.00	2.00
Dietician	0.20	0.20
Volunteer Coordinators	--	1.00
<b>Total</b>	<b>13.6</b>	<b>35.8</b>

Source: CON application #10376, Schedule 6A

The applicant indicates that this staffing schedule presents only hired staff, so volunteers do not appear. However, Odyssey states that it will recruit, train and use volunteer staff at approximately equal to five percent of total hired direct care hours. The applicant notes that the volunteer services will range from patient support activities to administrative and clerical activities to outreach.

**Palm Garden Hospice, LLC (CON #10377):** The following is the applicant’s proposed Subdistrict 5B staffing for each of the first two years of operation.

**CON Action Numbers: 10372-10377 and 10379-10381**

<b>Palm Garden Proposed Staffing for Subdistrict 5B Year One and Year Two</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
Administrator	1.00	1.00
Director of Clinical Services	1.00	1.50
Office Staff	1.50	0.00
Billing Clerk	0.75	0.00
Hospice Liaison	1.50	3.50
Other-List*	-	1.50
	-	4.00
Medical Director	0.25	0.65
Hospice Liaison- Patient Care	2.00	4.80
RNs	4.50	11.50
Continuous Care (RN, LPN, Aide)	6.75	17.20
Hospice Aides	5.50	14.50
Registered Dietician	0.10	0.15
Social Services Director	1.00	1.00
Social Workers	0.50	2.50
Bereavement Counselors	1.00	2.00
Chaplain	1.00	2.00
Volunteer Services	1.00	2.00
<b>Total</b>	<b>29.35</b>	<b>69.80</b>

\*The reviewer notes that the applicant does not provide a list of what positions are included in "Other." The applicant also did not provide a position description for the line below "Other" but did note a total of 4.00 FTEs in year two.

Source: CON application #10377, Schedule 6A

PGH indicates that Schedule 6A only presents hired staff, so volunteers do not appear--however, the applicant anticipates that it will recruit, train and use volunteer staff at approximately equal to five percent of total hired staff hours. The applicant explains that volunteer services will include outreach, patient support, administrative and clerical activities.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379):** The following is the applicant's proposed Subdistrict 5B staffing for each of the first two years of operation.

**CON Action Numbers: 10372-10377 and 10379-10381**

<b>Seasons Proposed Staffing for Subdistrict 5B Year One Ending June 30, 2017 and Year Two Ending June 30, 2018</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
Administrator	1.00	1.00
Admissions	1.00	1.42
Other: Team Coordinator	1.00	1.00
Other: Team Assistant	1.33	2.33
Other: Business Development	1.00	1.42
Other: HR	1.00	1.00
Other: CC Coordinator	1.00	1.00
Other: Clinical Administration	1.00	1.25
Physicians: Medical Director	0.20	0.20
Physicians: Other	--	1.00
RNs/LPNs	13.08	36.08
Nurses' Aides/HHAs	4.42	11.75
Other: Chaplain	1.00	1.75
Other: Social Worker	1.50	2.50
Other: Volunteer Coordinator	1.00	1.00
Other: Music/Art/Message Therapy	1.00	1.75
<b>Total</b>	<b>30.53</b>	<b>66.45</b>

Source: CON application #10379, Schedule 6A

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

- Companionship
- Homemaking chores
- Babysitting
- Running errands
- Clerical help
- Attend educational sessions
- Conducting surveys
- Representing hospice with other community groups
- Attending meetings and in-services

**Tidewell Hospice, Inc. (CON #10380):** The following is the applicant's proposed Subdistrict 5B staffing for each of the first two years of operation.

**CON Action Numbers: 10372-10377 and 10379-10381**

<b>Tidewell Proposed Staffing for Subdistrict 5B Year One Ending December 31, 2016 and Year Two Ending December 31, 2017</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
Administrator	1.0	1.0
Admissions Director	2.0	3.0
Other: Team Coordinator	1.0	2.0
Other: Volunteer Coordinator	0.5	1.0
Unit/Program Director (MD)	0.5	1.0
Other: ARNP	0.5	1.0
RNs	5.0	7.0
Nurses' Aides	3.5	5.0
Other: Admissions RN	3.0	3.0
Other: Triage RN	2.0	3.0
Other: LPN	2.0	2.5
Other: Bereavement	1.5	2.0
Social Service Director	2.0	3.0
Other: Complementary Service Coordinator	0.5	1.0
Other: Chaplain	0.5	1.0
Other: Community Service Personnel	0.5	1.0
<b>Total</b>	<b>26.0</b>	<b>37.6</b>

Source: CON application #10380, Schedule 6A

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 #10381):**

The following is the applicant's proposed Subdistrict 5B staffing for each of the first two years of operation.



**CON Action Numbers: 10372-10377 and 10379-10381**

<b>VITAS Proposed Staffing for Subdistrict 5B Year One Ending September 30, 2016 and Year Two Ending September 30, 2017</b>		
<b>Position</b>	<b>Number of FTEs Year One</b>	<b>Number of FTEs Year Two</b>
General Manager	1.00	1.00
Team Director/PCA	2.00	3.00
Admissions Director/Admissions Nurse Hospice Rep/Community Liaison/Coordinator	6.85	11.00
Business Manager	1.00	1.00
Receptionist/Secretary	2.08	3.50
PC Secretary	1.13	1.71
CC Manager	-	0.50
Medical Director	1.00	1.00
Team Physician	0.32	0.78
RNs	3.56	8.95
LPNs	1.45	7.80
Nurses' Aides	7.38	16.17
On-Call	1.58	2.58
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	1.25	2.00
Volunteer/Bereavement Manager	1.00	1.00
Chaplain	1.00	1.58
USF-VHCF Hospice Educator/Geriatric Orphan SW	2.00	2.00
<b>Total</b>	<b>34.61</b>	<b>65.58</b>

Reviewer's note: The applicant's assumptions to Schedule 6A indicate that dietary service expenses are included under the "homecare ancillary" line item on Schedule 8A, following and not separately recorded on Schedule 6A. Physical, speech and occupational therapies are contract and included in "homecare ancillary" costs.  
Source: CON application #10381, Schedule 6A

The applicant explains that some staffing positions and support functions represent an overhead allocation from the existing VHCF operations. VHCF insists that volunteer staff hours will equal or exceed five percent of paid employee hours.

VHCF states that dietary counseling will be a key part of its service and that RNs are trained to work with patients and their families on dietary/nutrition issues.

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

**BayCare Hospice of Pinellas, Inc. (CON #10372)** states that patient referrals will come from a variety of sources, including:

- Physicians
- SNFs
- ALFs

**CON Action Numbers: 10372-10377 and 10379-10381**

- Hospitals
- Home health agencies
- Managed care corporations
- Faith communities

**Brookdale Hospice, LLC (CON #10373)** indicates that patient referrals will come from a wide range of sources, including:

- Physicians
- SNFs
- ALFs
- Independent living facilities (ILs)
- Continuing care residential communities (CCRCs)
- Hospitals (short-term acute, rehab and psychiatric)
- Home health agencies
- Homemaker and companion agencies/services
- Patient self-referrals
- Families and friends
- Managed care companies
- Religious/faith communities

Brookdale states that according to the DOEA's *2014 Report of Hospice Demographics and Outcome Measures*, approximately 20 percent of hospice days were spent in ALFs statewide. The applicant feels this is significant because Brookdale is a major operator of senior living communities including ALFs. Brookdale notes that it operates 18 residential communities in Pinellas County (11 ALFs).

The applicant includes a figure and a chart from the DOEA's report on pages 39 and 40 of CON #10373. Brookdale feels that the data reveals that for Suncoast Hospice, the percent of hospice patient days in ALFs was substantially less than the two existing hospices in adjacent Pasco County and the state. Brookdale declares that the underlying data are also supportive of Brookdale's documentation that persons residing in ALFs and ILs in Pinellas County have unmet needs for hospice services that can be resolved by approval of this CON application.

Brookdale declares that it seeks to provide hospice care within the ALF, IL and CCRC settings to enhance the quality of life of the resident by providing pain and symptom management in their "home" and includes a list of its services that it will provide.

**CON Action Numbers: 10372-10377 and 10379-10381**

**Chapters Hospice of Pinellas County, Inc. (CON #10374)**

states that patient referrals will come from a wide variety of sources (such as those submitting letters of support), including for example:

- Physicians
- Hospitals
- SNFs
- ALFs
- Families and friends
- Managed care companies
- Faith communities

**Covenant Hospice, Inc. (CON #10375)**

explains that it will employ its current strategy and local support to achieve a consistent patient referral plan. The applicant names specific facilities as expected sources of patient referrals in the following categories:

- SNFs
- ALFs
- Home health care agencies
- Providers
- Other community organizations/members

**Odyssey Healthcare of Marion County, LLC (CON #10376)**

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. Odyssey asserts 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. Odyssey also indicates that among the largest sources of existing referral in the subdistrict are:

**CON Action Numbers: 10372-10377 and 10379-10381**

- Largo Medical Center
- Tampa General Hospital
- Manor Care of Dunedin
- Morton Plant Mease Pinellas
- HealthSouth Rehab Hospital Largo
- St. Anthony's Hospital St. Petersburg

**Palm Garden Hospice, LLC (CON #10377)** states that it will build on existing relationships and will develop new relationships from a variety of sources for hospice referrals to include:

- Physicians
- Hospital discharge planners
- Social workers
- SNFs
- ALFs
- Group homes
- Community social service agencies
- Churches
- Veterans groups

PGH declares that as an existing provider of skilled nursing, outpatient rehab and home health services in the subdistrict, it has already established referral relationships with many providers in the area.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** expects that 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
- Health maintenance organizations
- Physicians
- Dialysis centers
- Social workers
- Home health organizations
- Churches
- Funeral directors
- Social services organizations
- Families
- Individuals

**CON Action Numbers: 10372-10377 and 10379-10381**

**Tidewell Hospice, Inc. (CON #10380)** anticipates that it will obtain referrals from physicians, hospitals, SNFs and ALFs, as well as from social workers, clergy, other social service organizations and professionals.

**VITAS Healthcare Corporation of Florida (CON #10381)** indicates that referrals will be from area physicians, hospitals, clergy, social service agencies, disease advocacy groups, SNFs 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.

- (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.**

**BayCare Hospice of Pinellas, Inc. (CON #10372)** presents the following table in response.

**Projected Admissions by Payer Class**

	Percent of Total		Admissions	
	Year One	Year Two	Year One	Year Two
Medicare	85.6%	85.6%	260	533
Medicaid	4%	4%	12	25
Self-Pay/Uncompensated	7%	7%	21	44
Commercial/Other	3.4%	3.4%	11	21
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>304</b>	<b>623</b>

Source: CON application #10372, page 60

**Brookdale Hospice, LLC (CON #10373)** presents the following table in response.

**Projected Admissions by Payer Class**

	Year One, 2017		Year Two, 2018	
	Admissions	%	Admissions	%
Medicare	168	84.0%	340	85.0%
Medicaid	0	0.0%	14	3.5%
Indigent and Self-Pay	12	6.0%	18	4.5%
Insurance/Managed Care/Other	20	10.0%	28	7.0%
<b>Total</b>	<b>200</b>	<b>100.0%</b>	<b>400</b>	<b>100.0%</b>

Source: CON application #10373, page 41

**CON Action Numbers: 10372-10377 and 10379-10381**

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** presents the following table in response.

**Projected Admissions by Payer Class**

	Admissions		% of Admissions	
	Year One	Year Two	Year One	Year Two
Medicare	177	338	82.7%	82.6%
Medicaid	15	29	7.0%	7.1%
Commercial	19	36	8.9%	8.8%
Indigent/Charity	3	6	1.4%	1.5%
<b>Total</b>	<b>214</b>	<b>409</b>	<b>100.0%</b>	<b>100.0%</b>

Source: CON application #10374, page 70

**Covenant Hospice, Inc. (CON #10375)** presents the following table in response.

**Projected Patient Days by Payer Class**

	July 2016-June 2017		July 2017-June 2018	
	Days	Percent	Days	Percent
Medicare	15,250	88.0%	44,951	88.0%
Medicaid	693	4.0%	2,043	4.0%
Commercial	1,074	6.2%	3,167	6.2%
Other	312	1.8%	920	1.8%
<b>Total</b>	<b>17,329</b>	<b>100.0%</b>	<b>51,080</b>	<b>100.0%</b>

Source: CON application #10375, page 2-31

**Odyssey Healthcare of Marion County, LLC (CON #10376)** presents the following table in response.

**Projected Number of Admissions by Payer Type**

	Medicare	Medicaid	3 <sup>rd</sup> Party Insurance	Self-Pay	Charity Care	Total
Year One	82	4	5	2	2	95
Year Two	242	11	14	8	4	281

Source: CON application #10376, page 40

**Palm Garden Hospice, LLC (CON #10377)** presents the following table in response.

**Projected Number of Admissions by Payer Type**

	Medicare	Medicaid	3 <sup>rd</sup> Party Insurance	Self-Pay	Total
Year One 2016	244	14	23	9	290
Year Two 2017	553	33	53	20	659
% of Total 2016	84%	5%	8%	3%	100%
% of Total 2017	84%	5%	8%	3%	100%

Source: CON application #10377, page 96

**CON Action Numbers: 10372-10377 and 10379-10381**

PGH explains that charity care and bad debts are projected to equal 90 percent of gross self-pay revenue. The applicant notes that as shown below, charity care is projected to equal 80 percent of self-pay revenues, patient days and cases.

**Projected Charity Care**

	<b>Year One</b>	<b>Year Two</b>
Patient Days	392	1,012
Cases	7	16

Source: CON application #10377, page 96

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** presents the following table in response.

**Admissions and Patient Days**

<b>Payer</b>	<b>Percent</b>	<b>Admissions</b>		<b>Patient Days</b>	
		<b>Year One</b>	<b>Year Two</b>	<b>Year One</b>	<b>Year Two</b>
Medicare	87.0%	166	365	9,927	26,460
Medicaid HMO	6.5%	13	28	742	1,977
Insurance	4.5%	9	19	514	1,368
Self-Pay	1.0%	2	5	118	299
Charity	1.0%	2	5	114	304
<b>Total</b>	<b>100.0%</b>	<b>192</b>	<b>422</b>	<b>11,415</b>	<b>30,408</b>

Source: CON application #10379, page 2-30

**Tidewell Hospice, Inc. (CON #10380)** presents the following table in response.

**Hospice Admissions By Payer**

<b>Payor Type</b>	<b>Year One</b>		<b>Year Two</b>	
	<b>Admissions</b>	<b>Patient Days</b>	<b>Admissions</b>	<b>Patient Days</b>
Self-Pay	4	198	6	347
Medicaid	10	581	18	1,019
Medicare	284	15,903	496	27,881
Commercial	10	577	18	1,011
Charity	6	352	11	618
<b>Total</b>	<b>314</b>	<b>17,611</b>	<b>549</b>	<b>30,876</b>

Source: CON application #10380, page 86

**VITAS Healthcare Corporation of Florida (CON #10381)** presents the following table in response.

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

<b>Payer Source</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Medicare	274	456
Medicaid	13	22
Indigent	5	8
Private Insurance/Self-Pay/Other	6	10
<b>Total</b>	<b>298</b>	<b>496</b>

Source: CON application #10381, page 90

**CON Action Numbers: 10372-10377 and 10379-10381**

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

**BayCare Hospice of Pinellas, Inc. (CON #10372)** presents the following table in response.

**Projected Admissions by Type of Terminal Illness**

	Year One		Year Two	
	Admissions	Percent	Admissions	Percent
Cancer	103	34%	212	34%
End Stage Pulmonary	33	11%	69	11%
End Stage Renal	6	2%	12	2%
End Stage Heart	43	14%	87	14%
Other	119	39%	243	39%
<b>Total</b>	<b>304</b>	<b>100%</b>	<b>623</b>	<b>100%</b>

Source: CON application #10372, page 60

**Brookdale Hospice, LLC (CON #10373)** presents the following table in response.

**Projected Admissions by Diagnosis**

	Year One, 2017		Year Two, 2018	
	Admissions	%	Admissions	%
Cancer	60	30.0%	120	30.0%
HIV/AIDS	2	1.0%	4	1.0%
Respiratory	20	10.0%	40	10.0%
Cardiac	30	15.0%	60	15.0%
Renal Failure	4	2.0%	8	2.0%
Other	84	42.0%	168	42.0%
<b>Total</b>	<b>200</b>	<b>100.0%</b>	<b>400</b>	<b>100.0%</b>

Source: CON application #10373, page 42

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** presents the following table in response.

