

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

**A. PROJECT IDENTIFICATION**

1. Applicant/CON Action Number

**Bristol Hospice-Northwest Hospice, LLC/CON #10436**

1 Beach Drive, SE Unit 1011  
St. Petersburg, Florida 33701

Authorized Representative: Kathleen Premo  
(385) 315-4649

**PruittHealth Hospice-West Florida, LLC/CON #10437**

1626 Jeurgens Court  
Norcross, Georgia 30093

Authorized Representative: Neil L. Pruitt, Jr.  
(770) 279-6200

**Seasons Hospice & Palliative Care of Pensacola, LLC/CON #10438**

6400 Shafer Court, Suite 700  
Rosemont, Illinois 60018

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

**St. Joseph Hospice Florida Panhandle, LLC/ CON #10439**

10615 Jefferson Highway  
Baton Rouge, Louisiana 70809

Authorized Representative: Patrick T. Mitchell  
(225) 368-3181

**VITAS Healthcare Corporation of Florida/CON# 10440**

6300 LaCalma Drive, Suite 170  
Austin, Texas 78752

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

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2. Service District/Subdistrict

Hospice Service Area 1- Escambia, Okaloosa, Santa Rosa, and Walton Counties

**B. PUBLIC HEARING**

A public hearing was not held or requested regarding the proposed projects to establish a new hospice program in Hospice Service Area 1.

**Letters of Support**

**Bristol Hospice-Northwest Hospice, LLC (CON #10436):**

The applicant submitted several letters of support from religious organizations, local government members, health providers, senior living facilities, medical supply groups, community support groups, non-profit human service agencies, volunteer groups, and local businesses. All of which supported the applicant's intent to establish a hospice program in the service area.

**PruittHealth Hospice-West Florida, LLC (CON #10437):** The applicant submitted several letters of support from existing health providers in the area ranging from hospitals, home health agencies, and medical suppliers. Letters of support were attached from members of the Florida Legislature including Representative Doug Broxson (District 3) and Senator Greg Evers (District 2) as well as the Mayor of the City of Pensacola, Ashton J. Hayward, who expressed support of the applicant's proposed hospice and endorsed its potential benefit to the community.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438) :** The applicant submitted a significant amount of letters of support for the proposed hospice facility. A number of these letters of support came from existing assisted living facilities (ALFs), skilled nursing facilities (SNFs), affiliated providers and alternative therapists in the hospice service area.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439):** The applicant provided a substantial amount of letters of support for the proposed hospice facility. Support letters were received from health providers in Hospice Service Area 1, academic institutions, religious leaders, and members of the Florida legislature and state government.

Members of the Florida legislature and local government that endorsed the proposed hospice facility included: Terry Smith (Retired Escambia County Commissioner), Wilson Robertson (Escambia County

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Commissioner), Senator Greg Evers (District 2), and Representative Doug Broxson (District 3) and Lumon May (Escambia County Commissioner).

**VITAS Healthcare Corporation of Florida (CON #10440):**

The applicant submitted a significant number of letters of support for the proposed project. Letters submitted with the application ranged from health care providers, health professionals/organizations, retirement groups, community residents, and volunteer health organizations.

**C. PROJECT SUMMARY**

**Each** co-batched applicant seeks to establish a new hospice program in Hospice Service Area 1 which is comprised of Escambia, Okaloosa, Santa Rosa and Walton Counties.

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)**, hereafter referenced as Bristol NW, Bristol Hospice or the applicant, is a for-profit hospice and palliative care provider. The applicant is a development stage corporation whose parent operates hospice programs in California, Georgia, Hawaii, Oklahoma, Oregon, Texas and Utah. The applicant expects issuance of licensure on March 1, 2017 and initiation of service on April 1, 2017.

Bristol NW is proposing total project costs of \$395,700.

The applicant's Schedule C includes the following conditions:

1. Geriatrics Outreach: Bristol NW will retain the services of geriatric-specialized ARNPs or physicians to conduct education and outreach to geriatrics and neurology offices and physicians. Each geriatric and neurology office in the service area will receive direct or attempted outreach and education from Bristol at least twice a year.
2. Faith Community Outreach: Bristol NW will retain the services of bilingual and/or culturally-concordant chaplains to conduct education and outreach to faith communities through attendance at faith community events and services, particularly in Spanish-speaking and African-American neighborhoods. All churches or places of worship in the service area will receive direct in-person or attempted outreach within the first 2 years of hospice operations.
3. "Bristol Cares" Initiative: Bristol NW will initiate compassionate repurposing of the possessions of a Bristol patient after death to help the homeless and disadvantaged in the service area.
4. High-Intensity Home Health Aide (HHA) Program: Bristol NW will offer patients a minimum of 5 hours a week of HHA services, which will include personal care, housekeeping, and companionship.

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**PruittHealth Hospice-West Florida, LLC (CON #10437)** hereafter referenced as PruittHealth Hospice or the applicant, is a for-profit network of providers founded in 1969. The applicant is a development stage corporation whose parent operates hospice programs in Georgia, South Carolina and North Carolina. The applicant expects issuance of licensure in June 2017 and initiation of service in July 2017.

PruittHealth Hospice is proposing total project costs of \$416,812.

The applicant's Schedule C includes the following conditions:

1. Implement a program designed to reduce hospital re-admissions; the current program utilized by PruittHealth is INTERACT 3.0. The program will be this program or other similarly designed program based on the most recent quality driven program PruittHealth determines to be available at the time of implementation.
2. Incorporate Disease Management CarePaths into the District I operations.
3. Incorporate PruittHealth's QAPI Plan into the District I operations.
4. Assure all staff maintains ongoing training and continuing education credits utilizing Pruitt University and at no cost to the employees.
5. Participate in a company-wide Annual Quality Report to demonstrate transparency in operations and make this Quality Report available to public.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** hereafter referenced as Seasons or the applicant, is a for-profit hospice provider closely affiliated with Seasons Hospice and Palliative Care (SHPC or the parent). The applicant is a development stage corporation whose parent operates one licensed hospice program in District 10 (Broward) and District 11 (Miami-Dade and Monroe) with an approved program in both District 5B (Pinellas) and 6A (Hillsborough). The applicant expects issuance of licensure in June 2017 and initiation of service in July 2017.

Seasons is proposing total project costs of \$782,878.

The applicant's schedule C includes the following conditions:

1. Seasons commits to opening two office locations: the Pensacola area of Escambia County and the Niceville area of Okaloosa County.
2. Seasons proposes the use of telemedicine via HIPAA compliant secure electronic visit mediums to bridge the distance gap for patients and their families in the more remote locations of the service area in

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addition to the provision of the 24-hour call center's operations. The ability for patients and their families to video-conference with a nurse or team member and receive instructions while personal may be in route provides assurance to deal with any concerns or fears that may arise.

3. Seasons offers therapies beyond the core hospice services. Seasons provides one Full Time Equivalent (FTE) for music therapy per 100 patients.
4. Seasons commits to provide Continuing Education Units (CEU) offerings for registered nurses, licensed practical nurses, and 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*
5. Seasons offers internship experience within the active workforce for social workers, music therapists, art therapists, bereavement counselors, chaplains, and medical assistants. Seasons will seek local contracts with area universities and schools and will leverage existing national contracts.
6. Seasons donates \$25,000 per year to Seasons Hospice Foundation restricted to **Wish Fulfillment** (funding of wishes that enhance quality of life), **Emergency Relief Fulfillment** (funding basic needs such as food and shelter), and **Camp Kangaroo** (children's grief camp) for Service Area 1 residents.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** hereafter referenced as St. Joseph Hospice or the applicant, is a private-for-profit hospice and affiliate of The Carpenter Health Network. St. Joseph Hospice operates 13 licensed hospice programs in Louisiana, Texas and Alabama. St. Joseph Hospice expects issuance of licensure on August 19, 2016 and initiation of service in July 2017. The reviewer notes that initial decisions for the current batch will be made on August 19, 2016 but that pursuant to Rule 59C-1.0105 F.A.C., a Certificate of Need cannot be issued until the 22<sup>nd</sup> day after a notice of the Agency's intent to issue or deny is published in the Florida Administrative Register.

St. Joseph Hospice is proposing total project costs of \$321,605.

The applicant's Schedule C includes the following conditions:

1. St. Joseph's Hospice Florida Panhandle, LLC will work with Stat Home Health Florida Panhandle, LLC to provide AIM to appropriate patients.
2. To meet the cultural needs of the underserved African American community St. Joseph Hospice Florida Panhandle, LLC will commit to a minimum 10% African American workforce.

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3. St. Joseph Hospice Florida Panhandle, LLC commits to provide a minimum of two education seminars per year focusing on end-of-life issues and hospice as well as the development of education materials addressing District 1 needs. This commitment will consist of a minimum of \$25,000 over the first two years of operation for this effort. These seminars are above routine meetings.
4. St. Joseph Hospice Florida Panhandle, LLC commits to provide up to \$25,000 annually for tuition reimbursement for employees to continue education in hospice or end-of-life care. This includes tuition reimbursement for St. Joseph Hospice Florida Panhandle, LLC's Hospice staff to obtain Hospice Certification further enhancing quality of care for hospice patients/residents, as well as supporting staff ability to advance professionally.
5. St. Joseph Hospice Florida Panhandle, LLC will provide \$10,000 per year to the Carpenter Foundation earmarked for the provision of a Bereavement Camp located in District 1 for the children who might otherwise not afford the camp.
6. St. Joseph Hospice Florida Panhandle, LLC conditions this application to contract with Homedica House Calls Program for the benefit of Joseph Hospice Florida Panhandle, LLC in AHCA Hospice District 1 within 3 months of St. Joseph Hospice Florida Panhandle, LLC in AHCA hospice admissions exceeding 450 admits per year or by end of the 4<sup>th</sup> year whichever comes first.
7. Joseph Hospice Florida Panhandle, LLC conditions this application to provide Bereavement Services for family members for up to 18 months.

Compliance with this condition will be documented by St. Joseph Hospice Florida, Panhandle LLC providing the Agency supporting documentation that a program has been developed.

**VITAS Healthcare Corporation of Florida (CON#10440)** referenced as VITAS, VHCF or the applicant, a Florida for-profit corporation expects issuance of licensure on October 1, 2016 and initiation of service on October 1, 2016. VITAS is currently a hospice provider in Hospice Service Areas 4A (Baker, Clay, Duval, Nassau and St. Johns), 4B (Flagler and Volusia), 6B (Hardee, Highlands and Polk), 7A (Brevard), 7B (Orange and Osceola), 7C (Seminole), 8B (Collier), 9C (Palm Beach), 10 (Broward) and 11 (Miami-Dade and Monroe).

VITAS is proposing total projects costs of \$1,682,071

The applicant's Schedule C conditions includes the following conditions:

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- VITAS will have a mobile hospice education van, focused on outreach to residents of District 1, particularly those living in rural areas. The van will be available on a permanent basis. The van will be a crucial component of VITAS' partnership with the Northwest Florida Rural Health Network and will provide end-of-life education to District 1 healthcare providers and residents, focusing on rural and outlying areas.
- VITAS will partner with the Northwest Florida Rural Health Network ("the Network") to assist in meeting its overall goal to help improve the health status of citizens living in the rural areas in District 1. This program will be funded by VITAS' parent company, VITAS Healthcare Corporation. The details of the partnership will include:
  - Utilizing the mobile hospice education van to support the Network and serve as an additional, adjunct tool for education to complement its educational endeavors
  - A \$50,000 grant, payable over two years to assist the Network in meeting the public transportation needs of patients to access health care services and for securing resources to support the Network in applying for grants to meet their goals.
- VITAS has conditioned this application on making a grant in the amount of \$50,000 payable over two years to support new and established support groups and respite care programs for families of patients with Alzheimer's. This program will be funded by VITAS' parent company, VITAS Healthcare Corporation. VITAS plans to partner with the Alabama Florida Panhandle Chapter of the Alzheimer's Association as part of the annual CON conditions compliance report.
- Reflective of our commitment to improving the overall health status of District 1 residents, VITAS will partner with Catholic Charities of Northwest Florida (CCNWFL) to bolster its efforts to provide food to area residents in need, including individuals living in poverty and residents in isolated rural areas, through its food pantry and food delivery services. The commitment will include \$25,000 annual grant for two years, totaling \$50,000, to support the food distribution program. This program will be funded by VITAS' parent company, VITAS Healthcare Corporation. Compliance with this condition will be documented by providing AHCA with a copy of the payments made to CCNWFL as part of the annual CON conditions compliance report.
- As part of our program aimed at meeting area veterans' needs for end-of-life care, VITAS conditions this application on having a full-time Veterans' Community Liaison staff member, beginning when the hospice program commences.
- Some cancer patients can only access hospice services if hospice can provide or arrange palliative radiation therapy or chemotherapy. Not

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- all hospice programs provide such services, even if medically necessary. As such, VITAS will make it a condition of this application to provide palliative chemotherapy and radiation to optimize pain and symptom management, as medically necessary. Compliance with this condition will be documented by a count of District 1 patients that have received palliative chemotherapy and radiation. This will be submitted in the annual CON conditions compliance report.
- In order to improve the quality of hospice services in District 1, VITAS conditions the application on the provision it will meet or exceed the following quality and patient satisfaction indicators:
    - a. 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' Vx information management system. Via a telephone call using the telephone keypad for data entry. Seventy percent or more of patients who report severe pain (7-10) will report a reduction to 5 or less within 48 hours after admission. Florida Statutes 400.60501 requires only a 50 percent reduction in 96 hours, so this commitment exceeds Florida statutory requirements and is a significant commitment to quality care. Compliance will be documented through a report using the Vx system, which will be submitted to AHCA annually.
    - b. Death Attendance: When duly notified, a VITAS staff member will attend at least 90 percent of all deaths to help ensure patients do not die alone. This will be measured via a signed declaratory statement by VITAS, which may be supported via review of patient medical records.
  - Another aspect of VITAS' commitment to excellence is our emphasis on hiring, training and mentoring highly skilled clinical and administrative staff. As such, VITAS conditions this application on the following:
    - a. VITAS will encourage employed RNs to take the Certified Hospice and Palliative Nurse Examination. Those who become certified will receive a salary increase adjustment.
    - b. VITAS will only employ Chaplains who have Masters of Divinity or equivalent graduate degree from an accredited seminary or theological school required for chaplains
    - c. VITAS will only employ social workers who are Master's level or Licensed Clinical Social Workers.
  - VITAS conditions this application on providing the following non-core services:
    - a. Life Bio
    - b. We Honor Veterans Program
    - c. Lavender Touch Experience



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- d. Musical Memories
- e. Paw Pals

C. 4- Other Conditions: VITAS conditions its application on the provision it will meet or exceed the following operational and programmatic indicators

- It is well documented that continuous care is not adequately available to hospice patients in District 1. VITAS understands that patients' needs dictate the exact amount of Continuous Home Care a hospice provides. VITAS commits to staffing and all resources necessary to serve Continuous Home Care patients in District 1, to the full extent to which there is appropriate patient need, as ordered by the attending physician.
- In order to serve patients across District 1, VITAS conditions this application on establishing three hospice offices. The first office will be in Pensacola, and will be established immediately after licensure. A second office in the Ft. Walton/Niceville area will be established by the 6<sup>th</sup> month of operation and a third office in the Milton area will be established by the 12<sup>th</sup> month of operation.
- Medicare requires that bereavement services be provided to the family for up to one year after the death of the patient. VITAS will provide comprehensive bereavement services, including individual and group counseling beyond one year, if requested.
- VITAS understand that two of the existing providers in District 1 are non-profit organizations that utilize charitable donations to supplement their income. VITAS does not seek to dilute the pool of funds available to them, and agrees that it will not engage in any fundraising events or campaigns to obtain charitable contributions from patients or residents in District 1. VITAS will not solicit charitable contributions from patients, family or friends relating to its services in District 1. Any unsolicited donated received will be given to VITAS Community Connections, a non-profit organization that uses funds to provide donations and grants to local organizations and families, ensuring that all money goes back into the local community.

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*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 applicant's proposed conditions are as they stated. Section 408.043 (4) Florida Statutes states that "Accreditation by any private organization may not be a requirement for the issuance or maintenance of a certificate of need under ss. 408.031-408.045." Also, several of these conditions are required hospice services and as such would not require condition compliance reports.*

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

**D. REVIEW PROCEDURE**

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

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

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 Bianca Eugene analyzed the application in its entirety with consultation from financial analyst

Derron Hillman 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. The reviewer provides the following analysis and review of CON applications #10436-10440 with regard to statutory and rule criteria.

**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 42, Number 64, of the Florida Administrative Register, dated April 1, 2016, a hospice program need of one was published for Hospice Service Area 1 for the July 2017 Hospice Planning Horizon. Therefore, the applicants are applying in response to published need.

Service Area 1 is currently served by the following providers:

- Covenant Hospice, Inc.
- Emerald Coast Hospice
- Regency Hospice of Northwest Florida, Inc.

Hospice admissions in Hospice Service Area 1 are listed below:

<b>Hospice Admissions in Hospice Service Area 1 for the 12-Month Period ending December 31, 2015</b>	
Covenant Hospice, Inc.	2,364
Emerald Coast Hospice	1,232
Regency Hospice of Northwest Florida, Inc.	440
<b>Total</b>	<b>4,036</b>

Source: Florida Agency for Health Care Administration's Florida Need Projections for the July 2017 Planning Horizon

**Each** co-batched applicant offered additional arguments in support of need for their respective projects which are briefly described below.

**Bristol Hospice-Northwest Florida, LLC (CON #10436)** has responded to need as published in the Florida Administrative Register indicating need for a hospice program in Hospice Service

Area 1. The applicant indicates that need for hospice services is evidenced by declines in hospice penetration rates and notes that excluding Escambia County, all other counties within the district had acute discharge rates to hospice that were below the statewide average in Florida. Bristol NW states that hospice use as documented by utilization has declined among the elderly population aged 65+ while the 65+ population has increased within the district. The applicant asserts that the hospice penetration rate across the service district (57.08 percent) is lower than the statewide penetration rate (65.86 percent). The applicant aims to reduce disparities in access to hospice care with the development of programs and connections to resources within the area in order to increase the use of services in the area. Bristol NW maintains that in order to reduce disparities in access among different groups in the area, outreach will be directed to rural areas, members of the Hispanic community and health providers of geriatric and cancer patients. The applicant indicates that clinical education and programming will also include: the We Honors Veterans program, Cancer Care program, Namaste, other targeted diagnostic programming including rural and cardiovascular programs, and the Bridge Program.

The applicant next evaluates population analysis at the county level to determine demographic changes that affect need in the area. The applicant notes that population growth, particularly in the 65+ population within the district, slightly outpaces the Florida statewide average. From 2016-2021, Bristol NW states that individuals within the 65+ demographic will account for 17.25 percent of Florida's total population while that the same demographic within District 1 will account for 17.50 percent of the total population. Bristol NW projects that increases in the 65+ population within the district will consequently result in increased demand for hospice services within the population that has the highest intensity use of hospice care. The applicant notes that within the District, Walton County has the largest percentage of individuals 65+ and the highest rate of population growth of individuals 65+. Bristol NW indicates that Santa Rosa County follows Walton County in the rate of expansion of its elderly population.

Based on Claritas income data, the applicant determines that geographic accessibility appears to be a determinant of the use of hospice services as income does not accurately predict the use of hospice services. Bristol NW indicates a commitment to extend services to individuals of all income levels and will make an effort

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to increase financial access to hospice care and will network with Statewide Medicaid Manage Care Long-Term Care programs (Humana Eldercare and Sunshine Health) to ensure that individuals have financial access to hospice care. The applicant will also serve the hospice needs of homeless individuals and collaborate with shelters to identify areas of need to serve hospice patients.

