

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

**A. PROJECT IDENTIFICATION**

1. Applicant/CON Action Number

**Hospice of Marion County, Inc./CON #10463**

3231 SW 34<sup>th</sup> Avenue  
Ocala, Florida 34474

Authorized Representative: Mary Ellen Poe  
(352)-873-7400

**North Central Florida Hospice, Inc.  
d/b/a Haven Hospice/CON #10464**

4200 NW 90<sup>th</sup> Boulevard  
Gainesville, Florida 32606

Authorized Representative: Gayle Mattson  
(352)-378-2121

**Odyssey Healthcare of Marion County, LLC  
d/b/a Kindred Hospice/CON #10465**

680 South Fourth Street  
Louisville, Kentucky 40202

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

**PruittHealth Hospice – 3E, LLC/CON #10466**

1626 Jeurgens Court  
Norcross, Georgia 30093

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

**Tidewell Hospice, Inc.  
d/b/a Tidewell Hospice of Lake & Sumter, Inc./CON #10467**

1424 Laurel Road  
Faber, Virginia 22938

Authorized Representative: Thomas Davidson  
(434)-263-5107

**VITAS Healthcare Corporation of Florida/CON #10468**

6300 La Calma Drive, Suite 170  
Austin, Texas 78752

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

2. Service District/Subdistrict

Hospice Service Area 3E – Lake and Sumter 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 3E. Letters of support are discussed below.

**Letters of Support**

**Hospice of Marion County, Inc. (CON #10463)** submitted letters of support from service area residents, healthcare providers and affiliated groups, community service organizations, religious groups, and state groups.

The majority of letters were derived from several form letter varieties.

Letters of support are noted from:

- Daniel Kelm, Pastor, Trinity Lutheran Church
- David Ottati, President & CEO, Florida Hospital Waterman
- Rebecca Grohler, Manager of Operations, InterCommunity Cancer Center
- Joelle Boytes, Circuit 5 Community Development Administrator, State of Florida, Department of Children and Families
- Villagers for Hospice Board of Directors
- Jeff Feller, CEO, WellFlorida Council
- Lieutenant Colonel Alcides Lugo, Jr., Director, VFW Veterans Village
- David Huckabee, Director of Programs, Alzheimer's Association: Central and North Florida Chapter
- Thomas G. Chase, CEO, Project Health, Inc.
- Kenneth D. Colen, CEO, On Top of the World Communities, Inc.
- Nathan Vooy, CEO, Ocala Health

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**North Central Florida Hospice, Inc. d/b/a Haven Hospice**

**(CON #10464)** submitted letters of support from service area residents, law practices, health care providers and affiliated groups, health facilities, and community service organizations. The majority of letters included were derived from a form letter.

Letters of support are noted from the following:

- Rheb Harbison, Senior Director of Government Affairs, Gray – Robinson Attorneys at Law
- Gary L. Lester, Vice President of Community Relations, The Villages
- David M. Duncanson, CEO, Southeastern Integrated Medical, P.L.
- Aaron Coppola, Administrator, Riverwood Health and Rehabilitation
- Anthony Clarizio, Executive Director, UF Health Jacksonville
- Jennifer Fitterman, Executive Director, Hunters Crossing Place
- Rebecca Catalanotto, Executive Director, The Village at Gainesville
- Lindsay Willis, Executive Director, HarborChase of Gainesville Assisted Living
- Ann O. Wehr, Chief Medical Officer, SVP, Avmed
- Glen Vassou, Parish Administrator, Queen of Peace Catholic Community

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice**

**(CON #10465)** submitted letters of support from not-for-profit groups, healthcare providers and health facilities, community members, senior living and retirement communities, assisted living facilities, rehabilitation centers, and medical supply groups. Form letters are included among the letters of support.

Letters of support are noted from the following:

- Erin Osteen Lewin, Development Manager, Lake-Sumter State College Foundation, Inc.
- Noel G. Beauchesne, Therapy Program Manager, Encore Rehabilitation Services
- Robert L. Beckman, Administrator, Orange Nursing & Rehab Center
- Danielle Conley, Community Director, Hampton Manor Assisted Living
- Cheryl Courtright, Executive Director, Mission Oaks Assisted Living and Memory Care
- Sheila Dickmann, Administrator, Sumter Place in The Villages
- Tony Farinella, Director of Transitional Care, Gulf Coast Health Care
- Rebecca Grohler, Manager of Operations, InterCommunity Cancer Center

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- Jennifer Rice, Program Director, Leesburg Regional Medical Center, Wound Care & Hyperbaric Treatment Center
- Brian Smith, Executive Director, The Club Health & Rehabilitation Center
- Michael J. Sobkowski, President, Airway Respiratory Solutions

**PruittHealth Hospice – 3E, LLC (CON #10466)** submitted letters of support from healthcare providers and health facilities, senior living communities, and law practices. Form letters are included among the letters of support.

Letters of support are noted from the following:

- Michael Wheeler, Nursing Home Administrator, Osprey Point Nursing Center
- Mark Daniels, Administrator, Lake Harris Health Center, Brookdale Senior Living Solutions at Lake Port Square
- Diana Strudwick, Director of Case Management, The Villages Regional Hospital
- Irene Quinones, Executive Director, Savannah Manor
- Lindsay Warren, Executive Director, Superior Residence of Clermont
- Dennis L. Horton, Attorney-Elder Law, Dennis L. Horton, P.A., Attorneys and Counselors at Law
- David Hopkins, Executive Director, Benton House
- Andrea Christopher, Director of Health Services, Osprey Lodge

**Tidewell Hospice, Inc. d/b/a Tidewell Hospice of Lake & Sumter, Inc. (CON #10467)** included letters of support from health providers and facilities, state legislature, local government and government officials, senior living communities, community members, volunteers, and local businesses. Form letters are included among the letters of support.

Letters of support are noted from the following:

- Greg Steube, Florida Senator, District 23
- Bill Galvano, Florida Senator, District 21
- Diana Strudwick, Director of Case Management, Central Florida Health
- Patricia Holloway, Administrator, Buffalo Crossings Assisted Living
- Dwayne Graham, Brownwood Care Center
- Alexandra Maliwacki, Executive Director, Greystone Health Network
- Valerie Powell-Stafford, CEO, Englewood Community Hospital
- Kevin DiLallo, CEO, Manatee Memorial Hospital
- Daniel J. Friedrien III, CEO, Blake Medical Center

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- Jo Vorwald, Director, Organizational Learning Department – Bayfront Health Port Charlotte
- Robert P. Bartz, President, Manatee Chamber of Commerce
- Deborah Wing, President, Anna Maria Island Chamber of Commerce
- Wayne H. Poston, Mayor, City of Bradenton
- Stephen R. Jonsson, Manatee County Commissioner, District 3
- Betsy Benac, Manatee County Commissioner, District 7

**VITAS Healthcare Corporation of Florida (CON #10468)** submitted letters of support from health facilities and providers, community members, community service organizations, non-profit organizations, senior living communities, and members of local governments. Form letters are included among the letters of support.

Letters of support are noted from the following:

- Ann Marie Bolen, Vice President, American Heart Association
- Stephen Quaning, President, Metro Health, Inc.
- Jeannine Nylaan, Director of Care Management, Florida Hospital Orlando
- Dana Emerick, Manager of Care Coordination, Orlando Regional Medical Center/UF Health
- Sita S. Price, Administrator/Director of Nursing, Elite Cardiac Care
- Lindsay Warren, Executive Director, Superior Residences of Clermont
- Curtis Arnold, Manager of Practice Operations, UF Cancer Center at Ocee
- Michael Ray, Vice President and COO, The Edgewater at Waterman Village
- Michael Wheeler, Nursing Home Administrator, Osprey Point Nursing Center
- Mary Carter Eick, Director, Griswold Home Care
- Michael T. Waldrop, Chairman, City of Orlando, Mayor's Veteran's Advisory Council
- Michael McDaniel, Department Adjutant, The American Legion Department of Florida
- Mike Mason, Senior Vice Commander, Military Order of the Purple Heart Department of Florida
- Arleen Uria-Speed, Senior Director of Community Engagement, American Cancer Society

### **C. PROJECT SUMMARY**

**Hospice of Marion County, Inc. (CON #10463)** hereafter referenced as the applicant, HMC, or Hospice of Marion County, is a not-for-profit corporation which proposes to establish a new hospice program in

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Hospice Service Area 3E. The applicant has been a hospice service provider in Marion County, Hospice Service Area 3B, for 33 years. The applicant expects issuance of licensure on April 19, 2017 and initiation of service on May 1, 2017

The applicant proposes \$388,595 in project costs.

The applicant includes the following conditions in its Schedule C:

- The initiation of hospice services within 45 days following final approval of this application, pending licensure approval in 30 days.
  - Timeline is based on the initial AHCA decision Feb. 17, 2017, followed by a 30-day period for filing appeals ending March 20, 2017. From that date, the 45-day period begins, allowing 30 days for licensure and then immediate initiation of service by May 1, 2017.<sup>1</sup>
- The establishment of a dedicated inpatient unit in Lake or Sumter County by the end of the second year of operation.
- Provide palliative and pain management services for residents in Lake and Sumter Counties within the first year of operation, utilizing the services of its affiliated CCPC.
- Provide Transitions program within the first year of operation in Lake and Sumter Counties.
- Provide the PIC:TFK program within the first year of operation in Lake and Sumter Counties.
- Provide up to \$10,000 of annual funding for at least three (3) years, beginning in Project Year One, towards Lake and Sumter County programs such as HMC's "Wishing Well" and PIC:TFK programs.
- Establish We Honor Veterans Program within the first year in Lake and Sumter Counties.
- Provide bereavement services including:
  - Children's Camp Mariposa in Lake or Sumter County within the first year of operation; and,
  - Bereavement programs and services for grieving survivors of HMC patients in the first quarter of operation.
- Use all donations raised in Lake and Sumter Counties solely for programs and services provided in Lake and Sumter Counties.
- HMC will add up to seven (7) Lake and Sumter County residents to its Board of Directors within the first year of operation
- Medical and nursing students will be given the opportunity to rotate through Lake and Sumter County services in the same manner as they currently are provided in Marion County.

<sup>1</sup> The reviewer notes that challenges to the Agency's Notice of Intent are allowed within 21 days after publication in the Florida Administrative Register, pursuant to the provisions of Section 408.039 (4) and (5), Florida Statutes.

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- Obtain Joint Commission accreditation within the first year of initiation of service.
- Open two administrative offices in Lake and Sumter Counties, with the first office opened by the end of Project Year One and the second office opened by the end of Project Year Two.

The applicant also states that: “Compliance of the above-listed conditions will be measured through notification to AHCA of the establishment of each program or service upon implementation of the same. As applicable, annual compliance reports will be provided to AHCA in accordance with the requirements of the Rule 59C-1.1013(3), Florida Administrative Code” (CON application #10463, Schedule C, Page 1-1).

**North Central Florida Hospice, Inc. d/b/a Haven Hospice**

**(CON #10464)** hereafter referenced as the applicant or Haven Hospice is a community-based not-for-profit corporation which proposes to establish a new hospice program in Hospice Service Area 3E. The applicant is currently a hospice provider in Hospice Service Areas 3A, 4A, and 4B. The applicant expects issuance of licensure in December 2017 and initiation of service in January 2018.

The applicant proposes \$309,425 in total project costs.

The applicant includes the following Schedule C conditions:

- Hire an individual who will focus on outreach to minority communities as well as to veterans’ groups in 3E, and condition this application on maintaining this position for the first three years of operation.
- Provide a team of bilingual staff in 3E committed to serving Spanish-speaking patients and families. This team will speak and understand Spanish, be educated to and culturally sensitive of Latino culture. Target the recruitment and retention of bilingual staff (English/Spanish) in 3E to achieve and maintain at least 10 percent of Haven’s 3E staff. Haven will establish written policies in 3E to this effect.
- Spanish speaking bereavement counselor(s) will work with hospice survivors.
- Provide an Advance Directive such as “Five Wishes” in Spanish, as well as other culturally relevant material in Spanish. This will be effected by written policy for 3E.
- Extend Haven’s We Honor Veterans into 3E.
- A pain assessment will be completed on all-patients at the time of admissions. Haven commits to continue its strong follow-up for pain and symptom management that brought Haven into the top-quartile (above 75 percent) of all hospice programs statewide.