**Chapters Hospice of Pinellas Projected Volumes, Years One and Two**

Patient Age	Year One, CY 2016				Year Two, CY 2017			
	Cancer	Non-Cancer	Total	% of Total	Cancer	Non-Cancer	Total	% of Total
Under 65	21	11	32	15%	41	20	61	14.9%
65+	54	128	182	85%	102	246	348	85.1%
Total	75	139	214	100%	143	266	409	100%
<b>% of Total</b>	<b>35 %</b>	<b>65 %</b>	<b>100 %</b>		<b>35%</b>	<b>65%</b>	<b>100%</b>	

Source: CON application #10374, page 71

**Covenant Hospice, Inc. (CON #10375)** presents the following table in response.



**CON Action Numbers: 10372-10377 and 10379-10381**

**Projected Number of Admissions by Type of Terminal Illness**

Mortality Group	July 2016-June 2017		July 2017-June 2018	
	Number	Percent	Number	Percent
Under 65 Cancer	29	8.4%	57	7.9%
Over 65 Cancer	80	23.1%	158	21.6%
Under 65 Non-Cancer	21	5.9%	40	5.5%
Over 65 Non-Cancer	217	62.5%	475	65.0%
<b>Total</b>	<b>347</b>	<b>100.0%</b>	<b>730</b>	<b>100.0%</b>

Source: CON application #10375, page 2-31

**Odyssey Healthcare of Marion County, LLC (CON #10376)** presents the following table in response.

	Year One	Year Two
Cancer Under 65	4	12
Cancer 65 and Over	13	40
Non-Cancer Under 65	8	27
Non-Cancer 65 and Over	70	202
<b>Total Patients</b>	<b>95</b>	<b>281</b>

Source: CON application #10376, page 40

**Palm Garden Hospice, LLC (CON #10377)** presents the following table in response.

**Projected Admissions for the First Two Years of Operation**

	Fiscal Year 2016	Fiscal Year 2017
Cancer Under 65	33	66
Cancer 65 and Over	43	142
Non-Cancer Under 65	24	48
Non-Cancer 65 and Over	190	403
<b>Total Patients</b>	<b>290</b>	<b>659</b>

Source: CON application #10377, page 96

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** presents the following table in response.

Numbers of Admissions by Disease Category Used in AHCA Methodology First Two Years for Seasons Hospice and Palliative Care of Pinellas County						
Illness	Year One 7/16-6/17			Year Two 7/17-6/18		
	0-64	65+	Total	0-64	65+	Total
<b>Cancer</b>	16	44	60	35	97	132
<b>Other</b>	11	119	130	25	262	287
<b>Total</b>	<b>27</b>	<b>163</b>	<b>190</b>	<b>60</b>	<b>359</b>	<b>419</b>

Source: CON application #10379, page 2-30

**Tidewell Hospice, Inc. (CON #10380)** presents the following table in response.

**CON Action Numbers: 10372-10377 and 10379-10381**

**Projected Admissions Year One by Age and Disease Type (Table 16)**

	<b>Under 65</b>	<b>65 and Over</b>	<b>Total</b>
Cancer	17	78	95
Heart Disease	3	64	67
Alzheimer's	-	10	10
Chronic Lower Respiratory Disease	1	19	19
Subtotal	21	171	192
All Other	95	125	220
<b>Total</b>	<b>30</b>	<b>284</b>	<b>314</b>

**Projected Admissions Year Two by Age and Disease Type (Table 17)**

	<b>Under 65</b>	<b>65 and Over</b>	<b>Total</b>
Cancer	30	137	167
Heart Disease	6	111	117
Alzheimer's	-	18	18
Chronic Lower Respiratory Disease	1	33	34
Subtotal	37	299	336
All Other	167	218	385
<b>Total</b>	<b>53</b>	<b>496</b>	<b>549</b>

Source: CON application #10380, page 87

**VITAS Healthcare Corporation of Florida (CON #10381)** presents the following table in response.

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

<b>Terminal Illness</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Cancer	87	145
HIV/AIDS	2	3
Respiratory	29	49
Cardiac	56	93
Alzheimer/Cerebral Dementia	52	86
Cerebrovascular/Stroke	46	77
Other	26	43
<b>Total</b>	<b>298</b>	<b>496</b>

Source: CON application #10381, page 91

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

**BayCare Hospice of Pinellas, Inc. (CON #10372)** presents the following table in response.

**Projected Admissions by Age of Patient**

	<b>Year One</b>		<b>Year Two</b>	
	<b>Admissions</b>	<b>%</b>	<b>Admissions</b>	<b>%</b>
Under 65	46	15%	93	15%
65 or older	284	85%	530	85%
<b>Total</b>	<b>304</b>	<b>100%</b>	<b>623</b>	<b>100%</b>

Source: CON application #10372, page 61

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**Brookdale Hospice, LLC (CON #10373)** presents the following table in response.

**Projected Admissions by Age Cohort**

	Year One		Year Two	
	Admissions	%	Admissions	%
Under 65	30	15.0%	60	15.0%
65 or older	170	85.0%	340	85.0%
<b>Total</b>	<b>200</b>	<b>100.0%</b>	<b>400</b>	<b>100.0%</b>

Source: CON application #10373, page 42

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** reiterates its table presented in response to question (d) above, shown below.

**Chapters Hospice of Pinellas Projected Volumes, Years One and Two**

Patient Age	Year One, CY 2016				Year Two, CY 2017			
	Cancer	Non-Cancer	Total	% of Total	Cancer	Non-Cancer	Total	% of Total
Under 65	21	11	32	15%	41	20	61	14.9%
65+	54	128	182	85%	102	246	348	85.1%
<b>Total</b>	<b>75</b>	<b>139</b>	<b>214</b>	<b>100%</b>	<b>143</b>	<b>266</b>	<b>409</b>	<b>100%</b>
% of Total	35%	65%	100%		35%	65%	100%	

Source: CON application #10374, page 71

**Covenant Hospice, Inc. (CON #10375)** presents the following table in response.

**Projected Number of Admissions by Age Group**

	July 2016-June 2017		July 2017-June 2018	
	Number	Percent	Number	Percent
Under 65	50	14.4%	98	13.4%
65 or older	297	85.6%	632	86.6%
<b>Total</b>	<b>347</b>	<b>100.0%</b>	<b>730</b>	<b>100.0%</b>

Source: CON application #10375, page 2-32

**Odyssey Healthcare of Marion County, LLC (CON #10376)** estimates in year one and year two, 12 and 39 admissions, respectively, for patients under age 65. The applicant indicates 83 and 242 admissions for patients age 65+ in year one and year two, respectively.

**Palm Garden Hospice, LLC (CON #10377)** presents the following table in response.

**Projected Admissions by Age**

	Fiscal Year 2016	Fiscal Year 2017
Under 65	57	114
65 or older	233	545
<b>Total</b>	<b>290</b>	<b>659</b>

Source: CON application #10377, page 97

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**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** presents the following table in response.

**Number of Admissions by Age and Disease Category**

Illness	Year One			Year Two		
	0-64	65+	Total	0-64	65+	Total
Cancer	16	44	60	35	97	132
Other	11	119	130	25	262	287
<b>Total</b>	<b>27</b>	<b>163</b>	<b>190</b>	<b>60</b>	<b>359</b>	<b>419</b>

Source: CON application #10379, page 2-30

**Tidewell Hospice, Inc. (CON #10380)** presents the following table in response.

**Projected Admissions Year One by Age and Disease Type (Table 16)**

	Under 65	65 and Over	Total
Cancer	17	78	95
Heart Disease	3	64	67
Alzheimer's	-	10	10
Chronic Lower Respiratory Disease	1	19	19
Subtotal	21	171	192
All Other	95	125	220
<b>Total</b>	<b>30</b>	<b>284</b>	<b>314</b>

**Projected Admissions Year Two by Age and Disease Type (Table 17)**

	Under 65	65 and Over	Total
Cancer	30	137	167
Heart Disease	6	111	117
Alzheimer's	-	18	18
Chronic Lower Respiratory Disease	1	33	34
Subtotal	37	299	336
All Other	167	218	385
<b>Total</b>	<b>53</b>	<b>496</b>	<b>549</b>

Source: CON application #10380, page 87

**VITAS Healthcare Corporation of Florida (CON #10381)** presents the following table in response.

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

Terminal Illness	Year One Admissions	Year Two Admissions
Under 65	39	66
Over 65	259	430
<b>Total</b>	<b>298</b>	<b>496</b>

Source: CON application #10381, page 92

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.

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The applicant contends that it would be unfortunate for the Agency to select an applicant based upon inflated projection of admissions. The applicant states that over the years only VHCF has accurately projected hospice admissions and exceeded those projections.

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

**BayCare Hospice of Pinellas, Inc. (CON #10372)** notes that the following core services are anticipated to be provided directly by BayCare:

- Routine home, continuous respite, hospice inpatient and evening/weekend care
- Care/case management
- Bereavement, nursing, hospice aide and social services
- Dietary and spiritual counseling/chaplains
- Veterans, pediatric and volunteer services
- Patient intake: evaluation, plan of care
- Physician services/medical director
- Patient and family education/support
- Quality measurement and reporting
- Infection control and integrative therapies
- Professional/community outreach and education

The applicant indicates that specific patient care services that are anticipated to be provided by existing BayCare affiliates but managed and coordinated by BayCare Health System include:

- Home health care (for unrelated diagnosis)
- Palliative care (non-CON service), including consult teams for in-hospital care and palliative home health care
- Infusion
- Pharmacy
- Durable medical equipment/medical supplies
- Therapy services (PT, ST, OT)

**Brookdale Hospice, LLC (CON #10373)** notes that the following list of core hospice services will be provided by the hospice care team, including volunteers:

- Routine hospice home care
- Respite care
- Continuous care
- Nursing

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- Physician/medical
- Bereavement
- Hospice aide
- Social services
- Dietary and nutrition
- Spiritual and counseling
- Patient and family education

The applicant explains that these services are coordinated by a registered nurse that is a member of the Interdisciplinary Team. Brookdale explains that therapeutic services such as physical therapy, occupational therapy, speech therapy, pharmacy and durable medical equipment will be provided through contractual agreements.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)**

indicates that the following core services will be delivered directly by Chapters Pinellas, and will be consistent with those offered by other Chapters' hospice affiliates:

- Case management
- Hospice home care
- Bereavement, physician, and social services
- Dietary and spiritual counseling/chaplains
- Veterans, pediatric and volunteer services
- Patient intake: evaluation, plan of care
- Patient and family education/support
- Hospice inpatient care

The applicant states that the following patient care services will also be provided by Chapters Pinellas or from an affiliate of Chapters Health:

- Evening and weekend care
- HospiceHelp24®
- Home health care (for unrelated diagnosis)
- Infusion
- Pharmacy
- DME/Medical supplies
- Therapy services (PT, ST, OT)
- Quality measurement and reporting
- Compliance
- Integrative therapies

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- Professional/community outreach and education
- Patient/family surveys
- Palliative care
- Consult team in-hospital care
- Home health care

Chapters also includes a list of specific administrative services that will be integrated rather than duplicated because of the applicant's affiliation with Chapters.

**Covenant Hospice, Inc. (CON #10375)** states its staff will directly provide the following core services:

- Routine home care
- Continuous home care
- Inpatient respite care
- General inpatient care

Additionally, Covenant includes a list of services provided by employed staff and volunteers.

The applicant indicates that physical, speech and occupational therapy services will be provided through contractual arrangements. Covenant notes that in addition, short-term inpatient hospice care and inpatient respite care services will be provided in a contracted facility. The applicant explains that pharmacy, physician services, dietary counseling, massage therapy, medical supplies and durable medical equipment will be provided by contracted staff.

**Odyssey Healthcare of Marion County, LLC (CON #10376)** states plans to provide all of its core services directly by hospice staff and volunteers, including:

- Nursing services
- Social work services
- Spiritual, including chaplain
- Bereavement counseling
- Home health aides
- Continuous care
- Volunteer services
- Homemaker and chore services
- Support groups
- Infusion therapy

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Odyssey 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
- Dietary counseling
- Physician services
- Patient transportation services

**Palm Garden Hospice, LLC (CON #10377)** states that it will provide all of its core services directly by hospice staff and volunteers, including:

- Nursing and social worker services
- Spiritual, including chaplain, services
- Dietary counseling
- Bereavement counseling services
- Home health aides
- Continuous care
- Volunteer, pharmacy, homemaker and chore services
- Physician and patient transportation services
- Support groups

PGH asserts 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

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** 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 include: I.V. therapy, physical, speech and occupational therapy, patient transportation, mobile and fixed site X-ray, radiation and



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related oncological treatments, nursing home and ALF patient services, laboratories, emergency room and outpatient hospital services and backup pharmacy/medical equipment services.

Seasons provides additional details regarding the types of contract services available.

**Tidewell Hospice, Inc. (CON #10380)** 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 #10381)** 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. VHCF anticipates that employees will provide all services with the exception of physical, speech and occupational therapy, durable medical equipment and supplies and pharmacy services. The applicant maintains that these services will be provided through carefully screened and monitored contracted providers--depending on the patient volume and care needs, VHCF may utilize supplemental staff to provide certain functions.

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

**BayCare Hospice of Pinellas, Inc. (CON #10372)** commits to enter into agreement with Morton Plant Hospital, centrally located in Clearwater, to establish a 10-bed inpatient hospice service to meet community needs. The applicant points out that while other applicants may state their intent to establish an inpatient unit, BayCare has conditioned this service provision.

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BayCare notes that it has included a letter from Carl Tremonti, Chief Financial Officer of Morton Plant Hospital, documenting that space will be made available for the inpatient hospice unit and that Morton Plant will assume responsibility for any capital renovations required to develop it. The applicant also references its letter of support stating commitment to the development of an inpatient hospice unit housed at Morton Plant Hospital submitted by Kris Hoce, President of Morton Plant Hospital.

**Brookdale Hospice, LLC (CON #10373)** indicates that it will develop contractual agreements with existing ALFs, SNFs and hospitals to use their existing resources to provide the residential and inpatient component of hospice care.

The applicant points out that the administrator of Consulate Health Care of St. Petersburg indicates a willingness to enter into a contractual agreement for the provision of inpatient services at that SNF in an included letter of support.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** asserts that evidence of the experience and commitment of Chapters in ensuring inpatient care is available for hospice patients is its condition to provide inpatient hospice services through collaboration with inpatient providers or in Chapters' operated inpatient unit, as appropriate.

Chapters mentions two letters of support that it feels expressly reference a willingness by existing health care facilities in Pinellas to provide the inpatient care component through contractual arrangements with Chapters Pinellas written by:

- Michael Campbell, Regional Vice President, Kannon Health Services, who is responsible for the consulting services of seven not-for-profit SNFs in Florida
- Bruce Bergherm, CEO, Florida Hospital North Pinellas, who is responsible for the organization as a whole

**Covenant Hospice, Inc. (CON #10375)** states that it will partner will existing providers to provide inpatient care services through contractual agreements with SNFs and hospitals.

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The applicant maintains that it will also actively seek partnerships for the creation of dedicated space for inpatient hospice provisions to include hospital-based inpatient care services much like it did in its existing service areas.

**Odyssey Healthcare of Marion County, LLC (CON #10376)** states plans to arrange for providing inpatient care through contractual arrangements with hospitals and SNFs. Odyssey notes that hospice inpatient care will be under the direct administration of the hospice, whether located in a SNF or hospital.

**Palm Garden Hospice, LLC (CON #10377)** states that it will provide inpatient care through contractual arrangements with hospitals and SNFs. The applicant asserts that hospice inpatient care will be under the direct administration of the hospice, whether the inpatient facility is located in a SNF or a hospital.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** proposes to provide inpatient services through contracts with hospitals and if beds are available, with SNFs. SHPC indicates that it will actively seek contracts with several different providers so that inpatient care is available as needed.

**Tidewell Hospice, Inc. (CON #10380)** states that it intends to provide needed inpatient services via contractual agreements with service area hospitals and SNFs.