The applicant notes increased use of hospice care within all racial/ethnic demographics and rapid population growth among nonwhite groups across all counties. Bristol NW indicates that while District 1's 65+ population is predominately white, the number of minority residents 65+ will have dramatic growth in the next five years. The applicant maintains that it has extensive experience in entering the market with diverse populations by focusing on diversity in staffing as well as cultural understanding and program initiatives. Bristol NW asserts that its parent company formed a National Taskforce to develop and implement a strategic program with a focus on the need of diverse populations at the end of life—responsibilities of the Taskforce include:

- Review current demographics for all Bristol locations
- Assess current Bristol cultural diversity programs and outreach activities for potential improvement
- Assess and recommend cultural diversity programs in accordance with community needs
- Review current Bristol Programs surrounding cultural diversity with locations Bristol serves
- Review Caring Connections Outreach Guides for Latino, African American and Chinese to give direction and resources to the taskforce
- Work with each location's communities in assessing cultural needs and development of a strategic plan to meet those needs

In recognition of the large concentration of military bases and veteran population in the service area, the applicant will also target services to veterans in the service area. According to the applicant, Veterans account for 14.5 percent of the population in the District 1 with one-third of Veterans being 65+. Bristol NW indicates that the service area's population of elderly veterans 85+ is expected to increase by 34 percent from 2016 to 2021. The applicant contends that the health and aging needs of this population are expected to provide a unique demand for hospice services that can be met by the applicant's proposed hospice program.

Bristol NW evaluated differences in causes of mortality in the district in order to identify hospice needs of those requiring hospice

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care. Within the district, the applicant identifies three leading causes of mortality in the district: Cancer (22.42 percent), cardiovascular disease (27.47 percent) and respiratory disease (10.97 percent). From 2012 to 2015, the applicant cites that deaths from respiratory diseases have grown by 26.0 percent, cardiovascular diseases by 8.6 percent, cancer by percent and nervous system diseases by 63.2 percent.

The applicant also reviews the hospice penetration rates of individuals over and under the age of 65 with cancer and non-cancer diagnoses. In its analysis, Bristol NW identifies that the penetration rates for individuals in all age and diagnostic categories have decreased (excluding those under 65 without cancer). The applicant supposes that declines in hospice penetration are driving need for care and intends to develop programming to address needs of all age and disease diagnoses needing hospice.

A consolidated reference to changes in hospice penetration rates in the service area presented by the applicant from 2012-2015 is reproduced below:

**District 1 Penetration Rate Overview**

	Percent Change in Penetration Rate
Cancer under 65	-5.50%
Cancer 65+	-17.34%
Non Cancer Under 65	18.67%
Non Cancer 65+	-12.50%

Source: CON application #10436 page 108

**PruittHealth Hospice-West Florida, LLC (CON #10437)** has responded to need as published in the Florida Administrative Register indicating need for a hospice program in Hospice Service Area 1. The applicant identifies the needs of individuals aged 65+ for cancer and non-cancer diagnoses and low penetration rates within District 1 (59.1 percent) in comparison to the statewide hospice penetration rate (68.3 percent). The applicant underscores the disparity that exists between statewide and district hospice enrollments concentrated in cancer deaths—cancer deaths for the district was 81.7 percent in comparison to the state average which exceeds 97 percent for CY 2015. PruittHealth Hospice also notes that among individuals aged 65+ without cancer, only 54 percent received hospice care while the state average is over 70 percent.

The applicant notes that all PruittHealth affiliated ancillary service providers already operate in District 1 thereby maintaining and existing infrastructure of affiliated and partner providers in the area.

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PruittHealth notes that PruittHealth Pharmacy Services and PruittHealth Medical operation centers are located in Valdosta. The applicant notes that it will look to establish a home health program to serve District 1 if the proposed project becomes operational. The reviewer notes that establishment of a home health program to serve District 1 is not a condition on the applicant's Schedule C.

PruittHealth maintains that it will work with local referral sources to ensure hospice appropriate patients of all ages and diagnoses have equal accessible and available hospice care. The applicant indicates that it will utilize its Care Pathways to provide clinical pathways of primary diagnosis with high risk of re-hospitalization as well as specific disease programming. PruittHealth presents information on specific disease Care Pathways on pages 39-43 of CON application #10437, including:

- Oncology Program
- Chronic Obstructive Pulmonary Disease (COPD)
- Cardiac Program
- Stroke Program
- Alzheimer's/Dementia Program

The applicant commits to serving the needs of terminally ill residents through reliance on resources and experience that will be used to target the hospice needs of underserved communities.

Market trends in hospice admissions were included in the applicant's assessment of hospice need. The applicant notes that admissions have declined among service providers while death rates have increased in all four counties within the service area. As a consequence of these patterns, PruittHealth will establish hospices in Escambia County and Okaloosa County due to population size and death rates. The applicant anticipates that the proposed project will cover gaps in coverage that are demonstrated by published need and that by the second year of operations, gaps in admission will be reduced by 79 percent.

PruittHealth maintains that it will establish a primary office in Escambia County and a second office in Okaloosa County. An administrative drop site in Santa Rosa will also be established.

The applicant commits to working with local hospitals, nursing home providers, assisted living facilities and referral sources to ensure that eligible patients receive appropriate care. Service area healthcare provider surveys were conducted by the applicant in order to assess the current state of the hospice market, identify particular operational needs of the hospice market, needed services, needed programs and address the needs of groups through care-plans, programs, and facility design. Community residents of District 1 were also consulted by the applicant

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with respect to effects on quality, access, and availability of hospice services, preferred providers, referrals, volunteer service, and location. From these assessments, the applicant obtains substantiated historical information on hospice needs that it can use to target appropriate groups and accumulate appropriate resources and care.

PruittHealth notes that during these surveys, 18 of 20 health care providers indicated a willingness to refer patients to PruittHealth Hospice, 17 respondents indicated a willingness to support the volunteer program and 18 indicated a willingness to refer patients. The applicant states that respondents to the survey indicated they would refer up to 48 patients per month to the proposed program. PruittHealth reports that the service area's health care providers indicated the community's strongest needs in relation to:

- The need for pediatric hospice programming, continuous care and availability of pastoral services.
- The need for disease management programs, specifically: heart failure, COPD, Alzheimer's/dementia and stroke.
- The need for an easy referral process and rapid response to referrals.
- The need for 24/7 accessibility to hospice staff, specialized training for staff and programs to reduce re-hospitalizations.

The applicant states that its proposed project:

- Responds to need and intends to implement a high quality program which responds to observed and stated community demands and desires which have been expressed in extensive market research.
- Proposes a substantiated volume of patients, offering disease-specific programs, serving specific underserved populations and implementing specialized operational initiatives.
- Surveys existing healthcare providers in the Service Area in relation to the needs of the community.
- Substantiates referral projections through existing healthcare referral sources in District 1.
- Speaks with local healthcare providers to assess concerns in regard to hospice care in the service area.
- Compiles and analyzes existing District 1 healthcare provider data.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438 )** has responded to need as published in the Florida Administrative Register indicating need for a hospice program in Hospice Service Area 1.

The applicant notes that Escambia County has a population density that exceeds the State of Florida's average population density—453.2 persons per square mile while Florida has a state population density of 360.3



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persons per square mile. Population descriptions were verified by the reviewer as obtained in the Hospital Bed Need Projections – January 2016 Batching Cycle.<sup>1</sup>

In addition to population density, the applicant also describes growth of the elderly population in Hospice Service Area 1 which exceeds the states compound annual growth rate (CAGR). Seasons reports a CAGR of 3.8 percent for expansion of the elderly population aged 65+ and a CAGR of 3.3 percent for expansion of the elderly population aged 85+. Both growth rates exceed the CAGR for elderly individuals in both age categories in the state of Florida which are 3.2 percent and 2.0 percent for the 65+ and 85+ cohorts respectively. As elderly individuals create the most demand for hospice services, the applicant indicates that this is a significant factor in the need for an additional hospice service. Justification for need presented in Hospice Service Area 1 is supplemented by the following tables presented by the applicant using based on Nielsen Market Research. For comparison, the reviewer reconstructed population data including compound annual growth in Hospice Service Area 1 using data from the Office of the Governor Florida Population Estimates and Projections from 2010 to 2030 by AHCA District<sup>2</sup>.

**Current and Forecasted Population Estimates by County  
Compound Annual Growth Rate, Hospice Service Area 1**

County Name	2015	2015	2015 Total Population	2020	2020	2020 Total Population
	Population Age 65+	Population Age 85+		Population Age 65+	Population Age 85+	
Escambia	50,361	6,215	313,016	59,328	6,855	328,274
Santa Rosa	24,634	2,225	166,217	30,866	2,846	178,949
Okaloosa	29,802	3,216	197,197	36,015	3,962	213,612
Walton	10,844	1,055	58,392	13,396	1,256	63,900
<b>Service Area 1</b>	<b>115,641</b>	<b>12,711</b>	<b>734,822</b>	<b>139,605</b>	<b>14,919</b>	<b>784,735</b>
<b>Florida</b>	<b>3,815,605</b>	<b>509,729</b>	<b>19,897,507</b>	<b>4,476,782</b>	<b>562,745</b>	<b>21,068,300</b>
County Name	CAGR 65+	CAGR 85+	CAGR Total Population			
Escambia	3.3%	2.0%	1.0%			
Santa Rosa	4.6%	5.0%	1.5%			
Okaloosa	3.9%	4.3%	1.6%			
Walton	4.3%	3.5%	1.8%			
<b>Service Area 1</b>	<b>3.8%</b>	<b>3.3%</b>	<b>1.3%</b>			
<b>Florida</b>	<b>3.2%</b>	<b>2.0%</b>	<b>1.2%</b>			

Source: CON Application#10438, Schedule B, 1. Need Analysis: Page 1-4

<sup>1</sup> Attributed in CON Application 10438 1. Need Analysis Page 1-2 as Florida Hospital Bed Need & Service Utilization by District. Agency for Health Care Administration,

<sup>2</sup> Con Application #10438, Schedule B. 1.Need Analysis 1-4

**Population Data and CAGR for Hospice Service Area 1  
Using Florida Charts Data<sup>3</sup>**

County Name	2015	2015 Total	2015 Total Population	2020	2020	2020 Total Population
	Population Age 65+	Population Age 85+		Population Age 65+	Population Age 85+	
Escambia	50,847	6,537	306,237	58,553	7,319	310,655
Santa Rosa	23,667	2,157	164,206	29,532	2,806	178,990
Okaloosa	30,643	3,693	192,676	36,159	4,598	201,042
Walton	10,964	1,125	61,665	13,901	1,407	69,834
<b>Service Area 1</b>	<b>116,121</b>	<b>13,512</b>	<b>724,784</b>	<b>138,145</b>	<b>16,130</b>	<b>760,521</b>
<b>Florida</b>	<b>3,785,837</b>	<b>521,965</b>	<b>19,860,805</b>	<b>4,505,813</b>	<b>603,975</b>	<b>21,307,927</b>
			<b>CAGR Total</b>			
County Name	CAGR 65+	CAGR 85+	Population			
Escambia	2.9%	2.3%	0.3%			
Santa Rosa	4.5%	5.4%	1.7%			
Okaloosa	3.4%	4.5%	0.9%			
Walton	4.9%	4.6%	2.5%			
<b>Service Area 1</b>	<b>3.5%</b>	<b>3.6%</b>	<b>1.0%</b>			
<b>Florida</b>	<b>3.5%</b>	<b>3.0%</b>	<b>1.4%</b>			

When reproduced with Florida CHARTS Data, the CAGR for the 65+ population is the same for Service Area 1 and across the State of Florida (3.5 percent). For the 85+ cohort, the CAGR is 3.6 percent for Service Area 1 and 3.0 percent for the state. The total CAGR for Service Area 1 does not exceed the total CAGR for the State of Florida. The CAGRs using Nielsen and Florida Charts data demonstrate the highest CAGRs for the 65+ and 85+ cohorts in Walton and Santa Rosa Counties. The applicant intends to establish hospice facilities in Escambia and Okaloosa Counties.

The presence of naval bases in the service area is identified by the applicant as a potential area of need for military and Veterans living in the service area. The applicant presents data demonstrating that Veterans are a population of interest for hospice care, citing 24.6 percent are of an age that the applicant cites would be key for hospice care and strengthening the network of care for Veterans. Based on data provided by the applicant, Veterans comprise 14.3 percent of the population in Hospice Service Area 1 and 24.6 percent of Veterans are in the 65+ population. Seasons notes that in comparison, Florida overall has 7.9 percent Veterans and 21.3 percent of Veterans are 65+.

<sup>3</sup>Source: Population estimates are provided by the Department of Health, Office of Health Statistics and Assessment in consultation with the Florida Legislature's Office of Economic and Demographic Research (EDR).

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Penetration rate comparisons between Florida and Hospice Service Area 1 are also reviewed by the applicant to demonstrate need. The penetration rates for patients 65+ due to cancer and other causes of mortality overall are identified by the applicant as deficits to improve care in Hospice Service Area 1. Within Hospice Area 1, Seasons maintains that the penetration rate or p-value for individuals 65+ that is attributed to noncancerous causes of mortality is 0.539, while the state p-value for this demographic is 0.701. The applicant notes that overall the penetration rate for demographics of all ages and causes of mortality is 0.603 for Hospice Service Area 1 and 0.683 for the state.

The applicant uses Nielsen population estimates and Agency reported discharge data for CY 2014 for differences in hospital rates of death and enrollment rates as benchmarks to assess the need for hospice services. Seasons indicates that the hospice rate of death for the service area is 26.46 percent with a corresponding hospice enrollment rate of 0.24 percent. In comparison, the applicant notes that the state hospice rate of death is 30.56 percent with a corresponding enrollment rate of 0.28 percent. The lower hospice rates of death and enrollment projected in the hospice service area and state are identified as opportunities to increase outreach and education for referral to hospice services. Seasons maintains that it increased enrollment in other service areas due to its patient-centered focus and commitment to deliver end-of-life care that meets the expectations of the family and the patient. The applicant also presents increases in five-year enrollment nationally for SHPC programs from 12,875 admissions in 2011 to 20,502 admissions in 2015.

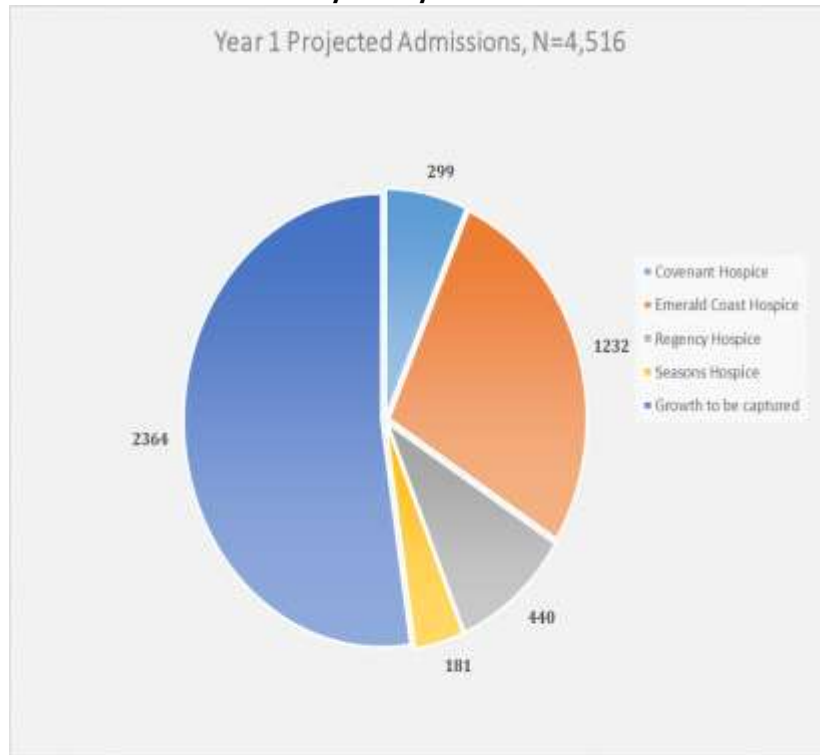
As reported by the Florida Department of Health Office of Vital Statistics, disparities in death rates between the state and service area are also cited by the applicant as an opportunity to introduce diversity of care into hospice facilities. In District 1, the applicant notes that death rates for African American and other ethnic groups in hospice facilities fall short of state averages—African American (10.7 percent District 1, 11.3 percent Florida) and other ethnic groups ( 2.0 percent District 1, 2.6 percent Florida).

The applicant uses historical market share data for Florida hospice programs to predict admissions for the applicant's proposed project for the first two years. The average market share for new hospice programs is 3.1 percent and the median market share is 3.0 percent. Seasons cites that introduction of its proposed facility will not affect the gross number of hospice caseloads to be captured by other hospices in Years 1 and 2. The applicant notes that of the 4,516 forecasted admissions projected for the first two years, year one has a predicted market share of 4.0 percent (181/4,516) and year two increases to 7.1 percent (319/4,516). The

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reviewer notes that while the gross number of hospice caseloads is unchanged in Years 1 and 2, Seasons Hospice will increase admissions from 181 admissions in Year 1 to 319 admissions in Year 2.

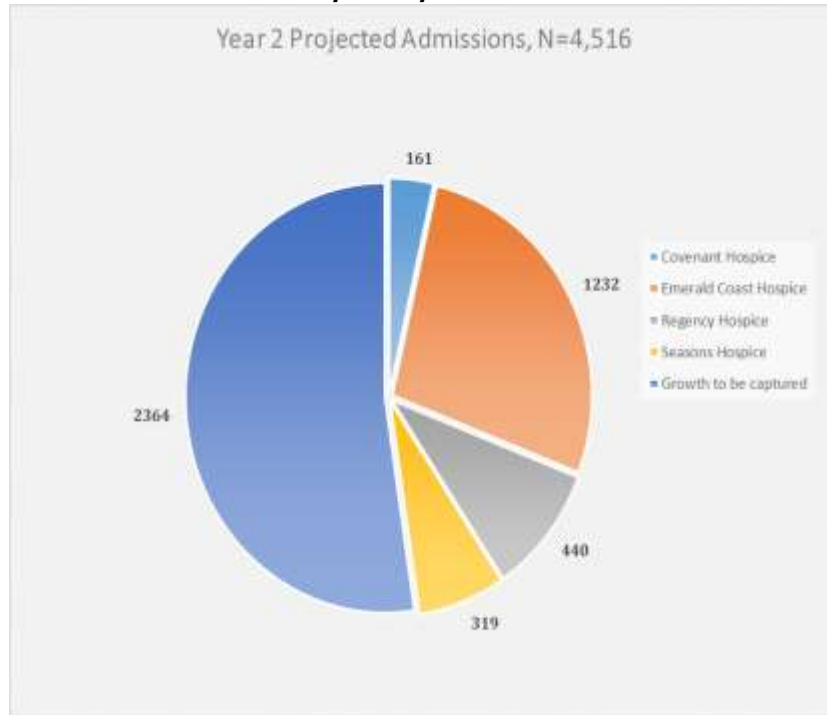
**Year 1 Projected Admissions, N=4,516  
7/17-6/18**



Source: CON Application #10438, Schedule B, 1. Need Analysis, Pg. 1-17

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**Year 2 Projected Admissions, N= 4,516  
7/18-6/19**



Source: CON Application #10438, Schedule B, 1. Need Analysis, Pg. 1-17

In general the applicant would like to establish offices in the most populous areas in order to reach outlying areas and reduce travel time for volunteers and staff, serving veterans, accessing unincorporated areas. The applicant maintains the need for reaching the rural and/or dispersed communities within District 1 and that its call center assures contact with nurses 24 hours a day, seven days a week. Seasons discusses applications put in place on patients cell phones/laptop devices to put patients in touch with a team member so that instructions, assurance and “face-to-face” communication occurs.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** has responded to need as published in the Florida Administrative Register indicating need for a hospice program in Hospice Service Area 1. The applicant reviews need projections and makes note of key demographic points of interest in its analysis of need.

The applicant makes note that cancer admissions of all ages account for 30.5 percent of projected admissions under Florida Need Projections for Hospice Programs in Service Area 1. The statewide rate of admissions for cancer patients of all ages under the Florida Need Projections for Hospice Programs is 32.1 percent. The applicant determines that there are no

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particular populations within Service Area 1 whose “needs are completely unmet”.

St. Joseph Hospice anticipates that the demand for hospice services will increase as the population ages and grows. The applicant states that it is committed to providing hospice care oriented to the language, cultural and religious beliefs of all patients seeking hospice care. St. Joseph Hospice presents Claritas-Nielsen data, noting that the African American population 65+ within District 1 (8.4 percent) is slightly higher than the state average (8.1 percent) while the African American hospice penetrate rate in District 1 is 44 percent lower than the statewide hospice penetrate rate of 65 percent. The applicant also reviews a variety of data sources including Florida CHARTS, Department of Elder Affairs, and Agency reports on hospice admissions to underscore hospice underutilization by African Americans. The applicant attributes economic barriers, limited insurance coverage, gaps in coverage, and religious beliefs as contributing factors to low hospice use among African Americans. The applicant will facilitate African American referrals to hospice care through its partnership with STAT Home Health, thereby increasing the hospice use and penetration rate of this demographic. The Veteran population living in inaccessible areas is also a target population for hospice services that the applicant intends to serve.

