

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

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Bristol Hospice-Miami-Dade, LLC/CON #10441

Bristol Hospice-Miami-Dade, LLC
1 Beach Drive, SE Unit 1011
St. Petersburg, Florida 33701

Authorized Representative: Kathleen Premo
(385) 315-4649

2. Service District/Subdistrict

Hospice Service Area 11 (Miami-Dade and Monroe Counties)

B. PUBLIC HEARING

A public hearing was not held or requested regarding the proposed project, to establish a new hospice program in Hospice Service Area 11.

Letters of Support

Bristol Hospice-Miami-Dade, LLC (CON #10441) submitted numerous letters of support composed by a representative of a religious community, health care providers and residents. A number of representatives from existing skilled nursing facilities (SNFs) submitted letters of support including Cathy Shoman, the Admissions Director from Fountain Manor Health and Rehabilitation Center, a 146-bed SNF in North Miami, Florida. The letters noted support for the applicant's intent to establish a hospice program in Miami-Dade and Monroe Counties.

C. PROJECT SUMMARY

Bristol Hospice-Miami-Dade, LLC (CON #10441) also referred to as Bristol, Bristol Miami-Dade or the applicant, proposes to establish a new hospice program in Hospice Service Area 11, Miami-Dade and Monroe Counties. The applicant is an affiliate of parent company Bristol Hospice, L.L.C. (also referred to as Bristol Hospice) which operates ten programs

related to hospice, palliative care, and supportive care in seven states serving 116 counties.

Bristol Hospice, L.L.C. operates the following programs:

- Bristol Hospice-Georgia
- Bristol Hospice-Texas
- Bristol Hospice-Pathways
- Bristol Hospice-Stockton
- Bristol Hospice-California
- Bristol Hospice-Sacramento
- Bristol Hospice-Utah
- Bristol Hospice-Northern Utah
- Bristol Hospice-Hawaii
- Bristol Hospice-Oregon
- Judith Karman Bristol Hospice

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

The applicant's Schedule C includes the following conditions:

1. *Dedicated Cancer Care Staff*
 - Bristol Miami-Dade will employ Cancer- Care clinicians (nurses, social workers, chaplains, and HHAs) who receive specialized yearly training.
2. *Oncology Outreach*
 - Bristol Miami-Dade will retain the services of oncology specialized ARNPs or physicians to conduct education and outreach to oncology officers and physicians. Each oncology office in the service area will receive direct or attempted outreach and education from Bristol Miami-Dade at least twice a year.
3. *Faith Community Outreach*
 - Bristol Miami-Dade 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, African-American and Haitian neighborhoods. Bristol Miami-Dade will also seek out Jewish community events and services. Churches, synagogues or places of worship in the service area will receive direct in-person or attempted outreach within the first two years of hospice operations.
4. *High-Intensity Home Health Aide (HHA) Program*
 - Bristol Miami-Dade will offer patients a minimum of five hours a week of HHA services, which will include personal care, housekeeping, and companionship

Hospice programs are required by federal and state law to provide services to everyone requesting them and therefore the Agency would not place conditions on a program to provide legally required services. The applicant's proposed conditions are as stated above.

Should the 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 Agency will not condition reporting requirements that are already mandated by Rule. 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; and applicable 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, the consultant, Dwight Aldridge, analyzed the application in its entirety with consultation from financial analyst Everett "Butch" Broussard of the Bureau of Central Services, who evaluated the financial data and Gregory Register of the Office of Plans and

Construction, who reviewed the application for conformance with the architectural criteria.

E. CONFORMITY OF PROJECT WITH REVIEW CRITERIA

The following indicates the level of conformity of the proposed project with the criteria found in Sections 408.035 and 408.037, Florida Statutes; applicable rules of the State of Florida, Chapter 59C-1 and 59C-2, Florida Administrative Code.

1. Fixed Need Pool

a. Does the project proposed respond to need as published by a fixed need pool? Chapter 59C-1.008, Florida Administrative Code and Chapter 59C-1.0355, 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 Service Area 11 for the July 2017 Hospice Planning Horizon. Therefore, the applicant is applying in response to published need.

Service Area 11 is currently served by the following providers:

- Catholic Hospice, Inc.
- Compassionate Care Hospice of Florida, Inc.
- Gentiva Hospice f/k/a Odyssey Hospice
- Heartland Hospice Services
- Hospice Care of South Florida
- Hospice of Florida Keys, Inc.
- Seasons Hospice & Palliative Care of Southern Florida, Inc.
- VITAS Healthcare Corporation of Florida

Hospice admissions in Hospice Service Area 11 are listed below:

Hospice Admissions in Hospice Service Area 11 for the 12-Month Period ending December 31, 2015	
Catholic Hospice, Inc.	2,028
Compassionate Care Hospice of Florida, Inc.	101
Gentiva Hospice f/k/a Odyssey Hospice	824
Heartland Hospice Services (delic. 3/1/2015)	87
Heartland Hospice Services (lic. 6/11/2015)	278
Heartland Hospice Services	894
Hospice Care of South Florida	197
Hospice of Florida Keys, Inc.	241
Seasons Hospice & Palliative Care of Southern Florida, Inc.	1,620
VITAS Healthcare Corporation of Florida	6,448
Total	12,718

Source: Florida Agency for Health Care Administration's Florida Need Projections for Hospice Program for the July 2017 Hospice Planning Horizon, published April 1, 2016.