**VITAS Healthcare Corporation of Florida (CON #10381)** states that the inpatient and respite needs of its proposed patients will be met by existing hospitals and SNFs. The applicant indicates that it will develop contracts with local hospitals and SNFs to build upon the support VHCF has already received from four SNFs in Pinellas County.

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

**BayCare Hospice of Pinellas, Inc. (CON #10372)** states this is not applicable and that BayCare proposes to contract for inpatient beds with existing acute care, nursing and ALF providers.

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**Brookdale Hospice, LLC (CON #10373)** indicates that this is not applicable and that Brookdale proposes to contract with existing health care facilities for inpatient services.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** notes that this is not applicable and that Chapters Pinellas will contract for inpatient beds with existing providers until when and if, there may be a need for Chapters Pinellas to operate its own inpatient unit.

**Covenant Hospice, Inc. (CON #10375)** asserts that this is not applicable and that it expects to enter agreements with several hospitals and SNFs to provide the inpatient care component to hospice patients in Pinellas County.

**Odyssey Healthcare of Marion County, LLC (CON #10376)** states that this is not applicable and that Odyssey proposes to contract for inpatient beds with existing providers in Subdistrict 5B.

**Palm Garden Hospice, LLC (CON #10377)** states that this is not applicable and that it proposes to contract for inpatient beds with existing providers in Subdistrict 5B.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** does not expect to operate a freestanding inpatient hospice facility and will contract for beds as needed.

**Tidewell Hospice, Inc. (CON #10380)** forecasts approximately 854 general inpatient days in year one and 1,495 general inpatient patient days in year two. The applicant estimates that these patient day projections translate into need for three to five general inpatient beds which will be provided in contracted facilities.

**VITAS Healthcare Corporation of Florida (CON #10381)** forecasts 506 inpatient days in year two (no year one forecast is offered). VHCF contends that to provide services located conveniently for patients and 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

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contracted as the applicant indicates an exact number has not been determined.

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

**BayCare Hospice of Pinellas, Inc. (CON #10372)** indicates that typically, hospice inpatient care is needed by patients who are experiencing pain or other troublesome symptoms that cannot be addressed in the home setting. The applicant feels that hospice inpatient services are also an important option for patients who are imminently dying and have complex care needs. BayCare asserts that patients in this level of care will be evaluated daily by its interdisciplinary team to determine the continued need for inpatient care.

**Brookdale Hospice, LLC (CON #10373)** explains that the need for admitting a hospice patient to an inpatient bed is based on the patient's medical need. Brookdale states to the maximum extent possible, hospice care is provided in the patient's "home" setting, but sometimes this is not possible due to medical conditions and/or needs that cannot be effectively managed in the home setting.

The applicant indicates that it has established guidelines and policies for the provision of inpatient services, provided in in Attachment 14 of CON #10373.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** states that patients are admitted to an inpatient bed according to the guidelines set forth in the Federal Medicare Guidelines for hospice inpatient care. The applicant explains that the inpatient component of care is a short-term adjunct to hospice home care. Chapters notes that in addition to the general admission criteria, admission to a Chapters general inpatient bed will be based on one or more of the following acute care admission criteria:

- Pain control
- Symptom management
- Imminent death with symptoms necessitating frequent physician and nursing intervention
- Medical-surgical procedures or therapies aimed at palliation of symptoms
- Family educational needs necessary in order to follow the established plan of care at home

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The applicants insists that it will assure that the inpatient services are arranged, administered and managed in a manner so as to provide privacy, dignity, comfort, warmth and safety to the terminally ill patient and his or her family. Chapters notes that when an inpatient placement is made, the hospice has a team of clinicians that remains actively involved and care is delivered and supervised in accordance with Chapters' Interdisciplinary Group Plan of Care.

**Covenant Hospice, Inc. (CON #10375)** states that inpatient care is needed when patients meet criteria for more frequent assessment and intervention. Covenant insists that one of its primary objectives is to provide patients the opportunity to remain in their own homes or wherever they call home. The applicant asserts that dependent on the patient's condition and the home situation, Covenant commits to providing the most appropriate setting to meet each patient's needs and that may result in placing them in an inpatient setting.

**Odyssey Healthcare of Marion County, LLC (CON #10376)** states that inpatient care is dictated by a patient's medical need. The applicant maintains that if possible, symptoms are addressed in the patient's home environment but that occasionally this is not possible. Admission to a general inpatient bed is stated to be based on one of the following acute care admissions criteria:

- Pain control
- Symptom control
- Imminent death with symptoms necessitating frequent physician and nursing intervention
- Medical-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 #10377)** states that inpatient care is dictated by a patient's medical need. The applicant maintains that if possible, symptoms are

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addressed in the patient's home environment but that occasionally this is not possible. Admission to a general inpatient bed is stated to be based on one of the following acute care admissions criteria:

- Pain control
- Symptom control
- Imminent death with symptoms necessitating frequent physician and nursing intervention
- Medical-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

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** states that it will provide the 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.

**Tidewell Hospice, Inc. (CON #10380)** states that Medicare regulations prescribe the conditions under which a hospice patient may be admitted to an inpatient unit. Tidewell indicates that these regulations have been incorporated into Tidewell's inpatient admission criteria and that this appears within Appendix N of the application.

**VITAS Healthcare Corporation of Florida (CON #10381)** states that the circumstances under which a patient will be admitted to an inpatient bed depend upon the patient's physical condition, family caregiving capacity and patient wishes. 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.

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

**BayCare Hospice of Pinellas, Inc. (CON #10372)** asserts that for those patients that an adequate caregiver network cannot be established, BayCare will help patients to find placement in a SNF or an ALF. The applicant insists that BayCare hospice staff will stay with the patient as they move between these living settings ensuring the continuity of care and patient/provider relationships are maintained.

**Brookdale Hospice, LLC (CON #10373)** maintains that it is the responsibility of the hospice interdisciplinary team to develop a care plan if a hospice patient does not have primary caregivers at home. The applicant states that depending upon the patient's level of functionality with respect to activities of daily living, the plan could involve support from family, friends and hospice volunteers, or from a homemaker/companion service or placement in an ALF.

Brookdale intends to establish a homemaker/companion service if feasible in Pinellas County following approval of the proposed hospice. The applicant notes that its 11 ALFs located within Pinellas County are potential placement settings for hospice patients without caregiver support.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** indicates that in an effort to ensure hospice patients and families have adequate support, Chapters Pinellas will utilize Chapters' proven caregiver program that facilitates referring patients and families to community resources to provide caregiving services. The applicant explains that an individualized plan of care will be developed that will meet the patient's specific needs based on their values and preferences.

**Covenant Hospice, Inc. (CON #10375)** notes that its Care Transitions Program will greatly benefit Pinellas County and patients without primary caregivers. The applicant explains that this program will address the needs of patients who do not receive proper care due to the discharge process and lack of follow-up. Covenant intends to provide this program as a solution to patients, family members, health care facilities and health systems to reduce unnecessary readmissions.



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**Odyssey Healthcare of Marion County, LLC (CON #10376)** states that when a hospice patient can no longer care for him or herself, the patient's individual care plan requires a primary caregiver at the home or admission to a long-term care facility or an alternative place where the patient's safety can be secured.

**Palm Garden Hospice, LLC (CON #10377)** states that it is prepared to serve patients without caregivers. The applicant intends to utilize an engaged group of volunteers and supplement services provided by employed staff--in addition, Palm Garden has outlined a cadre of tele-health services that it will utilize to keep patients without caregivers safe and well monitored in their home environment.

PGH maintains that it will work with patients to develop a plan of care and will continuously monitor the patient's status and safety at home. The applicant states that should PGH determine that a patient is no longer safe or cannot receive the level of care they need at home, it will work with a patient to identify an alternative location.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** 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. SHPC states that as decline in functional ability develops with progressive disease, the type of assistance needed will be determined by the interdisciplinary team in collaboration with the patient and family (involved) and includes a list of potential solutions that will be explored and implemented.

**Tidewell Hospice, Inc. (CON #10380)** 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.

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**VITAS Healthcare Corporation of Florida (CON #10381)**

reaffirms that it will develop a unique program designed to meet the needs of geriatric orphans. The applicant insists that VHCF staff work very hard and utilize the programs and resources available to them, to help people die in the place of their choice. The applicant finds that 30 percent of seniors live alone in Pinellas County. VHCF declares that as a result of this analysis, it has developed a program designed to meet the needs of seniors living alone, or living without adequate caregiving support to remain safely at home.

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

**BayCare Hospice of Pinellas, Inc. (CON #10372)** states that BayCare will provide bereavement services to both the families/caregivers of the hospice patients served as well as the Pinellas County community at large. The applicant notes that the proposed hospice will also provide bereavement support and trauma counseling for staff/students/volunteers at any local organizations (schools/businesses/hospitals) that request help with these issues.

BayCare points out that a condition to its application is that a community bereavement program will be established once the program is initiated.

**Brookdale Hospice, LLC (CON #10373)** asserts that hospice is a philosophy of care focused on comfort and quality of life at the end-of-life. The applicant explains that as part of the process, family members also receive care and support--all provided by a team of specially trained professionals and volunteers. Brookdale states that bereavement services for family continue for one year after the patient has died.

The applicant includes an overview, program summary, the Reflections Program and highlights of bereavement program activities on pages 45 to 48 of CON #10373.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** maintains that it will utilize Chapters' proven policies and procedures for the provision of bereavement services and will offer similar bereavement services in the proposed program, included in Appendix H of CON #10374.

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The applicant asserts that it is the practice of Chapters Health to routinely evaluate family members for services related to grief/bereavement and briefly explains its process. Chapters notes that family members are evaluated for bereavement follow-up needs which are documented on the Bereavement Risk Assessment form, utilizing risk factors to indicate the need for continuing psychosocial services.

The applicant states that all services provided are offered to children and adults' family members. Survivors are categorized for bereavement risk based on the following: high risk, medium risk and low risk. Chapters explain that a family member may request individual counseling or support group services, regardless of risk level, at any time after a patients' death. Finally, the applicant refers to its conditions related to bereavement services.

**Covenant Hospice, Inc. (CON #10375)** insists that it offers a wide range of programs to provide comfort and assistance to families and loved ones in the community dealing with loss and grief and will extend these bereavement services into Pinellas County.

The applicant explains that Covenant begins bereavement services prior to and following the patient's death to offer guidance about what to expect and how to heal from loss. Covenant states that services are offered for at least one year after a loss, however, its staff will remain available as long as there may be need. Covenant indicates that it provides bereavement services to the entire community regardless of whether the loved one was a hospice patient or not.

Covenant includes a discussion of each the following:

- Coping with Grief and Loss: A Handbook for Survivors
- On Wings of Hope
- Children's support services
- Other counseling and bereavement groups

**Odyssey Healthcare of Marion County, LLC (CON #10376)** states that its goal is to provide support and promote healthy grieving for patients, families and caregivers, before, during and after death. The applicant indicates that at the time of admission, clinicians evaluate both the patient and his or her caregiver and conduct an initial bereavement risk assessment.

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Odyssey explains 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 asserts that it also offers bereavement support to staff at SNFs and ALFs, as well as local community members struggling with grief.

Odyssey states that it uses a variety of modalities to provide bereavement support, including individual counseling, support groups, monthly mailings and routine telephone contact, among others. The applicant explains that each hospice program also offers an annual, sometimes semi-annual, memorial service or celebration of life.

**Palm Garden Hospice, LLC (CON #10377)** indicates that after a patient's death, bereavement counseling and programming is available to family and caregivers for at least 13 months after the loss of a loved one. The applicant explains that it has a bereavement program, related policies and protocols established to ensure that patients and their families get appropriate levels and types of bereavement services and counseling that is specific to their particular circumstances--included in Attachment 11 of CON #10377.

Some of the bereavement services provided by PGH include:

- Individual and family unit counseling
- Correspondence
- Memorial services
- Coordination with other community services

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** 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. SHPC 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. The applicant details bereavement service protocols on pages 2-40 through 2-41 of CON #10379.

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**Tidewell Hospice, Inc. (CON #10380)** indicates that its grief specialists prioritize grief and loss services for hospice patients and family members, but also maintain a vital presence in the communities that Tidewell serves for individuals who have lost loved ones, despite no history of being a Tidewell patient. The applicant notes that family members are eligible to receive additional services following their loss, including follow up calls and special monthly mailings for 13 months following the death of their loved one.

**VITAS Healthcare Corporation of Florida (CON #10381)** indicates that VHCF staff and volunteers provide grief support and bereavement services in accordance with the needs of the survivors. VHCF states that bereavement services are appropriate from the time of admission until the primary tasks of mourning are accomplished and the survivor can emotionally reinvest in life and other relationships. Examples of bereavement services are included for review (CON #10381, 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, as 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 is provided on pages 95 to 100 of CON #10381.

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

**BayCare Hospice of Pinellas, Inc. (CON #10372)** insists that community, patient and professional education regarding hospice care and services will be a major focus for the proposed hospice. The applicant explains that educational programs will provide information and answer questions regarding exactly what is hospice care, the benefits, what type of patients may be appropriate, payment issues and reimbursement options, the hospice referral process, cultural objections to hospice care and information regarding how to speak with patients/families/health care professionals about the benefits and need for hospice care.

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The applicant also discusses its conditions related to community education activities.

**Brookdale Hospice, LLC (CON #10373)** insists that each Brookdale hospice is involved in a wide variety of community education and outreach programs in its service area. The applicant asserts that the integration of hospice services in Pinellas County is a unique feature of this application that distinguishes it from others.

The applicant reaffirms that special efforts will be undertaken to enhance the availability and utilization of hospice services by African American and Hispanic persons who are believed to be underserved patient groups in Pinellas County.

Brookdale includes a brief description of each of the following specific activities:

- Community expectations
- Community communication and activities
- Community events

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** insists that it provides community, patient/family and professional education services as an integral part of its mission to meet the needs of individuals affected by life-limiting illness. The applicant notes that a wide array of educational outreach programs are provided, as evidenced by a comprehensive listing of recent programs included in Appendix K of the application.

**Covenant Hospice, Inc. (CON #10375)** states that its mission includes improving access and quality of care through education and partnerships with the local community. The applicant reports that it offers over 70 educational training programs to community partners within its current hospice service areas and will offer these in Pinellas County, if approved.

The applicant notes that its educational offerings are open to the public and continuing education units are issued at no cost to attendees. Covenant indicates that in 2013, its leadership set a goal of 45 percent for staff involvement and service in the communities Covenant serves--the 2013 actual percentage was 57.3 percent, according to Covenant.

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**Odyssey Healthcare of Marion County, LLC (CON #10376)**

briefly discusses community education activities targeted to the Latino, Hispanic and African American communities as well as the Pinellas County population as a whole.

Mentioned activities include events such as walks, church festivals, veterans ceremonies and other community events.

Kindred indicates that it has participated in curriculum development at the University of Florida IFAS Extension regarding hospice care training and recently organized a continuing education program in Ocala focusing on techniques to manage Alzheimer's behaviors. Odyssey anticipates extending its programs quickly and efficiently to serve Pinellas County.

**Palm Garden Hospice, LLC (CON #10377)** insists that its existing presence in the community is noticeable--its facilities actively participate in the community and collaborate with other community organizations including the Salvation Army, Sallie House and Pinellas Hope. The applicant notes that in addition, the SNFs often hold events to uplift patients and engage the community.

The applicant declares that if approved, PGH will also show the same dedication to the community. PGH states that it has described its proposed community education activities and that these include programs targeted to Hispanic, homeless and veteran communities.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)**

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, SNFs and seminars and panels sponsored by insurance companies and stock brokers, who provide public education opportunities in which hospice team members can participate

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- 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

**Tidewell Hospice, Inc. (CON #10380)** 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 #10381)** asserts that it will develop a group of Community Advisors to work with local VHCF leaders and staff to identify community needs, explore creative ways to meet those needs, identify potential partners to support the needs of the community and implement new or enhanced services to meet the newly identified needs. 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 5B. VHCF also offers a list of education, health, civic and cultural arts projects on pages 101 to 102 of CON #10381.