Homeless and near homeless individuals constitute another demographic targeted by the applicant for hospice services in District 1. The applicant notes that homeless and near homeless individuals make use of safety net social and health services like smaller boarding houses, smaller ALFs and temporary housing facilities. St. Joseph’s maintains that a lack of access to health care and regular source of care among this demographic presents a population with substantial unmet hospice need.

The applicant also includes community insights that reveal areas of improvement for unmet hospice need and hospice use. Among these insights include:

- The size of the District results in rurally remote patients that are difficult to access
- There is a failure to fully serve or educate the African American population to the merits of hospice
- There is a failure to fully serve or educate the homeless and near homeless population to the merits of hospice

St. Joseph’s asserts that solutions proposed to meet need will include:

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- Education through the schools, the radio stations, TV and other mediums
- Meetings at homeless organizations, shelters, food kitchens and community health clinics
- Marketing to the smaller boarding houses and ALFs in addition to other marketing efforts
- Meetings with spiritual & community leaders including the African American communities

St. Joseph Hospice predicts 200 admissions in Year 1 and 426 admissions in Year 2.

The applicant summarizes a host of factors that will contribute to successful achievement of its projected admissions:

- Agency Fixed Need Pool Projections exceed Year 1 and Year 2 admissions, projected admissions will not impact existing providers
- District 1 penetration rate
- St. Joseph's has an affiliate home health agency in all four of the district's counties
- Experienced hospice executives
- Educational outreach
- Solution for underserved populations: African Americans, rurally remote individuals, homeless and near homeless
- Differences in end-stage heart disease between District 1 and the state
- Community outreach

**VITAS Healthcare Corporation of Florida (CON #10440)** has responded to need as published in the Florida Administrative Register indicating need for a hospice program in Hospice Service Area 1.

The applicant provides a table to summarize the proposed project and how it will meet District 1's needs. See the table on the following page.

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**District 1 Need: Overview and VITAS Solution**

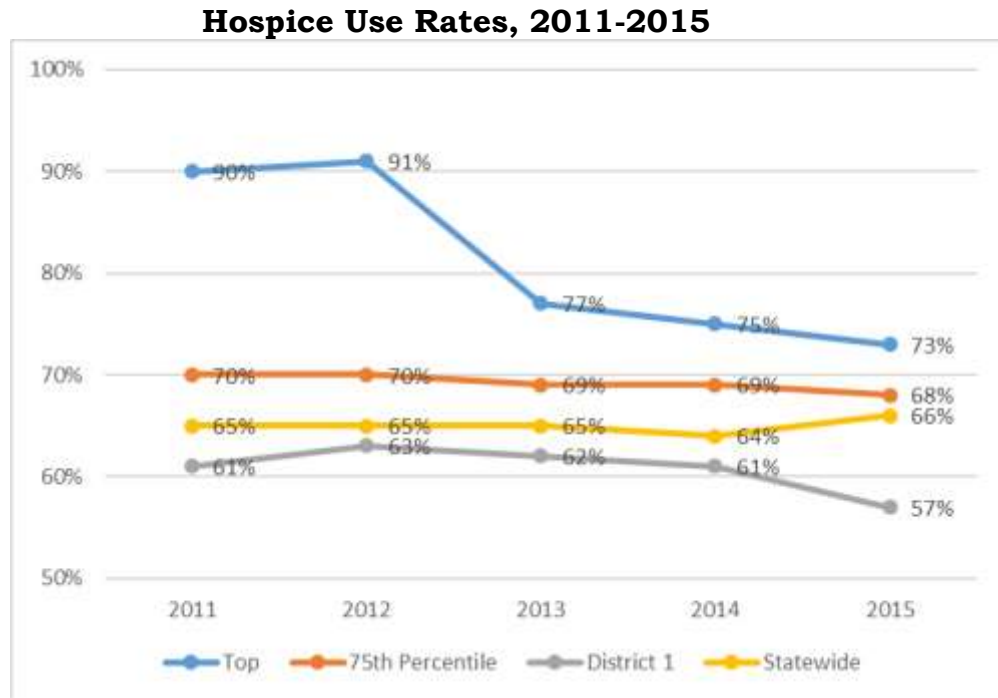
District 1 Need	Overview and VITAS Solution
Increase Hospice Use Rate (see p.27)	<ul style="list-style-type: none"> <li>• AHCA has issued a published need</li> <li>• Hospice use rates are low and can be improved by adding a strong provider</li> <li>• VITAS has increased hospice use rates in the Florida counties it serves and will do so in District 1</li> </ul>
Patients with Alzheimer’s Disease (see p.32)	<ul style="list-style-type: none"> <li>• District 1 has a higher percentage of Alzheimer’s related deaths 65+ than the state average</li> <li>• VITAS will implement special Alzheimer’s programs in District 1</li> <li>• VITAS will partner with the Alabama Florida Panhandle Alzheimer’s Association to benefit patients and their families and provide grant assistance programs to provide support groups and respite for primary caregivers</li> </ul>
Access for Rural Patients (see p.35)	<ul style="list-style-type: none"> <li>• VITAS will have a hospice outreach van that will be a community education asset, focusing on rural areas such as Jay, Century, Crestview and DeFuniak Springs</li> <li>• VITAS will partner with the Northwest Florida Rural Health Network to integrate providers and improve access to health care in District 1 to better meet patients’ needs (see TAB 10 for letter)</li> <li>• VITAS will partner with Catholic Charities of Northwest Florida</li> <li>• VITAS will have offices in the Milton and the Niceville/Ft. Walton Beach areas</li> </ul>
VITAS Will Provide Continuous Home Care (see p.40)	<ul style="list-style-type: none"> <li>• District 1 providers average 0.3% of patient days as continuous from 2012-2014</li> <li>• Florida average is 2.3%</li> <li>• VITAS commits to staffing and all resources necessary to serve Continuous Home Care patients in District 1, to the full extent to which there is appropriate patient need, as ordered by the attending physician</li> </ul>
Area Veterans and Military Families (see p.43)	<ul style="list-style-type: none"> <li>• Veterans comprise 15% of the District 1 population</li> <li>• There are gaps in hospice programming and outreach to veterans</li> <li>• VITAS will increase veteran outreach and implement its <i>We Honor Veterans</i> program in District 1</li> <li>• VITAS conditions this application on having a veterans’ liaison beginning when the hospice program commences</li> </ul>
Proven Provider that Can Start Quickly (see p.18)	<ul style="list-style-type: none"> <li>• Regency (with no previous Florida hospice experience) had trouble establishing itself in District 1</li> <li>• District 1 deserves a new hospice that can start quickly and increase the hospice use rate</li> <li>• VITAS has started its Florida operations quickly and achieved its projected admissions, and we will do so in District 1, ensuring the need is met quickly. No other applicant has such a record,</li> <li>• Support from three District 1 hospitals demonstrates area support and good referral relationships</li> </ul>

Source: CON Application#10440, Page 4



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The applicant reviews historical hospice use rates from Agency Hospice Need Publications from CY 2011-2015. In its analysis, the applicant notes that hospice rates within District 1 have been below the state average for the 2011-2015 five year period. Hospice use rates in District 1 are demonstrated to have declined beginning in 2012, prompting the need for outreach and expansion of hospice services that the applicant intends to facilitate with the establishment of its proposed project.



Source: CON Application#10440, Page 27

The applicant indicates that the lack of growth in hospice admissions is not attributed to demographic factors and notes increases in death rates among individuals aged 65+. Using the state average hospice use rate, the applicant projects that 621 additional patients would have been served in CY 2015. VITAS notes that in seven out of 10 subdistricts in which it has services, the use rate was above the state average. In its review of Medicare hospice data, the applicant also found deficits in the use rate between District 1 and the state average. In CY 2014 the applicant notes that 60 percent of Florida Medicare beneficiaries aged 65+ in District 1 received hospice care, 5 percent fewer than the state average.

The applicant includes a comprehensive discussion indicating why it believes VITAS is the best choice to serve District 1 on pages 1 to 14 of

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CON application #10440. VHCF centers its argument around the following:

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

VITAS 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. The applicant contends that it 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 Seasons on this measure. The applicant states that its chart shows that both of its hospices in Subdistricts 4A, 8B and 6B met or exceeded their year one and year two projections in competition with existing hospices.

The applicant indicates that in order to serve a community, an organization must first understand the community and its needs. VITAS maintains that it is partner with area organizations to better understand District 1 needs. The applicant notes that it conducted an initial assessment and research and identified four populations it will serve through special outreach and service programs:

- Patients with Alzheimer's and their families
- Rural residents
- Patients needing continuous home care
- Veterans and military 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 2017 planning horizon. **Each** co-batched applicant discusses serving populations they believe to be underserved or otherwise in need of target population hospice services.

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** states that the applicant will specifically target the following groups:

- Individuals in rural areas
- Those over the age of 65

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- Hispanic residents
- Veterans
- Homeless Community

In response to underutilization in rural areas, Bristol NW will establish a hospice office in Niceville (Okaloosa County) between Santa Rosa and Walton Counties. The applicant will also employ two hospice coordinators who will act as liaisons for community outreach and education in the community for hospice care and health needs. Bristol NW's outreach to the community is expected to result in potential forums for education in public education for business in dementia sensitivity training, personal health and safety for homeless populations, rural hospice education in Santa Rosa and Walton Counties, and a community assessment partnership with Community Health Nurses to identify areas of poor hospice use.

As a result of projected increases in the elderly population across the service district, the applicant predicts a large demand for hospice care that will be served by its proposed hospice program.

The Hispanic population is a target group for hospice services that is projected to experience rapid population growth across all counties. Based on Agency data, the applicant notes poor discharge rates to hospice among the Hispanic population demonstrating evidence to support the targeting of services to this group. In general, Bristol Hospice cites its historical experience and commitment to expand services to diverse populations and will conduct outreach to ensure that this community is being served through hospice care.

In recognition of the large concentration of military bases and veteran population in the service area the applicant will also target services to Veterans in the service area. Bristol NW indicates that Veterans account for 14.5 percent of the population in the District 1 with one-third of Veterans are aged 65+. The health and aging needs of this population are expected to provide a unique demand for hospice services that the elderly Veteran population will require.

In consultation with the local community, the applicant identifies special demands for hospice care within the homeless community of District 1. Supplemented by letters of support from community organizations that support the need for hospice care among the homeless, the applicant will

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work with shelters in the area to address terminal and palliative care needs.

**PruittHealth Hospice-West Florida, LLC (CON #10437)** states that based on the Florida Need Projections for Hospice Programs, July 2017 publication the applicant identifies the 65+ population with terminal cancer and non-cancer diagnoses as populations with unmet need for hospice care.

The applicant notes that the 65+ terminal noncancer cohort captures the most need—the penetration rate for non-cancer deaths among individuals 65+ is 54 percent in District 1 and 70 percent statewide.

In response to Agency projections, the applicant commits to serving the needs of elderly individuals, especially those with non-cancer diagnoses. The applicant will also implement a disease management program and associated care paths for current and future diagnoses.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** intends to target the following populations for hospice services in Hospice Service Area 1:

- Individuals 65 and older
- The elderly residing in SNFs and ALFs
- Individuals suffering from Alzheimer’s disease or dementias
- Individuals suffering from nephritis
- Individuals whose decline is a natural cause of death
- Individuals experiencing decline, managing chronic illness, or terminal illness

In addition to the target groups listed above, the following demographics are included as target populations for hospice services based on their referral rates to hospice facilities in Hospice Service Area 1 by Major Diagnostic Category. Seasons notes that specific causes of mortality are also identified as risk factors or areas of need for admission to a hospice facility and the need for hospice services in the area. From Florida Vital Statistics Annual Reports (2014), 6.7 percent of deaths among individuals aged 65+ are caused by Alzheimer’s in the service area, higher than the 4.2 percent death rate across the state. The applicant notes that Alzheimer’s is also reported as the 5<sup>th</sup> leading cause of death within the service area.

**Discharges to Hospice and In Hospital Deaths by MDC  
Hospice Service Area 1<sup>4</sup>**

<b>Majority Diagnostic Category, MDC</b>	<b>District 1: % Discharged to Hospice</b>	<b>FL, % Discharged to Hospice</b>
Circulatory System	1.7%	2.0%
Female Reproductive System	0.9%	1.2%
Infectious and Parasitic Diseases	6.7%	7.9%
Injury, poisoning and toxic effects	0.7%	0.9%
Human immunodeficiency virus	3.9%	5.2%

Source: CON Application#10438 E.2, Agency Rule Preferences Page 2-7

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** lists the following individuals with unmet need for hospice services in District 1:

- African Americans
- Homeless and near homeless individuals
- Rurally remote hard to reach patients
- Patients residing in ALFs
- Catholics of all races who are concerned that hospice care is not consistent with the views of Catholicism

The applicant illustrates historical hospice admissions data for African Americans in its existing facilities in Louisiana and Mississippi and demonstrates that St. Joseph Hospice admits a higher percentage of African American hospice patients than the state average. St. Joseph identifies African American populations in District 1 as a target group for hospice services due to their residence in low income areas and poor health infrastructure. In order to resolve low hospice use rates, St. Joseph will engage in educational opportunities for residents, increase Medicaid, Medicare, and private insurance enrollment, make use of private volunteers to facilitate access to hospice services, and implement the Acute Illness Management (AIM)

St. Joseph identifies that homeless and near homeless individuals make use of health care on an episodic basis during emergency situations. In order to address the hospice needs of homeless and near homeless individuals, the applicant will market hospice services at: “soup kitchens, shelters, and organizations where the homeless might routinely congregate”. The applicant will also develop a quarterly education program and circulate brochures. St. Joseph’s maintains that the homeless and near homeless will also be assisted with Medicaid enrollment.

<sup>4</sup> The reviewer notes that the table is a consolidated reference to Table 2-4 of key discharges noted by the applicant.

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The applicant states that it will also target members of the Catholic faith for hospice services—as a Catholic provider St. Joseph would like to attend to members of this community who would not access hospice services as a result of their religious beliefs. The applicant will collaborate with clergy and produce education materials as a part of its outreach to this community.

Individuals living in remote areas will also be targeted for hospice services by the applicant. In demonstration of the population distribution, the applicant presents population per square mile and land area in square miles by county for the Hospice Service Area for the Year 2010 in order to demonstrate rural distributions for each county.

St. Joseph will initiate service in Fort Walton Beach (Okaloosa County) and Pensacola (Escambia County). The applicant anticipates that the location of the two hospice offices will provide access to urban and racially diverse populations in Pensacola and remote/rural regions of Walton and Okaloosa Counties in the east and between the two primary offices with reasonable driving times. The applicant anticipates issues of health care access in a rural area and will rely upon the resources and network of its affiliated home health agency. In evaluation of access to health care, the applicant lists projected driving times from Ft Walton Beach and Pensacola to Walton and Santa Rosa counties in table which is reproduced on the following page.

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**Driving Times: District 1**

From Fort Walton Beach to:	Time
Santa Rosa County (nearest border)	18 minutes
Walton County (nearest border)	23 minutes
Escambia County (nearest border)	52 minutes
Pensacola (32501)	59 minutes
From Pensacola (32501) to:	Time
Santa Rosa County (nearest border)	16 minutes
Walton County (nearest border)	56 minutes
Okaloosa County (nearest border)	42 minutes
Fort Walton Beach (nearest border)	54 minutes
Escambia County	Time
North to South 32567 to 32541	1 hour 14 minutes
East to West 32514 to 32526	25 minutes
Okaloosa County	Time
North to South 32567 to 32541	1 hour 9 minutes
East to West 32539 to 32564	24 minutes
Santa Rosa County	Time
North to South 32565 to 32563	50 minutes
East to West 32564 to 32571	37 minutes
Walton County	Time
North to South 32464 to 32459	56 minutes
East to West 32455 to 32435	18 minutes

Source: CON Application#10439, Page 46

In consultation with its affiliated home health agency, the applicant expects to overcome issues of access with the creation of offices in multiple locations across all counties and use of existing health facilities. STAT Home Health, the applicant's affiliated home health agency, maintains two offices in Escambia and Okaloosa and services patients with personnel in all four counties.

Due to bed constraints, the applicant will make use of smaller ALFs as opposed to hospitals for referrals considering the time and resource constraints associated with generating referrals to hospices from assisted living facilities and the potential unmet needs of patients in these facilities.

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**VITAS Healthcare Corporation of Florida (CON #10440)** intends to target the following groups for hospice services:

- **Patients with Alzheimer's:** VITAS notes that District 1 has a higher proportion of deaths due to Alzheimer's among individuals 65+. In consideration of the progressive and degenerative nature of the disease and intense toll on family members, individuals of this group would be offered support groups, educational programs, healthcare training, a 24/7 helpline and a healthcare resource locator for patients and families. VITAS has conditioned approval of the proposed service on a \$50,000 grant to the Alabama Florida Panhandle Alzheimer's Association, funds will provide respite services to caregivers and care for: pain, hydration and nutrition, skin care, agitation, and recurrent infection. Decision-making support, family education, emotional and spiritual assistance will also be offered to patients and families affected by Alzheimer's disease.
- **Rural residents:** Targeted individuals will be residents in northern and rural portions of District 1. The applicant intends to facilitate outreach through a mobile hospice education unit. In addition the applicant will also serve rural residents through a partnership with the Northwest Florida Rural Health Network and the Catholic Charities of Northwest Florida. The applicant states a condition to provide \$25,000 for two years to support food distribution to rural residents through the Catholic Charities of Northwest Florida.
- **Patients Needing Continuous Home Care:** The applicant states intent to target individuals needing Continuous Home Care in order to allow patients to stay at home during a crisis and to avoid a hospital admission or trip to the emergency room. Continuous Home Care is provided for eight or more hours a day when routine care is inadequate to manage pain and other symptoms. The applicant cites sufficient home care as a deficit in Hospice Service Area 1, an area in which it will lend its expertise.
- **Veterans and Military families:** The applicant notes that Veterans account for 15 percent of the population in District 1 (versus 8 percent statewide). The applicant states the intent to target hospice services to this group by attending to the emotional needs of veterans and military followings with services that: (1) provide quality clinical, spiritual and psychosocial care for illnesses and service-related injuries, (2) support Veteran patients, (3) work closely with the Veteran's Affairs to ensure access to all entitled benefits (4) take each veteran's military history into account as part of the care planning process.



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In support of its aims to increase access to hospice services among rural residents and improve hospice use rates the applicants proposed hospice program will open three hospice offices in District 1. The first hospice office will be situated in Pensacola in close proximity to I-110 and I-10. The applicant predicts that this location will allow easy access to areas further east in the service area and large hospitals in and near Pensacola. It is anticipated that the location of the office will provide access to Escambia and Santa Rosa county.

The applicant also intends to establish two other facilities in less populated areas of District 1. One facility will be located in the Niceville/Ft. Walton Beach area and with an anticipated start of operations by the 6<sup>th</sup> month. The situation of the facility is also expected allow staff to serve all areas in Okaloosa County and population mainly within a 20-mile radius from the area. The third office proposed by the applicant will be established in the Milton area by the 12<sup>th</sup> month of operation. This location is expected to allow east to west access using I-10 and several major area roads including 87 up to the Berrydale area and down to Navarre.

- (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.**

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** will provide the inpatient care component of its new hospice program through contractual agreements with existing health care facilities like acute care hospitals and SNFs in the service area. The applicant will pursue relationships with local providers in order to facilitate opportunities to establish inpatient contractual agreements. Bristol Hospice identifies providers, also included as letters of support, that have expressed a commitment to provide inpatient services in Escambia and Santa Rosa Counties:

- Sandy Ridge Health and Rehabilitation
- Century Health and Rehabilitation

**PruittHealth Hospice-West Florida, LLC (CON #10437)** intends to have contractual agreements with nursing homes and hospitals as well as other healthcare providers to meet patient needs in District 1. The applicant will initially contract with PruittHealth – Santa Rosa to provide routine care in scattered beds within that facility. With expansion and time, PruittHealth will review the need for an inpatient unit at PruittHealth – Santa Rosa.