Bristol Hospice-Miami-Dade, LLC (CON #10441) responded to need as published in the Florida Administrative Register indicating need for a hospice in Hospice Service Area 11. Bristol intends to target community outreach to oncologists and other cancer providers and their patients, Hispanic communities, faith communities with a focus on the Jewish community and Veterans in order to raise awareness of the availability of hospice services in the area. Bristol indicates it will bring clinical and education programming focused on specific needs of the community such as:

- Cancer care program
- Shalom program
- The We Honor Veterans program
- Namaste
- The Bridge program

Bristol includes an analysis of District 11's 65+ population projection by race as estimated by Claritas. The applicant states that all racial categories within this age cohort are expected to experience significant growth over the next five years, indicating the need for focused care on the elderly population. Bristol notes that the 65+ African American population is projected to grow 16.39 percent exceeding the forecasted growth for white 65+ residents in District 11. The applicant states that growth for all minorities age 65+ is expected, indicating that a new hospice provider in Service Area 11 must be prepared to develop programs that address the diversity of the service area.

The following tables summarize the racial composition of District 11 and the estimated percent growth by race from 2016-2021. The applicant notes that Miami-Dade will be 74.5 percent white and 17.52 percent African American in 2021, representing the two largest racial components. Bristol states that Monroe County will be 84.8 percent white and 8.95 percent African American in 2021. The applicant notes that in Monroe County, the African American population as well as the

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Asian population are growing more rapidly than the white population.
See the tables below.

Total Population Growth for District 11 by Race 2016-2021

Race	2016	2021	Percentage Change	Annual Rate of Growth
White	2,080,360	2,221,062	6.76%	6.90%
African American	499,075	512,969	2.78%	2.51%
American Indian	6,467	7,543	16.64%	17.34%
Asian	46,290	53,390	15.34%	15.12%
Pacific Islander	863	970	12.40%	11.73%
Other Race	88,521	95,291	7.65%	7.58%
2 or More Races	69,188	77,124	11.47%	11.24%
Total	2,790,764	2,968,349	6.36%	6.39%

Source: CON application #10441, page 77

Age 65+ Population Growth for District 11 by Race 2016-2021

Race	2016	2021	Percentage Change	Annual Rate of Growth
White	363,343	421,458	15.99%	3.01%
African American	55,414	64,499	16.39%	3.08%
American Indian	599	805	34.39%	6.09%
Asian	4,653	6,082	30.71%	5.50%
Pacific Islander	65	78	20.00%	3.71%
Other Race	6,443	8,007	24.27%	4.44%
2 or More Races	7,254	9,071	25.05%	4.57%
Total	437, 771	510,000	16.50%	3.10%

Source: CON application #10441, page76

Total Population Growth for Miami-Dade County by Race 2016-2021

Race	2016	2021	Percentage Change	Annual Rate of Growth
White	2,012,667	2,151,523	74.54%	6.90%
African American	493,271	505,628	17.52%	2.51%
American Indian	6,164	7,233	0.25%	17.34%
Asian	45,201	52,035	1.80%	15.12%
Pacific Islander	776	867	0.03%	11.73%
Other Race	87,354	93,978	3.36%	7.58%
2 or More Races	67,519	75,105	2.60%	11.24%
Total	2,712,952	2,886,369	100.00%	6.39%

Source: CON application #10441, page 77

Total Population Growth for Monroe County by Race 2016-2021

Race	2016	2021	Percentage Change	Annual Rate of Growth
White	67,693	69,539	84.82%	2.73%
African American	5,804	7,341	8.95%	26.48%
American Indian	303	310	0.38%	2.31%
Asian	1,089	1,355	1.65%	24.43%
Pacific Islander	87	103	0.13%	18.39%
Other Race	1,167	1,313	1.60%	12.51%
2 or More Races	1,669	2,019	2.46%	20.97%
Total	77,812	81,980	100.00%	5.36%

Source: CON application #10441, page 78

Bristol asserts that it recognizes the need for continued and strategic focus on the issues of access and delivery of hospice and palliative care in the communities it proposes to serve. In an effort to continue its commitment to the expansion of excess and provision of care, the applicant states it formed a National Taskforce to develop and implemented a strategic program with a focus on the needs of the diverse population 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

Bristol provides a quantitative analysis of ethnicity, noting that it demonstrates that the focus of a new hospice provider in this community, at least initially, needs to be on the Hispanic community. The applicant reports that Miami-Dade is 67 percent Hispanic while Monroe County is 24 percent and growing. The applicant provides the number of acute care discharges to hospice for calendar year (CY) 2015. Bristol notes that Hispanic residents of District 11 are being discharged from acute care to hospice at a higher rate than non-Hispanic residents. See the table below.