**(m) Fundraising activities.**

**BayCare Hospice of Pinellas, Inc. (CON #10372)** explains that fundraising activities will be coordinated and managed by a newly formed foundation, which will be established using the existing BayCare Pinellas County Foundation infrastructure currently in place at the St. Anthony's and Morton Plant Mease Foundations.

The applicant states that BayCare has strong and effective foundation capabilities in its hospital settings--during 2014, the Morton Plant Mease Foundation granted \$8.3 million in support of a broad array of service and program initiatives.



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The applicant states that the donations will enable BayCare to offer a comprehensive range of interdisciplinary and volunteer services for those patients and families utilizing the proposed hospice program. BayCare explains that these funds will be reinvested in the local community through palliative care and residential hospice services, caregiver education and support, community education, child and family support and community bereavement services.

**Brookdale Hospice, LLC (CON #10373)** states that it will not perform any local fundraising activities in direct support of its operations and all program services and activities will be funded by the hospice's operations.

The applicant explains that each year Brookdale's care associates, residents, business partners and families participate in fundraising for the Alzheimer's Association. Brookdale notes that money raised is donated to local chapters of the Alzheimer's Association--the fundraising includes bake sales, garage sales, carnivals, golf tournaments and many other activities.

Brookdale indicates that it is a founding corporate sponsor of Wish of a Lifetime which grants lifelong wishes to senior adults. The applicant notes that while the hospice patients may not be able to participate in the more active wishes, they will be eligible to partake in the program which might include bringing in a relative to visit who lives far away.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** maintains that fundraising activities will be coordinated by Chapters' existing Development Department. The applicant states Chapters has a comprehensive development program, and raises money through special events, direct mail solicitation, memorial gifts, an annual giving campaign, an employee giving campaign, corporate giving, planned giving, foundation grants and third-party events specifically targeting and benefiting each of its hospice affiliates.

Chapters reiterates that it conditions its application on the use of donations raised in Pinellas County solely for programs and services provided in Pinellas County.

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**Covenant Hospice, Inc. (CON #10375)** asserts that it will not actively solicit funds from the community in Pinellas County for the first three years of operation of this application due to the desire to minimally impact the existing provider. Covenant discusses its Development and Communities Division--through special events, major gift solicitations, direct mail campaigns, grants, partnering with the United Way, consistent donor relations and many other fundraising activities--Covenant's goal is to encourage financial support.

The applicant states that Covenant's fundraising development team consists of four divisions--Major Gifts, Grants and Annual Gifts, Special Events and Donor Services. Covenant explains that after the first three years of operation, its approach for Pinellas County will consist of market research to determine the most appropriate ask with local donors.

**Odyssey Healthcare of Marion County, LLC (CON #10376)** states that Odyssey partners with the Gentiva Hospice Foundation (a non-profit 501(c)(3) organization) funded by generous donations. Gifts to the Foundation's mission are made through:

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

The applicant states that examples of patients and family assistance grants include rent or emergency repairs, utility bills, food assistance and comfort care, among others.

**Palm Garden Hospice, LLC (CON #10377)** affirms that it will not establish a non-profit foundation and will not otherwise fundraise for its own programming. The applicant asserts that it has the community commitment to fund and administer community programming and extra services on its own. PGH states that it will naturally build on its existing record of philanthropic efforts and as such, will not impose on or compete with any fundraising efforts by the existing agency in Pinellas County.

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**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** states that programs and services not covered by insurance are provided to patients and made possible by operation efficiency and volunteers. The applicant insists that 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
- 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

**Tidewell Hospice, Inc. (CON #10380)** states it heavily 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 Pinellas County program.

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**VITAS Healthcare Corporation of Florida (CON #10381)** agrees not to engage in any fundraising events or campaigns to obtain charitable contributions from residents in Subdistrict 5B. Also, VHCF indicates it will not solicit charitable contributions from patients, family or friends relating to its services in the planned area.

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

**BayCare Hospice of Pinellas, Inc. (CON #10372)** states intent to comply with this criterion.

**Brookdale Hospice, LLC (CON #10373)** states intent to comply with this criterion.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** states intent to comply with this criterion.

**Covenant Hospice, Inc. (CON #10375)** states that it has historically provided these reports and will continue to do so in the future.

**Odyssey Healthcare of Marion County, LLC (CON #10376)** states intent to comply with this criterion.

**Palm Garden Hospice, LLC (CON #10377)** states intent to comply with this criterion.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** states that it is familiar with the utilization required for participation and will furnish all required data to the Agency as well as the DOEA as required by statute and rule.

**Tidewell Hospice, Inc. (CON #10380)** states that it currently complies with all required reporting regulations and that it will continue to do so for its proposed Pinellas County program.

**VITAS Healthcare Corporation of Florida (CON #10381)** states that VHCF will comply with all reporting requirements as it does for its existing hospice services in Florida.

**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 5B.

The following chart illustrates hospice admissions for the past five years, ending December 30, 2014. As shown below, admissions decreased from 7,271 as of December 30, 2010 to 7,184 as of December 30, 2014. In the five year period, the highest admission occurred in the 12-month period ending December 30, 2013 (7,831 admissions) and the lowest admission occurred in the 12-month period ending December 30, 2014 (7,184 admissions).

<b>Hospice Admissions for Hospice Service Area 5B December 30, 2010 – December 30, 2014</b>	
<b>December 30, 2010 – December 30, 2014</b>	<b>Admissions</b>
December 2014	7,184
December 2013	7,831
December 2012	7,532
December 2011	7,629
December 2010	7,271

Source: Florida Agency for Health Care Administration Florida Need Projections for Hospice Programs, issued April 2010-April 2015

Service Area 5B is currently served by the following provider:

- Suncoast Hospice

**BayCare Hospice of Pinellas, Inc. (CON #10372)** asserts that the proposed project will expand overall availability of hospice care as well as fill current service/population group availability gaps. The applicant insists that BayCare has invested significant financial and manpower resources in establishing/maintaining/improving its quality initiatives--all of which will be used to support the establishment of quality operations and outcomes at the proposed new program.

The applicant states that while the proposed hospice program will be a new operation, the reality of the situation is that the new program will be operated in Pinellas County where BayCare already operates. BayCare declares that rather than being just a small standalone hospice provider,

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the proposed hospice will be an integrated component of the BayCare continuum of care, available to support high efficiency care, seamless end-of-life care to Pinellas County residents.

BayCare notes that Suncoast Hospice is the largest in Florida (by hospice volume) and is reported to be among the largest not-for-profit hospice providers in the country. The applicant maintains that as such, the existing provider is not vulnerable to financial or operation distress with the development of the proposed program. BayCare believes that the establishment of the proposed program will have no adverse impact on the quality of care provided by Suncoast.

**Brookdale Hospice, LLC (CON #10373)** states that in addition to the Agency's projection of a need for a new hospice in Pinellas County, the proposed hospice should be approved for the following reasons:

- Brookdale Senior Living Services is the nation's largest developer and operator of senior living communities and its residents often have a need for hospice care
- Brookdale Senior Living Services operates an integrated continuum of residential and health services in Pinellas County--as an existing system of senior residential facilities and post-acute health services within Pinellas County, it enables Brookdale to align people through the continuum of care according to their needs
- Brookdale's residential facilities are potential sources of referrals and admissions to the proposed hospice agency
- Brookdale's existing SNFs can be the site of contracted inpatient units or beds for terminally ill individuals whose symptoms and/or medical needs cannot be managed at home
- Brookdale's existing home health agencies in Seminole and St. Petersburg, with a branch office in Palm Harbor, is positioned to assist the proposed hospice to develop in-home care with a depth of local knowledge of the Pinellas County market
- Brookdale's existing rehabilitation agency in Clearwater can also support the needs of hospice patients with physical, occupational or speech therapy on an as needed basis
- According to data submitted by Suncoast and published by the DOEA, it is likely that there are unmet needs for hospice care for African American and Hispanic residents
- Residents of 5B should have at least one other option for hospice care--a benefit of competition is that access will be enhanced to the hospice services

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**Chapters Hospice of Pinellas County, Inc. (CON #10374)** declares that the proposed project will increase availability and access to hospice services, including open access services, in Pinellas County as there is an identified gap for open access services there.

The applicant notes that Chapters' LifePath and Good Shepard Hospice affiliates are two of the only 13 Joint Commission-accredited hospice providers in the entire State of Florida. Chapters reports that for these two hospices, 89 percent of patients who had severe pain on admission had their pain reduced to a level <6/10 by the end of the fourth day of care in the hospice programs over years 2012 and 2013, compared to an average of 83.5 percent of all hospices in the state.

Chapters asserts that it participates in all required quality reporting systems and each Chapters affiliate also has an extensive Quality Assessment and Performance Improvement (QAPI) program. The applicant notes that the numerous patients' family letters included in Appendix J demonstrate the quality and caliber of hospice services and care received, as do numerous letters from providers and community members included in Appendix B of the application.

Chapters insists that the proposed hospice will benefit from efficiencies gained from corporate infrastructure of Chapters Health System--for example, incremental costs of implementing an electronic health record system are lower for Chapters than a new entity. The applicant includes a list of other corporate resource/infrastructure that are in place that will benefit the residents of Pinellas County. Chapters feels that efficiencies gained through shared services and lower administrative costs translates into Chapters' ability to provide higher patient care costs than provided by most other hospice agencies.

**Covenant Hospice, Inc. (CON #10375)** states that while Suncoast has achieved great strides with their services to the community of Pinellas County for nearly 40 years, it is appropriate to offer residents of the community a choice in hospice care. The applicant declares that its vision and ability to evolve to ensure alignment with the transformative health care landscape will offer the Pinellas community the availability of patient-centered care programs and services it has not had before.

Covenant indicates that it maintains high-quality programs in Service Areas 1, 2A and 2B, as well as its Alabama service areas and will bring its highly regarded state-of-the-art programs and services to Pinellas County along with its Joint Commission accreditation. The applicant insists that its programs and services will be accessible to all who need them, including those who do not need them but are on end-of-life path.

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The applicant provides the following projected number of admissions and patient days for the first two years of operation, noting that it is based on historical experience of hospice providers entering service areas where there was a single existing provider. Covenant expects that its program will have no material impact on the existing operations of Suncoast.

**Projected Utilization, Year One and Year Two**

	<b>Patients</b>	<b>Share</b>	<b>Days</b>	<b>Average Daily Census</b>
<b>Year One</b>				
Quarter 3'16	34	1.8%	1,691	18.4
Quarter 4'16	73	3.8%	3,645	39.6
Quarter 1'17	113	5.9%	5,653	62.8
Quarter 2'17	127	6.7%	6,340	69.7
<b>Total</b>	<b>347</b>	<b>4.6%</b>	<b>17,329</b>	<b>47.5</b>
<b>Year Two</b>				
Quarter 3'17	139	7.3%	9,733	105.8
Quarter 4'17	172	9.1%	12,069	131.2
Quarter 1'18	205	10.7%	14,327	159.2
Quarter 2'18	214	11.2%	14,950	164.3
<b>Total</b>	<b>730</b>	<b>9.6%</b>	<b>51,080</b>	<b>139.9</b>

Source: CON application #10375, page 3-3

**Odyssey Healthcare of Marion County, LLC (CON #10376)** 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 with non-cancer diagnoses.

**Palm Garden Hospice, LLC (CON #10377)** 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 include the Hispanic, homeless and veteran populations, patients with cardiac diagnoses and residents with life-limiting illness other than cancer.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** states that by focusing on recruitment efforts, SHPC has grown into the fourth 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 Pinellas County.

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

- Accreditation
- Oversight by integration with affiliated hospices



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- NHPCO and FHPO membership
- NHPCO's Quality Partner Performance Improvement Plan participation
- National Ethics Committee involvement
- Internal quality improvement
- Partnership with local and state colleges regarding end-of-life research efforts

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

Regarding access, the applicant states that although Pinellas County does not have a geographic access problem, it is the second largest service area for those having only one hospice in terms of population and a gap in hospice service exists. Seasons indicates that Pinellas County ranks 21st out of 27 service areas (seventh from the bottom) 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 Pinellas County.

**Tidewell Hospice, Inc. (CON #10380)** notes that the need for the project is evidenced by the projected need published pursuant to the Fixed Need Pool. The applicant insists that the penetration rate for non-cancer diagnosis among patients under the age of 65 in Pinellas County is significantly below the statewide average. Tidewell further contends that within the Medicare non-cancer populations, patients with heart disease are an underserved group in Pinellas County.

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

**VITAS Healthcare Corporation of Florida (CON #10381)** asserts that patients can be admitted to a VHCF hospice program 24 hours a day, seven days a week. The applicant notes that the VITAS Hospice Referral App allows health care providers to read through the general admission criteria, providing detailed diagnosis specific criteria.

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

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The applicant includes the following table, noting that it 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 5B.

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

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

Source: CON application #10381, page 110

The applicant discusses accreditation from the National Institute for Jewish Hospice and Veterans programs (pages 110 to 111 of the application). VHCF also discusses Palliative Medical Associates (PMA), a stated wholly owned subsidiary of VITAS. The applicant maintains 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, it will be contracted with PMA for palliative care.

The applicant also offers the VITAS Hospice Eligibility App (CON #10381, 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

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regard to their ability to pay. VHCF indicates that it has demonstrated a continued commitment to underserved population groups--providing \$10.1 million in revenues in the form of charity care in 2014.

- 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.**

In October 2014, the 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.

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

Hospice Name	Outcome Measure			Number of Patients
	1	2	2A	
Covenant Hospice, Inc.	90%	95%	97%	4,263
Good Shepard Hospice*	90%	95%	97%	3,063
HPH Hospice*	76%	96%	93%	3,967
LifePath Hospice*	82%	94%	96%	5,975
Odyssey Healthcare of Marion County, Inc./Miami	77%	95%	96%	1,217
Seasons Hospice and Palliative Care of Southern Florida/Miami	97%	96%	96%	1,262
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

\*This hospice facility is associated with Chapters Hospice of Pinellas County, Inc. (CON #10374).

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.

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.

**BayCare Hospice of Pinellas, Inc. (CON #10372)** asserts that it is a new entity without operational or quality history, but that BayCare Health System is a large and high quality health care operation with a strong history of providing quality of care and with strong systems and operations in support of the organization’s Quality and Clinical Outcomes initiatives.

The applicant maintains that providing quality health care at BayCare Health System is summarized by doing the right thing, at the right time, in the right way, for the right person and having the best results possible. BayCare’s quality aims to:

- Improve the experience of care (service)
- Improve the health of the population (outcome)
- Reduce the per capita cost of health care (cost)

BayCare explains that its approach to providing and continually enhancing quality of care is based on its Quality Model philosophy and process, illustrated on page 72 of CON #10372.

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The applicant explains that existing quality protocols/procedures/approaches will be used to establish required specific quality initiatives and structures. An internal presentation discussing and describing BayCare’s quality approach is presented in Appendix 4 of CON #10372.

BayCare Health System has 14 licensed hospitals in Florida with a total of 3,467 beds. Agency data indicates that BayCare Health System affiliated hospitals had 44 substantiated complaints at eight hospitals in 12 complaint categories during the three-year period ending May 20, 2015. A single complaint can encompass multiple complaint categories. The table below has these listed by complaint categories.

**BayCare Substantiated Complaints in Florida Hospitals. Past 36 Months**

<b>Complaint Category</b>	<b>Number Substantiated</b>
Quality of Care/Treatment	15
Nursing Services	8
Patient/Resident/Client Rights	6
Resident/Patient/Client Assessment	5
Admission, Transfer and Discharge Rights	3
State Licensure	3
Admission/Personnel	2
Emergency Access	2
Dietary Services	1
Infection Control	1
Physical Environment	1
Physician Services	1

Source: Florida Agency for Health Care Administration Complaint Records

**Brookdale Hospice, LLC (CON #10373)** states that its mission is to “*enrich the lives of those it serves with compassion, respect, excellence and integrity.*” The applicant discusses the following:

- Resident/patient, family and community centered care principles
- Ethical behavior and consumer rights
- Clinical excellence and safety
- Standards of practice
- Compliance with laws and regulations
- Stewardship and accountability
- Performance measurement
- Accreditations and awards

The applicant explains the functions of the Brookdale Hospice QAPI program--a program of organizational activities designed to provide comprehensive coordinated care to individuals with life-limiting illnesses and to their families supporting them in the process of death and bereavement. Brookdale states that the QAPI Plan is the working plan from which all Performance Improvement Plans will be based. Brookdale’s application includes a description of its Quality Assessment and Performance Improvement Committee.