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Potential contractual agreements for inpatient beds are identified with the following providers:

- Sacred Heart Hospital
- Santa Rosa Medical Center
- Select Specialty Hospital
- PruittHealth – Santa Rosa
- Life Care Center of Pensacola
- Crestview Health Center
- Crestview Rehabilitation Center
- Emerald Coast Center

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)**

states that 14 facilities from all four counties (included as letters of support) confirm commitment to work with the applicant and contract for inpatient beds:

- Century Health and Rehabilitation Center (North Escambia County)
- Consulate Health Care of Pensacola (Escambia County)
- Destin Healthcare and Rehabilitation Center (Okaloosa County)
- Emerald Coast Center Nursing and Rehabilitation Center (Okaloosa County)
- Fort Walton Rehabilitation Center (Okaloosa County)
- Grand Boulevard Health and Rehabilitation Center (Walton County)
- Life Care Center of Pensacola (Escambia County)
- Pruitt Health Santa Rosa (Santa Rosa County)
- Rosewood Healthcare and Rehabilitation Center (Escambia County)
- Sandy Ridge Health and Rehabilitation (Santa Rosa County)
- Santa Rosa Health and Rehabilitation Center (Santa Rosa County)
- Shoal Creek Rehabilitation Center (North Okaloosa County)
- Specialty Health and Rehabilitation Center (Escambia County)
- Westwood Nursing and Rehabilitation Center (Okaloosa County)

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** projects that less than 2 percent of its total patient days will require inpatient care during its first two years. The applicant will provide inpatient hospice care through contractual agreements with established health care facilities and skilled nursing homes. A patient's location, availability of caregivers, and needs will determine the placement of inpatient services. St. Joseph's lists the following health providers from which it has received a commitment to contract inpatient services:

- Escambia County: Solaris Healthcare
- Escambia County: West Florida Hospital
- Okaloosa County: Ft. Walton Rehab Center
- Santa Rosa County: Santa Rosa Medical Center
- Santa Rosa County: Bay Breeze Senior Living and Rehab Center
- Walton County: Grandview Boulevard Health and Rehab Center

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**VITAS Healthcare Corporation of Florida (CON #10440)** states intent to partner with hospital and nursing home facilities to provide inpatient/respice care. Letters from three nursing homes and three hospitals expressing interest to contract with VITAS for inpatient services were noted and included in the application.

- Century Health and Rehabilitation
- The Manor at Blue Water Bay
- Rosewood Healthcare and Rehabilitation Center
- Twin Cities Medical Center
- West Florida Hospital
- Santa Rosa Medical Center

VITAS also notes its existing contractual provider repository of 1,184 agreements for general inpatient and inpatient respice care in Florida. The applicant anticipates forming similar agreements upon approval with preference for contractual agreements with nursing homes, hospitals, and other healthcare providers designed to meet patient needs in District 1 for the purposes of increasing awareness of and referrals to hospice care.

**(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.**

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** expresses a commitment to serve and admit all patients who qualify for hospice care within the service area, such as homeless persons, persons without primary caregivers, and persons with HIV/AIDS.

**PruittHealth Hospice-West Florida, LLC (CON #10437)** intends to enable patients to remain in the least restrictive and most emotionally supportive environment possible (e.g. at home or with relatives). The applicant indicates that patients will be asked to designate a primary caregiver and/or caregiver network from their personal or community network. If patients do not have the option for at home support, PruittHealth will develop a care plan describing daily care and safety needs.

In the event that patients are unable to administer self-care, find home caregiver support, or become homeless PruittHealth will make a recommendation for placement in an ALF/nursing home that allows for the administration of hospice care. The applicant states that those who lack financial resources will be assisted by a social worker. The applicant

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states an intent to establish relationships with nursing homes and ALFs via per diem contracts or the creation of hospice units as needed.

PruittHealth notes that it will institute a program to ensure that patients with HIV/AIDS have access to hospice services. The applicant asserts that monitoring, pain management, counseling, emotion and psychological support will be made available to patients and families. PruittHealth indicates that staff will be trained in infection control.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)**

states that its procedure to meet the need for a designated caregiver for those without primary caregivers will entail the following plan.

- A Comprehensive Patient and Family Assessment will be completed by the Team Social Worker.
- If it is determined that the patient does not have an able and willing caregiver to assist with care in the patient's home, the patient may be able to initially care for himself. The Comprehensive Assessment will identify the level of independence and the patient's need for support will be regularly reassessed.
- If the patient is initially unable to meet their own needs for self-care and symptom management, the Interdisciplinary Team will identify "lack of primary caregiver" as a problem.
- 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 (if involved) and potential solutions will be explored and implemented. The applicant states that the patient would make the final decision for all options.

For homeless patients, the applicant states that the assessment listed above would also apply given their living constraints—patient choices would form the basis for establishing a caregiver. For patients with AIDS, the applicant cites its historical treatment record along with existing protocols and care plans for employees, volunteers and AIDS training.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** declares a commitment to provide care to all individuals with terminal illness within District 1, with any status or diagnosis states.

For individuals without a primary caregiver, St. Joseph intends to develop an active volunteer group that will be trained to help hospice patients without caregivers at home. The applicant also expresses the commitment to serve individuals without primary caregivers in a safe manner at home and attaches an appendix of its admission policy which includes a care plan agreement with a social work assessment.

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For homeless individuals, the applicant states that an initial comprehensive assessment will be conducted by a hospice social worker and RN. The assessment will also review mental and substance issues, insurance status in addition to housing status in addressing homeless patient's hospice care needs.

For individuals with HIV/AIDS, St. Joseph targets hospice care for those who are unable to tolerate aggressive therapy or for whom therapy is no longer effective. The applicant maintains that care for hospice patients with HIV/AIDS will also attend to socioeconomic issues affecting their health status and compliance and catering care to their health care needs.

**VITAS Healthcare Corporation of Florida (CON #10440)** prioritizes use of all resources to provide a safe, comfortable environment in the least restrictive and emotionally supportive environment. For those who lack at-home support, the applicant will institute a care plan in which the patient will receive increased attention from hospice staff. Additionally, the applicant will create a caregiver network from among neighbors, relatives and friends, faith community members and hospice volunteers within the patient's or caregiver's home.

For those who lack primary caregivers at home the applicant will assist the patient in developing a network of caregivers to assist the patient or recommend that qualified and affordable adult sitter services be obtained. The applicant will also provide patients with 24 hour access and communication via cell phones and Continuous Home Care.

The applicant commits to serve homeless patients in light of its observation of the homeless rate in District 1. The applicant cites that the District 1 homeless rate was above the state average from 2014-2015. The applicant maintains that it will serve patients regardless of their housing situation through community organizations and healthcare providers (Catholic Charities of Northwest Florida and the Northwest Florida Rural Health Network).

The applicant commits to serving patients with HIV/AIDS through collaboration with the Northwest Florida AIDS Consortium to provide education and raise awareness of hospice care for HIV/AIDS patients. The applicant also has programs aimed at educating healthcare professionals about HIV/AIDS including symptoms of AIDS and the medications used to treat the disease. VITAS staff receive additional training regarding the needs of HIV/AIDS patients.

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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 1 includes Escambia, Okaloosa, Santa Rosa and Walton Counties

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** demonstrates a commitment to establish a physical office in Escambia and Okaloosa Counties to meet the hospice needs of the service area and notes that Okaloosa is quantitatively demonstrated to be underserved.

**PruittHealth Hospice-West Florida, LLC (CON #10437)** demonstrates a commitment to establish a physical presence in underserved areas through the creation of a primary location in Escambia County, a second office (opening in Year 2) in Crestview, Okaloosa County, and the use of Pruitt-Health Santa Rosa as a satellite location. The applicant states that the base office will be geographically accessible for team members to reach residents in the eastern half of District 1. The applicant intends for the geographic dispersion to allow service to all residents of District 1.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** demonstrates a commitment to establish a physical presence in underserved counties through the establishment of a hospice facility in Escambia County (near Pensacola) and another facility in Okaloosa County (near Niceville).

The applicant also strives to maintain a presence, develop a local identify and dispatch staff from local areas to produce better coverage, garner support, recruit staff and volunteers while reducing travel time and expenses for care.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** plans to establish multiple hospice facilities to serve underserved areas in District 1. Based on demographic analysis, the applicant identifies that a larger number of African American and indigent persons live in Escambia County. The applicant notes that the service area's three largest hospitals (West Florida Regional, Sacred Heart Hospital, and Baptist Hospital) also reside in Escambia County and the District 1 hospices also have primary offices in Pensacola.

The applicant states that it will establish offices in Fort Walton Beach (Okaloosa County) and Pensacola (Escambia County) for the purposes of

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servicing a large, diverse geographic area that will also accommodate travel distances and rural parts of the service area.

**VITAS Healthcare Corporation of Florida (CON #10440)** notes that the Medicare penetration rates in Escambia and Santa Rosa Counties are below the District 1 average. The applicant conditions opening three hospices one in Escambia County (Pensacola) with a hospice use rate of 59 percent, one in Santa Rosa County (Milton) with a hospice use rate of 59 percent and one in Okaloosa County (Niceville/Ft. Walton Beach area) with a hospice use rate of 61 percent. All areas have hospice use rate that is lower than the state average according to VITAS.

Outreach will consist of the following: a mobile hospice education unit, partnership with Northwest Florida Rural Health Network and Catholic Charities of Northwest Florida as well as the aforementioned opening of three hospice offices in the locations listed above.

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

**Bristol Hospice-Northwest Hospice, (CON #10436)** intend to provide a variety of services that are not covered by insurance providers, private, Medicaid and/or Medicare. The applicant includes the following list of services in demonstration of these services, including:

- Specialty clinical programming to include Namaste, cancer care program, and Bridge Program
- We Honor Veterans
- Veteran recognition events
- Community education
- Translation line
- Relias staff training and other employee programs

**PruittHealth Hospice-West Florida, LLC (CON #10437)** intends to serve all medically qualified patients who elect hospice care under State/Medicare definitions of terminally ill and will provide services that are not covered by private insurance, Medicaid or Medicare.

The applicant lists the following as non-core services:

- **Location:**
  1. Serve all four District 1 counties including Santa Rosa, Escambia, Okaloosa and Walton.
  2. Establish a home office in Escambia County.
  3. Establish an administrative drop site at PruittHealth – Santa Rosa in Santa Rosa County.

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4. Establish a second office location in Okaloosa County during the second year.
- **Programming/Operational Conditions:**
  1. Implement a program designed to reduce hospital re-admissions; the current program utilized by PruittHealth is INTERACT 3.0. The program will be this program or other similarly designed program based on the most recent quality driven program PruittHealth determines to be available at the time of implementation.
  2. Incorporate Disease Management CarePaths into the District I operations.
  3. Incorporate PruittHealth's QAPI Plan into the District I operations.
  4. Assure all staff maintains ongoing training and continuing education credits utilizing Pruitt University and at no cost to the employees.
  5. Participate in a company-wide Annual Quality Report to demonstrate transparency in operations and make this Quality Report available to public.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)**

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. Seasons states that it will provide no less than one FTEs per 100 patients served on an average daily basis in Service Area 1. 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
- Volunteer Vigil program
- Call center

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** expresses a commitment to provide a broad range of services not covered by Medicaid, Medicare, or private insurance including:

- Alzheimer's/Dementia program
- Bereavement program
- Pet service support program
- Volunteers
- Vigil support



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- Homeless patients

The applicant attaches a list of non-covered services. See the table below.

**St. Joseph Hospice Panhandle, LLC List of Services**

#	Program Description	Will Be Offered by St. Joseph Hospice Fl. Panhandle
1	Aroma	X
2	Art	X
3	Bereavement Services Extension	X
4	Call center with hospice employees	X
5	Caring for patients with challenging needs	X
6	CEU Units	X
7	Citizens of other countries	X
8	Community Outreach	X
9	Compassionate Care 4 Kids	X
10	COPD	X
11	Counseling & Consultation	X
12	Donations	X
13	Employee certifications	X
14	EMR	X
15	Funding Education	X
16	Funeral Services by Chaplain – Free	X
17	Homemaker	X
18	Internships	X
19	Life Enhancement Specialists	X
20	Massage Therapy	X
21	Music Composition	X
22	Open Access Services	X
23	Palliative Care	X
24	Pets – Loyal Friends	X
25	Pharmacy Consults Daily 24 hrs/Day	X
26	Serve Patients with non-cancer diags	X
27	Spiritual Presence	X
28	Transitions	X
29	Tuck-in Service	X
30	Ventilator Care	X
31	Veterans Outreach	X
32	Volunteer Services	X
33	Volunteer Vigil	X
34	Bereavement Camps for Children	X
35	Pac 30 Bundle	X
36	ER U-Turn	X
37	AIM Palliative Home Health	X
38	Online Education	X
39	A Day of Praise	X
40	Cancer - OAB	X

Source: CON Application#10439, Page 57

The applicant states that AIM and Homedica services will not be limited by CON approval.

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**VITAS Healthcare Corporation of Florida (CON #10440)** will provide the following non-core services as a condition of approval: Life Bio, Palliative Radiation and Chemotherapy, We Honor Veterans, Lavender Touch Experience, Musical Memories, Paw Pals and palliative care through subsidiary Palliative Medical Associates

**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.**

**Bristol Hospice-Northwest Hospice, LLC (CON #10436):** The applicant intends to recruit, train, and use volunteer staff approximately five percent of staffing. The following table depicts the applicant’s proposed staffing for District 1.

**Bristol Hospice Proposed Staffing Pattern Years 1-3**

<b>Position</b>	<b>Number of FTES- Year 1</b>	<b>Number of FTES- Year 2</b>	<b>Number of FTES- Year 3</b>
<b>Administrator</b>	1.00	1.00	1.00
<b>Director of Clinical Services</b>	1.00	1.00	1.00
<b>Office Staff</b>	1.00	1.00	1.00
<b>Billing Clerk</b>	1.00	1.00	2.00
<b>Hospice Liaison</b>	3.00	5.00	5.00
<b>Medical Director-Contract</b>	0.50	0.50	0.50
<b>R.N.s</b>	6.10	8.10	12.10
<b>Hospice Aides</b>	7.00	9.00	10.50
<b>Clinical Supervisor</b>	1.00	1.00	2.00
<b>Intake Coordinator</b>	0.00	1.00	1.00
<b>Social Service Director</b>	1.00	1.00	1.00
<b>Social Workers</b>	1.00	2.00	3.00
<b>Bereavement Counselors</b>	1.00	1.00	1.00
<b>Chaplain</b>	1.00	2.00	3.00
<b>Volunteer Services</b>	1.00	2.00	2.00
<b>Total</b>	<b>26.60</b>	<b>36.60</b>	<b>46.10</b>

Source: CON Application#10436, Schedule 6A

Additionally, the applicant notes the following shared services to be provided by the parent company to the proposed hospice:

- Accounting and Finance
- Administrative support

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- Payroll
- Human resources
- Contract negotiations
- Information systems
- Marketing
- Operations Support
- Education programs

**PruittHealth Hospice-West Florida, LLC (CON #10437):** The following depicts the applicant’s proposed staffing for Hospice Service Area 1.

**PruittHealth Hospice Proposed Staffing Pattern Years 1-2**

<b>Position</b>	<b>Average Number of FTEs Year 1 (Ended June 30, 2018)</b>	<b>Average Number of FTEs Year 2 (Ended June 30, 2019)</b>
<b>Administrator</b>	1.00	1.00
<b>Director of Nursing</b>	1.00	1.00
<b>Volunteer Coordinator</b>	0.50	0.75
<b>Admin, Support</b>	1.00	2.00
<b>Hospice Representative</b>	2.00	2.50
<b>RN</b>	1.21	4.21
<b>Admissions Nurse</b>	0.50	1.00
<b>Nurse Practitioner</b>	0.50	1.00
<b>Nurses Aides</b>	1.42	5.48
<b>Continuous Care Nurse</b>	.14	0.63
<b>Continuous Care Aide</b>	.12	0.51
<b>Social Worker</b>	1.00	1.59
<b>Chaplain</b>	1.00	1.21
<b>Bereavement Coordinator</b>	0.50	0.75
<b>Total</b>	<b>11.89</b>	<b>23.63</b>

Source: CON Application#10437, Schedule 6A

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438):** The following is the applicant’s proposed staffing for Hospice Service Area 1 encompassing Escambia, Okaloosa, Santa Rosa and Walton Counties. Schedule 6 staffing within the section entitled Resources states that it will comply with federal standards that “hospice provide volunteers in administrative or direct patient care at an amount that equals 5% of the total patient care hours of all paid hospice employees.”

Seasons Hospice also plans to work with volunteers to find roles that match their interests and/or abilities including:

- Companionship
- Homemaking chores
- Babysitting
- Running errands
- Clerical help

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- Attend educational sessions
- Conducting surveys
- Representing hospice with other community groups
- Attending meetings and in-services
- Direct care or indirect patient care Volunteer

**Seasons Hospice & Palliative Care of Pensacola  
Proposed Staffing Pattern Years 1- 2**

<b>Staffing</b>	<b>FTE Year 1 Ending June 30, 2018</b>	<b>FTE Year 2 Ending June 30, 2019</b>
<b>Administrator</b>	1.0	1.0
<b>Admissions Director</b>	1.0	1.4
<b>Team Coordinator</b>	1.0	1.0
<b>Team Assistant</b>	1.3	2.3
<b>Business Development</b>	2.0	3.0
<b>Human Resources</b>	1.0	1.0
<b>CC Coordinator</b>	1.0	1.0
<b>Clinical Administration</b>	1.0	1.3
<b>Medical Director</b>	0.7	1.4
<b>RN</b>	2.4	4.8
<b>LPN</b>	1.7	3.4
<b>Hospice Aides</b>	2.8	5.6
<b>Chaplain</b>	1.2	2.4
<b>Social Worker</b>	1.2	2.4
<b>Volunteer Coordinator</b>	1.2	2.4
<b>Music Therapy</b>	1.0	1.0
<b>Massage/Art Therapy</b>	0.2	0.5
<b>Total</b>	<b>21.7</b>	<b>35.9</b>

Source: CON Application#10437, Schedule 6A

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**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** proposes the following staffing for District 1.

**St. Joseph Proposed Staffing (including use of volunteers)**

#	Description	FTEs Yr. 1 Ended June 30, 2018	FTEs Yr. 2 Ended June 30, 2019
<b>A</b>	<b>Projected Admissions</b>	200	426
<b>1</b>	Administrator	1.0	1.0
<b>2</b>	Billing Clerk/Medical Records	0.54	1.0
<b>3</b>	Clerical Support	0.54	1.33
<b>4</b>	QAPI Nurse	0.04	0.71
<b>5</b>	Patient Care Rep/Marketing	2.00	2.00
<b>6</b>	Volunteer Co-Coordinator	0.83	1.00
<b>7</b>	Bereavement Coordinator	0.5	0.71
<b>8</b>	RN's	3.53	8.15
<b>9</b>	Hospice Aides/Homemakers	4.56	5.81
<b>10</b>	Medical Social Worker	0.93	2.04
<b>11</b>	Spiritual Counselor	0.77	1.63
<b>12</b>	Medical Director -Contractor	0.20	0.20
<b>13</b>	Associate Medical Director- Contractor	0.06	0.20
<b>14</b>	Clinical Care Coordinator	0.67	1.33
<b>15</b>	Office Manager	1.00	1.00
<b>16</b>	Office Nurse	0.04	0.71
<b>17</b>	Intake/Admission Coordinator	0.00	0.21
<b>18</b>	Weekend Patient Access RN	0.30	0.50
<b>19</b>	Patient Access Social Worker	0.00	0.00
<b>20</b>	Continuous Care – RNs/LPNs/HHAs	0.55	1.31
<b>21</b>	On-Call RNs/LPNs	0.75	2.00
<b>22</b>	Hospice Liaison Patient Care	0.50	1.00
<b>23</b>	<b>Total</b>	<b>19.31</b>	<b>33.83</b>

Source: CON Application#10439, Pg. 62, Schedule 6A

The applicant projects 30 volunteers in Year 1 which will increase to 75 at the end of second year. Volunteers will be distributed between administrative and direct care. The applicant also identifies high demand areas for volunteers which range from: haircuts-licensed beautician, respite care, patient companionship, manicures, grocery shopping, errands assistance – pick up needs, meal preparation as needed, pet therapy, music therapy and support during final hours (vigil volunteers).

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**VITAS Healthcare Corporation of Florida (CON#10440):** The following is the applicant's proposed staffing for District 1.