District 11 Discharges to Hospice by Ethnicity CY 2015

	Discharged to Home Hospice	Discharged to Hospice Facility	Total Discharges	Percent of Total
Hispanic or Latino	1,511	3,302	206,407	2.33%
Non-Hispanic or Latino	591	1,522	130,581	1.62%
Unknown	46	109	10,856	1.43%
Grand Total	2,148	4,933	347,844	2.04%

Source: CON application #10441, page 81

The applicant states that given the growth and concentration of the Hispanic population in District 11, it will be vital to provide outreach, education and culturally appropriate clinical services to meet the needs of this community. In order to meet this need, Bristol notes that it conditioned the proposed project to 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, African-American and Haitian neighborhoods.

The applicant indicates that District 11 Veterans in 2014 accounted for 11.7 percent of the total District population with more than one-third aged 65+. Bristol states that the percentage of Veterans 65+ will continue to be an important group for hospice providers to serve in District 11. In addition, the applicant notes that District 11 is home to three military bases—two Coast Guard bases in Northern Miami-Dade County and one Naval base in Key West. See the table below.

Total Veteran Population for District 11

	2015	2016	2017	2018	2019	2020	2021
Veterans Under 65	43,070	41,792	40,519	39,249	38,001	36,739	35,402
Veterans 65+	26,226	25,477	24,821	24,219	23,663	23,219	22,746
Total District 11	69,296	67,268	65,340	63,467	61,664	58,149	58,149
Percent of Vets Age 65+	37.8%	37.9%	38.0%	38.2%	38.4%	38.7%	39.1%

Source: CON application #10441, page 82

Bristol asserts that it was the first Level 4 *We Honor Veterans* provider and has a long history of providing end-of-life care through the *We Honor Veterans* program. The applicant notes that it will make the timely implementation of the program a priority in District 1. The reviewer notes that proposed service is for Hospice Service Area 11.

The applicant presents an analytical discussion of deaths in District 11 on pages 84-86 of CON application#10441. The applicant finds:

- From 2012 to 2015 total deaths for the population under 65 increased 3.3 percent, increased 5.7 percent for age cohort 65+

- Deaths increased 5.1 percent in District 11 from 2012 to 2015
- Hispanic deaths during this time period have risen across all age groups
- Deaths for Hispanic residents under the age of 65 increased 10.1 percent and increased 6.3 percent for age 65+
- Deaths among white residents increased 4.6 percent and African-American deaths increased 4.8 percent from 2012 to 2015

The applicant states that it recognizes that District 11 is largely composed of a Hispanic and Caucasian population however, the other minority populations are growing and some of these populations appear to have less access to hospice than their Hispanic counterparts. Bristol reiterates that it will work to increase access and awareness of hospice to those groups identified throughout this application.

Bristol reports that according to Florida CHARTS data there were 20,168 total deaths in District 11 in 2015 with cardiovascular disease accounting for more than 35 percent of service area deaths. The applicant states cancer was the cause for 21.7 percent of District 11 deaths. Respiratory diseases and nervous system diseases are also a significant contributing cause particularly for the 65+ population representing a combined 13 percent of deaths in 2015. See the table below.

2015 District 11 Selected Deaths by Type

Cause of Death	Under 65	65+	Total	Percent of Total Deaths (20,168)
Malignant Neoplasm(Cancer)(C00-C97)	1,248	3,126	4,374	21.7%
Cardiovascular Disease (I00)-I99)	1,099	6,222	7,321	36.3%
Respiratory Diseases (J00-J99)	176	1,354	1,530	7.5%
Nervous System Disease (G00-G99)	18	1,112	1,130	5.6%

Source: CON application #10441, page 86

The applicant notes that nervous system disease accounted for almost six percent of the total deaths in the District in 2015 and total deaths attributed to this cause grew 43.5 percent from 2012-2015. Bristol notes that deaths from nutritional and metabolic diseases grew more than 12 percent from 2012-2015. Bristol states that while these causes result in far fewer total deaths than cancer and cardiovascular disease, the applicant recognizes that it must have programs, protocols and training in place to provide comfort and care to those with a variety of life-limiting illnesses. See the table below.