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Brookdale discusses recent changes in outcome reporting due to the Patient Protection and Affordable Care Act--Medicare-certified hospices will submit a Hospice Item Set (HIS)-Admission record and a HIS-Discharge record for each patient admission on or after July 1, 2014. The applicant explains that the HIS is a standardized set of items intended to capture patient-level data on each hospice patient admission.

The applicant states that beginning July 2014, hospices are required to use and submit patient-level data for seven measures. Brookdale presents data showing the HIS scores for Brookdale hospices with multistate and national benchmarks for July 1, 2014 to June 17, 2015. The applicant reports that Brookdale hospices scored as well as the benchmark values for: treatment preferences, pain screening, pain assessment and dyspnea screening and were close to the benchmark values for patients treated with an opioid who are given a bowel regimen. The reviewer notes that the applicant scored below the benchmark values for beliefs/values addressed and dyspnea treatment.

Agency complaint records indicate that the affiliated SNFs associated with the parent company, for the three-year period ending May 20, 2015, had 23 substantiated complaints among its 12 facilities. The substantiated complaint categories are listed below.

<b>Substantiated Complaint Categories in the Past 36 Months</b>	
<b>Complaint Category</b>	<b>Number Substantiated</b>
Quality of Care/Treatment	14
Resident Rights	5
Nursing Services	4
Physical Environment	3
Administration/Personnel	2
Admission, Transfer and Discharge Rights	2
Infection Control	2
Resident Assessment	2

Source: Florida Agency for Health Care Administration Complaint Records

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** asserts that Chapters Health System has a strong history of providing high quality, compassionate care as evidenced by the following:

- All Chapters affiliated hospices have been surveyed by the Agency. Both LifePath and Good Shepard Hospice were surveyed in 2013, and HPH Hospice in 2014. All Chapters Health affiliates are licensed by the State of Florida
- LifePath and Good Shepard have been continuously accredited since 1990 and 2008, respectively. Both were re-accredited by The Joint Commission in 2014

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- HPH Hospice became Chapters’ newest hospice affiliate in 2015 and is currently preparing for its initial hospice accreditation survey. In early 2015, HPH Home Health earned The Joint Commission’s Gold Seal of Approval® for home health services accreditation by demonstrating continuous compliance with The Joint Commission’s performance standards
- Both LifePath and Good Shepard Hospice have been accredited by the National Institute for Jewish Hospice since 2007
- *We Honor Veterans* partnership programs at Good Shepard Hospice and LifePath achieved Level 4 status
- Good Shepard Hospice was named a 2015 Hospice Honors recipient by DEYTA, an industry leader in data driven management. Recognition from such a respected authority validates and confirms Good Shepard’s quality care
- LifePath was one of only 125 hospices (out of 5,800 nationally) selected by CMS to participate in the five-year Demonstration Project, MCCM

The applicant declares that it will provide the same high quality care for patients and families it serves, and reiterates its quality-related conditions.

Chapters serves the following service areas in Florida: 3C, 3D, 5A, 6A and 6B. Agency records indicate that statewide, the applicant had five substantiated complaints in four complaint categories during the three-year period ending May 20, 2015. See the table below.

<b>Substantiated Complaint Categories in the Past 36 Months</b>	
<b>Complaint Category</b>	<b>Number Substantiated</b>
Nursing Services	4
Quality of Care/Treatment	2
Resident/Patient/Client Assessment	1
Resident/Patient/Client Rights	1

Source: Florida Agency for Health Care Administration Complaint Records

**Covenant Hospice, Inc. (CON #10375)** declares that Covenant is a nationally respected, not-for-profit, community-based leader in hospice and palliative care, serving over 6,000 individuals annually in 50 counties in Florida and Alabama. The applicant insists that the project, if approved, will allow Covenant to replicate its history of providing high quality hospice services to Pinellas County. Covenant provides its mission statement and also notes its vision is *“for excellence in compassionate care for all people and to broaden and fulfill life’s journey.”*

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The applicant discusses the following:

- Defining principles of Covenant Hospice
- Joint Commission accredited
- Awards and recognitions
- Education, training and staff competency
- CMS MCCM
- 2015 DEYTA Hospice Honors
- EMRs
- Care navigation center
- Covenant's top three wishes
- Mechanisms for providing quality
  - QAPI program conducted by Covenant's performance improvement committee
  - Goals based on Covenant's business plan and strategic plan
  - Quality model based on The Joint Commission Organization Quality Model
  - Plan-Do-Check-Act Model
  - Continuous Quality Improvement Program
- Emergency management preparedness
- Memberships and community partnerships
- Partners in care

To supplement its discussion of quality, the applicant includes Exhibits 4-1 through 4-9 on pages 4-24 to 4-32 of CON #10375, which relate to The Joint Commission quality reports and surveys, Covenant education opportunities, CMS's MCCM approval letter, honors program overview and recipient list, top three wishes reports, Plan-Do-Check-Act Model and annual health and safety reports.

Agency records indicate that the applicant had one substantiated complaint during the three-year period ending May 20, 2015 in the category of nursing services.

**Odyssey Healthcare of Marion County, LLC (CON #10376)** states that it 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 and states having NHPCO membership.

Odyssey states being fully licensed and in good standing with the 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 utilized to initiate services in the proposed project.



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The applicant states that Odyssey has an extensive compliance and QAPI plan that will be implemented in 5B--the key principles include:

- The hospice's QAPI program provides a description of the important processes or outcomes related to patient care and hospice operations and delineates the roles and responsibilities of leadership, physicians and other clinicians and support staff in designing, measuring, assessing and improving performance
- The governing body bears overall responsibility for the approval and implementation of the hospice QAPI program--the hospice administrator is responsible for implementing the QAPI program
- The purpose of the QAPI program is to maximize the effect of palliative treatment and services, safety and sense of well-being for patients and families served and to minimize the resources used in a manner consistent with achieving positive clinical and financial outcomes and patient satisfaction

Agency records indicate that the applicant had one substantiated complaint during the three-year period ending May 20, 2015 in the category of administration/personnel.

**Palm Garden Hospice, LLC (CON #10377)** states that because it will be a new provider of hospice services, it does not have a previous record on which to demonstrate quality. PGH insists that it will be affiliated with Home Care of Pinellas and though separate, will be an extension of the quality care provided by this entity. The applicant notes that it will share some staff, utilize the same EMR and billing system and will share many of the same clinical procedures and policies as Home Care of Pinellas.

PGH maintains that it will seek accreditation from the ACHC, like Home Care of Pinellas.

The applicant explains that 2013-2014 Home Health Compare data for Home Care of Pinellas is included in Attachment 34 of CON #10377. PGH reports that in summary, Home Care of Pinellas met or exceeded the Florida average for two-thirds of the measures used by Medicare in evaluating home health agencies. Nationally, Home Care of Pinellas met or exceeded the average for more than 75 percent of the applicable metrics. The applicant declares that PGH will build on this to deliver quality, compassionate care to patients families.

Agency complaint records indicate that the affiliated nursing homes associated with the parent company, for the three-year period ending May 20, 2015, had 67 substantiated complaints at its 14 facilities. The substantiated complaint categories are listed below:

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<b>Substantiated Complaint Categories in the Past 36 Months</b>	
<b>Complaint Category</b>	<b>Number Substantiated</b>
Quality of Care/Treatment	21
Administration/Personnel	2
Resident Rights	7
Resident Assessment	6
Physical Environment	5
Resident Abuse	4
Nursing Services	3
Infection Control	2
Unqualified Personnel	2
Physician Services	1
Falsification of Records/Reports	1
Billing/Refunds	1
Admission/Transfer/Discharge Rights	1
Dietary Services	1

Source: Florida Agency for Health Care Administration Complaint Records

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** directs attention to its 20 programs that have received accreditations for the Gold Seal of Approval from The Joint Commission. Additionally the application includes SHPC’s Credentials for CEUs, 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).

Seasons states that its mission statement is “*Honoring Life-Offering Hope.*” The applicant also discusses its vision and engagement with the Disney Institute for leadership development and corporate culture design. Seasons also extensively discusses procedures for its QAPI program on pages 4-3 through 4-6 of CON #10379. 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.

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

The applicant 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

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- CareFlash-online care support community
- Open Access services
- *We Honor Veterans* program
- Camp Kangaroo
- Kavod haNe-fesh Jewish hospice program
- Friendly visitor bereavement program

SHPC states their current CEO serves on the Public Policy Board for the NHPCO. The applicant notes that it is also a member of the Florida Hospices and Palliative Care (FHPO) 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 Americans 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

Agency records indicate that the applicant had zero substantiated complaints during the three-year period ending May 20, 2015.

**Tidewell Hospice, Inc. (CON #10380)** discusses the following:

- Accreditation
- Interdisciplinary Group 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
  - 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
  - Improve the quality, accessibility, accessibility and affordability of desired patient outcomes
  - Enhance the value of services provided

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- 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 the CMS Conditions of Participation
- Participate in required reporting of outcome measures to the DOEA
- Ongoing staff education and recognition
- compliance and ethics
- NHPCO survey participation

According to Tidewell, the Interdisciplinary Group reviews and updates the plan of care every 15 days during Interdisciplinary Group 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 18 of the application, "Would you recommend Tidewell to a friend?" for each quarter in the 12-month period ending March 31, 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.

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.

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**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 #10380, page 96, Table 19

**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 #10380, page 96, Table 20

Agency records indicate that the applicant had one substantiated complaint during the three-year period ending May 20, 2015 in the category of nursing services.

**VITAS Healthcare Corporation of Florida (CON #10381)** references its extensive experience and accreditations and states having a lower deficiency ratio (0.19 deficiencies per 1,000 admissions, 2010-2014) than the majority of competing applicants, providing a table illustrating this on page 116 of CON #10381. The reviewer notes that Tidewell is the only competing applicant listed on the applicant’s table as having a lower deficiency ratio for this time period (0.16 deficiencies per 1,000 admissions).

VHCF provides a list of company highlights of the history and quality of care on pages 116 to 117 of CON #10381. 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 118 of the application).

VHCF points out that its 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 (LCSWs).

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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 VITAS' 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 16 substantiated complaints during the three-year period ending May 20, 2015. See the table below.

<b>Substantiated Complaint Categories in the Past 36 Months</b>	
<b>Complaint Category</b>	<b>Number Substantiated</b>
Quality of Care/Treatment	9
Resident/Patient/Client Rights	5
Resident/Patient/Client Assessment	4
Administration/Personnel	2
Nursing Services	2

Source: Florida Agency for Health Care Administration Complaint Records

- 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

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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 benchmarks 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.

**BayCare Hospice of Pinellas, Inc. (CON #10372):** Below is an analysis of the audited financial statements for BayCare Health System, Inc. and Affiliates, 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.

<b>CON 10372 BayCare Health System, Inc. and Affiliates</b>		
	<b>Dec-14</b>	<b>Dec-13</b>
Current Assets	\$953,903,000	\$858,384,000
Total Assets	\$6,041,669,000	\$5,599,648,000
Current Liabilities	\$1,095,344,000	\$1,047,985,000
Total Liabilities	\$2,207,774,000	\$2,095,740,000
Net Assets	\$3,833,895,000	\$3,503,908,000
Total Revenues	\$2,997,545,000	\$2,568,440,000
Excess of Revenues Over Expenses	\$265,913	\$184,180
Cash Flow from Operations	\$559,547,000	\$408,849,000
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	0.9	0.8
Cash Flow to Current Liabilities (CFO/CL)	51.08%	39.01%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	29.0%	29.9%
Total Margin (ER/TR)	0.01%	0.01%
<b>Measure of Available Funding</b>		
Working Capital	(\$141,441,000)	(\$189,601,000)

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$3,557,337, which consists entirely of this project. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by the parent company. This is a relatively small project compared to the operating cash flows of BayCare.

In addition, the Hospital Division of BayCare Health System provided a letter stating that Morton Plant Hospital is able to provide space to develop a hospice program through a lease arrangement, and that Morton Plan Hospital would assume responsibility for any capital renovations required to develop the inpatient hospice unit space.

**Conclusion:**

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

**Brookdale Hospice, LLC (CON #10373):** Below is an analysis of the audited financial statements for Brookdale Senior Living, Inc., 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.



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<b>CON 10373 Brookdale Senior Living, Inc.</b>		
	<b>Dec-14</b>	<b>Dec-13</b>
Current Assets	\$614,789,000	\$294,862,000
Total Assets	\$10,521,363,000	\$4,737,757,000
Current Liabilities	\$877,762,000	\$870,844,000
Total Liabilities	\$7,639,122,000	\$3,716,820,000
Net Assets	\$2,882,241,000	\$1,020,937,000
Total Revenues	\$3,831,706,000	\$2,891,966,000
Excess of Revenues Over Expenses	(\$84,905,000)	\$131,288,000
Cash Flow from Operations	\$242,652,000	\$366,121,000
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	0.7	0.3
Cash Flow to Current Liabilities (CFO/CL)	27.64%	42.04%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	234.6%	278.8%
Total Margin (ER/TR)	-2.22%	4.54%
<b>Measure of Available Funding</b>		
Working Capital	(\$262,973,000)	(\$575,982,000)

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$410,000, which consists entirely of this project. The applicant is a 100 percent owned subsidiary of the parent company. The applicant states the company operates under a cash sweep cash management system where all cash of subsidiaries are transferred to the corporate cash accounts. Because of this system, the applicant states the parent company will provide all funding for the project. Given the small size of the project, the parent company has sufficient cash flow to fund the project.

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**Conclusion:**

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

**Chapters Hospice of Pinellas County, Inc. (CON #10374):** Below is an analysis of the audited financial statements for the parent company, and where the short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

<b>CON 10374 Chapters Health System, Inc. and Subsidiaries</b>		
	<b>Dec-14</b>	<b>Dec-13</b>
Current Assets	\$26,438,190	\$30,626,665
Total Assets	\$157,847,241	\$159,157,884
Current Liabilities	\$18,178,261	\$20,234,066
Total Liabilities	\$46,491,454	\$50,387,565
Net Assets	\$111,355,787	\$108,770,319
Total Revenues	\$117,187,849	\$130,654,301
Excess of Revenues Over Expenses	\$1,821,886	\$6,604,154
Cash Flow from Operations	(\$1,199,445)	\$9,454,183
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.5	1.5
Cash Flow to Current Liabilities (CFO/CL)	-6.60%	46.72%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	25.4%	27.7%
Total Margin (ER/TR)	1.55%	5.05%
<b>Measure of Available Funding</b>		
Working Capital	\$8,259,929	\$10,392,599

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

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**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$316,199, which includes \$291,199 for this project.

The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand and supplemented by the parent company.

The applicant is a start-up company and states it has not activity and no audit report, but claims \$1.0 million in cash for which it presented a copy of a bank account statement indicating an unreconciled balance of \$1.0 million. Because the bank balance indicated by the applicant is not audited, it cannot be relied on as proof of funds.

In addition, the applicant provided a letter of financial commitment from its parent company to fund start-up and working capital requirements. Based on the above analysis of the parent company audit, the parent company has sufficient working capital to fund this project and all capital projects of the applicant.

**Conclusion:**

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

**Covenant Hospice, Inc. (CON #10375):** Below is an analysis of the audited financial statements of Covenant Hospice, Inc. and Affiliates 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: 10372-10377 and 10379-10381**

<b>CON 10375 Covenant Hospice, Inc. and Affiliates</b>		
	<b>Dec-14</b>	<b>Dec-13</b>
Current Assets	\$44,888,406	\$46,178,109
Total Assets	\$61,896,458	\$63,415,756
Current Liabilities	\$19,231,064	\$19,822,917
Total Liabilities	\$26,456,722	\$27,674,398
Net Assets	\$35,439,736	\$35,741,358
Total Revenues	\$58,897,393	\$69,144,772
Excess of Revenues Over Expenses	(\$47,667)	\$54,617
Cash Flow from Operations	(\$2,319,153)	\$787,070
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	2.3	2.3
Cash Flow to Current Liabilities (CFO/CL)	-12.06%	3.97%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	20.4%	22.0%
Total Margin (ER/TR)	-0.08%	0.08%
<b>Measure of Available Funding</b>		
Working Capital	\$25,657,342	\$26,355,192

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$2,856,482 which includes \$618,121 for this project. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by operating cash. With working capital of \$25.7 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 is likely but not guaranteed.