**VITAS Healthcare Corporation Proposed Staffing**

<b>Position</b>	<b>Average Number of FTEs Year 1</b>	<b>Average Number of FTEs Year 2</b>
General Manager	1.00	1.00
Team Director	2.33	3.08
Admissions Director/ Hospice/Reps Community Liaison/ Adm Coordinator/ Adm RN/ Community Educator/ Veterans Liaison	9.67	12.75
Business Manager	1.00	1.00
Receptionist/Secretary/Courier	3.25	5.00
PC Secretary	1.21	2.21
Continuous Home Care Manager/CC Coordinator	1.00	1.50
Medical Director/Team Physician	1.35	1.79
RNs	4.88	13.01
LPN/Aides	7.53	24.88
On-Call Representatives	1.67	2.58
Therapists/Music Therapist/Pet Therapist	1.84	2.50
Dietary Supervisor	0.42	0.50
Social Worker	1.42	2.38
Volunteer/Bereavement Manager	1.50	1.50
Chaplain	1.00	2.25
Child Life Specialist – SW	1.00	1.00
<b>Total</b>	<b>42.07</b>	<b>78.93</b>

Source: CON Application#10440, Pg. 106, Schedule 6A

The applicant explains that volunteer staff hours will equal or exceed five percent of paid employee hours and will extend to physical, occupational, speech, and massage therapy.

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

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** expects to strengthen existing provider relationships and develop relationships for patient referrals. The applicant's proposed source for hospice referrals will include:

- Physicians
- Hospital discharge planners
- Social workers
- Nursing facilities
- ALFs

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- Home health agencies
- Group homes
- Community social service agencies
- Churches
- Veterans groups

**PruittHealth Hospice-West Florida, LLC (CON #10437)** expects to obtain patient referrals from area physicians, hospitals, nursing homes and other healthcare providers, family members and patients themselves.

Potential Referral Sources:

**Hospitals**

- Santa Rosa Medical Center
- Select Specialty Hospital
- Sacred Heart Hospital

**SNFs and ALFs**

- PruittHealth – Santa Rosa
- Life Care Center of Pensacola
- Crestview Health Center
- Crestview Rehabilitation Center
- Emerald Coast Center
- Forsyth House Assisted Living Facility

**Physician groups, home health agencies, existing hospice programs and others:**

- Regency Hospice
- Janet Lewis, MD, Gulf Coast Physician Partners
- Angels Home Care
- Caring Hearts Home Health
- Interim Home Health
- Coram Home Infusion Services

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** indicates the following as referral sources:

- Nursing homes
- Hospitals
- ALFs
- Health maintenance organizations
- Physicians
- Dialysis centers
- Social workers
- Home health organizations
- Churches
- Funeral directors
- Social services organizations

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- Families
- Individuals

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** indicates the following as referral sources with projected admissions by year which are reproduced here:

**St. Joseph Hospice Panhandle, LLC Referral Sources**

#	Source of Referral	Admits Yr. 1	Admits Yr. 2	% of 1st Yr	% of 2nd Yr
<b>1</b>	Hospitals	65	200	32.5%	46.9%
<b>2</b>	Physician Offices	45	80	22.5%	18.6%
<b>3</b>	Stat Home Health	25	40	12.5%	9.4%
<b>4</b>	Nursing Homes	25	45	12.5%	10.6%
<b>5</b>	Patient or patient's family	20	25	10.0%	5.9%
<b>6</b>	ALF's	10	20	5.0%	4.7%
<b>7</b>	Religious	6	9	3.0%	2.1%
<b>8</b>	Shelters	4	7	2.0%	1.6%
<b>9</b>	Totals	200	426	100.0%	100.0%

Source: CON Application #10439, PG. 64

**VITAS Healthcare Corporation of Florida (CON #10440)** states that patient referrals will come from: area physicians, hospitals, clergy, social service agencies, disease advocacy groups, nursing homes, homeless advocates and other healthcare providers, family members and the patients themselves. The applicant also expects referrals from community organizations, disease-specific organizations, residents, nursing homes, ALFs and area hospitals. VITAS also indicates that it will use a mobile hospice education van to engage referral sources.

- (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.**

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** provides the following table to account for projected admissions by payer type for the first three years of the proposed project.



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**Projected Number of Admissions by Payor Type  
Bristol Hospice- Northwest Florida, LLC, District 1**

	Medicare	Medicaid	3 <sup>rd</sup> Party Insurance	Self Pay	Total
Year 1	10,497	358	835	239	11,929
Year 2	18,551	632	1,476	422	21,081
Year 3	28,074	957	2,233	638	31,902
% of Total Year 1	88%	3%	7%	2%	100%
% of Total Year 2	88%	3%	7%	2%	100%
% of Total Year 3	88%	3%	7%	2%	100%

Source: CON Application#10436, PG. 134 (Schedule 7B)

The applicant estimates that charity care and bed debt are projected to equal 80 percent of gross self-pay patient revenue and patient days and 2 percent of all hospice revenues.

**Projected Charity Care  
Bristol Hospice- Northwest Florida LLC, District 1**

	Year 1	Year 2
Patient Days	191	337

Source: CON Application#10436, PG. 135

**PruittHealth Hospice-West Florida, LLC (CON #10437)** provides the following table to account for projected admissions by payer type for the first two years of the proposed project:

**Projected Payor Source for Admissions  
PruittHealth Hospice-West Florida**

Payor	Year 1 Admissions	Year 2 Admissions
<b>Medicare</b>	115	353
<b>Medicaid</b>	4	11
<b>Private</b>	2	8
<b>Indigent</b>	1	4
<b>VA</b>	1	4
<b>Total</b>	124	380

Source: CON Application#10437, PG. 107 (Schedule 7B)

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** provides the following table to account for projected admissions by payer type for the first two years of the proposed project:

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**Admissions and Patient Days for the First Two Years By Payer**

Payer	Percent Days	Admissions		Patient Days	
		Year 1	Year 2	Year 1	Year 2
		Medicare	89.3%	153	270
Medicaid	6.8%	13	22	673	1,578
Insurance	2.0%	11	20	198	464
Self-Pay	1.9%	4	7	188	441
<b>Total</b>	<b>100.00%</b>	<b>181</b>	<b>319</b>	<b>*9,983</b>	<b>23,205</b>

Source: CON Application #10438, PG. 2-29 (\*9,983 should be 9,984)

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** provides the following table to account for projected admissions by payer type for the first two years of the proposed project. The reviewer notes that the values depicted differ from referred values in applicant's schedule 7A.

**St. Joseph Hospice Florida Panhandle Admissions by Payer**

#	Payer	% of Admits	Yr.1 - 200	% of Admits	Yr. 2- 426
1	Medicare	83.0%	166	83.3%	355
2	Medicaid	6.0%	12	5.9%	25
3	Third Party	5.0%	10	4.9%	21
4	Self Pay	3.5%	7	3.3%	14
5	Uncompensated	2.5%	5	2.6%	11
6	Totals	100.0%	200	100.0%	426

Source: CON Application#10439, PG. 64,

<b>St. Joseph Hospice Florida Panhandle, LLC Self-Pay/Charity and Medicaid Patient Days Year One</b>		
Payer Source	Patient Days	Percentage
Self-Pay/Charity	302	2.7%
Medicaid	654	5.8%
Medicare	10,078	89.3%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>956</b>	<b>8.5%</b>
<b>Total Patient days</b>	<b>11,284</b>	<b>100.0%</b>

Source: CON application #10439, Schedule 7A

<b>St. Joseph Hospice Panhandle, LLC Self-Pay/Charity and Medical Patient Days Year Two</b>		
Payer Source	Patient Days	Percentage
Self-Pay/Charity	714	2.7%
Medicaid	1,551	5.8%
Medicare	23,889	89.3%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>2,265</b>	<b>8.5%</b>
<b>Total Patient days</b>	<b>26,746</b>	<b>100.0%</b>

Source: CON application #10439, Schedule 7A

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**VITAS Healthcare Corporation of Florida (CON #10440)** provides the following table to account for projected payer source for admissions by year:

**Projected Admissions by Payer  
District 1**

<b>Payer Source</b>	<b>Year 1 Admissions</b>	<b>Year 2 Admissions</b>
<b>Medicare</b>	349	605
<b>Medicaid</b>	17	30
<b>Indigent</b>	6	11
<b>Private Insurance/Self-pay/Other</b>	9	15
<b>Total</b>	381	661

Source: CON Application#10440, PG.111

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

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** provides the following table to account for projected admissions by type of terminal illness for the first two years of the proposed project:

**Bristol Hospice- Northwest Florida, LLC Projected Admissions for the First Two Years of Operation  
District 1**

	<b>Fiscal Year 2018</b>	<b>Fiscal Year 2019</b>
<b>Cancer Under 65</b>	9	12
<b>Cancer 65 and Over</b>	43	69
<b>Non-Cancer Under 65</b>	17	22
<b>Non-Cancer 65 and Over</b>	120	197
<b>Total Patients</b>	189	300

Source: CON Application#10436, PG. 135

**PruittHealth Hospice-West Florida, LLC (CON #10437)** provides the following table to account for projected admissions by type of terminal illness for the first two years of the proposed project:

**Projected Admissions by Terminal Illness for  
PruittHealth Hospice-West Florida, LLC**

Terminal Illness	Year 1 Admissions	Year 2 Admissions
Cancer	25	80
HIV/AIDS	3	4
Respiratory	10	31
Cardiac	40	123
Renal Failure	10	31
Alzheimer/Cerebral Degeneration	13	40
Cerebrovascular/Stroke	13	40
Other	10	31
<b>Total</b>	<b>124</b>	<b>380</b>

Source: CON Application#10437 PG. 108

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** provides the following table to account for projected admissions by type of terminal illness for the first two years of the proposed project:

**Number of Admissions by Disease Category  
First Two Years for Seasons Hospice**

Illness	Year 1, 7/17-6/18			Year 2, 7/18-6/19		
	0-64	65+	Total	0-64	65+	Total
<b>Cancer</b>	18	37	55	31	66	97
<b>Other</b>	17	109	126	29	193	222
<b>Total</b>	<b>35</b>	<b>146</b>	<b>181</b>	<b>60</b>	<b>259</b>	<b>319</b>

Source: CON Application #10438, PG. 2-29

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** provides the following table to account for projected admissions by type of terminal illness for the first two years of the proposed project:

**St. Joseph Hospice Florida Panhandle, LLC Admissions by Terminal Illness**

#	Diagnosis	Yr. 1 - 200	Yr.2 - 426	Yr.1 - %	Yr. 2 - %
1	<b>Cancer</b>	66	141	33.0%	33.1%
2	<b>AIDS</b>	1	2	0.5%	0.5%
3	<b>End-Stage Pulmonary</b>	22	47	11.0%	11.0%
4	<b>End-Stage Renal</b>	7	14	3.5%	3.3%
5	<b>End-Stage Heart</b>	39	80	19.5%	18.8%
6	<b>Diagnosis Other</b>	65	142	32.5%	33.3%
7	<b>Totals all Diagnosis</b>	200	426	100.0%	100.0%

Source: CON Application#10439, PG. 66

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**VITAS Healthcare Corporation of Florida (CON #10440)**

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

**Projected Admissions by Terminal Illness in First Two Years of Operation in District 1**

<b>Terminal Illness</b>	<b>Year 1 Admissions</b>	<b>Year 2 Admissions</b>
<b>Cancer</b>	110	190
<b>HIV/AIDS</b>	2	3
<b>Respiratory</b>	36	62
<b>Cardiac</b>	69	120
<b>Alzheimer/Cerebral Degeneration</b>	37	64
<b>Cerebrovascular/Stroke</b>	98	170
<b>Other</b>	29	52
<b>Total</b>	<b>381</b>	<b>661</b>

Source: CON application#10440, PG. 112

The applicant states that projections are based on historical admissions by terminal illness. VITAS estimates that 70 percent of admissions will be patients with non-cancer diagnoses. The applicant maintains that it will not discriminate by diagnoses and conditioned their application on providing palliative chemotherapy and radiation to appropriate cancer patients to optimize pain and symptom management.

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

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** provides the following table to demonstrate the projected number of admissions, by two age groups, under 65 and 65 or older, for the first two years of operation.

**Bristol Hospice – Northwest Florida LLC  
Projected Admissions**

	<b>Fiscal Year 2016</b>	<b>Fiscal Year 2017</b>
<b>Under 65</b>	26	34
<b>65 and Over</b>	163	266
<b>Total Patients</b>	189	300

SOURCE: CON Application#10436, PG. 135

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**PruittHealth Hospice-West Florida, LLC (CON #10437)** provides the following table to demonstrate the projected number of admissions, by two age groups, under 65 and 65 or older, for the first two years of operation.

**PruittHealth Hospice-West Florida, LLC Projected Admissions by Age Group**

Age Group	Year 1 Admissions	Year 2 Admissions
Under 65	12	38
Over 65	112	342
<b>Total</b>	<b>124</b>	<b>380</b>

Source: Con Application#10437, PG. 108

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** provides the following table to demonstrate the projected number of admissions, by two age groups, under 65 and 65 or older, for the first two years of operations.

**Number of Admissions by Disease Category  
First Two Years for Seasons Hospice**

Illness	Year 1, 7/17-6/18			Year 2, 7/18-6/19		
	0-64	65+	Total	0-64	65+	Total
<b>Cancer</b>	18	37	55	31	66	97
<b>Other</b>	17	109	126	29	193	222
<b>Total</b>	<b>35</b>	<b>146</b>	<b>181</b>	<b>60</b>	<b>259</b>	<b>319</b>

Source: CON Application #10438, PG. 2-29

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** provides the following table to demonstrate the projected number of admissions, by two age groups, under 65 and 65+, for the first two years of operation.

**St. Joseph Hospice Florida Admissions by Age**

Year	Cancer Under 65	Cancer 65+	Other Under 65	Other 65+	Total Hospice Patients
<b>1</b>	23	43	18	116	200
<b>2</b>	48	93	38	247	426

Source: CON Application#10439, PG. 66

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**VITAS Healthcare Corporation of Florida (CON #10440)**

provides the following table to demonstrate the projected number of admissions, by two age groups, under 65 and 65+, for the first two years of operation.

<b>Age Group</b>	<b>Year 1 Admissions</b>	<b>Year 2 Admissions</b>
<b>Under 65</b>	51	89
<b>Over 65</b>	330	572
<b>Total</b>	381	661

Source: CON Application#10440, PG. 113

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

**Bristol Hospice-Northwest Hospice, LLC (CON #10437)** presents its core and non-core services as follows:

Core

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

Non-Core Services provided through Contractual Agreements:

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

**PruittHealth Hospice-West Florida, LLC (CON #10437)** states that core services will be: physician services, nursing services, social work services, pastoral counseling, bereavement services and dietary counseling. The applicant states that complementary

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services include massage therapy, pet therapy and aroma therapy. PruittHealth indicates that durable medical equipment, pharmacy services, rehabilitation and certain clinical services will be contracted through affiliates.

The applicant indicates that volunteers will participate in patient/caregiver support, offer companionship and will exceed the minimum requirements of service (with a minimum of five percent of hours) beginning with the first two years of operation.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** includes the following services that will be provided at the direction of the hospice: nursing, social work, pastoral/counseling services, dietary services and bereavement. Additional services that the applicant intends to contract include: IV therapy, physical/speech/occupational therapy, patient transportation, mobile/fixed site X-ray, radiation and related oncological treatments, nursing home/ALF patient services, laboratories, emergency/outpatient hospital services and backup pharmacy/medical equipment services. The applicant indicates that staff will provide routine care, respite care, inpatient care and continuous care. Seasons maintains that a medical director will also service as a hospice physician. The reviewer notes that the applicant provided additional details regarding the type of contract services provided.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** states that it will have the following core services: physician services, nursing services and social work services, pastoral or counseling services, dietary counseling, home health aide services and bereavement counseling services. See the table below.



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**St. Joseph Hospice Florida Panhandle, LLC Proposed Services**

#	Description	Hospice Employees and Volunteers	Contract
1	Administrator	Yes	
2	Director of Clinical Services	Yes	
3	Spiritual Counselor	Yes	
4	Medical Social Worker	Yes	
5	Hospice Liaison Marketing	Yes	
6	Office Manager Clerical Staff	Yes	
7	Billing Clerk	Yes	
8	Bereavement Counselor	Yes	
9	Medical Director		Contract
10	Alternate Medical Director		Contract
11	Continuous Care - RNs	Yes	
12	Continuous Care- LPNs	Yes	
13	Continuous Care- HHAs	Yes	
14	Hospice Liaison Pt. Care	Yes	
15	PT/OT/ST		Contract
16	Alternative Integrative Therapies		Contract
17	RN's	Yes	
18	Hospice Aides/Homemakers	Yes	
19	Volunteer Coordinator	Yes	
20	Volunteers	Yes	
21	Dietary Counselor		Contract
22	FNP		Contract

Source: CON Application#10439, PG. 67

The applicant notes other services it will provide to meet palliative and support needs of patients and families include: physical therapy, occupational therapy, speech therapy, massage therapy, infusion therapy, provision of medical supplies and durable equipment, day care, homemaker and chore services and funeral services. St. Joseph Hospice states that it will comply with Medicare requirements to use volunteers in the provision of services and will not cease services to Medicare beneficiaries as a result of their inability to pay.

**VITAS Healthcare Corporation of Florida (CON #10440)** states that core services will be physician services, nursing care, social work, pastoral/counseling services, dietary counseling and bereavement.

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The applicant maintains that contractual services will be provided directly or within a contractual arrangement and will include: physical therapy, pet therapy, music therapy, occupational therapy, home health aide services, pharmaceutical services, medical supplies and equipment. VITAS notes that inpatient beds are also designated as contractual services.

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

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** intends to have contractual agreements with hospitals and nursing homes. The applicant reiterates its letters of intent to contract with Sandy Ridge Health and Rehabilitation and Century Health and Rehabilitation in Escambia and Santa Rosa Counties. The applicant states that inpatient care will be administered under the hospice either in a nursing home or hospital and arranged, administered and managed in such a manner as to provide privacy, dignity, comfort, warmth, and safety for the patient and family.

**PruittHealth Hospice-West Florida, LLC (CON #10437)** states an intent to have contractual agreements with nursing homes and hospitals to meet inpatient care needs. The applicant asserts this is a cost efficient alternative that will make use of existing services that will be present in each county. The applicant reiterates that it will also provide routine care in scatter beds with its affiliate PruittHealth – Santa Rosa.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** states an intent to have contractual agreements with hospitals and nursing homes in all four counties for the first two years. The applicant also intends to seek contracts with other providers in order to maintain inpatient care as needed across District 1. These contractual agreements are enumerated below:

- Fort Walton Beach Medical Center
- North Okaloosa Medical Center
- Century Health and Rehabilitation Center
- Consulate Health Care of Pensacola
- Destin Healthcare and Rehabilitation Center
- Emerald Coast Center Nursing and Rehabilitation Center
- Fort Walton Rehabilitation Center
- Grand Boulevard Health and Rehabilitation Center
- Life Care Center of Pensacola
- Pruitt Health Santa Rosa
- Rosewood Healthcare and Rehabilitation Center

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- Sandy Ridge Health and Rehabilitation
- Santa Rosa Health and Rehabilitation Center
- Shoal Creek Rehabilitation Center
- Specialty Health and Rehabilitation Center Specialty Health
- Westwood Nursing and Rehabilitation Center

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** will contract with hospitals and nursing homes to utilize their beds to provide inpatient services. The applicant intends to make use of community hospitals and nursing homes to meet the inpatient needs and anticipates contracting with a minimum of one facility in each of the four counties of the service area.

**VITAS Healthcare Corporation of Florida (CON #10440)** states that it does not intend to establish its own inpatient facility in District 1. Upon CON approval, the applicant will establish inpatient agreements within the service area so that inpatient and respite needs of hospice patients will be met by existing hospital and nursing home facilities. VHCF indicates that it will develop contracts with local hospitals and nursing homes in District 1 and build upon support to contract with VITAS for inpatient services.

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

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** does not propose to construct or establish a freestanding inpatient hospice facility in District 1 at any point.

**PruittHealth Hospice-West Florida, LLC (CON #10437)** states that it will not construct an inpatient facility.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** does not expect to operate a freestanding inpatient hospice facility during the first two years of operation and will contract for beds as needed.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** projects that based on an average length of stay of 56.4 days in Year 1 and 62.8 days in Year 2 that there will be 11,284 hospice days in Year 1 and 26,746 days in Year 2. The applicant expects that 2.0 percent of its total patient days will require services that require an inpatient bed—225 days in Year 1 and 535 in Year 2.