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- Establish its initial office in 3E in or near Leesburg by the 01/2018 initiation date or sooner.
- Haven conditions this application on the following requirements for certain staff positions:
  - Haven will only employ for social work positions who are Master's level in Social Work or Licensed Clinical Social Workers. Haven encourages all who work in social work positions to become Licensed Clinical Social Workers. Haven encourages this by providing Certified Social Work Supervisors to provide for licensee supervision. Certified Social Work Supervisors are Haven employees.
  - Haven will only employ ordained or faith/denominationally certified Chaplains who have a Master's of Divinity degree from a graduate school accredited by the Association of Theological Schools or equivalent for non-Christian/Jewish faiths. Chaplains must also have had at least one unit of Clinical Pastoral Education (CPE).
  - Haven will encourage RNs to become Certified Hospice and Palliative Nurses by providing education tuition reimbursement for related classes and will provide a salary increase adjustment for those who become certified.
- Provide directly routine home medical equipment/durable medical equipment (HME/DME) by Haven Hospice staff as part of the scope of services. Contracted medical equipment companies will provide only liquid oxygen, unusual or specialty HME/DME with Haven maintaining written contracts for these. Haven will establish a written policy in 3E to this effect.
- Massage Therapy services will be offered to every patient admitted by Haven. Haven will employ or contract with Massage Therapists and ensure they receive education on working with the terminally ill patient. Haven will establish a written policy in 3E to this effect. Haven will internally collect and record data enabling management to assess conformance with this policy.
- Haven's commitment to its patients and families in need include those who are food insecure, a term the USDA defines as lacking "enough food for an active, healthy life." Haven conditions this application on extending its Food Pantry for Patients/Families into its 3E offices.
- After-hours phone calls to Haven by patients and families will be answered by Haven staff, not by a contracted answering service or a computerized attendant. Haven will establish a written policy to this effect.



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- Haven conditions this application on RN case managers, social workers, and chaplains using laptop computers in the field to collect and input clinical information into the electronic medical record in order to maximize clinical information availability for quick response to patient/family needs. Haven will conduct internal management audits on a periodic basis to assess adherence with the associated policies and practices.
- From the initiation of services, Haven will employ two full time professional liaisons and one full time customer service specialist in 3E.
- A Haven Hospice staff member will contact all patients admitted at home, not in a facility, within 48 hours of admission and then again after seven days if not seen nor contacted before to ensure patient/family needs are being met. A written policy will be in effect for 3E as well as internal collection and analysis of data to assess conformance with this policy.
- Haven will respond to referrals within two hours of receipt of the referral. A written policy in 3E will establish this as well as an internal collection and analysis enabling management to assess conformance to this condition.
- Haven Hospice will provide patients' hospice medications through a regional or national pharmacy benefit management system, which will allow patients/families access to an extensive network of pharmacies inside and outside of 3E maximizing patient/family responsiveness, access and choice.
- Conduct semi-annual meetings with all contracted hospitals and long-term care facilities to review quality of service and responsiveness. A policy will be established to this effect. Haven will internally collect and record data enabling management to assess conformance with this condition.
- Haven will forgo fundraising solicitation in 3E for the initial first two years to be sensitive to the needs and relationships of the current providers.
- Establish a Community Advisory Board to that will meet no less than twice a year with Haven management members. This Board will advise Haven on hospice services and needs for 3E, community outreach activities, community education needs, including minority outreach and education.

The reviewer notes that the applicant provides a description of the Association of Theological Schools in the United States and Canada (ATS), Clinical Pastoral Education, and a supplemental description of compliance with each condition noted in its Schedule C.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** hereafter referenced as Kindred Hospice is a for-profit entity which proposes to establish a hospice program in Hospice Service Area 3E, Sumter County. The applicant is currently a hospice provider in Hospice Service Areas 1, 2A, 3B, 4B, 7B, and 11. The applicant expects issuance of licensure on April 18, 2017 and initiation of service on April 19, 2017.

The applicant proposes \$263,750 in total project costs.

The applicant includes the following Schedule C conditions:

- The applicant will provide uncompensated care to charity care patients at a level of 2.0 percent patient days on an annual basis starting with the second year of operations
- Kindred Hospice and its related companies will continue their ongoing commitment to provide an annual grant of \$150,000 to support the development of Camp I Believe, which provides support to grieving children and families
- Kindred Hospice commits to develop, by the second year of operation, a Camp I Believe program to serve the residents of Service Area 3E. These programs will augment traditional bereavement services for children experiencing grief and loss.
- Kindred Hospice and its related companies will continue their ongoing commitment to provide an annual grant of \$425,000 to the Dream Foundation, which services terminally-ill adults and their families by providing end-of-life dreams that offer inspiration, comfort and closure at the end-of-life. These funds will provide final experiences for patients and their families through its Dream program and Dream for Veterans program.
- Furthering its support of the Veteran population, Kindred Hospice commits to making a one-time grant of \$50,000 to Habitat for Humanity of Lake-Sumter for construction of its Veterans Village, a veterans housing initiative dedicated specifically to veterans or active duty military who are in need of affordable housing.
- Kindred commits to hiring one FTE in the first year of operation for the development and implementation of programs focused on improving access to hospice services by Hispanics (and the subgroups within) and African Americans in service area 3E. The programs will include training on cultural differences and competencies and flexible programming to meet their unique needs. Special community education efforts, clinical care protocols and bereavement services for families will be implemented to increase participation in hospice for groups traditionally underrepresented. Programs for other cultural groups will be developed as the needs are identified in the community

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- Kindred Hospice commits to employ bilingual, Spanish-speaking staff and to provide translated forms and literature.
- Kindred Hospice commits to provide specialized training for staff working with individuals with Alzheimer's disease and other memory conditions impacting care to enhance the provision of hospice care to such individuals.
- Kindred Hospice commits to hiring a Master's prepared License Clinical Social Worker to lead the psychosocial department
- Kindred Hospice conditions this application on the development of a specialized veterans program in Service Area 3E that achieves the Level four designation by the NHPCA within two years of initiation of the hospice program.
- Kindred Hospice conditions this application on providing community outreach and education as well as grief support programs.

**PruittHealth Hospice – 3E, LLC (CON #10466)** hereafter referenced as PruittHealth Hospice, PHH or the applicant, is a for-profit organization and newly-formed entity which proposes to establish a hospice program in Hospice Service Area 3E, Lake and Sumter Counties. The applicant proposes issuance of licensure and initiation of service on July 17, 2017.

The applicant proposes \$425,605 in total project costs.

The applicant includes the following Schedule C conditions:

- PHH will partner with the Second Wind Dreams Program to continue efforts in realizing past dreams for its patients.
- PHH will participate in PruittHealth Hospice's Camp Cocoon Program and will work to establish a satellite camp in central Florida.
- PHH will adopt PruittHealth's Committed to Caring Campaign and in doing so will host free health screenings, including blood pressure, diabetes, and hearing tests, as well as educational sessions.
- PHH will participate in the PruittCares Foundation allowing for emergency assistance to its caregivers affected by devastating hardships or natural disasters.
- PHH will implement all specialized PruittHealth Hospice Care Programs and Disease Management Care Paths, including but not limited to Cardiac/Pulmonary, Cancer, Alzheimer's Disease, Diabetes and Veterans Programs.
- PHH will implement a program designed to reduce hospital re-admissions; the current program utilized by PruittHealth is INTERACT 3.0. The program to be implemented will either INTERACT 3.0 or other similarly designed program based on the most recent quality driven program PruittHealth determines to be available at the time of implementation.

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- PHH will incorporate PruittHealth's QAPI Plan into the agency's operations.
- PHH will assure all staff maintains ongoing training and continuing education credits utilizing Pruitt University and at no cost to the employees.
- PHH will participate in a company-wide Annual Quality Report to demonstrate transparency in operations and make this Quality Report available to the public.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** hereafter referenced as TideWell Hospice or the applicant, is a not-for-profit entity proposing to establish a hospice program in Hospice Service Area 3E, Lake and Sumter Counties. TideWell Hospice Inc. is currently a licensed hospice provider in Hospice Service Areas 6C, 8A, and 8D. The applicant expects issuance of licensure and service on June 1, 2017.

The applicant proposes \$585,956 in total project costs.

The applicant includes the following Schedule C conditions:

- Accreditation: The applicant will pursue the accreditation with Community Health Accreditation Partner (CHAP) upon licensure.
- Community Grief and Bereavement Services: The applicant will build awareness of complimentary grief and bereavement care through specific outreach to schools, fire and police departments, and county health departments as well as general awareness to health care practitioners through professional relations outreach. The applicant will offer a range of accessible support groups and evaluate the community needs for type, frequency, and location of group support. In the first year, the applicant will also evaluate the need to develop a junior camp style retreat for teenagers stricken with family loss. A more detailed description of the scope and types of services that will be included in this program appears on page 37-44 of this application.
- Pediatric Programs: The applicant will extend its current pediatric programs to Lake and Sumter Counties and, as a census justifies and if CMS approves, will seek a Partners In Care (PIC) certification in Service Area 3E. A more detailed description of the scope and types of services that will be included in this program appears in pages 33-35 of this application.
- Complimentary Service: The applicant will benefit from the scale of activities of its parent, Tidewell Hospice Inc., and will provide the full range of Tidewell's complementary programs to enhance patients' opportunity to live life to its fullest. Tidewell will adjust the scale and scope of delivery of these services, after year one, upon evaluating

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utilization and demand. A more detailed description of the scope and types of services that will be included in this program appears in pages 46-51 of this application.

- **Volunteer Recruitment and Service:** The applicant will bring Tidewell's proven best practices of volunteer recruitment, retention, and utilization to Lake and Sumter Counties to provide an enhanced patient and family experience in the spirit of social and personal fulfillment that defines the unique nature of non-profit, hospice care. A more detailed description of the scope and types of services that will be included in the Volunteer program appears in pages 5-12 of this application.
- **Transitions Program:** For those patients and families that do not yet meet CMS Hospice criteria the applicant will extend volunteer support services under the Transitions Program, to assist these patients and families with access to community resources. A more detailed description of the scope and types of services that will be included in the Transitions program appears in pages 44-45 of this application.
- **Wound Care:** The applicant will bring Tidewell's philosophy and expertise of wound care where medically indicated as part of the patient's plan of care. A wound care initiative will be undertaken in the first year and when sufficient census develops, a full-time wound specialist will be hired. A more detailed description of the scope and types of services that will be included in this program appears in page 45 of this application.
- **Veteran's Services:** Tidewell is extremely proud of its Level 4 We Honor Veterans status with the National Hospice and Palliative Care Organization (NHPCO) for Veteran services. Understanding that veterans have special needs, the applicant will bring Tidewell's experience as a Level 4 provider and its same commitment and dedication to veterans in Lake and Sumter Counties. The applicant will also conduct pinning ceremonies for veterans to recognize their service wherever they may reside. A more detailed description of the scope and types of services that will be included in the Veterans program appears in pages 35-37 of this application.
- **Enrichment Program for the Cognitively Impaired:** This program is designed to stimulate patients with cognitive disorders, dementias and those patients determined to have need. Using various modalities of music, caring touch, sensory tubes, aromatherapy can provide a brain stimulation and have a calming or uplifting effect. These various interventions can enrich quality of life for these cognitively impaired patients. A more detailed description of the scope and types of services that will be included in the Enrichment program appears in page 45 of this application.
- **Hospital to Home Pilot Program:** During the first year of licensure the applicant will evaluate the benefit of launching a Hospital to Home pilot program. This program's concept is to ease the transition of a

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complex hospital discharge by providing nurses to assist the patient and caregiver in the home during the first 24 hours. The nurses help and teach the family caregiver in the home with the setup and operation of DME equipment, proper dispensing of medications, how to properly transfer or turn the patient and other tasks that a caregiver would normally have more time to learn with a less acute patient.