**CON Action Numbers: 10372-10377 and 10379-10381**

**Odyssey Healthcare of Marion County, LLC (CON #10376):** Below is an analysis of the audited financial statements for Kindred Healthcare, Inc., the applicants 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.

<b>CON 10376 Kindred Healthcare, Inc.</b>		
	<b>Dec-14</b>	<b>Dec-13</b>
Current Assets	\$1,390,062,000	\$1,196,728,000
Total Assets	\$5,652,964,000	\$3,945,869,000
Current Liabilities	\$857,263,000	\$792,421,000
Total Liabilities	\$4,166,992,000	\$2,824,653,000
Net Assets	\$1,485,972,000	\$1,121,216,000
Total Revenues	\$5,027,599,000	\$4,775,235,000
Excess of Revenues Over Expenses	(\$79,837,000)	(\$168,492,000)
Cash Flow from Operations	\$105,471,000	\$199,412,000
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.6	1.5
Cash Flow to Current Liabilities (CFO/CL)	12.30%	25.16%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	222.7%	181.3%
Total Margin (ER/TR)	-1.59%	-3.53%
<b>Measure of Available Funding</b>		
Working Capital	\$532,799,000	\$404,307,000

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$878,953 which includes \$378,953 for this project. The applicant is relying on the parent company to fund the project. With working capital of \$532.8 million and operating cash flows of \$105.5 million, the parent company has sufficient resources to fund the project.

**CON Action Numbers: 10372-10377 and 10379-10381**

**Conclusion:**

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

**Palm Garden Hospice, LLC (CON #10377):** 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.

<b>CON 10377 Parkwood Properties, Inc. and Subsidiaries</b>		
	<b>Dec-14</b>	<b>Dec-13</b>
Current Assets	\$50,360,278	\$23,286,646
Total Assets	\$105,708,813	\$98,611,295
Current Liabilities	\$3,110,517	\$2,678,722
Total Liabilities	\$93,784,818	\$93,390,787
Net Assets	\$11,923,995	\$5,220,508
Total Revenues	\$28,788,044	\$19,225,037
Excess of Revenues Over Expenses	\$12,671,011	\$6,935,004
Cash Flow from Operations	\$5,641,514	\$8,912,593
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	16.2	8.7
Cash Flow to Current Liabilities (CFO/CL)	181.37%	332.72%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	760.4%	1737.6%
Total Margin (ER/TR)	44.01%	36.07%
<b>Measure of Available Funding</b>		
Working Capital	\$47,249,761	\$20,607,924

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

**CON Action Numbers: 10372-10377 and 10379-10381**

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$429,350 which includes \$304,350 for this project. The applicant is relying on the parent company to fund the project. As noted above, the parent company had \$47.2 million in working capital as of December 31, 2014.

The parent has letters of financial commitment to fund or acquire funding on four CONs in this batching cycle (10357, 10367, 10369, and 10377). The combined capital projects for these four CONs totals \$23.4 million. This project is relatively small and funding is available. Although leveraged, the parent has strong operating ratios making debt repayment more likely. Funding for all CONs is likely but not guaranteed.

**Conclusion:**

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

**Seasons Hospice and Palliative Care of Pinellas County, LLC**

**(CON #10379):** The applicant is a development stage company, meaning there is no operational data to be analyzed for the purposes of this review. However, the applicant's audit included \$1.5 million in cash, total net assets of \$1.5 million and no liabilities. The applicant states these funds will provide the capitalization and working capital 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 the entire capital budget should be available as needed.

**Tidewell Hospice, Inc. (CON #10380):** 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 Action Numbers: 10372-10377 and 10379-10381**

<b>CON 10380 Tidewell Hospice, Inc. and Related Entities</b>		
	<b>Jun-14</b>	<b>Jun-13</b>
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
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	12.9	14.1
Cash Flow to Current Liabilities (CFO/CL)	119.35%	138.13%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	0.0%	0.0%
Total Margin (ER/TR)	6.06%	4.71%
<b>Measure of Available Funding</b>		
Working Capital	\$97,655,163	\$79,209,541

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$3,424,216 which includes \$558,709 for this project.

Staff notes that total capital project costs reported for this CON application do not match that reported by the applicant in CON #10382 of \$8,498,138, for a difference of \$5,073,922.

The total project cost for CON 10380 listed in this application indicate costs for land only of \$1,300,000, while total cost for 10380 reported on Schedule 2 in CON #10382 indicate total costs of \$6,373,922.



**CON Action Numbers: 10372-10377 and 10379-10381**

The \$5,073,922 difference appears to be the costs of the facility for CON #10380 which was not reported in CON #10380.

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 and \$19.4 million in cash and cash equivalents, the applicant has sufficient resources on hand to fund this and all capital projects listed.

**Conclusion:**

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

**VITAS Healthcare Corporation of Florida (CON #10381):** Below is an analysis of the audited financial statements of VITAS Healthcare Corporation of Florida, and where the two short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

<b>CON 10381 Vitas Healthcare Corporation of Florida</b>		
	<b>Dec-14</b>	<b>Dec-13</b>
Current Assets	\$47,315,957	\$34,103,123
Total Assets	\$398,805,398	\$349,631,785
Current Liabilities	\$21,403,924	\$21,545,814
Total Liabilities	\$22,303,930	\$22,614,143
Net Assets	\$376,501,468	\$327,017,642
Total Revenues	\$442,591,108	\$414,075,130
Excess of Revenues Over Expenses	\$49,483,826	\$43,316,805
Cash Flow from Operations	\$38,684,005	\$41,689,250
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	2.2	1.6
Cash Flow to Current Liabilities (CFO/CL)	180.73%	193.49%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	0.2%	0.3%
Total Margin (ER/TR)	11.18%	10.46%
<b>Measure of Available Funding</b>		
Working Capital	\$25,912,033	\$12,557,309

**CON Action Numbers: 10372-10377 and 10379-10381**

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$21,666,472 which includes \$960,632 for this project. 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 \$25.9 million in working capital and \$38.7 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 \$190.5 million. It should be noted that the applicant also sent a letter from the parent corporation pledging to fund the project 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

**CON Action Numbers: 10372-10377 and 10379-10381**

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.

**BayCare Hospice of Pinellas, Inc. (CON #10372):**

CON 10372	BayCare Hospice of Pinellas, Inc.				
Pinellas	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	1.078	\$161.85	\$5,192,538		32,082
Continuous Home Care	1.078	\$944.58	\$393,628	24	417
Inpatient Respite	1.078	\$169.59	\$14,674		87
General Inpatient	1.078	\$722.97	\$1,449,828		2,005
		<b>Total</b>	<b>\$7,050,668</b>		<b>34,590</b>
			Days from Schedule 7		37,380
			<b>Difference</b>		<b>2,790</b>
			<b>Percentage Difference</b>		<b>7.46%</b>

The applicant’s projected patient days are 7.46 percent, or 7.46 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$638,407 for year one to an operating profit of \$206,623 for year two.

**Conclusion:**

This project appears to be financially feasible; however, the projected operating profit may be overstated.

**CON Action Numbers: 10372-10377 and 10379-10381**

**Brookdale Hospice, LLC (CON #10373):**

CON 10373	Brookdale Hospice, LLC				
Pinellas	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	1.094	\$164.25	\$4,033,337		24,557
Continuous Home Care	1.094	\$958.54	\$248,135	24	259
Inpatient Respite	1.094	\$172.09	\$43,978		256
General Inpatient	1.094	\$733.65	\$567,376		773
		<b>Total</b>	<b>\$4,892,826</b>		<b>25,844</b>
			Days from Schedule 7		28,000
			<b>Difference</b>		<b>2,156</b>
			<b>Percentage Difference</b>		<b>7.70%</b>

The applicant’s projected patient days are 7.7 percent or 2,156 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$132,477 for year one to an operating profit of \$1,024,983 for year two.

**Conclusion:**

This project appears to be financially feasible; however, operating profit may be overstated.

**CON Action Numbers: 10372-10377 and 10379-10381**

**Chapters Hospice of Pinellas County, Inc. (CON #10374):**

CON 10374	Chapters Hospice				
Pinellas	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	1.062	\$159.46	\$3,853,487		24,166
Continuous Home Care	1.062	\$930.62	\$301,362	24	324
Inpatient Respite	1.062	\$167.08	\$5,596		33
General Inpatient	1.062	\$712.28	\$777,113		1,091
		<b>Total</b>	<b>\$4,937,558</b>		<b>25,614</b>
				Days from Schedule 7	26,193
				<b>Difference</b>	<b>579</b>
				<b>Percentage Difference</b>	<b>2.21%</b>

The applicants projected patient days are 2.21 percent or 579 days more than the calculated patient days. Operating losses from this project are expected to decline from an operating loss of \$821,495 for year one to an operating loss of \$343,551 for year two. Projecting a loss in year two raises questions over the company's ability to operate as a going concern.

**Conclusion:**

Feasibility of this project depends on the parent company being able to fund the projected losses until the project can become profitable.

**CON Action Numbers: 10372-10377 and 10379-10381**

**Covenant Hospice, Inc. (CON #10375):**

CON 10375	Covenant Hospice, Inc.				
Pinellas	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	1.078	\$161.85	\$7,469,638		46,150
Continuous Home Care	1.078	\$944.58	\$686,552	24	727
Inpatient Respite	1.078	\$169.59	\$24,654		145
General Inpatient	1.078	\$722.97	\$945,906		1,308
		<b>Total</b>	<b>\$9,126,750</b>		<b>48,331</b>
			Days from Schedule 7		51,080
			<b>Difference</b>		<b>2,749</b>
			<b>Percentage Difference</b>		<b>5.38%</b>

The applicants projected patient days are 5.38 percent or 2,749 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$1,051,100 for year one to an operating profit of \$30,494 for year two.

**Conclusion:**

This project appears to be financially feasible.

**CON Action Numbers: 10372-10377 and 10379-10381**

**Odyssey Healthcare of Marion County, LLC (CON #10376):**

CON 10376	Odyssey Healthcare of Marion County, LLC				
Pinellas	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	1.078	\$161.85	\$3,377,671		20,869
Continuous Home Care	1.078	\$944.58	\$207,501	24	220
Inpatient Respite	1.078	\$169.59	\$37,255		220
General Inpatient	1.078	\$722.97	\$476,454		659
			<b>Total</b>		<b>21,967</b>
			Days from Schedule 7		22,317
			<b>Difference</b>		<b>350</b>
			<b>Percentage Difference</b>		<b>1.57%</b>

The applicant’s projected patient days are 1.57 percent or 350 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$339,892 for year one to an operating profit of \$148,796 for year two.

**Conclusion:**

This project appears to be financially feasible.

**CON Action Numbers: 10372-10377 and 10379-10381**

**Palm Garden Hospice, LLC (CON #10377):**

CON 10377	Palm Garden Hospice, LLC				
Pinellas	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	1.062	\$159.46	\$6,678,691		41,883
Continuous Home Care	1.062	\$930.62	\$1,243,974	24	1,337
Inpatient Respite	1.062	\$167.08	\$74,448		446
General Inpatient	1.062	\$712.28	\$634,745		891
		<b>Total</b>	<b>\$8,631,858</b>		<b>44,556</b>
				Days from Schedule 7	41,758
				<b>Difference</b>	<b>-2,798</b>
				<b>Percentage Difference</b>	<b>-6.70%</b>

The applicant’s projected patient days are 6.7 percent or 2,798 days fewer than the calculated patient days. Operating profits from this project are expected to increase from \$76,443 in year one to \$800,683 for year two.

**Conclusion:**

This project appears to be financially feasible.



**CON Action Numbers: 10372-10377 and 10379-10381**

**Seasons Hospice and Palliative Care of Pinellas County, LLC  
(CON #10379):**

<b>CON 10379</b>	<b>Seasons Hospice and Palliative Care of Pinellas County, LLC</b>				
<b>Pinellas</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
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
<b>Year Two Comparison</b>					
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care	1.078	\$161.85	\$4,521,700		27,937
Continuous Home Care	1.078	\$944.58	\$659,100	24	698
Inpatient Respite	1.078	\$169.59	\$5,000		29
General Inpatient	1.078	\$722.97	\$637,900		882
		<b>Total</b>	<b>\$5,823,700</b>		<b>29,546</b>
		Days from Schedule 7			30,408
		<b>Difference</b>			<b>862</b>
		<b>Percentage Difference</b>			<b>2.83%</b>

The applicant’s projected patient days are 2.83 percent or 862 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$334,600 for year one to an operating profit of \$370,500 for year two.

**Conclusion:**

This project appears to be financially feasible.

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**Tidewell Hospice, Inc. (CON #10380):**

CON 10380	Tidewell Hospice, Inc.				
Pinellas	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	1.062	\$159.46	\$4,467,074		28,013
Continuous Home Care	1.062	\$930.62	\$286,228	24	308
Inpatient Respite	1.062	\$167.08	\$11,949		72
General Inpatient	1.062	\$712.28	\$1,030,928		1,447
		<b>Total</b>	<b>\$5,796,179</b>		<b>29,840</b>
			Days from Schedule 7		30,876
			<b>Difference</b>		<b>1,036</b>
			<b>Percentage Difference</b>		<b>3.36%</b>

The applicant's projected patient days are 3.36 percent or 1,036 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating profit of \$318,941 for year one to an operating profit of \$976,313 for year two.

**Conclusion:**

This project appears to be financially feasible.

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**VITAS Healthcare Corporation of Florida (CON #10381):**

CON 10381	VITAS Healthcare Corporation of Florida				
Pinellas	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	1.062	\$159.46	\$4,508,035		28,270
Continuous Home Care	1.062	\$930.62	\$597,100	24	642
Inpatient Respite	1.062	\$167.08	\$0		0
General Inpatient	1.062	\$712.28	\$297,244		417
<b>Total</b>			<b>\$5,402,379</b>		<b>29,329</b>
			Days from Schedule 7		31,333
			<b>Difference</b>		<b>2,004</b>
			<b>Percentage Difference</b>		<b>6.40%</b>

The applicant’s projected patient days are 6.40 percent or 2,004 days more than the calculated patient days. The applicant projects an operating loss for the project in both years one and two, decreasing from the projected year one operating loss of \$1,451,304 to an operating loss of \$368,140 for year two. The applicant indicates that it reaches profitability during year three. Our schedules are on an annual basis so it is not clear what month the applicant turns to a profitable situation.

**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 5B, 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

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via a combination of competitive pricing that forces more efficient cost to remain profitable and offering higher quality and additional services to attract patients from competitors. Since Medicare and Medicaid are the primary payers in hospice, price-based competition is almost non-existent. With the revenue stream essentially fixed on a per patient basis, the available margin to increase quality and offer additional services is limited. In addition, competitive forces truly do not begin to take shape until existing business' market share is threatened. The publication of need in this area suggests that there is an unmet and untapped customer base for a new entrant to absorb thus potentially delaying any immediate impact on competition. This service area only has one existing provider so approval of this application 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 5B 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.

**BayCare Hospice of Pinellas, Inc. (CON #10372)** indicates that while it is a new entity with no track record, BayCare Health System has a strong and consistent history of providing care to Medicaid patients and the medically indigent. The applicant states that specific to BayCare Health

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System’s provision of care to the Medicaid and indigent populations, during 2014 BayCare system-wide provided \$266.4 million in total community benefit (at cost).

The applicant further discusses its Medicaid and charity commitments in Pinellas County, concluding that taken together, it is clear that BayCare Health System, in total and in Pinellas County, has a strong and proven history of providing care to Medicaid and indigent patients and is one of the true market leaders in providing care to all regardless of financial access.

BayCare estimates 12,160 total patient days for year one and 37,380 total patient days for year two. The majority of patients days are estimated to be Medicare in year one (10,409 patient days or 85.6 percent) and again Medicare in year two (31,997 patient days or 85.6 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.