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**VITAS Healthcare Corporation of Florida (CON application #10440)** does not seek to establish a freestanding inpatient unit in District and will contract for additional beds as needed. The applicant projects 725 patient days in Year 2. The applicant has not determined an exact number of beds. Instead, the applicant notes that it will only pay for bed days used and predicts the expense budget will not change with the number of beds under contract.

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

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** will admit a patient into an inpatient bed based on medical necessity, or for acute care criteria, including: 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 or a primary caregiver incapable of continuing daily care in the home setting.

**PruittHealth Hospice-West Florida, LLC (CON #10437)** specifies that the circumstances under which a person will be admitted to an inpatient bed will vary. The applicant states that either a physical condition or pain/medical symptoms that cannot be managed at home are the variable conditions for inpatient admission. When appropriate, PruittHealth indicates that inpatient care will be provided on a short-term basis in the event that the patient's condition or disease requires supervision. The applicant maintains that together, the patient, family, physician, and hospice interdisciplinary team make assessments on appropriate care, including inpatient admission.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** identifies the following circumstances under which a patient would be admitted to an inpatient bed: pain control, symptom management and respite purposes with specifications on how these circumstances will be implemented as they arise.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** states that it will admit a patient to an inpatient bed for purposes of specific symptom management: intractable pain, active analgesic

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medication adjustment necessary to control pain, fluctuating/deteriorating mental status necessitating titration of medications, severe shortness or respiratory distress creating an unmanageable situation for the patient and family, intractable nausea and vomiting, need for continual observation and monitoring of unstable recurring medical condition and/or other complicated care including frequent respiratory suctioning/GI suctioning.

**VITAS Healthcare Corporation of Florida (CON #10440)**

specifies the following circumstances under which a patient will be admitted to an inpatient bed: patient's physical condition, family caregiving capacity and patient decisions, respite care or stays of short duration (up to five days) and pain/symptom management that cannot be managed at home. VITAS also intends to reduce the need for inpatient admissions through Continuous Home Care. The applicant provides guidelines defining patient and facility eligibility for facility based care. According to the applicant, facilities must meet licensing, regulatory, and certification requirement and will ensure the comfort and safety of each patient, accommodate personalized patient-directed treatment and promote family involvement in caregiving.

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

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** states that it will provide care for individuals who lack primary caregivers through the use of volunteers to supplement care of employed staff. Bristol NW indicates that it will collaborate with patients to develop a care plan and will supervise the patient's condition at home. Bristol NW maintains that patients who cannot administer care independently will be assisted with relocation to an ALF, SNF or inpatient hospice unit.

**PruittHealth Hospice-West Florida, LLC (CON #10437)** states that the emphasis of care provided to individuals without primary caregivers at home will be to enable patients to be cared for in the least restrictive and most supportive environment possible. The applicant indicates that patients are asked to select a primary caregiver upon admission and for those patients without a primary caregiver, a care plan that describes their daily care and safety needs will be created. Patients without a primary caregiver will be assigned a primary caregiver, PruittHealth commits to facilitating

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the creation of a caregiver network from within the patient's network and community.

In the event that patients are unable to administer self-care or find at home caregiver support, PruittHealth will make a recommendation for placement in an ALF/nursing home that allows for the administration of hospice care. The applicant indicates that patients who lack financial resources will be assisted by a social worker. The applicant states an intent to establish relationships with nursing homes and ALFs via per diem contracts or the creation of hospice units as needed.

For homeless individuals, PruittHealth states that it will administer care in the setting which best allows the provision of care including: a homeless shelter, nursing home, ALF or hotel.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** states that a team leader will identify and direct the 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. Seasons maintains 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. A substantial list of potential solutions that will be explored and implemented was included by the applicant.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** indicates that it will provide care to all individuals eligible with a terminal illness who reside in District 1 regardless of their living status or diagnosis. The applicant notes that a hospice social worker conducts a psychosocial assessment for the patient without a primary caregiver upon admission and that patients are provided a Plan For Primary Care Giving Form. St. Joseph Hospice indicates that the patient and social worker discuss care plans which include: having a friend, family member, or significant other move in, a paid caregiver or a skilled nursing/appropriate residential facility in the event that it is unsafe for the patient to be alone.

The applicant also includes a care plan for homeless individuals who are expected to fall into the same category.

**VITAS Healthcare Corporation of Florida (CON #10440)** states that for those without primary caregivers, the applicant will assist in developing a network of caregivers to assist or recommend a

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qualified adult babysitter that should not pose a financial hardship. Patients lacking cell phones will be given cell phones for 24-hour access and communication in addition to continuous home care.

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

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)**

indicates that bereavement services will be provided by personnel and managed by a qualified coordinator for a period up to one year after a patient's death. The applicant notes that clergy and community resources will be involved in the coordination of bereavement services and those services will be available to families and caregivers of hospice patients before and after a patient's death. Bristol NW states that services that will be available under the applicant's hospice program include:

- Regular communication and follow-up (telephone and written correspondence)
- Memorial services
- Grief support groups
- Speaking engagements
- Lunch or dessert groups (elderly widows or widowers)
- Parenting groups
- Six-Week groups
- Services for families of Veterans

**PruittHealth Hospice-West Florida, LLC (CON #10437)** states that bereavement counseling will be administered by the bereavement coordinator, social worker or chaplain. The applicant maintains that bereavement counseling will make maximum use of community resources and emphasize patient and family support and will be available to family members, significant others, and loved ones. PruittHealth maintains that bereavement services will be available for a minimum of 13 months after the patient's death with longer periods of bereavement, if needed.

The applicant notes that bereavement support for children will be provided through the United Hospice Foundation initiative Camp Cocoon and that counseling will vary with patient and family needs. PruittHealth asserts that a care plan outlining bereavement care and survivor risk factors will also be made available with care plans reviewed quarterly including a range of services:

- Grief counseling
- Home visits
- Bereavement group activities

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- Volunteer support
- Patient/family education materials
- Quarterly-follow-up/correspondence
- Memorial gatherings
- Sympathy cards
- Assistance with memorial services
- Community resources and referrals
- Staff bereavement support
- Community education/relations

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** 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. The applicant 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 2-39 through 2-40 of CON #10438.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** will provide bereavement services for up to 18 months and will make these services available to all service area residents regardless of their relationship with the applicant. St. Joseph Hospice intends to provide bereavement services that are unique to patient and family needs. The applicant states that it will provide financial support for the Carpenter Foundation to conduct a Bereavement Camp for children ages 6-17.

Components of the bereavement services offered by St. Joseph Hospice are listed below:

1. Individual and Family Grief support including: telephone grief support, grief support groups, and individual grief support counseling.
2. Specialized grief support groups for teenagers
3. School support groups
4. Memorial services
5. Coping with grief through the holidays program
6. Community outreach/education programs focused on grief
7. Yoga for the Grieving Heart Sessions (yoga that focuses on breathing techniques and ways to reduce stress for individuals of all skill levels)
8. Family Weekend Bereavement Retreat
9. Bereavement Camps for Children



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The applicant also includes a detailed guide of bereavement specialists who will facilitate and manage bereavement programs and services.

**VITAS Healthcare Corporation of Florida (CON #10440)** will provide bereavement services as needed and/or requested. The applicant indicates that bereavement services will be available from the time of admission and primary tasks of mourning will be accomplished in order for the survivor to emotionally reinvest in life and relationships. VITAS states that bereavement services are generally provided one year after death but may last longer as needed or requested with referrals to community bereavement services. The applicant's bereavement services are available 24 hours a day for 7 days a week and have staff trained in bereavement support that will be on-call through a toll-free number. VITAS presents an outline of its bereavement care plan:

1. Bereavement Assessment
2. Development of a Bereavement Plan of Care
3. Home Visits
4. Written Contacts with Family
5. Telephone Contacts with Family
6. Grief Support
7. Referral to Additional Community Resources

The applicant notes that other bereavement services include: support groups, memorial services, bereavement calls/visits (by staff and volunteers), resources and referral services, bereavement letters, quarterly bereavement newsletters, educational articles and holiday support, booklets and pamphlets, staff and volunteer bereavement support.

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

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** intends to conduct community education activities through dispatching members of its leadership to District 1 in order to identify areas of need for hospice care in the community. The applicant notes that community programming and education activities that it intends to provide in District 1 include:

- Celebration of Life (Honolulu, Hawaii)
- Honor Flights for Veterans
- Field of Honor
- Professional Education

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- The We Honor Veterans Program
- Cancer Program
- Namaste
- Other Targeted Diagnostic Programming including Renal and Cardiovascular Programming
- The Bridge Program

**PruittHealth Hospice-West Florida, LLC (CON #10437)** states that its proposed project will include extensive community education activities including educational events at senior organizations, religious affiliated groups, veterans organizations, health fairs, rural residents and the community. The applicant notes that two hospice representatives will be staffed and facilitate outreach programs, coordinate educational sessions, presentations and listening sessions. PruittHealth indicates that representatives will also educate patients in nursing homes and ALFs on hospice care.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** indicates that community education activities concerning hospice programs will consist of:

- The Circle of Care Program which 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
- Hospice website and toll free number available to the public--24 hours a day, seven days a week
- Education guides and brochures published by the applicant which the applicant will adapt to their program

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** states that it will conduct outreach to African Americans, Hispanics, the homeless, patients without caregivers, patients residing in areas without adequate physician services, veterans, some religious groups and the prison population (including recently released prisoners). The applicant recognizes the importance of community education in increasing utilization of hospice care among underserved groups.

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St. Joseph Hospice will provide at least two educational programs annually to address targeted groups and increase their knowledge of three aspects of hospice care: when hospice services are appropriate, how to access general healthcare services and learning how to access hospice care.

The applicant also intends to improve provider experience and knowledge of hospice care through the development of internal and external education programs in collaboration with academic institutions.

St. Joseph will offer educational opportunities to communities in the form of :

- Provision of educational meetings to senior groups
- Meetings advertised in the local assisted living facilities, shelters, food kitchens, veterans groups and nursing homes
- Attendance and presentations at health fairs

Continuing education of health professionals is noted as a priority of St. Joseph Hospice and the Carpenter Health Foundation. The applicant indicates that its principles of continuing education are:

- New educational methods based on innovation and evaluation
- Integration of continuing education into daily clinical practice
- The best available evidence for practice is used in educational development

**VITAS Healthcare Corporation of Florida (CON #10440)**

describes a range of community education activities concerning hospice programs that will be afforded through its proposed project. Among them include:

- A mobile hospice education unit that will educate the public on end-of-life issues and end of life care to communities and assist people in Advance Directives
- A partnership with the Northwest Florida Rural Health Network to improve access to care and ensuring quality will make use of a mobile hospice education unit and provide network with a \$50,000 grant payable over two years to assist in meeting patient transportation needs and access to health care services
- A partnership with the Catholic Charities of Northwest Florida-will provide \$25,000 annually for two years to support a food distribution program

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VITAS maintains that additional community outreach and education include: enhancing the applicant's network outside of rural areas, encouraging employee involvement in community activities and working with referral sources.

**(m) Fundraising activities.**

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** states that it manages a non-profit foundation that is funded internally by employees for the purposes of providing burial assistance for patients who lack resources. Charity care and outreach are also funded directly by Bristol Hospice NW.

**PruittHealth Hospice-West Florida, LLC (CON #10437)** maintains that it will neither actively raise funds from the community nor compete with other hospice organizations and groups in this capacity.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** cites that programs and services not covered by insurance are provided and made possible by operation efficiency and volunteers. The applicant insists that donations are neither solicited nor a reliable source of revenue.

The applicant describes Seasons Hospice Foundation as a non-profit foundation within the organization that develops community relationships which produce and encourage donations.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** indicates that it will manage contributions through The Carpenter Foundation and the St. Joseph Hospice Foundation, a 501(c)(3) non-profit corporation. The applicant states that contributions will support:

- Grief support groups for adults, adolescents and children
- Bereavement camps for children
- Reminiscence groups
- Continuing education for health care professionals
- Health care delivery system research

**VITAS Healthcare Corporation of Florida (CON #10440)** maintains that it will not engage in fundraising as a condition of its CON application or campaigns to obtain charitable contributions from patients, family or friends relating to its services in District 1. The applicant will donate unsolicited donations to VITAS Community Connections, a nonprofit organization that uses funds

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to provide donations and grants to local organizations and families ensuring that all money goes back into the local community.

- 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.**

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** states intent to comply with this criterion.

**PruittHealth Hospice-West Florida, LLC (CON #10437)** states intent to comply with this criterion.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** states intent to comply with this criterion.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** will comply with Agency reporting requirements including timely completion of the semi-annual reports and the provision of all required data using the Agency's forms.

**VITAS Healthcare Corporation of Florida (CON #10440)** will comply with all reporting requirements as it does for its existing hospice services in Florida. The applicant will also provide data on the number of patients receiving hospice care by location for the required semi-annual and annual time periods.

**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 co-batched applicants are responding to published need of one hospice program in Hospice Service Area 1.

The following chart depicts hospice admissions for the past five years, ending December 31, 2015.

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<b>Hospice Admissions for Hospice Service Area 1 December 31, 2011 – December 31, 2015</b>	
<b>December 31, 2011 – December 31, 2015</b>	<b>Admissions</b>
December 2015	4,036
December 2014	4,086
December 2013	4,063
December 2012	4,018
December 2011	3,808

Source: Florida Agency for Health Care Administration Florida Need Projections for a Hospice Program, issued April 2011-April 2017

District 1 is currently served by the following providers:

- Covenant Hospice, Inc.
- Emerald Coast Hospice
- Regency Hospice of Northwest Florida

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** seeks to address the needs of all individuals who are terminally ill from all demographics (e.g. age, race, gender, disability, or income level). The applicant states that it will specifically target individuals 65+ with all diagnoses, those in rural areas, the Hispanic population, veterans and the homeless. The applicant also states that changes to existing services or alternative arrangements will not address the needs of the most recent published fixed need pool. The proposed hospice program advanced by the applicant is expected to meet the needs of underserved populations and the need identified in District 1.

Bristol NW reiterates its analysis of underserved groups by race, ethnicity, and diagnosis. In particular, persons with Medicaid, indigent persons and persons with other barriers to hospice care are identified by the applicant as medically underserved. The applicant notes its commitment to serve all persons eligible for hospice, regardless of payer source, diagnosis or care setting.

By payor source, the applicant commits to serving patients regardless of their financial sources or insurance status. Bristol Hospice states that its commitment to provide care to Medicaid and Charity care will be robust and will innovate programs to improve access and reduce disparities to care.

**PruittHealth Hospice-West Florida, LLC (CON #10437)** notes that the extent of utilization of existing hospice programs in District 1, is 59 percent below the statewide average of 68 percent. Accessibility of hospice services among the 65+ cohort for cancer and non-cancer diagnoses is low, as both demographics have hospice penetration rates below the state of average. The applicant expects to meet hospice needs to improve the use of hospice services, particularly among the elderly

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aged 65+. PruittHealth will make use of its existing resources, provider relationships and experience to address the end-of-life needs of underserved groups for hospice care. The applicants expects to foster competition through the delivery of high quality care to residents throughout the service area.

As a newly formed entity, the applicant states that it does not have a documented history of quality of care. PruittHealth maintains that establishment of its proposed hospice program will result in the innovation of services, protocols and outreach programs to exceed benchmarks and meet state and federal regulations in the provision of quality care.

**Seasons Hospice and Palliative Care, LLC (CON #10438)** emphasizes that accessibility and/or provision of services relies upon the recruitment of staff to reach those in need of hospice care in order to increase enrollments. Seasons shares the company code of conduct and the core philosophy that emphasized dignity in the treatment of employees and patients.

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

- Accreditation
- Oversight by integration with affiliated hospices
- Membership in National Hospice and Palliative Care Organization (NHPCO) and FHPO
- Participation in the NHPCO Quality Partner performance improvement program
- National ethics policies
- Continuous internal quality improvement
- Research partnerships with local and state colleges to support post baccalaureate education and research initiatives

A code of conduct to assure quality is also outlined by the applicant as follows:

- A core philosophy made manifest in the delivery of service that emphasizes dignity in the treatment of employees and patients
- Better choices in all practices and enhanced patient care: Patient Outcome Measures (POM), Survey of Team Attitudes and Relationships (STAR), Electronic Medical Records, call centers and telemedicine

Other areas considered for increasing access and utilization include:

- Extending services to all payer mixes
- On-site home delivery of services to eliminate barriers to access

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- Increasing outreach efforts through community members
- Increasing hospice enrollments
- Association with 5<sup>th</sup> largest national hospice provider with start-up experience in competitive and rural markets
- Building relationships within the community and organizations serving diverse populations
- Religious support and open access to fund medical interventions between core hospice benefit

Seasons indicates that District 1 ranks 25<sup>th</sup> out of 27 service areas (in terms of having the highest unmet need for hospice service). The applicant reiterates its services and proposed conditions as mechanisms to improve access and enrollments in District 1.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439):** responds to published need for an additional facility in District 1 with an assessment of low penetration rates in the service area. The applicant intends to enhance accessibility of services and target specific groups (e.g. rural populations, African Americans, homeless, and/or financially restrained). St. Joseph Hospice will also improve access through circulating educational materials and community outreach. The applicant commits to making care accessible at all hours and will alter care based on patient needs. The applicant indicates that it will promote accessibility through multiple offices, distributing staff and recruitment, economics of scale, serving underserved populations and shared marketing.

The applicant maintains that it will strive to improve the quality of care that may be compromised as a result of published numerical need. St. Joseph Hospice will utilize Acute Illness Management (AIM) as a quality control mechanism for hospice services. The AIM program will operate in collaboration with a home health agency to remediate and manage hospice needs and provide appropriate levels of services. As a part of its continuum of care, the applicant outlines a set of core and non-core services that it will maintain under Medicare certification with the use of volunteers, which include: physician services, nursing services, social work services, pastoral or counseling services, dietary counseling, home health aide services and bereavement counseling services. Noncore services that will be provided by the applicant include: physical therapy, occupational therapy, speech therapy, massage therapy, infusion therapy, provision of medical supplies and durable medical equipment, day care, homemaker/chore services and funeral services.



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The applicant notes that quality control measures will be provided to hospice patients including centralized case management and quality assurance of patient care.

**VITAS Healthcare Corporation of Florida (CON #10440)** indicates that need for the project is evidenced by the low hospice use rate in District 1. The applicant speculates that a lack of availability and accessibility to hospice services in District 1 contributes to deficits in hospice use as there are no caps on caseloads in hospice programs. The applicant insists that low hospice use rates demonstrate a need for better outreach and education of the public and referral sources. VITAS explains the proposed service will increase hospice use rates through improved outreach and choice for patients and families. The applicant also anticipates that the competition generated from the creation of the new hospice program will increase the responsiveness of existing hospices to patients, families and referral sources.

The applicant states that successful implementation of a hospice program will be dependent upon high quality care with quick and efficient integration into the hospice market. VITAS indicates that it will rely on the recruitment of trained staff, the development of relationships with referral sources, providers, and health facilities and also develop a hospice referral program. The applicant asserts that its historical financial and administrative experience in managing and starting new hospice programs has been shown to increase hospice availability in other hospice service areas.

VITAS maintains that the proposed project will target specific populations: Alzheimer's disease, rural residents, Veterans and those with complex care needs. The proposed project will ensure that hospice care is accessible at all times with technology and staffing models for admission available at all hours.

- 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 February 2016, the DOEA updated its statewide 2015 Report on Hospice Demographic and Outcome Measures, available on the DOEA's website at:

[http://elderaffairs.state.fl.us/doea/Evaluation/2015\\_Hospice\\_Report\\_Final.pdf](http://elderaffairs.state.fl.us/doea/Evaluation/2015_Hospice_Report_Final.pdf)

The report results are shown as percentages for three Outcome Measures--1, 2 and 2A.

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

Outcome Measure 2 includes the following question:

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

Outcome Measure 2A includes the following question:

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

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

**DOEA 2015 Report on Hospice Demographic and Outcome Measures, for CY 2014**

Hospice Name/City	Outcome Measure			Number of Patients
	1	2	2A	
Seasons Hospice and Palliative Care of Southern Florida	Did not report	100%	100%	1,421
VITAS Healthcare Corporation of Florida / Melbourne	83%	94%	97%	7,533
VITAS Healthcare Corporation of Florida / Boynton Beach	88%	94%	97%	7,116
VITAS Healthcare Corporation of Florida / North Miami Beach	79%	96%	97%	6,586
State Average Outcomes	81%	95%	96%	
State Total Number of Patients				120,155
State Average of Patients				2,730

Source: DOEA, 2015 Report on Hospice Demographics and Outcomes Measures, updated February 2016

The DOEA’s report for CY 2015 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.