- **Philanthropy:** The applicant will establish a philanthropy department to accept donations and contributions that will benefit the community by providing exceptional patient and ancillary care in Lake and Sumter Counties. Upon licensure, the applicant will initiate a humanitarian fund to assist eligible patients. Tidewell will seed the fund with \$25,000 and accept donations to directly benefit patients eligible for this program.
- **Locations:** The applicant commits to opening two (2) offices within the first year of licensure; one in north Sumter County and the second in south Lake County. After one year Tidewell will evaluate the need to open a third office in a geographic area that will provide the greatest access enhancement.
- **Community Education:** As part of its community outreach Tidewell will extend its licensure of the film *Consider the Consideration* to the applicant to educate and raise awareness of end-of-life issues. The film has received high acclaim and been lauded for its effort in bringing a difficult subject to the forefront. The thought provoking film will be followed by a panel discussion of experts to answer questions regarding the range of topics that surround end-of-life. The applicant will schedule showings of the film in association with community partners at no charge to community residents and will evaluate after the first year the response and needs to scale up the frequency of the presentation. The applicant will also initiate the call to action program *Begin the Conversation* that provides attendees with tools to assist them in beginning the conversation with their loved ones, to empower them to discuss their specific end-of-life wishes, including advance directives, and define what quality end-of-life means to them. A more detailed description of the scope and types of services that will be included in the Community Education program appears in pages 30-32 of this application.
- **Minority Outreach:** The applicant will offer outreach to Hispanic and African – American populations through recruitment of culturally diverse staff and use of culturally sensitive literature. The applicant will maintain a bilingual staff and 20 percent minority staffing, and will use specialized recruiting strategies for minority populations as described in pages 32–33 of this application.
- **Condition Reporting:** The applicant will annually report to AHCA, beginning at the end of the first year after licensure for each condition places on its CON: (a) a description of the condition; (b) base line and incremental progress during the reporting year toward satisfying the

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condition; (c) metrics for the volume and frequency of conditioned services provided during the reporting year; and, (d) the cost for implementing conditions for which reimbursement is not available.

**VITAS Healthcare Corporation of Florida (CON #10468)** hereafter referenced as VITAS or the applicant is a for-profit entity proposing to establish a hospice program in Hospice Service Area 3E, Lake and Sumter County. VITAS Healthcare Corporation of Florida is currently a licensed hospice provider in Hospice Service Areas 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9C, 10, and 11. CON #10440 was also issued to VITAS Healthcare Corporation of Florida to establish a hospice program in District 1 in the April 2016 Batching Cycle for Other Beds and Programs. The applicant expects issuance of licensure and initiation of service on April 1, 2017.

The applicant proposes \$945,867 in total project costs.

The applicant includes the following Schedule C conditions:

- VITAS Cardiac Care Program – VITAS will establish a proven cardiac care program centered on education. Our program, aimed at improving end-of-life care for patients with cardiac diagnoses, will include the following elements:
  - Staff Training – All nurses, social workers and chaplains will complete the training modules in the VITAS Cardiac Program Resource Manual (or its successor) within 3 months of their hire date. Documentation will be shown in a log of employees' hire dates and dates of training completion. The log will be accompanied by an attestation statement from the General Manager in the annual CON conditions and compliance report.
  - Provider Input – VITAS will notice and hold semi-annual meetings open to area cardiologists and their support staff. These meetings will be used as a forum to discuss VITAS' cardiac program and obtain feedback from physicians and other clinicians on patients' needs and how the program can best address them. Compliance with this condition will be documented by providing AHCA with dated copies of the meeting invitations, the individuals who were invited, and those who attended. The information will be submitted as part of the annual CON conditions compliance report.

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- Community Education – We will provide a grant to the local American Heart Association to establish a community education and awareness program for cardiovascular disease, risk and prevention. The grant will total \$50,000 and will be distributed over the first three years of operation. Compliance with this condition will be documented by providing AHCA with a copy of the payment made as part of the annual CON conditions compliance report.
- Palliative Care Program for Cancer Patients – 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. 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 Subdistrict 3E patients that have received palliative chemotherapy and radiation. This will be submitted in the annual CON conditions compliance report.
- Deed Age-Restricted Community Outreach and Liaison – Subdistrict 3E has a high concentration of deed age-restricted communities (DARCs) that are home to residents 55 and older. These communities are designed to provide everything a resident wants or needs within a small radius, eliminating many residents' need to travel outside the community. To reach residents of these communities, VITAS conditions this application on having a Community Liaison that dedicates half of their time to education and outreach to DARC residents and their families. The Liaison will be hired within the first month of operations. Compliance with this condition will be documented by providing AHCA with the date of hire of the Liaison as part of the first CON condition compliance report. All CON compliance reports will contain a log that tracks contract and meetings held with DARC residents or associated home owner's association.
- Veterans' Outreach and Liaison – Twelve percent of Subdistrict 3E residents are veterans. Veterans have unique end-of-life care needs and benefit from targeted programs. VITAS conditions this application on having a Community Liaison who dedicates half of their time to education and outreach to veterans and veterans' organizations. The Liaison will be hired within the first month of operations. Compliance with this condition will be documented by providing AHCA with the date of hire of the Liaison as part of the first CON condition compliance report. All CON compliance reports will contain a log that tracks contract and meetings held with each veterans' group.



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- Quality and Patient Satisfaction Program – Hospice patients and their families experience major physical, spiritual, and emotional burdens. Patients need hospice providers who will alleviate their painful symptoms, while families often need spiritual and emotional support during a loved one’s death. 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 signed declaratory statement by VITAS, which may be supported via review of patient medical records.
- Education Initiative Program – Hospice staff are the key to providing patients and families high-quality care. 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 a Master of Divinity or equivalent graduate degree from an accredited seminary or theological school required for chaplains.
  - VITAS will only employ social workers who are Master’s level or Licensed Clinical Social Workers. Compliance will be measured through documentation of social worker and Chaplain’s educational attainment, as well as salary increase adjustments provided to RNS, LPNs and Home Health Aides who obtain their respective certification. This will be submitted with the annual CON conditions compliance report.
- Lake – Sumter State College Collaboration – VITAS has conditioned this application on making a total of \$75,000 in grants (in addition to the grant discussed in Condition 1, above) to support Lake – Sumter State College. VITAS will provide a grant of \$50,000 to fund an endowed scholarship to assist financially needy nursing students from Lake or Sumter County pursuing a BS in nursing through the

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school's newly-approved program. VITAS also commits to funding \$25,000 in support of ongoing education and training for nursing students utilizing modern techniques and equipment. The funds will also be used to develop curriculum in collaboration with the nursing program that will increase students' proficiency in end-of-life care options. The funds will be distributed in the first three years of operations. Compliance with this condition will be documented by providing AHCA with a copy of the payment made as part of the annual CON conditions compliance report.

- Enhanced Non-Core Services – Patients benefit from programs and activities that are not part of the traditional set of hospice services. VITAS conditions this application on providing the following non-core services:
  - Life Bio
  - We Honor Veterans Program
  - Lavender Touch Experience
  - Musical Memories
  - Paw PalsCompliance with this report will be documented by providing a description of each program and an attestation that each has been offered throughout the previous calendar year, filed in the annual compliance report.

VITAS conditions its application on the provision it will meet or exceed the following operational and programmatic indicators:

- VITAS conditions this application on having two hospice offices. The first office will be in the Leesburg area. The second office will be in Sumter County and will open in the second year of operation. Compliance will be demonstrated by submission of the VITAS license.
- VITAS will provide comprehensive bereavement services, including individual and group counseling beyond one year, if requested. VITAS will provide documentation of any bereavement services provided to families more than a year after death of a family member in each annual CON conditions compliance report.
- VITAS will not solicit charitable contributions from patients, family or friends relating to its services in Subdistrict 3E, nor engage in fundraising events for its program. Any unsolicited donations 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. Compliance will be provided in the annual CON conditions via an attestation and submission of a compliance report with a ledger showing any non-solicited amounts received and corresponding amounts provided to VITAS Community Connections.

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

*Should a project be approved, all the applicants' proposed conditions would be reported in the annual condition compliance report as required by Rule 59C-1.013 (3) Florida Administrative Code. The applicants' proposed conditions are as they stated.*

*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.

**1. Fixed Need Pool**

In Volume 42, Number 191, of the Florida Administrative Register, dated September 30, 2016, need for one hospice program was published in Hospice Service Area 3E for the January 2018 Hospice Planning Horizon. Therefore, the co-batched applicants are applying in response to published need.

Population estimates for Lake and Sumter Counties, Hospice Service Area 3E, from January 2017 to January 2022 are included below.

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**Population Estimates for Lake County, Sumter County, and Florida  
January 2017 to January 2022**

<b>Lake County</b>				
<b>Age Group</b>	<b>Year</b>		<b>Change</b>	
	<b>2017</b>	<b>2022</b>	<b>Number</b>	<b>Percent</b>
<b>Under 65</b>	248,441	271,486	23,045	9.28%
<b>65+</b>	82,348	97,436	15,088	18.32%
<b>Lake County Total</b>	330,789	368,922	38,133	11.53%
<b>Sumter County</b>				
<b>Age Group</b>	<b>Year</b>		<b>Change</b>	
	<b>2017</b>	<b>2022</b>	<b>Number</b>	<b>Percent</b>
<b>Under 65</b>	60,769	69,996	9,227	15.18%
<b>65+</b>	61,246	76,517	15,271	24.93%
<b>Sumter County Total</b>	122,015	146,513	24,498	20.08%
<b>Service Area Subdistrict 3E</b>				
<b>Age Group</b>	<b>Year</b>		<b>Change</b>	
	<b>2017</b>	<b>2022</b>	<b>Number</b>	<b>Percent</b>
<b>Under 65</b>	1,295,163	1,363,828	68,665	5.30%
<b>65+</b>	442,806	520,935	78,129	17.64%
<b>Service Area 3E Total</b>	1,737,969	1,884,763	146,794	8.45%
<b>State of Florida</b>				
<b>Age Group</b>	<b>Year</b>		<b>Change</b>	
	<b>2017</b>	<b>2022</b>	<b>Number</b>	<b>Percent</b>
<b>Under 65</b>	16,360,629	17,102,934	742,305	4.54%
<b>65+</b>	3,879,874	4,515,707	635,833	16.39%
<b>State Total</b>	<b>20,240,503</b>	<b>21,618,641</b>	1,378,138	6.81%

Source: AHCA Florida Population Estimates 2010-2030, Published February 2015

Service Area 3E is currently served by the following providers:

- Cornerstone Hospice and Palliative Care, Inc.
- Compassionate Care Hospice of Lake and Sumter, Inc.

Hospice admissions in Hospice Service Area 3E are listed below:

<b>Hospice Admissions in Hospice Service Area 3E</b>	
<b>Hospice</b>	<b>Admissions 7/31/15 - 6/30/16</b>
Cornerstone Hospice and Palliative Care, Inc.	3,545
Compassionate Care Hospice of Lake and Sumter, Inc.	107
<b>Total</b>	<b>3,652</b>

Source: Florida Agency for Health Care Administration's Florida Need Projections for Hospice Programs for the January 2018 Hospice Planning Horizon, published September 30, 2016.

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

**Hospice of Marion County, Inc. (CON #10463)** has responded to need as published in the Florida Administrative Register indicating need for an additional hospice program in Hospice Service Area 3E. HMC evaluates need for the proposed project in light of overall population size and population growth within Hospice Service Area 3E. The applicant highlights demographic factors of the service area including the service

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area’s proportion of individuals aged 65+, the anticipated growth of the elderly population within the service area, the pace of growth of the Hispanic population relative to other ethnic groups and the Veteran population within Hospice Service Area 3E. In analysis of the population of elderly aged 65+, the applicant notes that the existing and projected proportion of individuals aged 65+ within Hospice Service Area 3E will exceed the proportion of individuals aged 65+ and the pace of growth of individuals 65+ within the state. The applicant also includes tables summarizing the projected growth rates of the demographics noted above from 2016 to 2021 which are reproduced as follows.