**Self-Pay/Charity and Medicaid Patient Days, Year One**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	851	7.0%
Medicaid	486	4.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>1,337</b>	<b>11.0%</b>
<b>Total Patient Days</b>	<b>12,160</b>	<b>100%</b>

Source: CON application #10372, Schedule 7A

**Year Two**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	2,617	7.0%
Medicaid	1,495	4.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>4,112</b>	<b>11.0%</b>
<b>Total Patient Days</b>	<b>37,380</b>	<b>100%</b>

Source: CON application #10372, Schedule 7A

**Brookdale Hospice, LLC (CON #10373)** states that the 17 hospices operated by Brookdale typically serve Medicare patients. The applicant notes that 99 percent of the hospice patient days at Brookdale’s hospices were by Medicare patients during 2014 with the remaining one percent of patient days comprised of third-party payers and self-pay. Brookdale explains that the payer mix of hospice patients is influenced by two factors: 1) the age distribution of hospice patient referrals and 2) Brookdale does not have specialty pediatric hospice services.

The applicant reiterates its condition with respect to Medicaid and uncompensated care--a combination of at least 6.0 percent the first year and 7.0 percent annually thereafter of total admissions.

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Brookdale estimates 9,000 total patient days for year one and 28,000 total patient days for year two. The majority of patients days are estimated to be Medicare in year one (7,560 patient days or 84.0 percent) and again Medicare in year two (23,800 patient days or 84.0 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.

**Self-Pay/Charity and Medicaid Patient Days, Year One**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	540	6.0%
Medicaid	0	0.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>540</b>	<b>6.0%</b>
<b>Total Patient Days</b>	<b>9,000</b>	<b>100.0%</b>

Source: CON application #10373, Schedule 7A

**Year Two**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	1,260	5.0%
Medicaid	980	4.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>2,240</b>	<b>9.0%</b>
<b>Total Patient Days</b>	<b>28,000</b>	<b>100.0%</b>

Source: CON application #10373, Schedule 7A

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** declares that it is the policy of Chapters to offer all patients access to hospice services if appropriately indicated. The applicant states that no person is, or will be, refused service because of age, color, creed, religion, disability, sexual orientation, national origin or ability to pay.

The applicant reiterates that it provided more than \$1.8 million in uncompensated care in 2014 and indicates that its Medicaid admissions exceed six percent annually at its LifePath Hospice, which serves as the reasonable proxy for the proposed 7.1 percent year two Medicaid admissions for Chapters Pinellas.

Chapters estimates 12,399 total patient days for year one and 26,193 total patient days for year two. The majority of patients days are estimated to be Medicare in year one (10,954 patient days or 88.3 percent) and again Medicare in year two (23,141 patient days or 88.3 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.

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**Self-Pay/Charity and Medicaid Patient Days, Year One**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	122	1.0%
Medicaid	624	5.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>746</b>	<b>6.0%</b>
<b>Total Patient Days</b>	<b>12,399</b>	<b>100.0%</b>

Source: CON application #10374, Schedule 7A

**Year Two**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	258	1.0%
Medicaid	1,318	5.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>1,576</b>	<b>6.0%</b>
<b>Total Patient Days</b>	<b>26,193</b>	<b>100.0%</b>

Source: CON application #10374, Schedule 7A

**Covenant Hospice, Inc. (CON #10375)** indicates that as a not-for-profit 501(c)(3) organization, it accepts all patients, regardless of ability to pay and asserts that it has a long history of providing hospice services to those who need it. The applicant includes the following table, noting that during 2014, its Medicaid and uncompensated payer mix was slightly higher than the state average.

**Payer Mix, 2014**

<b>Payer</b>	<b>Covenant</b>	<b>State</b>
Medicare	87%	89%
Medicaid	7%	5%
Third-party	3%	4%
Self-Pay	0%	1%
Uncompensated	3%	1%
Other	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>

Source: CON application #10375, page 9-1

The applicant indicates that it has established a charity care policy that is designed to provide financial relief to the uninsured, underinsured and indigent patients it treats and presents a copy of it in Exhibit 9-2 of the application. The applicant also states that Covenant provided \$1.5 million in unfunded care services to patients and families in 2013.

Covenant discusses Florida's Statewide Medicaid Managed Care (SMMC) program and insists it is aware of all aspects of the program and will form a provider agreement with at least one of the managed care plans available in Region 5 (Pasco and Pinellas Counties). The applicant includes Exhibits 9-3, 9-4 and 9-5 of CON #10375, which provide details of the SMMC program.

Covenant estimates 17,329 total patient days for year one (ending June 30, 2017) and 51,080 total patient days for year two (ending June 30, 2018). The majority of patients days are estimated to be Medicare in year one (15,250 patient days or 88.0 percent) and again Medicare in

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year two (44,951 patient days or 88.0 percent). The applicant provided the following information on self-pay/charity care and Medicaid patient days for year one and year two.

**Self-Pay/Charity and Medicaid Patient Days  
12 Months Ending June 30, 2017 (Year One)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	139	0.8%
Medicaid	693	4.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>832</b>	<b>4.8%</b>
<b>Total Patient Days</b>	<b>17,329</b>	<b>100.0%</b>

Source: CON application #10375, Schedule 7A

**12 Months Ending June 30, 2018 (Year Two)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	409	0.8%
Medicaid	2,043	4.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>2,452</b>	<b>4.8%</b>
<b>Total Patient Days</b>	<b>51,080</b>	<b>100.0%</b>

Source: CON application #10375, Schedule 7A

**Odyssey Healthcare of Marion County, LLC (CON #10376)** states that it has a history of providing health services to all patients that require hospice care, without regard to age, sex, race, ethnic group, diagnosis or ability to pay.

Odyssey estimates 6,398 total patient days for year one (ending March 31, 2017) and 22,317 total patient days for year two (ending March 31, 2018). 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.

**Self-Pay, Charity and Medicaid Patient Days  
12 Months Ending March 31, 2017 (Year One)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	128	2.0%
Medicaid	256	4.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>384</b>	<b>6.0%</b>
<b>Total Patient Days</b>	<b>6,398</b>	<b>100.0%</b>

Source: CON application #10376, Schedule 7A

**12 Months Ending March 31, 2018 (Year Two)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	446	2.0%
Medicaid	893	4.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>1,339</b>	<b>6.0%</b>
<b>Total Patient Days</b>	<b>22,317</b>	<b>100.0%</b>

Source: CON application #10376, Schedule 7A

**Palm Garden Hospice, LLC (CON #10377)** indicates that it will be a new hospice provider and does not have a history to document. PGH states that however, it proposes to provide a substantial amount of services to



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Medicaid patients and the medically indigent. The applicant asserts that as one example, it commits to establishing a program to deliver hospice care and medical respite to homeless persons in Pinellas County through a partnership with the Salvation Army.

PGH estimates 16,217 total patient days for year one (2016) and 41,758 total patient days for year two (2017). The majority of patients days are estimated to be Medicare in year one (13,622 patient days or 84.0 percent) and again Medicare in year two (35,077 patient days or 84.0 percent). The applicant provided the following information on self-pay and Medicaid patient days for year one and year two.

**Self-Pay and Medicaid Patient Days  
Year One (2016)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay	487	3.0%
Medicaid	811	5.0%
<b>Total Medicaid/Self-Pay</b>	<b>1,298</b>	<b>8.0%</b>
<b>Total Patient Days</b>	<b>16,217</b>	<b>100.0%</b>

Source: CON application #10377, Schedule 7A

**Year Two (2017)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay	1,253	3.0%
Medicaid	2,088	5.0%
<b>Total Medicaid/Self-Pay</b>	<b>3,341</b>	<b>8.0%</b>
<b>Total Patient Days</b>	<b>41,758</b>	<b>100.0%</b>

Source: CON application #10377, Schedule 7A

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** discusses Florida’s SMMC program, noting that the degree to which SMMC Plans will affect hospice programs has not yet been experienced.

Seasons estimates 11,415 total patient days for year one (ending June 30, 2017) and 30,408 total patient days for year two (ending June 30, 2018). The majority of patients days are estimated to be Medicare in year one (9,927 patient days or 87.0 percent) and again Medicare in year two (26,460 patient days or 87.0 percent). The applicant provided the following information on self-pay and Medicaid Managed Care patient days for year one and year two.

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**Self-Pay and Medicaid Managed Care (MC) Patient Days  
12 Months Ending June 30, 2017 (Year One)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay	118	1.0%
Medicaid Managed Care	742	6.5%
<b>Total Medicaid MC/Self-Pay</b>	<b>860</b>	<b>7.5%</b>
<b>Total Patient Days</b>	<b>11,415</b>	<b>100.0%</b>

Source: CON application #10379, Schedule 7A

**12 Months Ending June 30, 2018 (Year Two)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay	299	1.0%
Medicaid Managed Care	1,977	6.5%
<b>Total Medicaid MC/Self-Pay</b>	<b>2,276</b>	<b>7.5%</b>
<b>Total Patient Days</b>	<b>30,408</b>	<b>100.0%</b>

Source: CON application #10379, Schedule 7A

**Tidewell Hospice, Inc. (CON #10380)** indicates that it has a well-established record of care to Medicaid and indigent populations. Tidewell offers for 2012, 2013 and 2014 (fiscal year ending June 30<sup>th</sup>) and for July 2014–November 2015, admission totals, patient days, patient days as a percentage of the total, and total charges for its Medicaid and unreimbursed care populations (CON #10380, page 99, Table 21). 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 unreimbursed 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 3.0 percent of its services to Medicaid patients and an additional 3.0 percent to unreimbursed patients in its proposed Pinellas County program.

Tidewell estimates 17,611 total patient days for year one (ending December 31, 2016) and 30,876 total patient days for year two (ending December 31, 2017). The majority of patients days are estimated to be Medicare in year one (15,903 patient days or 90.0 percent) and again Medicare in year two (27,881 patient days or 90.0 percent). The applicant provided the following information on self-pay/charity and Medicaid patient days for year one and year two.

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**Self-Pay/Charity and Medicaid Patient Days  
12 Months Ending December 31, 2016 (Year One)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	550	3.0%
Medicaid	581	3.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>1,131</b>	<b>6.0%</b>
<b>Total Patient Days</b>	<b>17,611</b>	<b>100.0%</b>

Source: CON application #10380, Schedule 7A

**12 Months Ending December 31, 2017 (Year Two)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	965	3.0%
Medicaid	1,019	3.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>1,984</b>	<b>6.0%</b>
<b>Total Patient Days</b>	<b>30,876</b>	<b>100.0%</b>

Source: CON application #10380, Schedule 7A

**VITAS Healthcare Corporation of Florida (CON #10381)** states it has a long history of providing services to Medicaid patients and proposes to do so in Subdistrict 5B. 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 5B. VHCF also discusses a history of meeting its commitments regarding service to these populations and that in fiscal year 2014, VHCF provided over \$4.9 million in charity care.

VITAS estimates 11,432 total patient days for year one (ending September 30, 2016) and 31,333 total patient days for year two (ending September 30, 2017). The majority of patients days are estimated to be Medicare in year one (10,507 patient days or 91.9 percent) and again Medicare in year two (28,820 patient days or 92.0 percent). The applicant provided the following information on self-pay/charity and Medicaid patient days for year one and year two.

**Self-Pay, Charity and Medicaid Patient Days  
12 Months Ending September 30, 2016 (Year One)**

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	201	1.8%
Medicaid	481	4.2%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>682</b>	<b>6.0%</b>
<b>Total Patient days</b>	<b>11,432</b>	<b>100.0%</b>

Source: CON application #10381, Schedule 7A

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

<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	526	1.7%
Medicaid	1,320	4.2%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>1,846</b>	<b>5.9%</b>
<b>Total Patient days</b>	<b>31,333</b>	<b>100.0%</b>

Source: CON application #10381, Schedule 7A

**F. SUMMARY**

In Volume 41, Number 65, of the Florida Administrative Register, dated April 3, 2015, a hospice program need of one was published for Service Area 5B for the July 2016 Hospice Planning Horizon. All proposed projects seek to establish a new hospice program in 5B.

**BayCare Hospice of Pinellas, Inc. (CON #10372)**, a newly formed not-for-profit corporation established to support the development of the new hospice program, is proposing total project costs of \$3,557,337.31. The applicant asserts that BayCare Health System is a leading community-based health system in the Tampa Bay area composed of a network of 13 not-for-profit hospitals, outpatient facilities and services.

BayCare proposes 21 conditions on its Schedule C.

**Brookdale Hospice, LLC (CON #10373)**, an affiliate of Brookdale Senior Living, Inc., is proposing total project costs of \$410,000. Brookdale Senior Living owns and/or operates residential communities and health care facilities in 46 out of the 50 states. In Pinellas County the company operates a total of 22 properties, health care facilities and service agencies. At present, Brookdale Senior Living operates 17 hospices in 10 states.

Brookdale proposes six conditions on its Schedule C.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)**, part of Chapters Health System, a local, not-for-profit comprehensive post-acute care provider serving patients in seven West-Central Florida counties, is proposing total project costs of \$291,199. Chapters' hospice affiliates include LifePath Hospice in Hillsborough County, Good Shepard Hospice in Polk, Highlands and Hardee Counties and HPH Hospice in Pasco, Hernando and Citrus Counties.

Chapters proposes 27 conditions on its Schedule C.

**Covenant Hospice, Inc. (CON #10375)**, a nationally-respected, not-for-profit, community-based leader in hospice and palliative care, is proposing total project costs of \$618,121. Covenant was founded in 1982 by local health system leadership and volunteers, and has been serving northwest Florida and southern Alabama for more than 30 years. Covenant Hospice currently operates in Hospice Service Areas 1, 2A and 2B.

Covenant proposes 14 conditions on its Schedule C.

**CON Action Numbers: 10372-10377 and 10379-10381**

**Odyssey Healthcare of Marion County, LLC (CON #10376)**, a wholly owned subsidiary of the parent, Kindred Healthcare, Inc. Odyssey has been a licensed and certified community hospice provider that has served Florida residents for three decades, is proposing total project costs of \$378,953. Kindred and its subsidiaries currently serve Florida residents in 14 counties from two licensed hospices: the applicant in Hospice Service Area 3B, 4B and 11 and Emerald Coast Hospice, Inc. in Hospice Service Area 1 and 2A.

Odyssey proposes nine conditions on its Schedule C.

**Palm Garden Hospice, LLC (CON #10377)**, a newly organized Delaware limited liability company, a subsidiary of Parkwood Properties, Inc. (parent), is proposed total project costs of \$304,350. PGH indicates that the parent has more than 40 years of experience operating and developing post-acute care services in Florida. PGH maintains having 14 affiliated SNFs--three of which are located in Pinellas County: Palm Garden of Clearwater, Palm Garden of Largo and Palm Garden of Pinellas.

Palm Garden proposes seven conditions on its Schedule C.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)**, a newly formed development stage entity, contracts with Seasons Healthcare Management, closely affiliated with SHPC (the parent) is proposing total project costs of \$592,610. The applicant's parent was founded in 1997 and operates 24 Medicare-certified sites across 17 states, with two Florida licensed hospice programs--one in in Hospice Service Area 10 and one in Hospice Service Area 11.

Seasons proposes four conditions on its Schedule C.

**Tidewell Hospice, Inc. (CON #10380)**, a Florida independent not-for-profit community-based organization founded in 1980, is proposing total project costs of \$558,709. Tidewell is currently a hospice provider in Hospice Service Areas 6C, 8A and 8D.

Tidewell proposes 30 conditions on its Schedule C.

**CON Action Numbers: 10372-10377 and 10379-10381**

**VITAS Healthcare Corporation of Florida (CON #10381)**, a Florida for-profit corporation, is proposing total project costs of \$960,632. VITAS/VHCF is currently a hospice provider in Hospice Service Areas 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9C, 10 and 11.

VITAS proposes 10 conditions on its Schedule C.

**Need/Access:**

**The co-batched applicants'** proposed projects are in response to the fixed need pool for one new hospice in Hospice Service Area 5B. **Each co-batched applicant's** argument(s) in support of need for their respective proposal is briefly summarized below.

**BayCare Hospice of Pinellas, Inc. (CON #10372)** asserts that the proposed project will expand overall availability of hospice care as well as fill current service/population group availability gaps.

The applicant states that while the proposed hospice program will be a new operation, the reality of the situation is that the new program will be operated in Pinellas County where BayCare Health System already operates. BayCare declares that rather than being just a small standalone hospice provider, the proposed hospice will be an integrated component of the BayCare continuum of care, available to support high efficiency care, seamless end-of-life care to Pinellas County residents.