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** is a developmental stage corporation, a proposed new provider of hospice services in Florida and consequently lacks a historical record of providing quality in the service area. Quality measures that the applicant will institute, if approved, will include the use of EHR (electronic health

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records), billing, quality and compliance oversight. Bristol NW asserts that the proposed service will have a quality standard that matches or exceeds that of other Bristol hospice providers.

The applicant notes that it will also base its quality improvement measures around the Consumer Assessment of Healthcare Providers Surveys. Accreditation will be sought from Community Health Accreditation Program (CHAP) to match the applicant's accreditation record in other states. Bristol NW also includes attachments of its QAPI index and other quality measures.

**PruittHealth Hospice-West Florida, LLC (CON #10437)** states that as a newly formed entity, the applicant does not have a documented history of providing quality care. However, the applicant contends that the establishment of its proposed hospice facility will result in the innovation of services, protocols and outreach programs to exceed benchmarks and meet state and federal regulations in the provision of quality care.

The applicant intends to provide high quality care and make assessments of areas of improvement using data analysis to track outcome measures and clinical performance indicators. PruittHealth includes a substantial list of specialty programs that it has historically used to enhance patient outcomes: Veterans Recognition program, Tuck-In program, Second Wind Dreams program, Caring Hands program, specialized disease management programs, effective pain management, on-call services, personal care services, Commitment to Caring Campaign, corporate standards and Net Promoter scores.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** documents its historical provision and capacity to provide quality care below:

- Provides care in 19 states—21 of 26 Seasons Hospice and Palliative Care programs have received The Gold Seal of Approval accreditation from the Joint Commission, including Seasons Hospice of South Florida
- Management seeks compliance with Federal and State reporting, accreditation of the hospices, billing to include Medicare and Medicaid recipients and other payers, compliance monitoring, staff education, training and employment
- Seasons Hospice Circle of Care including: Medical Director, Attending Physician, Social Worker, Chaplain, Music Therapist, Volunteers, hospice aide, registered nurse, in support of hospice patients—supported by family and friends

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- NHPCO 10 Components of Quality: Patient and Family Centered Care, Ethical Behavior and Consumer Rights, Performance Measurement
- Compliance with CMS quality measures
- Clinical Excellence and Safety, Inclusion and Access, Organizational Excellence, Workforce Excellence, Standards, Compliance with Laws and Regulations, Stewardship and Accountability
- QAPI measurements and other proposed measurement procedures, utilization review, sentinel events, credentials for continuing education units

Seasons serves the following service areas in Florida: 10 and 11. Agency records indicate that statewide, affiliated programs had zero substantiated complaints during the three-year period ending June 13, 2016.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** documents its historical provision and capacity to provide quality as demonstrated by its licensure and accreditation history. The applicant also expects to innovate novel leadership and marketing strategies to attend to community needs in collaboration with STAT Home Health. St. Joseph Hospice will also implement all quality assurance and risk management programs required for Joint Commission accreditation.

The applicant notes that objectives for its Quality Improvement Program are to:

- Identify areas of concern
- Ensure that care provided is appropriate to patient needs
- Revise procedures as necessary to reach the highest level of quality

St. Joseph Hospice offers the following strategies to maintain quality:

- Encourages nurses through training, compensation incentives and support to become board certified in hospice and palliative care
- Encourage physicians to make regular visits to patients and provide bedside care
- Provide 24-hour direct telephone access to the St. Joseph Hospice Florida Panhandle, LLC staff (triage nurse)
- Provide weekend visits to patients in long term care facilities and ALFs by nurses, chaplains and social workers
- Have trained bereavement specialists to provide grief and loss counseling, memorial services and other support services for family and loved ones
- Hire a volunteer director and recruit a substantial volunteer group
- Have a minimum of 10 percent of its staff who are bilingual and a contract to provide translation services to all non-English speaking patients/families

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- Have a minimum of 10 percent of its staff who are members of the African American community to meet the cultural expectations of this population
- Develop where appropriate culturally sensitive programs

St. Joseph Hospice will also ensure quality through hiring experienced staff, using patient outcomes to improve care, attending to employee satisfaction as well as attending to patient/family satisfaction.

**VITAS Healthcare Corporation of Florida (CON #10440)** documents its historical provision and capacity to provide quality care as a function of compliance with Conditions of Participation for hospice providers under the Health Insurance for the Aged and Disabled Program (Title XVIII of the Social Security Act) and the Medicaid Program.

VITAS provides a list of company highlights of the history and quality of care on pages 138 to 139 of CON #10440. The applicant also discusses the proposed project's governing body, a quality assurance program consistent with its existing programs in Florida. VITAS offers a description of its QI program, specifically the Quality of Services component and the Palliative Outcomes component (page 139-140 of the application).

The applicant 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. VITAS 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.

Other quality mechanisms proposed include pain reduction, culturally sensitive programs, telecommunication resources for patients, 24 hour staff, commitment to training programs, RNs, certified hospice and palliative care nurses, social workers with Masters degrees or licensed social workers.

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

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VITAS Healthcare Corporation of Florida serves the following service areas: 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9C, 10, and 11. Agency records indicate that the applicant has 31 substantiated complaints during the three-year period ending June 13, 2016.

<b>Substantiated Complaint Categories in the Past 36 Months</b>	
<b>Complaint Category</b>	<b>Number Substantiated</b>
Nursing Services	8
Resident/Patient/Client Assessment	6
Quality of Care/Treatment	10
Administration/Personnel	5
Resident/Patient/Client Rights	2

Source: Florida Agency for Healthcare Administration Complaint Records 6/13/2013-06/13/2016

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

**Analysis**

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

Historically we have compared all applicant financial ratios regardless of type to 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.

**Bristol Hospice-Northwest Hospice, LLC (CON#10436):** Below is an analysis of the audited financial statements for the parent, 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>10436, Bristol Hospice and Subsidiaries</b>		
	<b>Dec-15</b>	<b>Dec-14</b>
Current Assets	\$16,198,305	\$12,585,037
Total Assets	\$19,340,204	\$15,604,508
Current Liabilities	\$5,791,274	\$4,203,955
Total Liabilities	\$11,146,021	\$9,890,511
Net Assets	\$8,194,183	\$5,713,997
Total Revenues	\$51,780,460	\$45,624,531
Excess of Revenues Over Expenses	\$3,145,381	\$2,794,936
Cash Flow from Operations	\$5,523,439	(\$820,303)
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	2.8	3.0
Cash Flow to Current Liabilities (CFO/CL)	95.38%	-19.51%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	65.3%	99.5%
Total Margin (ER/TR)	6.07%	6.13%
<b>Measure of Available Funding</b>		
Working Capital	\$10,407,031	\$8,381,082

<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 \$415,700 which includes this project and other capital expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by its parent company's financing. With \$10.4 million in working capital and \$5.5 million in operating cash flow, the applicant has sufficient resources to fund this project and all capital expenditures.

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

**PruittHealth Hospice-West Florida, LLC (CON#10437):** Below is an analysis of the audited financial statements for the parent, 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>10437, United Health Services</b>		
	<b>Jun-15</b>	<b>Jun-14</b>
Current Assets	\$136,192,122	\$112,327,439
Total Assets	\$679,969,670	\$652,711,670
Current Liabilities	\$171,740,036	\$139,346,559
Total Liabilities	\$535,001,237	\$515,844,067
Net Assets	\$144,968,433	\$136,867,603
Total Revenues	\$928,096,033	\$867,051,915
Excess of Revenues Over Expenses	\$8,975,763	\$4,638,027
Cash Flow from Operations	\$24,172,384	\$34,425,289
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	0.8	0.8
Cash Flow to Current Liabilities (CFO/CL)	14.07%	24.70%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	250.6%	275.1%
Total Margin (ER/TR)	0.97%	0.53%
<b>Measure of Available Funding</b>		
Working Capital	(\$35,547,914)	(\$27,019,120)

<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 \$426,812 which includes this project and other capital expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by its parent company's operating cash flow. With \$35.5 million in working capital and \$24.2 million in operating cash flow, funding by operating cash flow may be in question. However, the parent has sufficient cash to fund this project and all capital expenditures.

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



**CON Action Numbers: 10436 - 10440**

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)**

**Analysis:** The applicant is a developmental stage company. They have \$1,500,000 in cash and no business operations.

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$782,878 which includes this project. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. With \$1.5 million in cash, the applicant has sufficient resources to fund this project.

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

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439):**

**Analysis:** The applicant is a developmental stage company. They have \$1,000,000 in cash and no business operations.

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$346,605 which includes this project and capital expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. With \$1.0 million in cash, the applicant has sufficient resources to fund this project and all capital expenditures.

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

**VITAS Healthcare Corporation of Florida (CON #10440):**

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

**CON Action Numbers: 10436 - 10440**

<b>10440,Vitas Healthcare Corporation of Florida</b>		
	<b>Dec-15</b>	<b>Dec-14</b>
Current Assets	\$41,418,627	\$47,315,957
Total Assets	\$455,257,420	\$398,805,398
Current Liabilities	\$23,002,652	\$21,403,924
Total Liabilities	\$23,736,397	\$22,303,930
Net Assets	\$431,521,023	\$376,501,468
Total Revenues	\$493,950,249	\$442,591,108
Excess of Revenues Over Expenses	\$55,019,555	\$49,483,826
Cash Flow from Operations	\$63,688,987	\$38,684,005
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.8	2.2
Cash Flow to Current Liabilities (CFO/CL)	276.88%	180.73%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	0.2%	0.2%
Total Margin (ER/TR)	11.14%	11.18%
<b>Measure of Available Funding</b>		
Working Capital	\$18,415,975	\$25,912,033

<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 \$14,806,535 which includes this project of \$1,682,071 and other capital expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by its own operating cash flow. With \$18.4 million in working capital and \$63.7 million in operating cash flow, the applicant has sufficient resources to fund this project and all capital expenditures.

**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.**

**Bristol Hospice-Northwest Hospice, LLC (CON#10436):**

**Analysis:** The immediate and long-term financial feasibility of the project is tied to expected profitability. 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.

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

**CON Action Numbers: 10436 - 10440**

<b>CON 10436</b>	<b>Bristol Hospice - Northwest Florida, LLC</b>				
<b>Base Rate Calculation</b>					
Routine Home Care	\$111.23	0.8	\$88.98	\$50.66	\$139.64
Continuous Home Care	\$649.17	0.8	\$519.34	\$295.62	\$814.96
Inpatient Respite	\$90.64	0.8	\$72.51	\$76.81	\$149.32
General Inpatient	\$460.94	0.8	\$368.75	\$259.17	\$627.92
<b>Year Two Comparison</b>					
Routine Home Care	1.091	\$152.37	\$3,547,954		23,285
Continuous Home Care	1.091	\$889.22	\$194,713	24	219
Inpatient Respite	1.091	\$162.93	\$35,673		219
General Inpatient	1.091	\$685.14	\$450,030		657
		<b>Total</b>	<b>\$4,228,370</b>		<b>24,380</b>
			Days from Schedule 7		21,081
			<b>Difference</b>		<b>-3,299</b>
			<b>Percentage Difference</b>		<b>-15.65%</b>

The applicant's projected patient days are 15.7 percent or 3,299 days less than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$121,094 in year one to an operating profit of \$2,436 in year two.

**CONCLUSION:** This project appears to be financially feasible; however, operating profit may be understated.

**CON Action Numbers: 10436 - 10440**

**PruittHealth Hospice-West Florida, LLC (CON#10437):**

<b>CON 10437</b>	<b>PruittHealth Hospice - West Florida, LLC</b>				
<b>Base Rate Calculation</b>					
Routine Home Care	\$111.23	0.8	\$88.98	\$50.66	\$139.64
Continuous Home Care	\$649.17	0.8	\$519.34	\$295.62	\$814.96
Inpatient Respite	\$90.64	0.8	\$72.51	\$76.81	\$149.32
General Inpatient	\$460.94	0.8	\$368.75	\$259.17	\$627.92
<b>Year Two Comparison</b>					
Routine Home Care	1.100	\$153.54	\$2,991,659		19,484
Continuous Home Care	1.100	\$896.06	\$66,667	24	74
Inpatient Respite	1.100	\$164.18	\$30,538		186
General Inpatient	1.100	\$690.41	\$192,626		279
		<b>Total</b>	<b>\$3,281,490</b>		<b>20,024</b>
			Days from Schedule 7		19,715
			<b>Difference</b>		<b>-309</b>
			<b>Percentage Difference</b>		<b>-1.57%</b>

The applicant’s projected patient days are 1.6 percent or 309 days less than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$414,195 in year one to an operating profit of \$158,972 in year two.

**Conclusion:** This project appears to be financially feasible.

**CON Action Numbers: 10436 - 10440**

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438):**

CON 10438	Seasons Hospice & Palliative Care of Pensacola, LLC				
<b>Base Rate Calculation</b>					
Routine Home Care	\$111.23	0.8	\$88.98	\$50.66	\$139.64
Continuous Home Care	\$649.17	0.8	\$519.34	\$295.62	\$814.96
Inpatient Respite	\$90.64	0.8	\$72.51	\$76.81	\$149.32
General Inpatient	\$460.94	0.8	\$368.75	\$259.17	\$627.92
<b>Year Two Comparison</b>					
Routine Home Care	1.100	\$153.54	\$4,506,934		29,353
Continuous Home Care	1.100	\$896.06	\$66,738	24	74
Inpatient Respite	1.100	\$164.18	\$9,659		59
General Inpatient	1.100	\$690.41	\$363,796		527
		<b>Total</b>	<b>\$4,947,127</b>		<b>30,014</b>
			Days from Schedule 7		23,205
			<b>Difference</b>		<b>-6,809</b>
			<b>Percentage Difference</b>		<b>-29.34%</b>

The applicant's projected patient days are 29.3 percent or 6,809 days less than the calculated patient days. Operating profits from this project are expected to increase from a loss of \$362,790 in year one to an operating profit of \$54,315 in year two.

**Conclusion:** This project appears to be financially feasible; however, operating profit may be understated.

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**St. Joseph Hospice Florida Panhandle, LLC (CON #10439):**

<b>CON 10439</b>	<b>St. Joseph Hospice Florida Panhandle, LLC</b>				
<b>Base Rate Calculation</b>					
Routine Home Care	\$111.23	0.8	\$88.98	\$50.66	\$139.64
Continuous Home Care	\$649.17	0.8	\$519.34	\$295.62	\$814.96
Inpatient Respite	\$90.64	0.8	\$72.51	\$76.81	\$149.32
General Inpatient	\$460.94	0.8	\$368.75	\$259.17	\$627.92
<b>Year Two Comparison</b>					
Routine Home Care	1.100	\$153.54	\$3,709,536		24,160
Continuous Home Care	1.100	\$896.06	\$101,269	24	113
Inpatient Respite	1.100	\$164.18	\$19,041		116
General Inpatient	1.100	\$690.41	\$709,668		1,028
		<b>Total</b>	<b>\$4,539,514</b>		<b>25,417</b>
			Days from Schedule 7		26,746
			<b>Difference</b>		<b>1,329</b>
			<b>Percentage Difference</b>		<b>4.97%</b>

The applicant's projected patient days are 5.0 percent or 1,329 days more than the calculated patient days. Operating profits from this project are expected to increase from a loss of \$486,998 in year one to an operating profit of \$205,318 in year two.

**Conclusion:** This project appears to be financially feasible; however, operating profit may be slightly overstated.

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**VITAS Healthcare Corporation of Florida (CON #10440):**

CON 10440	Vitas Healthcare Corporation of Florida				
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$128.38	0.8	\$102.70	\$58.46	\$161.16
Routine Home Care 61+ days	\$100.89	0.8	\$80.71	\$45.94	\$126.65
Continuous Home Care	\$649.17	0.8	\$519.34	\$295.62	\$814.96
Inpatient Respite	\$90.64	0.8	\$72.51	\$76.81	\$149.32
General Inpatient	\$460.94	0.8	\$368.75	\$259.17	\$627.92
<b>Year Two Comparison</b>					
Routine Home Care	1.108	\$178.55	\$2,153,892		12,063
Routine Home Care	1.108	\$140.32	\$4,070,985		29,012
Continuous Home Care	1.108	\$902.89	\$559,994	24	620
Inpatient Respite	1.108	\$165.43	\$0		0
General Inpatient	1.108	\$695.68	\$443,194		637
		<b>Total</b>	<b>\$7,228,065</b>		<b>42,333</b>
				Days from Schedule 7	44,596
				<b>Difference</b>	<b>2,263</b>
				<b>Percentage Difference</b>	<b>5.08%</b>

The applicant's projected patient days are 5.1 percent or 2,263 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$1,735,011 in year one to an operating loss of \$598,855 in year two. The applicant included a year 3 projection showing an operating profit of \$760,868.

**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 1, which currently has three existing hospice programs.



**Analysis:**

Strictly from a financial perspective, the type of competition that would result in increased efficiencies, service, and quality is limited in health care in general and in hospice specifically. Cost effectiveness through competition is typically achieved via a combination of competitive pricing that forces more efficient cost to remain profitable and offering higher quality and additional services to attract patients from competitors. Since Medicare and Medicaid are the primary payers in hospice, price based competition is almost non-existent. With the revenue stream essentially fixed on a per patient basis, the available margin to increase quality and offer additional services is limited. In addition, competitive forces truly do not begin to take shape until existing business' market share is threatened. Since applicant is seeking to relocate a leased space in a skilled nursing unit to a free-standing facility there is no impact due to competition.

**Conclusion:**

The projects submitted for Hospice Area 1 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.

**Bristol Hospice-Northwest Hospice, LLC (CON application #10436)** states that the overall payer (i.e. payor) mix for Medicaid and medically indigent patients will include: three percent Medicaid and two percent self-pay in its Schedule 7B in year 1 and 2. As a new hospice provider, Bristol NW does not have a history within the State of Florida to document and provides the following account of its estimated payer mix.

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**Projected Number of Admissions by Payor Type  
Bristol Hospice- Northwest Florida, LLC, District 1**

	Medicare	Medicaid	3 <sup>rd</sup> Party Insurance	Self- Pay	Total
Year 1	10,497	358	835	239	11,929
Year 2	18,551	632	1,476	422	21,081
Year 3	28,074	957	2,233	638	31,902
% of Total Year 1	88%	3%	7%	2%	100%
% of Total Year 2	88%	3%	7%	2%	100%
% of Total Year 3	88%	3%	7%	2%	100%

Source: CON Application#10436, PG. 134 (Schedule 7B)

The applicant estimates that charity care and bed debt are projected to equal 80 percent of gross self-pay patient revenue and patient days and 2 percent of all hospice revenues.

**Projected Charity Care  
Bristol Hospice- Northwest Florida LLC, District 1**

	Year 1	Year 2
Patient Days	191	337

Source: CON Application#10436, PG. 135

The applicant estimates 11,929 patient days in Year one and 21,081 patient days in Year two. Bristol NW notes that Medicare will account for 88 percent of patient days in both years.

**PruittHealth Hospice-West Florida, LLC (CON #10437)** notes that there are identical rates for Medicare and Medicaid within the State of Florida. The applicant estimates 4,460 patient days in year one and 18,835 patient days in year two with Medicaid accounting for 3.0 percent of patient days and self-pay accounting for 3.0 percent of patient days.

The applicant provides a table of projected admissions to illustrate its capacity to serve Medicaid patients and the medically indigent. See the table on the following page.

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<b>PruittHealth Hospice-West Florida, LLC Self-Pay/Charity and Medicaid Patient Days Year One</b>		
<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	134	3.0%
Medicaid	134	3.0%
Medicare	4,148	93.0%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>268</b>	<b>6.0%</b>
<b>Total Patient Days</b>	<b>4,460</b>	<b>100%</b>

Source: CON application #10437, Schedule 7A

<b>PruittHealth Hospice-West Florida, LLC Self-Pay/Charity and Medicaid Patient Days Year Two</b>		
<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	591	3.0%
Medicaid	591	3.0%
Medicare	18,835	93.0
<b>Total Medicaid/Self-Pay/Charity</b>	<b>1,182</b>	<b>5.0%</b>
<b>Total Patient Days</b>	<b>19,715</b>	<b>100%</b>

Source: CON application #10437, Schedule 7A

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)**

illustrates its capacity to serve Medicaid patients and the medically indigent with projected admissions by payer type for the first two years.