**Hospice Service Area 3E Total Service Area Population, 2016-2021**

Subdistrict 3E	2016	2021	Numeric Increase	Percent Increase
<b>Lake County</b>	326,815	365,247	38,432	11.8%
<b>Sumter County</b>	119,581	144,185	24,604	20.6%
<b>Total Subdistrict 3E</b>	<b>446,396</b>	<b>509,432</b>	<b>63,036</b>	<b>14.1%</b>

Note: Population estimates for July 1<sup>st</sup> of each year  
Source: CON application #10463, Page 40

**Hospice Service Area 3E Population Ages 65 and Older, 2016-2021**

Subdistrict 3E	Pop. 65+		Percent Increase	65+ Pop. as a % of Total Population	
	2016	2021		2016	2021
<b>Lake County</b>	80,730	96,178	19.1%	24.7%	26.3%
<b>Sumter County</b>	59,353	75,896	27.9%	49.6%	52.6%
<b>Total Subdistrict 3E</b>	<b>140,083</b>	<b>172,074</b>	<b>22.8%</b>	<b>31.4%</b>	<b>33.8%</b>
<b>State of Florida</b>	3,814,686	4,457,999	16.9%	19.0%	20.7%

Note: Population estimates for July 1<sup>st</sup> of each year  
Source: CON application #10463, Page 41

**Hospice Service Area 3E, Ethnicity Distribution and Growth 2016-2021**

Age Group	Ethnicity	2016	2021	% of 2021	Numeric Change	% Change
<b>Under 65</b>	Hispanic	48,159	56,569	18.7%	8,411	17.5%
	Non-Hispanic	244,599	245,365	81.3%	766	0.3%
	All Ethnicities	292,758	301,934	100.0%	9,176	3.1%
<b>65 and Over</b>	Hispanic	5,071	6,722	3.7%	1,651	32.6%
	Non-Hispanic	148,077	173,689	96.3%	25,612	17.3%
	All Ethnicities	153,148	180,411	100.0%	27,263	17.8%
<b>All Ages</b>	Hispanic	53,230	63,291	13.1%	10,061	18.9%
	Non-Hispanic	392,676	419,054	86.9%	26,378	6.7%
	All Ethnicities	445,906	482,345	100.0%	36,439	8.2%

Source: Nielsen Claritas, Inc., CON application #10463, Page 42

**Hospice Service Area 3E Current and Projected Veteran Population**

Subdistrict 3E	Current Veterans Population <sup>1</sup>	Projected 2021 Veterans Population <sup>2</sup>
<b>Lake County</b>	32,903	32,382
<b>Sumter County</b>	19,045	20,550
<b>Total Current Veterans Population</b>	51,948	
<b>Total Veterans Population, 2021</b>		52,932

Source: CON application #10463, page 42

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The applicant provides a narrative description in justification of need for the proposed hospice program on pages 16-27 of CON application #10463 which is summarized as follows:

- HMC will bring its proven services and programs to Lake and Sumter County hospice patients and families. The applicant states to possess the business expertise, experience, and clinical infrastructure to quickly and efficiently meet Agency identified need within the service area. The applicant also references its Deemed Status designation and accreditation by The Joint Commission as evidence of its continuous compliance with the Hospice Conditions of Participation and performance standards that will be brought to the proposed service area. The applicant underscores its collaborations with community members, providers, residents, and agencies in its provision of services as a unique characteristic that distinguishes HMC from existing service providers and competing co-batched applicants. The applicant references a list of community partnerships included in Appendix D of CON application #10463 and expresses a commitment to continue collaborative relationships within the proposed service area.
- Hospice of Marion County has the 14<sup>th</sup> highest penetration rate in the state (as measured by the death service rate: the ratio of hospice deaths to resident deaths based on Medicare claims data). In addition, the applicant states that HMC also provides the vast majority (73 percent in 2015) of hospice care in its home county and demonstrates the ability to increase hospice penetration rates through collaborative relationships within the community. The applicant states that its historical hospice penetration rate has declined as a result of Odyssey/Kindred/Gentiva, which shifts patients from HMC as opposed to increasing the hospice penetration rate and utilization of hospice services. The applicant provides a graph on page 19 of CON application #10463, depicting HMC's historical penetration rates from 2000 to 2015 in comparison to other providers serving Lake and Sumter Counties.
- Hospice of Marion County ranks 7<sup>th</sup> in the state for inpatient bed availability and ensures that inpatient care can be delivered in its own hospice houses, a factor which the applicant states also distinguishes HMC from other hospice agencies. The applicant expresses a commitment to building freestanding hospice houses and collaborate with existing community groups to ensure that private hospice house rooms are available when needed. The applicant also conditions approval of the proposed project on the establishment of a freestanding inpatient unit by the end of the second year of operation.

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- HMC has a proven Rapid Response program that it will offer to the patients, families, and providers of Lake and Sumter Counties, which will ensure access to needed hospice care on the same day as the referral is received. The applicant maintains that as a result of this referral program 83 percent of HMC's admissions are completed within 24 hours of the initial phone call.
- HMC offers one of only three Transitions programs in the entire state and conditions approval of the proposed project on the provision of this program. A Transitions brochure is included in Appendix F of CON application #10463.
- HMC offers one of only 13 PIC:TFK programs in the entire state and conditions approval of the proposed project on the provision of this program to children and families in Lake and Sumter Counties.
- HMC provides extensive bereavement services for the communities it serves and includes a description of bereavement services in Appendix G of CON application #10463. The applicant also includes a table, documenting the cost per day of the HMC Bereavement Program in comparison to existing hospice providers which demonstrates that HMC provides higher bereavement costs per patient day than Haven Hospice, Tidewell Hospice, all Florida hospices, and Cornerstone Hospice (CON application #10463, Page 26).
- HMC owns and operates two companies that directly support its hospice-focused mission: the Center for Comprehensive Palliative Care and Accent Medical, a durable medical equipment company. The applicant includes a table on page 27 of CON application #10463, demonstrating that HMC provides higher physician services costs per day than Cornerstone Hospice, Tidewell Hospice, Haven Hospice and all Florida Hospices.
- HMC is one of only five hospice providers in the entire state that owns and operates a pharmacy.
- HMC provides educational opportunities for University of Florida medical students.

The applicant states that the proposed project is submitted to extend its services into the contiguous counties of Lake and Sumter and notes maintaining a number of existing service adjacent to the proposed service area including: Summerfield Suites Assisted Living Facility and Memory Care Unit and Ted and Diane Bradley House. The applicant also documents existing relationships with tri-county area planned retirement communities aged 55+, identified as being serviced by HMC through hospice, palliative care, and case management services (Transitions program) in Lake, Sumter and Marion Counties on page 30 of CON application #10463. The applicant references letters of support from Kenneth D. Colen, President of On Top of the World, Inc., a 55+ active



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adult development company and Thomas G. Chase, CEO of Langley Health Services Project Health, Inc. which both attest to the applicant's concentrated service to the proposed service area and tri-county areas of Marion, Lake and Sumter Counties.

The applicant also provides a review of competing co-batched applicants proposing hospice programs in service area 3E which is summarized as follows.

**VITAS**

HMC states that VITAS is a for-profit entity (CON application #10468) that does not have a market presence in Marion County, though present in contiguous areas to the east and south of Lake and Sumter Counties which do not possess overlapping communities. Further, the applicant maintains that VITAS only operates two freestanding inpatient units with higher numbers of patients per freestanding inpatient beds than HMC and that 56.5 percent of the 23 counties in which VITAS offers hospice services have lower hospice penetration rates than Marion County. HMC notes that VITAS does not participate in the PIC-TFK program or offer a Transitions program.

**Odyssey/Gentiva/Kindred**

Like VITAS, the applicant notes that Kindred is a for-profit organization which does not have a market presence in Marion County. The applicant asserts that Kindred has shifted patients away from HMC rather than increasing the overall hospice penetration rate and does not assume an appropriate burden of meeting need in Marion County, 87.5 percent of the 16 counties in which Kindred provides hospice services have penetration rates that are lower than Marion County. HMC notes that Kindred does not participate in the PIC-TFK program or offer a Transitions Program.

**PruittHealth – Hospice – 3E, LLC**

The applicant notes that Pruitt is a national, for-profit chain based in Atlanta, Georgia which does not offer hospice services in Florida. The applicant states that hospice is a small component of Pruitt's post-acute care services that are primarily focused on skilled nursing services.

**Tidewell Hospice**

The applicant notes that Tidewell is a non-profit entity that has a presence in the greater Sarasota area, but not in Lake and Sumter Counties. The applicant states that Tidewell files applications in response to need but not in light of geographic location or market dynamics of the area and does not focus on serving its local communities like HMC does. HMC indicates that Tidewell has a higher number of patients per freestanding inpatient bed than HMC and operates in counties that have lower penetration rates than Marion County.

**Haven Hospice**

The applicant identifies Haven Hospice as a non-profit entity that is a part of SantaFe HealthCare system which provides various non-hospice services in north central Florida. The applicant notes that Haven Hospice provides services in north central Florida and a single county in South Florida, but not Marion County. The applicant notes that Haven Hospice serves Volusia County, a contiguous service area. The applicant charges that Haven Hospice applied solely in response to need and does not consider geographic location or market dynamics, 72.2 percent of the 18 counties Haven Hospice offers services in have a lower penetration rate than that of Marion County, and Haven Hospice spends 30 percent of HMC's bereavement cost per day.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice**

**(CON #10464)** has responded to need as published in the Florida Administrative Register indicating need for an additional hospice program in Hospice Service Area 3E. The applicant examines how the existing distribution of hospices of its parent company provide an opportunity to extend services into Hospice Service Area 3E, noting referrals received from outside of its existing service area from the proposed subdistrict. Haven Hospice also evaluates need with respect to hospice utilization by patient race/ethnicity, age and diagnosis, county and age-specific mortality trends, and consultation from health care providers, social service organizations, and other referral sources for hospice services.

Haven Hospice outlines the following aspects influencing need for a proposed hospice program in Hospice Service Area 3E:

- Population size and composition, including Hispanic population growth
- Patterns of hospice including racial, ethnic, and income considerations
- Needs of the Veteran population
- Local community support

The applicant anticipates that population growth and demographic trends within Hospice Service Area 3E will increase the demand for hospice services within the area. Haven Hospice evaluates population growth and demographic trends in anticipation of increased demand for hospice services between July 2016 and July 2019. With reference to Agency population projections, the applicant determines that population growth within Subdistrict 3E is projected to outpace the rate of population growth within the State of Florida, between July 2016 and July 2019.

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Haven Hospice also evaluates changes in population growth by race and ethnicity within Hospice Service Area 3E. Using population data obtained from the Florida Demographic Estimating Conference and the University of Florida-Bureau of Economics and Business Research, the applicant documents projected increases in the population growth within the African-American and Hispanic populations of Lake and Sumter Counties that exceed the statewide population growth of both demographics within the state.

An analysis of racial and ethnic population growth by six subareas within Hospice Service Area 3E is also conducted from 2016 to 2019 using data obtained from The Nielsen Company in 2015. The racial and ethnic groups included in this analysis are labeled: African – American, Hispanic, and All. The six subareas within the Service Area reviewed are labeled: Leesburg Area, Northeast Lake, South Lake, South Sumter, Tavares Area and Villages & Vicinity. Within these subareas, the applicant notes that South Lake and the Villages & Vicinity contain the most populous and fastest growing subareas within Hospice Service Area 3E. Leesburg, South Lake and Tavares are identified as regions with the largest concentrations of African-Americans while South Lake is identified as having the largest population of Hispanics. In anticipation of potential access barriers to care stemming from the locations of South Lake and the Villages & Vicinity, the applicant has considered other centrally located areas for the hospice program, like Tavares and Leesburg. The applicant describes Tavares and Leesburg as the third and fourth largest and fastest growing urban centers within the area in addition to South Lake. Together, the three locations (Tavares, Leesburg, and South Lake) are the only areas stated to have projected population increases in their African-American and Hispanic populations.

Using Agency Hospital Discharge Data analyzed for the same subareas, the applicant determines that there are disparities in access to hospice services among African-Americans based on the disparity between the proportion of inpatient hospice discharges by subarea among African-Americans and the proportions of African-Americans in areas that account for the largest African-American populations within the service area. In analysis of the potential causes of this disparity, the applicant references a community health assessment completed by Leesburg Regional Medical Center and The Villages Regional Hospital from fiscal year (FY) 2015 which documented higher rates of poverty among African-Americans residing in Lake and Sumter Counties in comparison to the state and total poverty rate among all groups. The findings of the community assessment determined that cancer was the leading cause of mortality among African-American residents in Service Area 3E. Moreover, two out of three areas identified as having the greatest African-American populations also accounted for areas which exceeded the subdistrict average for Medicaid and self or non-pay discharges. Haven

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states an intent to address these gaps through performing outreach to minority communities and veterans groups, which is underscored by its condition to provide outreach to minority communities for the first three years of hospice operations.

The applicant also finds that a disparity exists between the proportion of Hispanics by subarea and their respective inpatient hospice discharge rates across all subareas within the Hospice Service Area. Based on the same community health assessment completed by Leesburg Regional Medical Center and The Villages Regional Hospital, heart disease is identified as the leading cause of mortality for Hispanic residents of Hospice Service Area 3E. Haven Hospice additionally highlights its capacity and experience treating end-stage heart disease. Haven Hospice states the intent to address outlined barriers in access to hospice services for Hispanic residents through outreach and support through a variety of methods including: conditioning CON approval on the inclusion of bilingual staff and conducting outreach to religious centers.