BayCare projects 304 admissions in year one (ending June 2017) and 623 in year two (ending June 2018).

**Brookdale Hospice, LLC (CON #10373)** states that in addition to the Agency's projection of a need for a new hospice in Pinellas County, the proposed hospice should be approved for the following reasons:

- Brookdale Senior Living Services is the nation's largest developer and operator of senior living communities and its residents often have a need for hospice care
- Brookdale Senior Living Services operates an integrated continuum of residential and health services in Pinellas County--as an existing system of senior residential facilities and post-acute health services within Pinellas County, it enables Brookdale to align people through the continuum of care according to their needs
- Brookdale's residential facilities are potential sources of referrals and admissions to the proposed hospice agency
- Brookdale's existing SNFs can be the site of contracted inpatient units or beds for terminally ill individuals whose symptoms and/or medical needs cannot be managed at home

**CON Action Numbers: 10372-10377 and 10379-10381**

- Brookdale's existing home health agencies in Seminole and St. Petersburg, with a branch office in Palm Harbor, is positioned to assist the proposed hospice to develop in-home care with a depth of local knowledge of the Pinellas County market
- Brookdale's existing rehabilitation agency in Clearwater can also support the needs of hospice patients with physical, occupational or speech therapy on an as needed basis
- According to data submitted by Suncoast and published by the DOEA, it is likely that there are unmet needs for hospice care for African American and Hispanic residents
- Residents of 5B should have at least one other option for hospice care--a benefit of competition is that access will be enhanced to the hospice services

Brookdale projects 200 admissions in year one (ending 2017) and 400 in year two (ending 2018).

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** declares that the proposed project will increase availability and access to hospice services, including open access services, in Pinellas County as there is an identified gap for open access services there. Chapters will serve patient populations with unmet needs, e.g. open access patients, through its range of comprehensive programs and services. The applicant declares that the large and fast-growing Hispanic population can best be served by Chapters, who will implement its proven programs, services, community outreach and education geared to this ethnic group.

Chapters includes a detailed explanation of the following points, declaring that they demonstrate why Chapters is best positioned to address the hospice needs of residents in Pinellas County:

- The applicant will provide proven, high quality hospice programs and services, including open access and other concurrent care programs for adult and pediatric patients and their families, filling an identified gap in care in the service area
- The applicant's proven, high quality programs and services utilize higher levels of physician services and nursing care resources compared to most other hospice providers

**CON Action Numbers: 10372-10377 and 10379-10381**

- Service area patients and families of the applicant will benefit from the strong focus on research and education by applicant's parent organization, ensuring that hospice patients benefit from end-of-life care research in the short-term and education of future physicians and caregivers in the long-term
- Service area patients and families will benefit from the applicant's affiliation with Chapters, a local not-for-profit organization with an experienced management team and a proven history of operating a full continuum of high quality, financially viable post-acute care services through West-Central Florida

Chapters projects 214 admissions in year one (ending December 31, 2016) and 400 in year two (ending December 31, 2017).

**Covenant Hospice, Inc. (CON #10375)** states that while Suncoast has achieved great strides with their services to the community of Pinellas County for nearly 40 years, it is appropriate to offer residents of the community a choice in hospice care. The applicant declares that its vision and ability to evolve to ensure alignment with the transformative health care landscape will offer Pinellas availability of patient-centered care programs and services it has not had before.

Covenant states that it commits to increase services to all residents of Pinellas with a special emphasis on the following population segments and includes a discussion of each:

- 65+ populations with non-cancer diagnoses
  - Covenant believes that both outreach and awareness of hospice care can be improved by a physical presence--which will be established in the community in a number of ways
- Veterans
  - Covenant has met the strict requirements to reach the Partner Level-4 Status with the *We Honor Veterans* campaign
  - The "Dale O. Knee-A Hero's Wish" Fund
  - Veteran patients are visited by Covenant volunteers and are presented with a certificate and pin in recognition of their service to our country
- African Americans and Hispanics
  - Covenant will ensure barriers do not exist and that culturally-sensitive education is provided
- Residents of local SNFs and ALFs
  - The Covenant Hospice "Partners in Care" program assures that the same level of care and services are provided to hospice patients wherever they call home



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Covenant projects 347 admissions in year one (ending June 30, 2017) and 730 in year two (ending June 30, 2018).

**Odyssey Healthcare of Marion County, LLC (CON #10376)** 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 with non-cancer diagnoses

Odyssey projects 95 admissions in year one and 281 in year two.

**Palm Garden Hospice, LLC (CON #10377)** states seeking to address the entirety of the needs of the terminally ill population regardless of age, race, gender, disability or income level. Palm Garden identifies targeting hospice services most specifically to the following area populations:

- Hispanic populations
- Homeless and veterans populations
- Patients with cardiac diagnoses and residents with life-limiting illnesses other than cancer

PGH states that it is clear that Suncoast has not been providing hospice care to all patients in Subdistrict 5B, as certain population segments appear to be underserved. The applicant feels that general hospice care as well as continuous care in the home setting has greatly declined in the Subdistrict over the past four years--PGH plans to focus on these care settings and because it will expand access to environments that are currently underserved, it will not take volume away from the existing provider.

Palm Garden projects 290 admissions in year one (Fiscal Year 2016) and 589 in year two (Fiscal Year 2017).

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** identified the following specific populations with unmet hospice needs in the area:

- The elderly, particularly those residing in ALFs
- Residents with AIDS
- Residents with end-stage renal disease
- Residents with end-stage heart disease

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The applicant insists it has the programs and experience to tailor the hospice program according to the individuals served. SHPC explains that it hired additional staff to reflect the population served at its District 11 hospice program--now the majority of the staff is Hispanic, reflective of the Miami-Dade population which is approximately 60 percent Hispanic. The applicant concludes that to promote diversity and truly represent the population to be served, SHPC commits to having at least one African American, one Hispanic and one Jewish board member.

Seasons projects 190 admissions in year one (ending June 30, 2017) and 419 in year two (ending June 30, 2018).

**Tidewell Hospice, Inc. (CON #10380)** emphasizes that the penetration rate for non-cancer diagnosis among patients under the age of 65 in Pinellas County is significantly below the statewide average. Tidewell further contends that within the Medicare non-cancer populations, patients with heart disease are an underserved group in Pinellas 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 Pinellas County.

Tidewell projects 314 admissions in year one (ending December 31, 2016) and 549 in year two (ending December 31, 2017).

**VITAS Healthcare Corporation of Florida (CON #10381)** identifies the following five specific needs in the subdistrict that would be addressed by project approval:

- Pinellas needs a second hospice to increase the overall hospice use, to provide a choice of hospice programs, to improve the response time for both referred and admitted hospice patients and to better meet specific needs of Pinellas County residents
- Some Pinellas seniors who live alone and lack local family need additional support to stay in their homes for hospice services--this includes a sub-community of LGBT residents age 65+
- The hospice use rate for all racial and ethnic groups in Pinellas is below the state average--better engagement with underserved groups, particularly African American and LGBT is needed to increase hospice use rates

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- Improved access to palliative radiation and chemotherapy is needed to improve access to hospice for cancer patients and improve symptom management
- Continuing education of physicians on end-of-life care is needed to increase the timeliness and number of hospice referrals

VITAS projects 298 admissions in year one (ending September 30, 2016) and 496 in year two (ending September 30, 2017).

**Quality of Care:**

**Each co-batched applicant** offered evidence of its ability to provide quality care.

Each co-batched applicant (or parent) that participated in the most recent DOEA hospice demographic and outcome measures report is listed in the table below, with participating provider’s results indicated.

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

Hospice Name/City	Outcome Measure			Number of Patients
	1	2	2A	
Covenant Hospice, Inc.	90%	95%	97%	4,263
Good Shepard Hospice*	90%	95%	97%	3,063
HPH Hospice*	76%	96%	93%	3,967
LifePath Hospice*	82%	94%	96%	5,975
Odyssey Healthcare of Marion County, Inc./Miami	77%	95%	96%	1,217
Seasons Hospice and Palliative Care of Southern Florida/Miami	97%	96%	96%	1,262
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

\*This hospice facility is associated with Chapters Hospice of Pinellas County, Inc. (CON #10374).

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

**BayCare Hospice of Pinellas, Inc. (CON #10372)** identifies its quality in the context of:

- BayCare Health System as a large and high quality health care operation with a strong history of providing quality of care and with strong systems and operations in support of the organization’s Quality and Clinical Outcomes initiatives
- Improving the experience of care (service)
- Improving the health of the population (outcome)
- Reducing the per capita cost of health care (cost)
- Its Quality Model philosophy and process

**CON Action Numbers: 10372-10377 and 10379-10381**

Agency data indicates that BayCare affiliated hospitals had 44 substantiated complaints at eight hospitals in 12 complaint categories during the three-year period ending May 20, 2015.

**Brookdale Hospice, LLC (CON #10373)** identifies its quality in the context of:

- Resident/patient, family and community centered care principles
- Ethical behavior and consumer rights
- Clinical excellence and safety
- Standards of practice
- Compliance with laws and regulations
- Stewardship and accountability
- Performance measurement
- Accreditations and awards
- QAPI
- Outcome reporting

Agency complaint records indicate that the affiliated SNFs associated with the parent company, for the three-year period ending May 20, 2015, had 23 substantiated complaints among its 12 facilities.

**Chapters Hospice of Pinellas County, Inc. (CON #10374)** identifies its quality in the context of:

- Chapters Health System having a strong history of providing high quality, compassionate care
- Survey, licensure and accreditation of its affiliated hospices
- Level 4 *We Honor Veterans* status at Good Shepherd and LifePath
- Good Shepard as a 2015 Hospice Honors recipient
- LifePath selected by CMS to participate in the CMS's MCCM

Agency records indicate that statewide, the applicant had five substantiated complaints in four complaint categories during the three-year period ending May 20, 2015 for the five hospice service areas the provider serves.

**Covenant Hospice, Inc. (CON #10375)** identifies its quality in the context of:

- Defining principles of Covenant Hospice
- Joint Commission accredited
- Awards and recognitions
- Education, training and staff competency
- CMS MCCM
- 2015 DEYTA Hospice Honors
- EMRs
- Care navigation center

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- Covenant's top three wishes
- Mechanisms for providing quality
- Emergency management preparedness
- Memberships and community partnerships
- Partners in care

Agency records indicate that the applicant had one substantiated complaint in one complaint category during the three-year period ending May 20, 2015.

**Odyssey Healthcare of Marion County, LLC (CON #10376)** identifies its quality in the context of:

- Being a provider of quality care to patients with Medicare and Medicaid benefits and having NHPCO membership
- 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
- Odyssey's compliance and QAPI plan

Agency records indicate that Odyssey had one substantiated complaint in one complaint category during the three-year period ending May 20, 2015.

**Palm Garden Hospice, LLC (CON #10377)** identifies its quality in the context of:

- Its affiliation and ability to share resources with Home Care of Pinellas
- Accreditation from the Commission for Health Care
- Building on Home Care of Pinellas's quality of care Home Health Compare rankings
- Making commitments to quality

Agency complaint records indicate that the affiliated nursing homes associated with the parent company, for the three-year period ending May 20, 2015, had 67 substantiated complaints at its 14 facilities.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379)** identifies its quality in the context of:

- Seasons having grown 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 20 hospice programs nationwide
- Current CEO's membership on the Public Policy Board for the NHPCO

**CON Action Numbers: 10372-10377 and 10379-10381**

- 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
- EMRs
- Electronic call center
- Competency assessments and specialized programs
- CareFlash

Agency records indicate that the parent had zero substantiated complaints during the three-year period ending May 20, 2015.

**Tidewell Hospice, Inc. (CON #10380)** identifies its quality in the context of:

- Accreditations
- IDG meetings
- QAPI
- Patient care policies and procedures
- Compliance and ethics plan

Agency records indicate that the applicant had one substantiated complaint during the three-year period ending May 20, 2015.

**VITAS Healthcare Corporation of Florida (CON #10381)** identifies its quality in the context of:

- Extensive experience and accreditations
- Having a lower deficiency ratio (0.19 deficiencies per 1,000 admissions, 2010-2014) than the majority of competing applicants
- QI 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 VITAS had 16 substantiated complaints in five complaint categories during the three-year period ending May 20, 2015.

**CON Action Numbers: 10372-10377 and 10379-10381**

**Financial Feasibility/Availability of Funds:**

**BayCare Hospice of Pinellas, Inc. (CON #10372):** Funding for this project and the entire capital budget should be available as needed. This project appears to be financially feasible; however, the projected operating profit may be overstated.

This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

**Brookdale Hospice, LLC (CON #10373):** Funding for this project and the entire capital budget should be available as needed. This project appears to be financially feasible; however, operating profit may be overstated.

This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

**Chapters Hospice of Pinellas County, Inc. (CON #10374):** Funding for this project and the entire capital budget should be available as needed. Feasibility of this project depends on the parent company being able to fund the projected losses until the project can become profitable.

This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

**Covenant Hospice, Inc. (CON #10375):** Funding for this project and all capital projects is likely but not guaranteed. 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 #10376):** 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.

**Palm Garden Hospice, LLC (CON #10377):** Funding for this project and the entire capital budget should be available as needed. This project appears to be financially feasible.

**CON Action Numbers: 10372-10377 and 10379-10381**

This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379):** 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.

**Tidewell Hospice, Inc. (CON #10380):** 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.

**VITAS Healthcare Corporation of Florida (CON #10381):** 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.

**BayCare Hospice of Pinellas, Inc. (CON #10372):** Schedule 7A shows 7.0 percent of total annual patient days for self-pay/charity care in years one and two of operations. BayCare's patient day Medicaid percentage is projected to be 4.0 percent for year one and year two of operations.

**Brookdale Hospice, LLC (CON #10373):** Schedule 7A shows 6.0 percent and 5.0 percent of total annual patient days for self-pay/charity care in year one and year two of operations, respectively. Brookdale's patient day Medicaid percentage is projected to be 0.0 percent and 4.0 percent for year one and year two of operations, respectively.



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**Chapters Hospice of Pinellas County, Inc. (CON #10374):** Schedule 7A shows 1.0 percent of total annual patient days for self-pay/charity care in years one and two of operations. Chapters' patient day Medicaid percentage is projected to be 5.0 in years one and two of operations.

**Covenant Hospice, Inc. (CON #10375):** Schedule 7A shows 0.8 percent of total annual patient days for self-pay/charity care in years one and two of operations. Covenant's patient day Medicaid percentage is projected to be 4.0 in years one and two of operations.

**Odyssey Healthcare of Marion County, LLC (CON #10376):** Schedule 7A shows 2.0 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 4.0 in years one and two of operations.

**Palm Garden Hospice, LLC (CON #10377):** Schedule 7A shows 3.0 percent of total annual patient days for self-pay/charity care in years one and two of operations. Palm Garden's patient day Medicaid percentage is projected to be 5.0 in years one and two of operations.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10379):** Schedule 7A shows 1.0 percent of total annual patient days for self-pay/charity care in years one and two of operations. Seasons' patient day Medicaid Managed Care percentage is projected to be 6.5 percent for year one and year two of operations.

**Tidewell Hospice, Inc. (CON #10380):** 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 3.0 percent for year one and year two of operations.

**VITAS Healthcare Corporation of Florida (CON #10381):** Schedule 7A shows 1.8 percent of total annual patient days for self-pay/charity care in year one and 1.7 percent in year two of operations. VITAS' patient day Medicaid percentage is projected to be 4.2 percent for year one and year two of operations.

**CON Action Numbers: 10372-10377 and 10379-10381**

**G. RECOMMENDATION**

Approve CON #10379 to Seasons Hospice and Palliative Care of Pinellas County, LLC to establish a new hospice program in Pinellas County, District 5, Hospice Service Area 5B. The total project cost is \$592,610.

CONDITIONS:

- SHPC 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
- SHPC 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
- SHPC of Pinellas 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 Pinellas County residents
- SHPC 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

Deny CON #'s 10372, 10373, 10374, 10375, 10376, 10377, 10380 and 10381.

**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: \_\_\_\_\_

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Marisol Fitch  
**Health Services and Facilities Consultant Supervisor**  
**Certificate of Need**