2012-2015 District 11 Selected Deaths by Type

Cause of Death	2012	2015	Percent Change
Nervous System Diseases (G00-G99)	639	1,130	43.5%
Cardiovascular Diseases (I00-I99)	6,250	7,321	17.1%
Nutritional and Metabolic Diseases (E00-E99)	661	740	12.0%

Source: CON application #10441, Page 86

Bristol presents an analytical discussion of the existing eight hospice providers in District 11 on pages 87 through 93 of CON application #10441. The applicant maintains that despite the increase in utilization in District 11 hospices over the past several years, the rates of hospice use by cancer patients in District 11 has been low for the past five years with no significant growth during this time. The applicant notes that hospice penetration rates for cancer patients, regardless of age, are well under the state average penetration rates for corresponding age cohorts. Bristol states that the low penetration rates are indicative that existing hospice providers are not meeting the needs of the population for hospice services.

The applicant states the area is dominated by four large providers: VITAS, Catholic, Heartland and Seasons—all serving more than a thousand patients per year. The applicant states that all agencies except for Gentiva have increased admissions from 2012 to 2015. The applicant provides a utilization chart on page 92 of CON #10441 illustrating District 11 hospice admission rates from 2012-2015, total Florida hospice admissions, historical trends by setting in District 11 and acute care discharges to hospice. Based on Exhibits 17 through 24 of CON application #10441, Bristol Miami-Dade finds that:

- The number of admissions for District 11 increased from 2012-2015
- Hospice admissions for the under 65 population with Cancer decreased slightly from 2012-2015
- Utilization in hospice services throughout the state increased almost ten percent overall while District 11 utilization grew 17.88 percent
- While Monroe County only accounts for 2.5 percent of total cases, it is geographically underserved
- Hispanics represented 2.33 percent of acute care patients in District 11 that were discharged to hospice, exceeding the overall percentage for the service area
- The Hispanic population make up approximately two-thirds of the service area population, there is still need for education, outreach, and programmatic specialties for the non-Hispanic segment

Bristol includes an analysis of trends in hospice penetration rates in District 11. The applicant notes that district rates have grown each year from 2012 to 2015, however in 2015 the overall District 11 penetration rate was 63.06 percent which is approximately 2.5 percentage points lower than that of the state. The applicant asserts that the lower penetration rate coupled with a projected continued growth in deaths and population are driving the need for an additional service provider in District 11. See the tables below.

Hospice Penetration in Florida 2012-2015

	2012	2013	2014	2015	Percent Change
Population	19,042,458	19,318,859	19,548,031	19,816,170	4.06%
Hospice Admissions	114,726	116,635	119,373	125,156	9.96%
Deaths	175,849	180,014	185,038	191,552	8.93%
Penetration Rate	65.24%	64.79%	64.51%	65.86%	

Source: CON application #10441, page 96

Hospice Penetration District 11, 2012-2015

	2012	2013	2014	2015	Percent Change
Population	2,607,144	2,655,855	2,688,994	2,715,499	4.16%
Hospice Admissions	10,789	11,000	11,431	12,718	17.88%
Deaths	19,202	19,104	19,537	20,169	5.04%
Penetration Rate	56.19%	57.58%	58.51%	63.06%	

Source: CON application #10441, page 96

The applicant presents data regarding the hospice admission, deaths and penetration rates for the 65 and under population in District 11, who suffered from cancer from 2012-2015. The chart below illustrates that while population and deaths have increased from 2012-2015, admissions have slightly declined resulting in a declining penetration rate. Bristol notes that the hospice penetration rate for this segment remains almost 20 percentage points less than that of the entire state for those under 65 with a cancer diagnosis.

**Hospice Penetration Rate in District 11
Population Under 65 with Cancer**

	2012	2013	2014	2015	Percent Change
Population Under 65	2,222,854	2,259,432	2,283,125	2,300,066	3.47%
Hospice Admissions	871	818	798	866	-0.54%
Deaths	1,230	1,220	1,283	1,248	1.46%
District 11 Penetration Rate	70.80%	67.02%	62.16%	69.40%	
Penetration Rate	93.93%	88.68%	91.43%	88.69%	

Source: CON application #10441, page 99

**Hospice Penetration Rate in District 11
Population 65+ with Cancer**

	2012	2013	2014	2015	Percent Change
Population Under 65	384,290	396,423	405,869	415,433	8.10%
Hospice Admissions	2,693	2,678	2,740	2,669	0.22%
Deaths	3,066	3,081	3,151	3,126	1.96%
District 11 Penetration Rate	87.84%	86.92%	86.95%	86.34%	
Penetration Rate	93.93%	94.44%	96.74%	93.95%	

Source: CON application #10441, page 99

Bristol concludes its hospice penetration rate analysis by stating the penetration rates for those with a cancer diagnosis in both age cohorts have remained relatively unchanged in District 11. The applicant contends though that these rates are significantly less than that of the state for both age cohorts and are drastically less than the state average for the population under 65. Bristol contends that it has vast experience and dedicated programming for patients with cancer diagnoses. The applicant states it will work in conjunction with the following major cancer providers to increase access of hospice services to cancer patients:

- Sylvester Comprehensive Cancer Center at University of Miami Hospital
- Jackson Memorial Hospital
- Baptist Hospital of Miami- Miami Cancer Institute
- Memorial Cancer Institute
- South Florida Cancer Association (SFLCA)

The applicant asserts that in addition to working closely with these facilities and organizations, it will provide outreach to the Moffitt Cancer Center, an NCI designated comprehensive cancer center located in Tampa, Florida. The applicant recognizes that patients from District 11 can and do seek care at Moffitt Cancer Center due to some of the unique research and clinical trials available at this facility.