In addition to reviewing demographic factors of need, Haven Hospice enumerates support for its endeavor to establish a hospice program and areas of improvement and concern identified by community members, health providers, community leaders, and organizations and highlights key letters from:

- Mr. Gary L. Lester, Vice President for Community Relations of The Villages
- Daniel M. Duncanson, MD
- Ann O. Wehr, MD, Chief Medical Officer of Avmed

Haven Hospice lastly states a commitment to address the terminal illness needs of Veterans residing in Lake and Sumter Counties and communicates an intent to extend hospice services and the We Honor Veterans programs to address the emotional and physical needs of veterans.

The applicant also provides a narrative review of the utilization forecast in Hospice Service Area 3E and review of 2015 Florida Department of Elder Affairs Data (DOEA).

Haven Hospice provides a summary of factors contributing to unmet need for hospice services which is reproduced below:

- Haven currently operates as a licensed hospice provider in Service Areas 3A, 4A, and 4B, and has done so successfully for 37 years. Service Area 3E is contiguous with Service Area 4B, and the borders of Putnam County in 4A and Lake County in 3E virtually touch.

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- Between July 2016 and July 2019 the population of Service Area 3E is projected to increase by over 38,000 persons, a growth rate of 8.6 percent.
- Projected growth among both the African-American and Hispanic populations of the service area is expected to exceed statewide averages over the 2015-2020 time period. African-American residents are expected to comprise 10.5 percent of the service area's total population of 497,227 by 2020. The Hispanic population is expected to swell to 12.5 percent of the Service Area 3E population at the same time. The bulk of the growth in both minority populations is expected in Lake County, especially in and around Leesburg, South Lake and Tavares.
- African-American residents of Service Area 3E are underutilizing hospice services. The percentage of the African-American population living in poverty in the area is considerably greater than the Lake/Sumter and state averages for the total population (all races), yet the Medicaid/self-pay/non-pay proportions are well below expectations in the Leesburg area specifically. Haven intends to address these apparent gaps in service by hiring an individual that will focus on outreach to minority communities as well as Veterans' groups and conditions this application on maintaining this position for the first three years of operation.
- The Hispanic population is concentrated most heavily in the South Lake area, where 23.6 percent of the population is identified as such. All other subareas have concentrations of Hispanic population between approximately seven and 12 percent, except for the "Villages & Vicinity" at 4.7 percent. Hispanic persons appear to be underserved throughout Service Area 3E. Haven conditions this proposal on the provision of bilingual staff in 3E.
- Heart disease is the leading cause of death among the Hispanic population in Service Area 3E, whereas it ranks second to cancer for all groups and the state as a whole. Haven already serves end-stage (terminally ill) heart disease patients through its existing operations. Haven's clinical team of physicians, nurses, an on-site (i.e., not contracted) respiratory therapist, social workers and chaplains develop a customized plan for patients with end stage cardiac disease that is aligned with the patient's preferences and expectations. Haven provides interventions that are specific to the alleviation of the following symptoms: shortness of breath, tachypnea, fluid volume overload and increased respiratory secretions, fatigue, difficulty sleeping, anxiety and unrelieved pain. Haven intends to extend these services to Service Area 3E residents suffering from end-stage heart disorders.
- Haven's field work identifies many special needs of the residents of Service Area 3E, including access to care issues and the need to improve the continuity of end-of-life care.

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- Haven is currently an active provider of end-of-life care to the Veterans' population. Haven is a level II Partner with We Honor Veterans and intends to condition its proposal on extending its We Honor Veterans program into 3E.
- A comparison of Haven to other applicants in the current batching cycle seeking approval in 3E suggests that Haven is the best applicant. It is the only applicant to rank 3<sup>rd</sup> or better against all four DOEA indicators examined.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** has responded to need as published in the Florida Administrative Register indicating need for an additional hospice program in Service Area 3E. The applicant analyzes the proportion of projected cancer and non-cancer diagnoses for individuals under 65 and 65 and over with hospice use rates among death rates by cancer and non-cancer diagnoses among individuals under 65 and 65 and over. Kindred Hospice also provides a summary of the total population and total resident deaths for Hospice Service Area 3E in reference to Florida Need Projections for Hospice Programs for the January 2018 Hospice Planning Horizon and expresses a commitment to satisfy projected need through the delivery of high quality hospice services in Hospice Service Area 3E in an efficient and cost-effective manner.

Kindred has identified Hispanics, African-Americans, Veterans and persons with a non-cancer diagnosis as populations with unmet need for hospice services and proposes to serve these populations through specialized outreach and programs to meet their needs.

Referencing Nielsen data, the applicant describes how the growth of the Hispanic population outpaces the growth of the population overall. Specifically, the applicant indicates that current Nielsen population estimates demonstrate that growth in the Hispanic population in Service Area 3E has increased 14.4 percent in the past five years while the growth rate of the population overall increased by 1.9 percent. Kindred notes that over the next five years population growth among the Hispanic population is expected to increase by 12.5 percent while the growth rate in the population overall is expected to increase by 2.7 percent. Kindred Hospice boasts its experience in servicing the Hispanic population and states a commitment to conduct outreach through community resources and organizations including the use of Spanish materials and Spanish-speaking staff.

Kindred similarly evaluates increases in the population growth of African-Americans within the service area and notes that based on Nielsen data, the growth of the African-American population within the service area increased by 2.5 percent over the past five years. The population growth of the African – American population is projected to

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increase by 3.5 percent.<sup>2</sup> The applicant states an intent to conduct outreach to the community with racially-sensitive programs which include educational efforts, cultural appreciation, and cross-cultural dialogue. Kindred Hospice also states a commitment to meet the needs of underserved populations and cites the diversity of its employees and employment of a Divisional Vice President of Diversity and Inclusion who ensures the diversity and inclusion across all levels of the organization.

The applicant maintains that the Veteran population of Hospice Service Area 3E will also be targeted for hospice services. The applicant states that Veterans constitute approximately nine percent of the service area population. The applicant states that 65 percent of Veterans in the service area are over the age of 65 and 11 percent are over the age of 85. The applicant states that over the next five years, the Veteran population is projected to increase from 52,212 in 2016 to 52,932 in 2021. By 2021, the applicant estimates that Veterans over age 65 will comprise 66 percent of the Veteran population and Veterans 85+ will comprise 16 percent of the Veteran population.

The applicant states that the Veteran elderly population is particularly at risk of cancer, cardiac disease, pulmonary disease and Alzheimer's/dementia. Kindred expresses a commitment to serve Veterans through hospice care and attests to its participation in the We Honor Veterans program and intention to serve veterans through the We Honor Veterans program.

The applicant also expresses a commitment to enhance the hospice use of patients with non-cancer diagnoses through outreach, since patients with non-cancer diagnoses are indicated to use hospice at a lesser rate than individuals with cancer diagnoses in reference to Agency publications.

**PruittHealth Hospice – 3E, LLC (CON #10466)** has responded to need as published in the Florida Administrative Register demonstrating need for an additional hospice program in Hospice Service Area 3E. The applicant notes that the projected total growth and average annual growth rate within Hospice Service Area 3E are currently twice the statewide growth rates. The applicant includes a table summarizing population growth and the average annual growth rate from 2016 to 2021 within Hospice Service Area 3E and the State of Florida which is reproduced on the following page.

<sup>2</sup> The reviewer notes that five year periods are unspecified for Hispanics and African-Americans

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<b>Hospice Service Area 3E Population Growth</b>				
<b>Total Population</b>				
<b>County</b>	<b>2016</b>	<b>2021</b>	<b>Growth</b>	<b>AAGR</b>
<b>Lake</b>	326,815	365,247	11.8%	2.4%
<b>Sumter</b>	119,581	144,185	20.6%	4.1%
<b>3E Total</b>	446,396	509,432	14.1%	2.8%
<b>Florida Total</b>	20,098,257	21,486,573	6.9%	1.4%

Source: CON application #10466, Page 33

In evaluation of need for the proposed project, the applicant describes population needs among a variety of communities. In particular, the applicant identifies The Villages as a robust and active retirement community with its own health facilities. The applicant states that Lake and Sumter Counties are home to a number of retirement communities for residents aged 55+.

Within the proposed service area, the applicant notes that the proportion of individuals age 65+ in 2016 is higher than the statewide proportion of individuals age 65+ and is projected to continue to exceed the statewide proportion of individuals age 65+ in 2021. The growth rate of the elderly population is also estimated to exceed the growth rate of elderly in the state overall. The applicant states that as the age 65+ cohort contributes to the death rate and need for hospice services, the proportion of elderly and anticipated expansion of the elderly population relative to the proportion of elderly in the state overall will drive the need for hospice services. Tables depicting population distribution and growth by age cohort within the proposed service area are reproduced below.

<b>Hospice Service Area 3E Population Distribution</b>					
		<b>2016</b>		<b>2021</b>	
<b>County</b>	<b>64 and Under</b>	<b>65 and Over</b>	<b>64 and Under</b>	<b>65 and Over</b>	
<b>Lake</b>	75.3%	24.7%	73.7%	26.3%	
<b>Sumter</b>	50.4%	49.6%	47.4%	52.6%	
<b>3E Total</b>	68.6%	31.4%	66.2%	33.8%	
<b>Florida Total</b>	<b>81.0%</b>	<b>19.0%</b>	<b>79.3%</b>	<b>20.7%</b>	

Source: CON application #10466, Page 33

<b>Hospice Service Area 3E Population Growth by Age</b>							
		<b>2016</b>		<b>2021</b>		<b>Growth</b>	
<b>County</b>	<b>64 and Under</b>	<b>65 and Over</b>	<b>64 and Under</b>	<b>65 and Over</b>	<b>64 and Under</b>	<b>65 and Over</b>	
<b>Lake</b>	246,085	80,730	269,069	96,178	9.3%	19.1%	
<b>Sumter</b>	60,228	59,353	68,289	75,896	13.4%	27.9%	
<b>3E Total</b>	306,313	140,083	337,358	172,074	10.1%	22.8%	
<b>Florida Total</b>	<b>16,285,571</b>	<b>3,814,686</b>	<b>17,028,574</b>	<b>4,457,999</b>	<b>4.6%</b>	<b>16.9%</b>	

Source: CON application #10466, Page 34

The applicant also notes that the number of deaths and death rate have increased within the targeted service area from 2013 to 2015, which demonstrates a need for hospice services. In analysis of deaths by



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mortality, PruittHealth Hospice notes that deaths by all causes within the service area exceed the statewide distribution and also suggest a need for targeted disease-specific hospice programs in the area. The applicant states that the growth of the elderly population in the service area, death rates, and the distribution of deaths by age cohort and condition are factors contributing to unmet need and demand for hospice programs in the service area.

The applicant also identifies need with respect to utilization within the service area. From July 2013 to June 2016, the applicant notes that hospice admissions increased by 33.6 percent (over 900 admissions). The applicant provides an overview of leading hospice admissions by diagnosis and leading causes of death in the service area and notes that the percentage of deaths from heart disease in Lake and Sumter Counties exceeds the percentage of hospice admissions with an end-stage heart disease diagnosis and ultimately underscores a need for targeted disease-specific hospice programs within the service area. Charts depicting the hospice admissions by diagnosis and 2015 leading causes of death in the service area are included in the following tables.