<b>Seasons Hospice &amp; Palliative Care of Pensacola, LLC Self-Pay/Charity and Medicaid Patient Days Year One</b>		
<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	327	3.3%
Medicaid	673	6.8%
Medicare	8,835	89.3%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>861</b>	<b>10.1%</b>
<b>Total Patient days</b>	<b>9,897</b>	<b>100.0%</b>

Source: CON application #10438, Schedule 7A

<b>Seasons Hospice &amp; Palliative Care of Pensacola, LLC Self-Pay/Charity and Medicaid Patient Days Year Two</b>		
<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	766	3.3%
Medicaid	1,578	6.8%
Medicare	20,722	10.1%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>2,019</b>	<b>8.7%</b>
<b>Total Patient days</b>	<b>23,205</b>	<b>100.0%</b>

Source: CON application #10438, Schedule 7A

The applicant projects 9,897 patient days in Year one and 23, 205 patient days in Year two with Medicaid accounting for 6.8 percent of patient days and self-pay accounting for 1.9 percent in year one and year two. While not noted in the applicant’s schedule 7A, the applicant explains that charity represents a deduction from revenues and will provide 139 patient days or 1.4 percent of patient days in year one and 325 patient days or 1.4 percent of patient days in year two.

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**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** illustrates its capacity to serve Medicaid patients and the medically indigent with projected admissions by payer type for the first two years.

<b>St. Joseph Hospice Florida Panhandle, LLC Self-Pay/Charity and Medicaid Patient Days Year One</b>		
<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	302	2.7%
Medicaid	654	5.8%
Medicare	10,078	89.3%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>956</b>	<b>8.5%</b>
<b>Total Patient days</b>	<b>11,284</b>	<b>100.0%</b>

Source: CON application #10439, Schedule 7A

<b>St. Joseph Hospice Panhandle, LLC Self-Pay/Charity and Medical Patient Days Year Two</b>		
<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	714	2.7%
Medicaid	1,551	5.8%
Medicare	23,889	89.3%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>2,265</b>	<b>8.5%</b>
<b>Total Patient days</b>	<b>26,746</b>	<b>100.0%</b>

Source: CON application #10439, Schedule 7A

The applicant is a new entity and lacks operational history related to services to Medicaid patients and the medically indigent. The applicant estimates 11,284 patient days in year one with Medicaid accounting for 5.8 percent, self-pay accounting for 1.5 percent and charity care accounting for 1.2 percent. The applicant estimates 26,746 patient days in year two with Medicaid accounting for 5.8 percent, self-pay accounting for 1.5 percent and charity care accounting for 1.2 percent.

St. Joseph Hospice asserts it will also assist in the enrollment of homeless individuals in either Medicare or Medicaid in service to the medically indigent.

**VITAS Healthcare Corporation of Florida (CON #10440)** illustrates its capacity to serve Medicaid patients and the medically indigent or proposes to with the following tables.

<b>VITAS Healthcare Corporation of Florida Self-Pay/Charity and Medicaid Patient Days Year One</b>		
<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	256	1.7%
Medicaid	677	4.5%
Medicare	13,635	91.5%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>925</b>	<b>6.2%</b>
<b>Total Patient days</b>	<b>14903</b>	<b>100.0%</b>

Source: CON application#10440, Schedule 7A

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<b>VITAS Healthcare Corporation of Florida</b>		
<b>Self-Pay/Charity and Medicaid Patient Days Year Two</b>		
<b>Payer Source</b>	<b>Patient Days</b>	<b>Percentage</b>
Self-Pay/Charity	726	1.6%
Medicaid	2,029	4.5%
Medicare	40,823	91.5%
<b>Total Medicaid/Self-Pay/Charity</b>	<b>2,755</b>	<b>6.1%</b>
<b>Total Patient days</b>	<b>44,596</b>	<b>100.0%</b>

Source: CON application#10440, Schedule 7A

The applicant predicts 14,903 patient days in year one with Medicaid accounting for 4.5 percent, self-pay accounting for 0.0 percent of patient days and charity care accounting for 1.7 percent. The applicant estimates 44,596 patient days in year two with Medicaid accounting for 4.5 percent, self-pay accounting for 0.0 percent of patient days and charity care accounting for 1.6 percent.

**F. SUMMARY**

In Volume 42, Number 64, of the Florida Administrative Register, dated April 1, 2016, a hospice program need of one was published for Service Area 1 for the July 2017 Hospice Planning Horizon. All proposed projects seek to establish a new hospice program in District 1.

**Bristol Hospice-Northwest Hospice, LLC (CON#10436)** is a newly formed for-profit hospice and palliative care provider. The applicant's parent operates hospice programs in California, Georgia, Hawaii, Oklahoma, Oregon, Texas and Utah. Bristol Hospice is proposing total project costs of \$395,700.

Bristol Hospice proposes four Schedule C conditions.

**PruittHealth Hospice-West Florida, LLC (CON#10437)** is a newly formed for-profit hospice and a part of a network of providers founded in 1969. The applicant is proposing total project costs of \$416,812. The applicant's parent operates 27 other existing hospice programs in Georgia, South Carolina and North Carolina.

PruittHealth Hospice proposes five Schedule C conditions.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** a newly formed development stage entity, contracts with Seasons Healthcare Management, closely affiliated with SHPC (the parent) is proposing total project costs of \$782,878. 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

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Service Area 10 and one in Hospice Service Area 11. The applicant also has two approved programs in Hospice Service Area 5B and 6A.

Seasons Hospice proposes six Schedule C conditions.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** a private for-profit hospice and affiliate of The Carpenter Health Network was established in Louisiana in 2002. St. Joseph Hospice operates 13 licensed hospice programs in Louisiana, Texas, and Alabama. St. Joseph Hospice is proposing total project costs of \$321,605.

St. Joseph Hospice proposes seven Schedule C conditions.

**VITAS Healthcare Corporation of Florida (CON #10440)** is a Florida for-profit corporation. 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 projects costs of \$1,682,071

Vitas proposes 13 Schedule C conditions.

**Need/Access:**

The applicants' proposed projects are in response to the fixed need pool for a new hospice in Hospice Service Area 1. **Each** co-batched applicant's argument in support of need for their respective proposal is briefly summarized below.

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** reviewed need with respect to Agency projections, demographic factors, and hospice use trends. The applicant identified a number of groups with unmet need and will target hospice services to the following:

- Individuals in rural areas
- Those over the age of 65
- Hispanic residents
- Veterans
- Homeless community

The applicant projects 189 admissions in year one and 300 in year two.

**PruittHealth Hospice-West Florida, LLC (CON #10437)** indicates that based on the Florida Need Projections for Hospice Programs, the applicant identifies the 65+ cohorts for cancer and non-cancer diagnoses as populations with unmet need for hospice care noting that the penetration rates for both demographics are below statewide averages, with the 65+ non-cancer cohort capturing the majority of the need.

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The applicant notes that the statewide hospice penetration rate for cancer deaths among individuals 65+ is 97 percent statewide and 81.7 percent for District 1. PruittHealth notes that the statewide hospice penetration rate for non-cancer deaths among individuals 65+ is 70 percent while the District 1 average is 54 percent.

The applicant projects 124 admissions in year one and 380 admissions in year two.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438)** identified the following groups with unmet need:

- Individuals 65+
- Identifies individuals living with Alzheimer's/dementia
- The elderly particularly those residing in SNFs and ALFs
- Individuals suffering from nephritis
- Individuals whose declines is a natural cause of death

The applicant projects 181 admissions in Year one and 319 admissions in Year two.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)** identified the following groups with unmet need:

- African Americans
- Homeless and near homeless individuals
- Rurally remote hard to reach patients
- Patients residing in ALFs
- Catholics of all races who are concerned that hospice care is not consistent with the views of Catholicism

The applicant projects 200 admissions in Year one and 426 admissions in Year two.

**VITAS Healthcare Corporation of Florida CON #10440**

- Patients with Alzheimer's
- Rural residents
- Patients needing continuous home care
- Veterans and military families

The applicant projects 381 admissions in Year one and 661 admissions in Year two.

The Agency has determined that within the context of the criteria specified in Section 408.035 (1), F.S. and Rule 59C-1.0355, F.A.C., CON application #10440, on balance, best satisfied the criteria including the extent to which the proposed service will enhance access to health care

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and residents of the service district and commitment to serve populations with unmet needs.

**Quality of Care:**

**Each** co-batched applicant offered evidence of its ability to provide quality care.

**Bristol Hospice-Northwest Hospice, LLC (CON #10436)** is a newly formed entity of hospice services in Florida and consequently lacks a historical record of providing quality in the service area. Quality measures that the applicant will institute, if approved, will include the use of EHR, billing, quality and compliance oversight. The applicant will also base its quality improvement measures around the Consumer Assessment of Healthcare Providers Surveys. Accreditation will be sought from CHAP to match the applicant's accreditation record in other states. Bristol NW also includes attachments of its QAPI index and other quality measures.

**PruittHealth Hospice-West Florida, LLC (CON #10437)** is a newly formed entity and does not have a documented history of providing quality. The applicant identifies its quality in the context of its proposal to innovate services, protocols, and outreach programs to exceed benchmarks and meet state and federal regulations in the provision of quality care.

The applicant intends to provide high quality care and make assessments of areas of improvement using data analysis to track outcome measures and clinical performance indicators. PruittHealth includes a substantial list of specialty programs that it has historically used to enhance patient outcomes: Veterans Recognition program, Tuck-In Program, Second Wind Dreams program, Caring Hands program, specialized disease management programs, effective pain management, on-call services, personal care services, Commitment to Caring Campaign, corporate standards and net promoter scores.

**Seasons Hospice and Palliative Care of Pinellas County, LLC (CON #10438)** does not have a demonstrated capacity to provide quality to the service area, as, the provider will be new to the targeted service area, District 1. The applicant reviews the historical provision of quality of its other programs as precedent for its capacity to provide quality care upon implementation of the proposed program. Seasons Hospice enumerates its historical capacity to provide care as evidenced by existing programs in the following ways:



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- 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
- 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

Seasons serves the following service areas in Florida: 10 and 11. Agency records indicate that statewide the applicant had zero substantiated complaints during the three-year period from June 13, 2013 to June 13, 2016.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439)**

documents its historical provision and capacity to provide quality as demonstrated by its licensure and accreditation history. The applicant expects to innovate novel leadership and marketing strategies to attend to community needs in collaboration with STAT Home Health. St. Joseph intends to also implement all quality assurance and risk management programs required for Joint Commission accreditation.

Objectives of the applicant's Quality Improvement Program will prioritize:

- Identify areas of concern
- Ensure that care provided is appropriate to patient needs
- Revise procedures as necessary to reach the highest level of quality

Strategies that it will devise to maintain quality are included in the following:

- Encourages its nurses through training, compensation incentives and support to become board certified in hospice and palliative care
- Encourage its physicians to make regular visits to the patients and provide bedside care
- Provide 24 hour direct telephone access to the St. Joseph Hospice Florida Panhandle, LLC staff (triage nurse).
- Provide weekend visits to patients in long term care facilities and assisted living facilities by nurses, chaplains, and social workers

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- Have trained bereavement specialists to provide grief and loss counseling, memorial services and other support services for family and loved ones
- Hire a volunteer director and recruit a substantial volunteer group
- Have a minimum of 10 percent of its staff who are bilingual and a contract to provide translation services to all non-English speaking patients/families
- Have a minimum of 10 percent of its staff who are members of the African American community to meet the cultural expectations of this population
- Develop where appropriate culturally sensitive programs

**VITAS Healthcare Corporation of Florida (CON #10440)** documents its historical provision and capacity to provide quality care as a function of its compliance with Conditions of Participations for hospice providers under the Health Insurance for the Aged and Disabled Program (Title XVIII of the Social Security Act) and the Medicaid Program.

The applicant proposes a governing body for its quality assurance programs that will be consistent with its existing programs in Florida.

The applicant 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. VITAS 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.

The applicant provided an outline of its QAPI program as well.

VITAS Healthcare Corporation of Florida serves the following service areas: 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9C, 10, and 11. Agency records indicate that the applicant has 31 substantiated complaints during the three-year period from June 13, 2013-June 13, 2016.

### **Financial Feasibility/Availability of Funds:**

**Bristol Hospice-Northwest Hospice, LLC (CON #10436):** 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 understated.

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This project is not likely to have a material impact on competition to promote quality and cost effectiveness.

**PruittHealth Hospice-West Florida, LLC (CON #10437):** 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

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438) :** 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 understated.

This project is not likely to have a material impact on competition to promote quality and cost effectiveness.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439) :** 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 slightly overstated.

This project is not likely to have a material impact on competition to promote quality and cost effectiveness.

**VITAS Healthcare Corporation of Florida (CON #10440):** 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.

**Bristol Hospice-Northwest Hospice, LLC (CON #10436):**

Schedule 7B shows that 2.0 percent of total annual patient days in year one and year two for self-pay/charity care. Bristol Hospice shows 3.0 percent of total patient days projected in years one and year two for Medicaid.

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**PruittHealth Hospice-West Florida, LLC (CON #10437):** Schedule 7A shows 3.0 percent of total annual patient days for self-pay/charity care in years one and two of operations. PruittHealth's Schedule 7A shows 3.0 percent of total annual patient days for Medicaid projected in years one and two of operations.

**Seasons Hospice & Palliative Care of Pensacola, LLC (CON #10438):** Schedule 7A shows 1.9 percent of total annual patient days for self-pay/charity care in years one and two of operations. Seasons Hospice Schedule 7A shows 6.8 percent of total annual patient days for Medicaid projected in years one and two of operations.

**St. Joseph Hospice Florida Panhandle, LLC (CON #10439):** Schedule 7A shows 2.7 percent of total annual patient days for self-pay/charity care in years one and two of operations. Seasons Hospice Schedule 7A shows 5.8 percent of total annual patient days for Medicaid projected in years one and two of operations.

**VITAS Healthcare Corporation of Florida (CON #10440):** Schedule 7A shows 1.7 percent of total annual patient days for self-pay/charity care in year one and 1.6 total annual patient days for self-pay/charity care in year two of operations. VITAS' Schedule 7A shows 4.5 percent of total annual patient days for Medicaid projected in years one and two of operations.

**G. RECOMMENDATION**

Approve CON#10440 to VITAS Healthcare Corporation of Florida to establish a new hospice program in Escambia, Okaloosa, Santa Rosa, and Walton Counties, District 1, Hospice Service Area 1. The total project cost is \$1,682,071.

**CONDITIONS:**

- VITAS will have a mobile hospice education van, focused on outreach to residents of District 1, particularly those living in rural areas. The van will be available on a permanent basis. The van will be a crucial component of VITAS' partnership with the Northwest Florida Rural Health Network and will provide end-of-life education to District 1 healthcare providers and residents, focusing on rural and outlying areas.
- VITAS will partner with the Northwest Florida Rural Health Network ("the Network") to assist in meeting its overall goal to help improve the health status of citizens living in the rural areas in District 1. This program will be funded by VITAS' parent company, VITAS Healthcare Corporation. The details of the partnership will include:
  - Utilizing the mobile hospice education van to support the Network and serve as an additional, adjunct tool for education to complement its educational endeavors
  - A \$50,000 grant, payable over two years to assist the Network in meeting the public transportation needs of patients to access health care services and for securing resources to support the Network in applying for grants to meet their goals.
- VITAS has conditioned this application on making a grant in the amount of \$50,000 payable over two years to support new and established support groups and respite care programs for families of patients with Alzheimer's. This program will be funded by VITAS' parent company, VITAS Healthcare Corporation. VITAS plans to partner with the Alabama Florida Panhandle Chapter of the Alzheimer's Association as part of the annual CON conditions compliance report.
- Reflective of our commitment to improving the overall health status of District 1 residents, VITAS will partner with Catholic Charities of Northwest Florida (CCNWFL) to bolster its efforts to provide food to area residents in need, including individuals living in poverty and residents in isolated rural areas, through its food pantry and food delivery services. The commitment will include \$25,000 annual grant for two years, totaling \$50,000, to support the food distribution program. This program will be funded by VITAS' parent company, VITAS Healthcare Corporation. Compliance with this condition will be

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documented by providing AHCA with a copy of the payments made to CCNWFL as part of the annual CON conditions compliance report.

- As part of our program aimed at meeting area veterans' needs for end-of-life care, VITAS conditions this application on having a full-time Veterans' Community Liaison staff member, beginning when the hospice program commences.
- Some cancer patients can only access hospice services if hospice can provide or arrange palliative radiation therapy or chemotherapy. Not all hospice programs provide such services, even if medically necessary. As such, VITAS will make it a condition of this application to provide palliative chemotherapy and radiation to optimize pain and symptom management, as medically necessary. Compliance with this condition will be documented by a count of District 1 patients that have received palliative chemotherapy and radiation. This will be submitted in the annual CON conditions compliance report.
- In order to improve the quality of hospice services in District 1, VITAS conditions the application on the provision it will meet or exceed the following quality and patient satisfaction indicators:
  - Pain Control: On the first day of hospice care responsive patients will be asked to rate their pain on the 0-10 World Health Organization pain scale (severe pain to worst pain imaginable). A pain history will be created for each patient. These measures will be recorded in VITAS' Vx information management system. Via a telephone call using the telephone keypad for data entry. Seventy percent or more of patients who report severe pain (7-10) will report a reduction to 5 or less within 48 hours after admission. Florida Statutes 400.60501 requires only a 50 percent reduction in 96 hours, so this commitment exceeds Florida statutory requirements and is a significant commitment to quality care. Compliance will be documented through a report using the Vx system, which will be submitted to AHCA annually.
  - Death Attendance: When duly notified, a VITAS staff member will attend at least 90 percent of all deaths to help ensure patients do not die alone. This will be measured via a signed declaratory statement by VITAS, which may be supported via review of patient medical records.
- Another aspect of VITAS' commitment to excellence is our emphasis on hiring, training and mentoring highly skilled clinical and administrative staff. As such, VITAS conditions this application on the following:
  - VITAS will encourage employed RNs to take the Certified Hospice and Palliative Nurse Examination. Those who become certified will receive a salary increase adjustment.
  - VITAS will only employ Chaplains who have Masters of Divinity or equivalent graduate degree from an accredited seminary or

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theological school required for chaplains VITAS will only employ social workers who are Master's level or Licensed Clinical Social Workers.

- VITAS conditions this application on providing the following non-core services:
  - a. Life Bio
  - b. We Honor Veterans Program
  - c. Lavender Touch Experience
  - d. Musical Memories
  - e. Paw Pals

C. 4- Other Conditions: VITAS conditions its application on the provision it will meet or exceed the following operational and programmatic indicators

- It is well documented that continuous care is not adequately available to hospice patients in District 1. VITAS understands that patients' needs dictate the exact amount of Continuous Home Care a hospice provides. VITAS commits to staffing and all resources necessary to serve Continuous Home Care patients in District 1, to the full extent to which there is appropriate patient need, as ordered by the attending physician.
- In order to serve patients across District 1, VITAS conditions this application on establishing three hospice offices. The first office will be in Pensacola, and will be established immediately after licensure. A second office in the Ft. Walton/Niceville area will be established by the 6<sup>th</sup> month of operation and a third office in the Milton area will be established by the 12<sup>th</sup> month of operation.
- Medicare requires that bereavement services be provided to the family for up to one year after the death of the patient. VITAS will provide comprehensive bereavement services, including individual and group counseling beyond one year, if requested.
- VITAS understand that two of the existing providers in District 1 are non-profit organizations that utilize charitable donations to supplement their income. VITAS does not seek to dilute the pool of funds available to them, and agrees that it will not engage in any fundraising events or campaigns to obtain charitable contributions from patients or residents in District 1. VITAS will not solicit charitable contributions from patients, family or friends relating to its services in District 1. Any unsolicited donated received will be given to VITAS Community Connections, a non-profit organization that uses funds to provide donations and grants to local organizations and families, ensuring that all money goes back into the local community.

**AUTHORIZATION FOR AGENCY ACTION**

Authorized representatives of the Agency for Health Care Administration adopted the recommendation contained herein and released the State Agency Action Report.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Marisol Fitch  
**Health Services Administration Manager**  
**Certificate of Need**