Bristol presents its projected utilization for the proposed project in Exhibit 33 of CON application #10441, including a list of assumptions and calculations on which it is based. The chart below illustrates the applicant’s projected year one through year three hospice admissions, patient days, average daily census (ADC) and average length of stay (ALOS).

Projected Utilization Summary First Three Years of Operation

	Year 1	Year 2	Year 3
Admission	317	439	568
Days	19,798	31,195	39,960
ADC	54.2	71.0	70.4
ALOS	62.4	71.0	70.4

Source: CON application #10441, page 106

The applicant maintains that by the addition of Bristol to District 11, it will serve a significant number of hospice patients in the service area and will address much of the incremental need shown in the Agency’s need methodology. The applicant indicates that it only projects to serve the incremental need based on population growth and increases in penetration rates and therefore will not have material impact on the existing hospice providers. Bristol attests that it will focus on increasing access to those with cancer diagnoses and those outside of the Hispanic and Latino community.

Bristol asserts that it will utilize its strong existing infrastructure and experience in entering new markets with its newly formed relationships in the community to quickly bring operations online to improve hospice access for District 11 residents. The applicant notes a number of important indicators that demonstrate that it will meet the needs of District 11 that include:

- Bristol Hospice spent time in the community and carefully assessed its needs. As a result of the relationships formed, Bristol Hospice will be best prepared to bring committed outreach and programming to District 11—specifically those with cancer (regardless of age), Veterans, the Hispanic community and the Jewish population.
- Bristol Hospice is committed to quality and operates its national and local offices utilizing a Quality Assessment and Performance Improvement (QAPI) program, high accreditation standards through CHAP and intense compliance standards including oversight by a Board of Managers and a Compliance Committee.
- Bristol Hospice’s existing infrastructure will result in economic efficiencies enabling it to timely open fully-staffed offices and begin addressing the community need with targeted staffing, education, outreach and clinical programming.

- Bristol Hospice experience in new markets with diverse populations and forming relationships to understand the area gives Bristol an advantage over other providers to meet the needs that are not as measurable or clear without the use of staff dedicated to community outreach.
- Bristol's extensive need analysis of District 11 has resulted in an insightful understanding of the population, geographies and demographics that currently lack access to hospice. Bristol has proposed to bring targeted outreach, education and programming to meet specific identified needs. Bristol Hospice Miami-Dade conditions its applications on a number of specific positions and programs that are currently underserved in District 11.

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.

The applicant states that it has established in this application significant unmet needs in District 11. The applicant indicates that there is a particular need in District 11 to provide hospice services for those with cancer regardless of age, the Jewish population, Hispanic residents and Veterans.

Bristol states that in order to meet the needs of District 11, given the demographic and geographic differences in each of the counties, a county-specific assessment and a county specific proposal for serving District 11 must be utilized. Bristol asserts that it evaluated each county individually to compose a plan to reach all residents, particularly those who are currently underserved and appropriate programming to meet the needs in each county.

(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 indicates that it will meet this criterion through contractual arrangements with existing health care facilities in Hospice Service Area 11. The applicant submitted letters from two existing health

care facilities to enter into a contractual agreement with Bristol Miami in the provision of inpatient services should the proposed project be approved. The reviewer notes that these letters were from Fountain Manor Nursing and Rehabilitation Center and Pinecrest Rehabilitation Center—both in Miami-Dade County.

- (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 affirms its commitment to serve and admit all patients who qualify for hospice care within the licensed service area including homeless persons, persons without primary care givers and persons with HIV or AIDS.

- (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 11 consists of two counties– Miami-Dade and Monroe. This criterion is not applicable to this review.

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

Bristol Hospice-Miami-Dade, LLC (CON #10441) states that it will offer numerous services and programs that are not specifically covered by private insurance, Medicaid or Medicare, these 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

- 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 indicates in Schedule 6A, the proposed District 11 staff for the first two years of operation is based in part upon Bristol’s CEO’s, Dr. Stephen Leedy, experience in hospice care throughout the state and nationally. See the schedule below.