<b>2015 Hospice Admissions by Diagnosis: Hospice Service Area 3E</b>		
<b>Admitting Diagnosis</b>	<b>Admissions</b>	<b>% of Total</b>
<b>Cancer</b>	2,289	35.0%
<b>Other Diagnosis</b>	1,987	30.4%
<b>End-Stage Heart</b>	1,375	21.0%
<b>End-Stage Pulmonary</b>	700	10.7%
<b>End-Stage Renal</b>	170	2.6%
<b>AIDS</b>	25	0.4%
<b>Total</b>	<b>6,546</b>	<b>100.0%</b>

Source: CON application #10466, Page 37

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<b>2015 Hospice Service Area 3E Leading Causes of Death Comparisons</b>						
<b>Cause of Death</b>	<b>Lake</b>		<b>Sumter</b>		<b>Florida</b>	
	<b>% of Total</b>	<b>Rank</b>	<b>% of Total</b>	<b>Rank</b>	<b>% of Total</b>	<b>Rank</b>
<b>Cancer</b>	24.5%	1	27.4%	1	22.9%	2
<b>Heart Disease</b>	22.9%	2	23.6%	2	23.6%	1
<b>Chronic Lower Respiratory Disease</b>	6.6%	3	5.1%	4	6.1%	3
<b>Unintentional Injury</b>	6.3%	4	7.2%	3	5.4%	5
<b>Stroke</b>	4.5%	5	4.9%	5	6.0%	4
<b>Alzheimer's Disease</b>	3.9%	6	3.8%	6	3.7%	6
<b>Diabetes</b>	2.7%	7	2.2%	8	2.8%	7
<b>Parkinson's Disease</b>	1.4%	8	1.5%	9	1.2%	13
<b>Chronic Liver Disease &amp; Cirrhosis</b>	1.4%	9	2.4%	7	1.6%	10
<b>Suicide</b>	1.3%	10	0.8%	13	1.6%	9
<b>All Other Causes</b>	24.5%		21.1%		25.1%	

Source: CON application #10466, Page 37

The applicant also states a commitment to service individuals of all ages who are eligible for hospice services. Based on hospice admissions by payer category, the applicant anticipates that there may be a need for additional services for uncompensated, self-pay, and Medicaid patients. Tables documenting hospice admissions by payer at existing service area providers is depicted below.

<b>2015 Hospice Admissions by Payer Category</b>		
<b>Payer Category</b>	<b>Compassionate</b>	
	<b>Care</b>	<b>Cornerstone</b>
<b>Medicare</b>	6.0%	86.3%
<b>Medicaid</b>	0.0%	4.9%
<b>Third Party</b>	0.0%	6.1%
<b>Self-Pay</b>	0.0%	2.6%
<b>Uncompensated</b>	94.0%	0.1%
<b>Other</b>	0.0%	0.0%
<b>Total</b>	100.0%	100.0%

Source: CON application #10466, Page 38

<b>Hospice Service Area 3E Socioeconomic Indicators</b>			
	<b>Lake</b>	<b>Sumter</b>	<b>Florida</b>
Median Household Income, 2014	45,465	49,874	47,212
Percent of Population in Poverty	13.8%	10.9%	15.7%
Medicaid Enrollees, December 2015	58,304	10,794	3,892,320
Medicaid Enrollees as % of Total Population	18.1%	9.2%	19.5%

Source: CON application #10466, Page 39

The applicant also lists the following characterizations of the service area population:

- The median household income in Lake County is slightly lower than the State of Florida

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- The percent of persons in poverty in Lake County is comparable to the State of Florida
- There are approximately 80,000 Medicaid enrollees in the two-county area
- The Medicaid enrollees as a percent of the total population in Lake County is similar to the State of Florida.

The applicant states that based on this information that the majority of the population living in the two-county area is not more affluent than the state average for the same socioeconomic indicators. The applicant also notes that 15.5 percent of patients discharged from acute care to home, home health, or who expired were covered under Medicaid while only 4.9 percent of resident acute care discharges<sup>3</sup> were Medicaid patients—demonstrating that the Medicaid population is underserved. The applicant also notes that the proportion of patients served in nursing homes within the service area is lower than the state average, indicating an opportunity to expand hospice service availability in area nursing homes. Based on historical experience, PruittHealth Hospice predicts that the proposed hospice program will achieve 4.0 and 9.5 percent of market shares in 2018-2019 and does not anticipate a material impact on other providers.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** has responded to need as published in the Florida Administrative Register indicating need for an additional hospice program in Hospice Service Area 3E. On pages 1-2 of CON application #10467 the applicant states that the proposed hospice program will be characterized by:

- Extensive use of volunteers to provide non-core services
- Implementation of intensive outreach to the service area's medical, social services, clergy and general community to expand the acceptance of the hospice model in service area 3E
- Establishing a broad geographic presence in the service area
- Providing a wide array of complementary services over and above those required by Medicare Conditions of Participation
- Implementation of a modern, efficient delivery model

On page 13 of CON Application #10467 the applicant states that the proposed hospice program will expand access to hospice care through:

- Tidewell's historical success in attracting end-of-life patients in its existing service area

<sup>3</sup> Lake and Sumter County resident acute care hospital discharges (excluding newborns and neonates) pulled from Agency inpatient discharge database

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- The reasons that some patients and patient populations decline to access hospice services
- Tidewell’s approach to patient and community outreach

The applicant includes a summary of non-cancer penetration rates for Tidewell programs from 2011 to 2015 which is reproduced below:

**Tidewell Non-Cancer Penetration Rate Comparisons**

	2011	2012	2013	2014	2015
<b>Tidewell Non-Cancer Admissions</b>	4,852	4,861	5,147	5,208	5,299
<b>Florida Non-Cancer Admissions</b>	73,537	75,752	77,318	79,043	85,683
<b>Tidewell Service Area Non-Cancer Deaths</b>	8,260	8,298	8,522	8,932	9,288
<b>Florida Non-Cancer Deaths</b>	131,635	134,153	137,664	142,708	147,611
<b>Tidewell Non-Cancer Penetration Rate</b>	0.59	0.59	0.6	0.58	0.57
<b>Florida Non-Cancer Penetration Rate</b>	0.56	0.56	0.56	0.55	0.58

Source: CON application #10467, Page 15

In particular, the applicant notes that from 2011 to 2015 Tidewell - affiliated hospice programs have exceeded the statewide average hospice penetration rate and identifies that existing programs in hospice service area 3E have been low and in two years maintained the lowest penetration-rate programs in the state. Based on the table provided the reviewer notes that the non-cancer penetration rate in 2015 for Tidewell does not exceed the statewide penetration rate. Moreover, the applicant concludes that Tidewell programs are designed to increase the selection of hospice services and have been successful and cannot attribute these characterizations to other hospice providers.

The applicant also includes a description of hospice penetration rates and discharge rates of competing co-batched applicants, summaries of these arguments are documented in the order they appear on pages 15- 20 of CON application #10467.

**VITAS**

In evaluation of penetration rate trends for VITAS, the applicant considers penetration rates in Service Areas 4B, 7A, 8B, 9C—areas which the applicant considers to have high penetration rates. The applicant determines that VITAS has had a more uneven record of increases in hospice penetration rates in selected service areas in comparison to the

operating service areas of Tidwell programs.<sup>4</sup> The applicant additionally states that VITAS is the second-ranked competitor in Service Area 4B, behind Halifax Hospice. For the most recent 12-month period in service area 9C, VITAS is the 3<sup>rd</sup> among three existing providers for hospice admissions with total admissions in the service area since 2011 are described as flat. In service area 8B, the applicant states that VITAS is not the larger of the two competing programs and volumes of admissions have declined since 2011. Despite being the largest sole provider, the applicant states that the rate of growth of hospice admissions for VITAS in service area 7A has not increased at the same rate of the service area as a whole or at the same rate of the other two largest competitors for VITAS hospice.

**Odyssey/Gentiva/Kindred**

The applicant states that over the past three years, two of three Odyssey/Gentiva/Kindred hospices have operated in service areas where the hospice penetration rate has exceeded the statewide average. The applicant notes that these successes are not the result of Odyssey/Gentiva/Kindred programs and notes that in Service Area 3B, utilization for the Odyssey/Gentiva/Kindred program has been below 300 admissions since 2011. In Service Area 4B, a service area with the highest penetration rate, the volume of hospice admissions for Odyssey/Gentiva/Kindred has experienced a steep decline since 2011 and slight rebound in 2015.

**Hospice of Marion County**

The applicant states that penetration rates for Hospice of Marion County have typically declined since 2011.

Tidwell also considers live discharge rates alongside hospice penetration rates among other competing applicants. In particular the applicant states that penetration rates should be evaluated in light of clinical appropriateness. In evaluation of live discharge rates for Medicare fee-for-service patients for all competing co-batched applicants with hospice services in Florida and existing hospice providers in Hospice Service Area 3E, the applicant notes that Tidwell Hospice has among the lowest live discharge rates and proprietary hospices (*i.e.* Kindred at Home, VITAS, Compassionate Care) report the highest live discharge rates for all disease categories in 2015 (Tables 10, 11, and 12, CON application #10467, Pages 19-20). From this, the applicant asserts that the medical

<sup>4</sup> The reviewer notes that Table 7 of CON application #10467 was stated to reflect a comparison of the penetration rate for non-cancer admissions in Tidwell programs and the state of Florida from 2011 to 2015. The penetration rates do not increase in every year for Tidwell Hospice programs and do not exceed the statewide average in each year. Based on Table 8 on page 17 of CON application #10467 selected penetration rates identified by the applicant in Service Areas 4B, 7A, 8B, and 9C, VITAS penetration rates exceed statewide averages in each year from 2011 to 2015 and exceed those of Tidwell programs in each year from 2011 to 2015.

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appropriateness and cost-effectiveness of hospice admissions of some of these hospice providers should be reviewed. In conclusion, the applicant intends to replicate high penetration rates in the proposed service area, 3E.

The applicant describes peer-reviewed studies which document historical sources of disparities to hospice use by race/ethnicity, diagnosis, geography, and socioeconomic status on pages 21 through 27 of CON application #10467. The applicant states that it will conduct outreach to address perceived barriers to care among ethnic minority populations, the employment of staff members fluent in Spanish, the use of Spanish language materials, African American staff, hospice children's services including Partners in Care (PIC) for Kids Program and Veterans outreach including a We Honor Veterans partnership. The applicant includes a description of its outreach programs on pages 32 through 37 of CON application #10467.

The applicant also boasts a historical record of its provision of volunteer services, in FY 2016 Tidewell volunteers are reported to have provided more than 57,000 individual activities or visits and 43,646 hours of service totaling \$815,527 for non-Medicare match services. Tidewell reports 62,808 volunteer hours of Medicare match eligible services totaling \$1,373,563 in FY 2016. Tidewell also states to maintain volunteers through a partnership with the President's Council on Service and Civic Participation, continuing education programs and yearly performance evaluations in order to identify areas of strength and service enhancement. A list of awards and volunteer programs is included on pages 8-10 of CON application #10467.

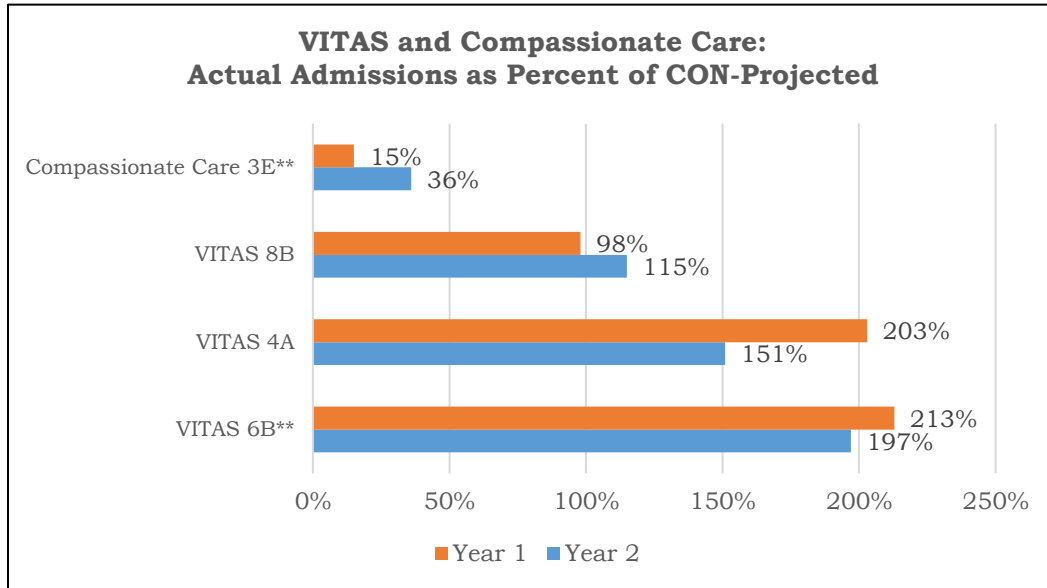
**VITAS Healthcare Corporation of Florida (CON #10468)** has responded to need as published in the Florida Administrative Register demonstrating need for an additional hospice program in Hospice Service Area 3E.

The applicant states that need for an additional hospice is evidenced as a result of a perceived failure of an existing hospice provider, Compassionate Care, to meet area patients' needs and sustain adequate hospice admissions. The applicant provides a table comparing actual versus projected admissions for the first two years of operations of CON projects for VITAS Healthcare Corporation in Hospice Service Areas 4A, 6B, and 8B and Compassionate Care in Hospice Service Area 3E on page 32 of CON application #10468. The applicant asserts that Compassionate Care, an existing hospice provider, has failed to address the need for a cardiac-focused hospice provider within the service area. Specifically, the applicant references the condition compliance report for CON application #10140 for Compassionate Care which documents the admission of 10 Cardiac Connections patients in 2015, failure to conduct

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quarterly meetings with area cardiologists, failure to meet with hospital staff and/or physicians on a monthly basis to review Cardiac Connections' benefits and failure to provide evidence of the Cardiac Connection program's impact on readmissions.

The applicant also includes a graph depicting historical admission comparisons derived for VITAS CON projects in 4A, 6B, and 8B and Compassionate Care in 3E in demonstration of VITAS' expressed commitment to meet service area needs. The graph is reproduced below.



Source: CON Application #10468, Page 32,  
\*\* Annualized from three-quarters of data

In addition to evaluating historical admission trends, VITAS also identifies need for hospice services among non-cancer patients, particularly patients with cardiac and pulmonary diagnoses. The applicant references Medicare Standard Analytical File data in determining a need for hospice services for individuals with non-cancer diagnoses, demonstrating that VITAS serves a higher percentage of Medicare hospice patients aged 65+ than the percentage of Medicare hospice patients aged 65+ within Hospice Service Area 3E and the state of Florida. The applicant states to possess the capacity and resources to provide hospice care to patients with a variety of illnesses, including those with complex symptom management needs and cites positive reviews of providers. In particular, the applicant highlights its capacity to care for cardiac patients and patients with respiratory and pulmonary diseases.

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VITAS states that despite the difference between the statewide and districtwide proportion of circulatory patients, the care of these patients is important.<sup>5</sup> As a result, the applicant states that conditions of the Cardiac Care Program presented for the proposed hospice program will center on a coordinated approach that integrates staff training, provider input, and community education. A narrative description of staff training as dictated by the applicant's Cardiac Program Resource Manual is provided on pages 36 – 38 of CON application #10468. The applicant also reiterates its application is conditioned upon provider input and community outreach with references to supportive references in TABs 19, 45, and 3 on page 39 of CON application #10468. Support for the applicant's proposed Cardiac Care Program is documented from service area providers on pages 39-40 of CON application #10468. Descriptions of personalized care plans, caregiver education, and hospitalization reduction measures for the provision of high quality care are also included on pages 41-45 of CON application #10468.

In addition to treating patients through a Cardiac Care Program, the applicant will also target patients with end-stage pulmonary disease and their families for hospice services. In description of the need for targeting individuals with end-stage pulmonary disease, the applicant presents the following information:

- Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of death in the US
- Fourth most costly, potentially preventable hospital readmission
  - Accounted for 715,000 hospital discharges in 2010
  - 30-day COPD readmission rate is 22.6 percent

The applicant states to bear the capacity to serve patients with lung diseases such as COPD and has developed training and resources for staff in order to equip staff with the knowledge and ability to provide better palliative care to patients. The applicant lists breathing trouble, emergency room visits, and difficulty managing pain and other symptoms as common issues for pulmonary patients and describes how VITAS will work with physicians and EMS teams to improve outcomes and reduce admissions by educating EMS, health providers and residents about hospice care.

VITAS also intends to address the need for hospice services for residents of deed age-restricted communities (DARCs) and veterans, which is expected to increase hospice access and quality. The applicant states that Subdistrict 3E has the highest concentration of DARCs in the nation—DARCs are communities in which housing is intended and

<sup>5</sup> On page 35 of CON application #10468, the applicant states that patients with circulatory disease represent 27 percent of Medicare beneficiaries in the service area and 29 percent within the state.



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operated for individuals 55+. The Villages in Sumter County is a DARC which the applicant states has contributed to substantial population growth in northern Sumter county. Via Sumter County's website, the applicant determines that 66 percent of Sumter County residents are residents of The Villages and that the median age of area residents is 70.3. The applicant also notes that there is continuous expansion of DARCs within the area which offer a variety of services that the applicant states reduces resident migration outside of the community. VITAS intends to conduct outreach to DARCs in order to provide residents with information on end-of-life options while considering the characteristics and needs of residents of DARCs. In order to address outreach to DARCs, the applicant conditions its application on the employment of a Community Liaison within the first month of operations to conduct outreach and education.

Based on the larger proportion of veterans within the service area relative to the state, the applicant has also identified a need for hospice services among veterans in the service area. The applicant states that the unique experiences of veterans can be served by hospice care that makes patients feel comfortable and safe. The applicant states that staff are trained to meet the needs of veterans and that VITAS pledges to: (1) provide quality clinical, spiritual and psychosocial care for illnesses and service-related injuries, (2) support veteran patients, their families, and loved ones (3) work closely with the VA to ensure access to all entitled benefits, and (4) take each veteran's military history into account as part of the care planning process.

The applicant states that VITAS will increase the quality of hospice care for veterans in the service area through:

- Participation in the Veterans Administration's We Honor Veterans program
- Extend and strengthen partnerships with VA and other local Veteran organizations
- Implementation of the VITAS Veterans Benefit Assistance Program
- A Community Liaison who dedicates half their time to veterans' education and outreach

The applicant has also consulted with service area Veteran centers to discuss the proposed hospice program and veteran needs within the service area and references letters of support from The American Legion: Department of Florida and The Military Order of the Purple Heart.

**2. Agency Rule Criteria and Preferences**

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

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

**Each** co-batched applicant is responding to published need for an additional hospice program for the January 2018 planning horizon.

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

**Hospice of Marion County, Inc. (CON #10463)** states an intent to provide two services that are stated to be unavailable to the residents of Lake and Sumter Counties. Within its first year of operation the applicant intends to provide its Transitions and PIC:TFK Programs reflecting the conditions of its Schedule C. On page 22 of CON application #10463, the applicant describes the Transitions Program as a professionally-managed, volunteer-based, free program designed to provide non-medical support to clients and their families. The mission of the Transitions program is to provide volunteer and a type of case management service to individuals with a life-limiting illness who have a prognosis of one year or less to live.

On page 24 of CON application #10463, the applicant describes the PIC:TFK program as a Medicaid waiver program for children with serious chronic illness which allows children who are receiving care for potentially life-limiting medical conditions to receive an overlay of hospice services.

In Appendix F of CON application#10463, HMC describes the Transitions program as a professionally managed, volunteer-based support system provided at home, assisted living facilities and nursing homes. The applicant states that the program is designed to assist those challenged by an advancing illness with a prognosis of one year or less and is available to Marion County Residents at no charge through non-clinical support and practical assistance. The Transitions program provides case management services which identify family needs and offer specially trained volunteers, additional resources, referrals, links to community agencies,

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assessment, phone support, companionship, transportation and assistance with errands.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** has identified patients with end-stage heart disease, particularly within the service area's growing Hispanic population as a population with unmet needs for hospice services. In addition to addressing the unmet needs of Hispanic residents in Hospice Service Area 3E, the applicant also states a commitment to serve indigent and low-income populations regardless of race, ethnicity, religious affiliation or ability to pay and to conduct outreach to all groups in need of care within the service area.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** has identified Hispanics, African-Americans, veterans, and persons with a non-cancer diagnosis as populations with unmet need for hospice services and proposes to serve these populations through specialized outreach and programs to meet their needs.

**PruittHealth Hospice – 3E, LLC (CON #10466)** expresses a commitment to serve the unmet needs of individuals eligible for hospice through mechanisms that will improve awareness of hospice benefits to the community, provide ongoing education and training to the medical community and broader community on hospice needs.

In particular, the applicant states an intent to serve the disease-specific needs of elderly and references its stated intent to implement disease management programs and related care paths as a condition of the proposed hospice program. The applicant has also identified unmet need for end-stage cardiac disease programs which it intends to target with disease management programs and related care paths as well. On page 29 of CON application #10466, the applicant anticipates that the proposed hospice program will:

- Increase access to high quality hospice services in Hospice Service Area 3E
- Allow residents to receive hospice services from a company with an extensive history of the provision of post-acute services, including 27 hospice agencies, which provides a broad array of services and programs from which to draw expertise and unique programming
- Ensure access to hospice services for all residents, regardless of payor source
- Increase availability of hospice care provided to residents of nursing homes and assisted living facilities

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- Increase availability of special programs based on the leading causes of death in the area, including PruittHealth Hospice's specific care paths for End-Stage Cardiac and Lung Disease
- Enhance competition by allowing an established southeastern provider of long-term care and hospice services to develop its first hospice program in the State of Florida

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** states to have developed a model of patient care and community outreach in order to increase hospice use among underserved individuals within the service area. In particular, the applicant describes how Tidewell's existing service areas experience penetration rates that exceed penetration rates throughout Florida. The applicant attributes the success of its hospice programs (i.e. penetration rates) as a result of outreach to community organizations and resources such as: medical and social services and community resources.

The applicant intends to implement a similar model of outreach within Hospice Service Area 3E as historically targeted towards: Veterans, pediatric populations, ethnic minorities and patients with cognitive impairment. The applicant also cites that the proposed hospice program is conditioned upon the extension of community services related to community grief and bereavement, complementary services, Transitions Program and community education.

**VITAS Healthcare Corporation of Florida (CON #10468)** has identified need for hospice services among non-cancer patients, particularly patients with cardiac and pulmonary diagnoses. VITAS also intends to address the need for hospice services for residents of DARCs and Veterans. The applicant expects that targeting care towards these groups will increase hospice access and quality.

Based on the larger proportion of Veterans within the service area relative to the state, the applicant has also identified a need for hospice services among Veterans in the service area. The applicant states that the unique experiences of Veterans can be served by hospice care.

The applicant additionally identifies need for hospice services among individuals who frequently use EMS services and non-white populations based on area hospice use rates. VITAS includes tables of Medicare beneficiary hospice use rates by race and

ethnicity on pages 104–105 of CON application #10468. The applicant also notes providing culturally diverse and religious programming.

- (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.**

**Hospice of Marion County, Inc. (CON #10463)** states an intent to provide approximately five percent of its total patient days in Lake and Sumter Counties to inpatients during the second year of operation in Service Area 3E. The applicant states that this projection of patient days is consistent with the applicant's experience in Marion County. The applicant additionally expects that inpatient care in Service Area 3E will be delivered through inpatient care directly. HMC cites its historical experience with providing direct inpatient care through the use of its own inpatient units and contractual agreements with hospitals in the service area. The applicant intends to provide inpatient hospice services through collaboration with an inpatient provider by the end of the second year of operation as stated in its Schedule C conditions.

HMC also intends to provide inpatient care via a free-standing inpatient unit, once financially and operationally viable.

A letter of support from David Ottati, President & CEO of Florida Hospital Waterman expresses a commitment to consider contracting with the applicant for inpatient care.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** states an intent to contract with existing hospitals and skilled nursing facilities to provide inpatient care. Haven Hospice estimates that approximately two percent of its total patient days in Hospice Service Area 3E will be committed to inpatient care. The applicant additionally cites its experience with forming contractual arrangements for the provision of inpatient care, directly providing inpatient care in its existing inpatient units and leasing space for the provision of inpatient hospice care. Haven Hospice provides a supplement of sample agreements in Tab five of CON application #10464.

The applicant states that Haven Hospice has discussed contracting with Cornerstone Hospice in order to provide general inpatient care and respite services to patients at Cornerstone Hospice's

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freestanding inpatient facilities. The reviewer notes that neither a letter of support nor an agreement for inpatient care with Cornerstone Hospice is included in CON application #10464.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** intends to contract with skilled nursing facilities in the area to provide general inpatient care. The applicant expects relationships with inpatient providers to allow for a transition to hospice care. The applicant references letters of support from skilled nursing facilities in Attachment seven of CON application #10465 as evidence of this intent.

**PruittHealth Hospice – 3E, LLC (CON #10466)** intends to contract with service area nursing homes and hospitals for inpatient hospice care and expects that this contractual arrangement will serve to expand awareness and utilization of hospice.

The applicant references letters of support from nursing homes, hospitals and assisted living facilities. Letters of support are included in Appendix H of CON application #10466 and a sample of an inpatient agreement is included in Appendix J of CON application #10466 as evidence of this intent.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** intends to contract with licensed hospitals, nursing homes, and/or other qualified providers of inpatient hospice services. The applicant delineates responsibilities between Tidewell Hospice and the contracting facility as follows:

- Tidewell Hospice Responsibilities:
  - Patient admission
  - Advance directives
  - Care planning and management
  - Coordination of services
  - Quality assurance
  - Hospice training
  - Payment
- Contracting Facility Responsibilities:
  - Providing an inpatient bed
  - 24-hour nursing care
  - Space for families and visitors
  - Providing staff privileges for the hospice medical director and physicians
  - Ancillary services including meals, drugs and medical supplies

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The applicant includes letters of support in Appendix J of CON application #10467 as evidence of this intent.