Bristol Hospice Miami-Dade LLC Proposed Staffing for Hospice Service Area 11 First Two Years of Operation		
Position	Number of FTEs Year One	Number of FTEs Year Two
Administration		
Administrator	1.0	1.0
Director of Clinical Services	1.0	1.0
Office Staff	1.0	1.0
Billing Clerk	1.0	2.0
Hospice Liaison	6.0	7.0
Physicians		
Medical Director (contracted)	0.75	1.0
Nursing		
RNs	9.1	11.1
Hospice Aides/Assist.	10.0	13.0
Clinical Supervisor	1.0	1.0
Intake Coordinator	--	1.0
Social Services		
Social Service Director	1.0	1.0
Social Workers	2.0	3.0
Bereavement counselors	1.0	2.0
Spiritual Care		
Chaplain	1.0	2.0
Volunteer Services	1.0	1.0
Total	37.85	48.10

Source: CON application #10441, Schedule 6A

The applicant notes in Schedule 6A, that as an existing provider of hospice services, Bristol has much of the administrative, technical and support infrastructure currently available and can serve both the existing and proposed hospice programs, “offering greater efficiency and effectiveness.”

The applicant indicates it will recruit, train and use volunteer staff at approximately equal to five percent of total hired staff hours. The volunteer services will include outreach, patient support, and administrative and clerical activities. Bristol addresses volunteer services in detail in the project overview of CON application #10441.

(b) Expected sources of patient referrals.

Bristol states that it is not a current licensed hospice provider however, the applicant states it will target a variety of sources for hospice referrals:

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

The applicant indicates it has spent significant time in the community introducing itself to a variety of providers, community organizations and community members.

(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 provides the following figure showing the projected payer mix for admissions by year for the proposed program.

**Projected Number of Admissions by Payor Type
Bristol Hospice – Miami Dade, LLC District 11**

	Medicare	Medicaid	3rd Party Insurance	Self-Pay	Total
Year 1	17,225	792	1,386	396	19,799
Year 2	27,141	1,248	2,184	624	31,196
% of Total Year 1	87%	4%	7%	2%	100%
% of Total Year 2	87%	4%	7%	2%	100%

Source: CON application #10441, page 124

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

Bristol provides the following table to illustrate the expected admissions by age group and terminal illness.

**Projected Hospice Admissions
First Two Years in District 11**

	Year One 2018	Year Two 2019
Cancer Under 65	46	68
Cancer 65 and Over	175	225
Non-Cancer Under 65	10	15
Non-Cancer 65 and Over	86	131
Total Patients	317	439

Source: CON application #10441, page 125

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

Bristol 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.

**Projected Hospice Admissions for
First Two Years in District 11**

	Year One 2018	Year Two 2019
Under 65	56	83
65 and Over	261	356
Total Patients	317	439

Source: CON application #10441, page 126

(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 notes that it will provide all of its core services directly by hospice staff and volunteers including:

- Nursing services
- Social work services
- Spiritual services
- Dietary counseling
- Bereavement counseling
- Home health aides
- Continuous care
- Volunteer services
- Pharmacy services

- Homemaker and chore services
- Physician services
- Support groups
- Patient transportation services

(g) Proposed arrangements for providing inpatient care.

Bristol states that it will provide local inpatient care through contractual arrangements with hospitals and nursing homes. In Attachment 29 of CON application #10441, the applicant provided letters of intent to contract with two existing inpatient providers in Miami-Dade County.

The applicant indicates hospice inpatient care will be under the direct administration of the hospice whether the inpatient facility is located in a nursing home or hospital. Bristol states that rooms within the facility will be used for the hospice inpatient component of care and will be arranged, administered, and managed in such a manner as to provide privacy, dignity, comfort, warmth and safety for the patient and the family.

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

Bristol maintains that this criterion is not applicable, as the applicant plans to contract for inpatient beds with existing providers in District 11.

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

Bristol contends that inpatient care is dictated by a patient's medical need and that if possible, symptoms are addressed in the patient's home environment—occasionally this is not possible. In addition to general admission criteria, the applicant notes that admission to an inpatient bed will be based on one or more of the following acute care admissions criteria:

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

- Medical-surgical procedures or therapies aimed at palliation of symptoms
- Family education needs necessary in order to follow the established plan of care at home
- Provision of a safe and supportive environment to the terminally ill patient during periods of psychosocial and/or spiritual breakdown of the primary caregiver
- Primary caregiver incapable of continuing daily care in the home setting

The applicant asserts that it has projected an adequate staff for continuous care to allow patients to remain in their home settings at the end of life without being transferred to an inpatient facility for their final days.

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

Bristol states that it serves patients without caregivers and works with patients to develop a plan to get them the care they need when they can no longer care for themselves. The applicant maintains that when a hospice patient is no longer safe or can no longer care for himself/herself, the patient's individual care plan requires a primary caregiver at the home or admission to an ALF, SNF or inpatient hospice unit where patients are administered to in a safe and comfortable environment.

(k) Arrangements for the provision of bereavement services.

Bristol indicates that it will provide an organized bereavement program, supervised by a qualified bereavement coordinator for up to one year following the death of the patient. Bristol states that bereavement services include regular communication and follow-up to include verbal and written correspondence throughout the year following the patient's death. Services will be provided by personnel who have received training and have experience in dealing with grief.

The applicant maintains that the bereavement program will provide services to the families/caregivers of hospice patients both before and after the patient's death in accordance with the plan of care. The applicant asserts that it will provide a comprehensive bereavement program that is led by a bereavement coordinator. In addition, the applicant holds

several types of memorial services to honor patients and to provide comfort to loved ones, caretakers and volunteers. Bristol Hospice has implemented various bereavement support groups and briefly describes them on page 129 of CON #10441.

Bristol provides more information on its bereavement programs in Attachment 39 of CON application #10441.

(l) Proposed community education activities concerning hospice programs.

Bristol intends to conduct community education activities through dispatching members of its leadership to District 11 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 11 include:

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

(m) Fundraising activities.

Bristol notes that it manages a non-profit foundation that is funded primarily by its own employees which is primarily utilized for assistance with burials for patients that do not have resources. The applicant maintains that all charity care and outreach activities are funded directly by Bristol Hospice, L.L.C. and are included in the financial projections.

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

Bristol commits to providing semi-annual utilization reports as specified under the rule provision.

3. Statutory Review Criteria

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

Need for an additional hospice program is evidenced by the availability, accessibility and extent of utilization of existing health care facilities and health services in the proposed service area. The applicant is responding to published need of one hospice program in Hospice Service Area 11.

The following chart illustrates the increase in hospice admissions for the past five years. As shown below, admissions have increased from 10,221 in 2011 to 12,718 in 2015. The data presented below indicates a 24.43 percent increase in admissions from 2011-2015.

Hospice Admissions for Service Area 11 Calendar Years 2011-2015	
Calendar Year	Admissions
2015	12,718
2014	11,431
2013	11,000
2012	10,789
2011	10,221

Source: Agency for Health Care Administration Florida Need Projections for Hospice Programs, April 2012 - April 2016

Hospice Service Area 11 is currently served by the following providers:

- Catholic Hospice, Inc.
- Compassionate Care Hospice of Florida, Inc.
- Gentiva Hospice f/k/a Odyssey Hospice
- Heartland Hospice Services
- Hospice Care of South Florida
- Hospice of Florida Keys, Inc.
- Seasons Hospice & Palliative Care of Southern Florida, Inc.
- VITAS Healthcare Corporation of Florida

Bristol seeks to address the entirety of needs of the terminally ill population regardless of age, race, gender, disability, or income level. The applicant identifies specific groups to be served including, but not limited to, those with cancer, regardless of age, the Hispanic population and Jewish residents.

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.

- 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.**

Bristol Hospice-Miami-Dade, LLC (CON #10441) states that as a new provider of hospice services, it does not have a previous record on which to demonstrate quality of care. The applicant affirms it will be affiliated with parent company Bristol Hospice and will be an extension of the quality care provided by this entity. Bristol indicates it will utilize the clinical procedures and policies of Bristol Hospice which as a result, will achieve a quality standard that matches or exceeds that of Bristol Hospice providers.

The applicant states it will implement a QAPI which focuses on high risk, high volume or problem-prone areas. Bristol Miami-Dade states the QAPI is utilized for the following:

- To show measurable improvement in indicators that demonstrate an improvement in palliative outcomes and end of life support systems
- To measure, analyze and track quality indicators, including adverse events, to enable the assessment of process of care, hospice services and operations
- To collect data to monitor the effectiveness and safety of services and quality of care as well as to identify opportunities for improvement
- To conduct performance improvement projects aimed at performance improvement and to track performance to promote sustainment
- To document QAPI activities including reasons for performance improvement projects and progress achieved on these projects
- To be current with monitoring of required quality measures and submit reports in mandated format within required timeframes

A complete overview of Bristol's QAPI program is included in Attachment 14 of CON application #10441.

The applicant states it will seek accreditation from the CHAP, which will be a natural extension of services, quality and commitment of other Bristol providers. Copies of additional accreditations can be found in Attachment 18 of CON #10441.

- 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.

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.

10441, Bristol Hospice LLC and Subsidiaries		
	Dec-15	Dec-14
Current Assets	\$16,198,305	\$12,585,037

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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)
Short-Term Analysis		
Current Ratio (CA/CL)	2.8	3.0
Cash Flow to Current Liabilities (CFO/CL)	95.38%	-19.51%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	65.3%	99.5%
Total Margin (ER/TR)	6.07%	6.13%
Measure of Available Funding		
Working Capital	\$10,407,031	\$8,381,082

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$414,350 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.

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

Analysis:

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

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

HOSPICE REVENUE (Year 2) TABLE 1

CON 10441

Bristol Hospice - Miami-Dade, LLC

County: Miami-Dade

Year Two: Mar-19

CON 10441	Bristol Hospice - Miami-Dade, LLC				
Miami-Dade	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care	\$111.23	0.9673	\$107.59	\$50.66	\$158.25
Continuous Home Care	\$649.17	0.9673	\$627.94	\$295.62	\$923.56
Inpatient Respite	\$90.64	0.9673	\$87.68	\$76.81	\$164.49
General Inpatient	\$460.94	0.9673	\$445.87	\$259.17	\$705.04
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care	1.091	\$172.67	\$5,950,100		34,459
Continuous Home Care	1.091	\$1,007.72	\$326,490	24	324
Inpatient Respite	1.091	\$179.47	\$58,152		324
General Inpatient	1.091	\$769.28	\$747,754		972
		Total	\$7,082,496		36,079
			Days from Schedule 7		31,196
			Difference		-4,883
			Percentage Difference		-15.65%

The applicant’s projected patient days are 15.7 percent or 4,883 days less than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$46,625 in year one to an operating profit of \$530,598 in year two.

Conclusion:

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

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

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:

This project is 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**

There are no construction costs and methods associated with the proposed project.

- 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 is a proposed new hospice provider in Florida and does not have a history to providing health services to Medicaid patients and the medically indigent. The applicant states it intends to provide a substantial amount of services to Medicaid patients and the medically indigent as illustrated by the chart below:

**Projected Number of Admissions by Payor Type
Bristol Hospice – Miami Dade, LLC District 11**

	Medicare	Medicaid	3rd Party Insurance	Self-Pay	Total
Year 1	17,225	792	1,386	396	19,799

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Year 2	27,141	1,248	2,184	624	31,196
Year 3	34,767	1,598	2,797	799	39,962
% of Total Year 1	87%	4%	7%	2%	100%
% of Total Year 2	87%	4%	7%	2%	100%
% of Total Year 3	87%	4%	7%	2%	100%

Source: CON application #10441, page 124

The applicant reports that charity care and bad debts are projected to equal 80 percent of gross self-pay patient revenue. Bristol Miami-Dade projects 317 patient days in year one and 439 patient days in year 2. Schedule 7B shows 4.0 percent Medicaid days for the first two years of operation.

F. SUMMARY

A fixed need pool was published for a new hospice program in Hospice Service Area 11, Miami-Dade and Monroe Counties. The applicant proposed project is in response to published need.

Bristol Hospice-Miami-Dade, LLC, is a new formed entity in Florida proposing to establish a new hospice program in Hospice Service Area 11, Miami-Dade and Monroe Counties. There are currently eight hospice providers in Hospice Service Area 11.

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

The applicant's Schedule C includes four conditions.

Need/Access:

Bristol Hospice-Miami-Dade, LLC, is responding to the published need for a new hospice program. The applicant indicated that there was an unmet need in District 11, which ranged from access issues for underserved populations including Hispanics, African-Americans, and Jewish persons with cardiovascular disease; both cancer and non-cancer diagnoses in all age cohorts were identified as being underserved. The applicant provided statistical analysis of various demographics.

The applicant projects 19,799 patient days in year one and 31,196 patient days 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 #10441, on balance, met the criteria including the extent to which the proposed service will enhance access to health care and residents of the service district and commitment to serve populations with unmet needs.

Quality of Care:

The applicant offered evidence of its ability to provide quality care.

Bristol Miami-Dade, LLC indicates it will utilize the clinical procedures and policies of Bristol Hospice which as a result, will achieve a quality standard that matches or exceeds that of Bristol Hospice providers. The applicant states it will implement QAPI which focuses on high risk, high volume or problem-prone areas.

Financial Feasibility/Availability of Funds:

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.

Medicaid/Indigent/Charity Care:

Bristol Miami-Dade Schedule 7B shows 2.0 percent of total annual patient days for self-pay in year one and year two of operations. Bristol Miami-Dade patient day Medicaid percentage is projected to be 4.0 percent for year one and year two of operations.

G. RECOMMENDATION

Approve CON #10441 to establish a new hospice program in Hospice Service Area 11, Miami-Dade and Monroe Counties. The total project cost is \$304,350.

CONDITIONS:

- *Dedicated Cancer Care Staff*- Bristol Miami-Dade will employ Cancer- Care clinicians (nurses, social workers, chaplains, and HHAs) who receive specialized yearly training.
- *Oncology Outreach*- Bristol Miami-Dade will retain the services of oncology specialized ARNPs or physicians to conduct education and outreach to oncology officers and physicians. Each oncology office in the service area will receive direct or attempted outreach and education from Bristol Miami-Dade at least twice a year.

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- *Faith Community Outreach*-Bristol Miami-Dade 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, African-American and Haitian neighborhoods. Bristol Miami-Dade will also seek out Jewish community events and services. Churches, synagogues or places of worship in the service area will receive direct in-person or attempted outreach within the first two years of hospice operations.
- *High-Intensity Home Health Aide (HHA) Program*- Bristol Miami-Dade will offer patients a minimum of five hours a week of HHA services, which will include personal care, housekeeping, and companionship

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 Administration Services Manager
Certificate of Need