**VITAS Healthcare Corporation of Florida (CON #10468)** intends to contract with hospitals and nursing home facilities to provide inpatient or respite care. The applicant anticipates that contracting with these facilities will increase awareness of hospice and referrals to hospice care. The applicant references letters of support from nursing homes within the service area in TAB 10 of CON application #10468. The applicant additionally states a preference for contracting with nursing homes, hospitals and other healthcare providers. A letter of support for the intent to collaborate with VITAS for palliative care is also included in TAB 11 of CON application #10468.

- (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.**

**Hospice of Marion County, Inc. (CON #10463)** describes its historical provision of care to patients without primary caregivers at home, the homeless and patients with AIDS. The applicant commits to continue provision of care to these demographics. The applicant also anticipates developing appropriate plans of care that attend to caregiver needs so that patients are able to receive care that is safe and consistent with their desires. The applicant states that it will make use of proven policies and procedures, staffing/staff training and mission orientation in order to address the care needs of this demographic. HMC cites past collaboration with area hospitals, shelters and organizations in order to identify homeless persons in need of care and to develop care plans for homeless persons. The applicant additionally describes its model of placing individuals in facilities for short-term supplemental care.

HMC states a commitment to provide access to hospice services to patients regardless of their age, race, color, creed, religion, disability, sexual orientation, national origin or ability to pay and cites its historical provision of uncompensated care and services as evidence of this commitment.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** expresses a commitment to provide services to patients regardless of caregiver, diagnosis or housing status. The applicant also provides a copy of its Non-Discrimination in Services Provided Policy and other nondiscriminatory policies of service maintained at Haven Hospice in Tab six of CON application

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#10464. An account of Haven Hospice's participation in a five-year rural area demonstration from October 2005 to September 2010 is also provided as evidence of Haven Hospice's commitment to serve patients without primary caregivers. Haven Hospice uses data obtained from this demonstration to identify patients without primary caregivers in urban, metropolitan and rural areas. In treating patients without primary caregivers and homeless individuals, Haven Hospice describes using staff assessments, community resources, volunteers, friends, family and considering patient desires in the provision of hospice services to patients without primary caregivers. For homeless persons, Haven Hospice makes use of VA housing and nursing homes for Veterans, halfway housing, emergency homeless shelters, supportive housing, faith community resources, homeless initiatives and on as needed visits.

For patients with HIV or AIDS, the applicant expresses a commitment to addressing individual needs. The applicant describes its experience with providing hospice services to patients with HIV or AIDS. Haven Hospice also states that social workers and chaplains of Haven Hospice are trained to provide support and counseling for patients, family and friends struggling with their diagnosis.

Overall, Haven Hospice states maintaining an open access model of hospice and palliative care delivery in order to prevent the delay or denial of care to individuals who meet service area requirements and physician certification for admission to receive hospice services.

**Odyssey Healthcare of Marion County, LLC d/b/a Gentiva Hospice (CON #10465)** expresses a commitment to serve all individuals who qualify for hospice care within the licensed service area including homeless persons, persons without primary caregivers and persons with HIV or AIDS. The applicant cites its success with serving the homeless and individuals without primary caregivers through the use of a medical ethics committee and a surrogate decision maker. The applicant reiterates its commitment to provide at least two percent of patient days to serve charity patients, as a condition of approval of its proposed hospice program.

**PruittHealth Hospice – 3E, LLC (CON #10466)** expresses a commitment to serve all residents, particularly those who are homeless, those who lack primary caregivers and those who have AIDS. For homeless individuals and patients who do not have primary caregivers at home, the applicant focuses on enabling patients to remain in the least restrictive and most emotionally



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supportive environment possible (patient's or relatives homes). Upon admission, the patient will be asked to select a primary caregiver. PruittHealth Hospice states that it will develop a care plan to meet patient needs in the event that a patient lacks a primary caregiver. PruittHealth will also assist the patient with developing a caregiver network from their community. In the event that the patient is unable to provide care to themselves, lacks a caregiver network or is homeless, the applicant intends to recommend placement in an assisted living facility or nursing home where the hospice can provide residential care. The applicant maintains that end-of-life care and hospice services will also be available to all individuals with HIV/AIDS.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** will conduct an assessment for the need and capabilities of the patient's preferred caregiver with a hospice representative (e.g. RN). The hospice representative will review the caregiver's role in the patient care process and provide the caregiver with educational materials and Tidewell resources that will assist them with fulfilling their responsibilities. If the patient does not immediately identify a primary caregiver, a social worker will explore other options in light of the patient's financial resources and in consultation with relatives and friends, religious beliefs and community resources. In the event that the patient lacks a primary caregiver, the applicant will assess the patient's general health in anticipation of the patient's capacity to remain at home pending the identification of a caregiver. If a patient can remain at home, Tidewell may elect to provide a Certified Nursing Assistant to assist with activities of daily living for seven days a week. Patients who cannot remain at home may be placed in either a long-term care facility or assisted living facility. The applicant makes reference to Tidewell's Policy and Procedure for Caregivers, in Appendix O of CON application #10467.

**VITAS Healthcare Corporation of Florida (CON #10468)** will serve all residents using all community and VITAS resources in order to allow for patients to remain in the least restrictive and most emotionally supportive environment. The applicant maintains that an attempt will be made to identify a primary caregiver from among the patient's family and friends, community members and hospice volunteers in order to provide the patient support within either the patient's or caregiver's home. In the event that a patient lacks an identifiable primary caregiver but can provide a significant amount of their own self-care, the applicant will assist with developing a caregiver network or affordable adult sitter services. The applicant will also provide cell phones to patients and family members with unreliable access to

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communication, in this way the applicant will maintain contact between patients and hospice personnel in order to ensure that patient needs are met. VITAS indicates that it will provide continuous home care when appropriate. The applicant also states an intent to serve homeless individuals throughout the service area regardless of volume and will conduct outreach to community organizations and health providers in the region. The applicant also expresses a commitment to serve individuals with HIV/AIDS regardless of volume. VITAS states that educational programs on HIV/AIDS developed for health care professionals will also be utilized for the proposed service.

- (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.**

This criterion is not applicable as Hospice Service Area 3E is comprised of two counties: Lake and Sumter Counties.

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

**Hospice of Marion County, Inc. (CON #10463)** states to have provided \$477,406 (1.64 percent of total funds) in uncompensated care in 2015 and \$370,873 of uncompensated care from January through October 31, 2016. HMC reiterates offering unfunded services, without direct reimbursement or payment, to patients, families and others which include extensive bereavement services for adults and children, pet and music therapy, a pharmacy internship program for medical students from the University of Florida, ongoing community education and its Transitions Program.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** intends to provide a range of services not covered by private insurance, Medicaid or Medicare. Haven Hospice describes collaborating with community service organizations, using donated funds to provide care to patients without insurance and receiving assistance from volunteers.

The applicant provides the following list of services it intends to offer in the absence of reimbursement from private insurance, Medicaid or Medicare:

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- Palliative Massage Therapy for alleviation of pain/discomfort as approved by physician
- Bereavement and grief support for patients/families and the community:
  - Individual and family grief support and counseling
  - School support for grief and trauma support groups
  - Anticipatory grief support for children and teens
  - Telephone grief support
  - Monthly mail (for up to 13 months) with tips for coping with loss
  - Programs to assist with coping with the holidays
  - Grief support groups
  - Pet loss support
  - Music therapy via spiritual care and volunteers
- Community support for advance directive understanding and completion of documents
- Pet visitor program
- Veteran recognition services for patients who are veterans and utilizing volunteers who are Veterans

In addition to these services, Haven Hospice also provides a Workplace Counseling and Support program. Haven Hospice also maintains a patient care field team with a special fund of \$2,500 for services that support quality of life and maintenance at home, but are not covered by insurance. A list of these services is outlined on pages 39-40 of CON application #10464.

Haven Hospice states to provide 1.3 percent of uncompensated care.

The applicant also outlines the demographic patients who received uncompensated care as individuals:

- With too many assets to qualify for Medicaid but financially unable to purchase insurance
- Who are not old enough to qualify for Medicare
- Whose health insurance company dropped them when they could no longer work and who did not have enough cash and assets to carry them through their health care crisis
- Whose health insurance coverage capped out before or shortly after admission to hospice
- Who never had insurance

Haven Hospice also provides free drug programs when available.

**Odyssey Healthcare of Marion County, LLC d/b/a Gentiva Hospice (CON #10465)** states that the following services not covered by Medicare, Medicaid or private insurance are available through Kindred Hospice:

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

**PruittHealth Hospice – 3E, LLC (CON #10466)** will offer bereavement services, education, a resource library, teen volunteers, an excess of five percent volunteer support, caregiver support, palliative care consults and caregiver services for patients without caregivers. The applicant will also service all terminally ill patients as defined by Medicare/Medicaid unless the patient, family, or physician requests to cease hospice services. The applicant states to exceed minimum requirements to provide patients without ability to pay and conditions the proposed program on the provision of \$100,000 and \$300,000 annually in years one and two of patient revenues associated with charity and Medicaid patients, respectively.

The applicant also references Programming/Operational Conditions that are identified as non-core services:

- Implement a program designed to reduce hospital re-admissions (INTERACT 3.0). The program to be implemented will be INTERACT 3.0 or another similarly designed program based on the most recent quality driven program PruittHealth determines to be available at the time of implementation.
- Incorporate Disease Management Care Paths into the PHH programming.
- Incorporate PruittHealth’s QAPI Plan into the Service Area 3E operations.
- Assure all staff maintains ongoing training and continuing education credits utilizing Pruitt University and at no cost to the employees.
- Participate in a company-wide Annual Quality Report to demonstrate transparency in operations and make this Quality Report available to the public.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** recounts its historical provision of services that surpass service offerings mandated by Medicare, Medicaid and private insurance—noting that the proposed hospice program is predicated on the condition to fund non-covered services as conducted in existing service areas. The applicant indicates that it provides services ranging from comprehensive grief and bereavement services to specialized complementary care modalities. The applicant includes a table documenting annual expenditures for services not covered by Medicare, Medicaid and private insurance for the 12-month periods ending on June 30, 2014 through 2016 which is reproduced below.

<b>Tidewell FY 2014-2016 Expenditures on Non-Covered Services</b>			
<b>Service</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
Community Grief Education and Support	\$320,000	\$437,920	\$444,670
Transitions Program	\$175,000	\$186,000	\$207,000
Complementary Therapies	\$350,000	\$351,000	\$353,000
Veteran's Honors Program	\$4,200	\$4,500	\$5,200
<b>Total</b>	<b>\$849,200</b>	<b>\$979,420</b>	<b>\$1,009,870</b>

Source: CON application #10466, page 86

**VITAS Healthcare Corporation of Florida (CON #10468)** states that the provision of the following services is a condition of the proposed hospice program:

- Life Bio
- Palliative radiation and chemotherapy
- We Honor Veterans
- Lavender Touch Experience
- Musical Memories
- Paw Pals

**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.**

**Hospice of Marion County, Inc. (CON #10463)** provides the following proposed staffing model for the first two years of operation on Schedule 6A of CON application #10463, which is reproduced below.

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<b>Hospice of Marion County: Proposed Staffing</b>		
<b>STAFFING AREA</b>	<b>YEAR ONE FTE</b>	<b>YEAR TWO FTE</b>
Administrator	1.00	1.00
Admissions Director	0.50	1.00
Bookkeeper	0.50	1.00
Secretary	0.50	1.00
Medical Records Clerk	0.50	0.75
Volunteer Services	0.60	1.00
All Other Admin	1.50	2.00
Physician	0.50	1.00
Clinical Coordinator	1.00	2.00
R.N.s	2.00	6.00
L.P.N.s	2.00	6.00
Hospice Aides	6.00	13.00
Pharmacy Tech	0.50	1.00
Registered Dietician	0.20	0.20
Social Service Director	0.50	1.00
Social Worker	1.00	2.00
Chaplain	0.50	2.00
Bereavement Counselors	1.00	2.00
Maintenance Assistance	0.20	0.20
<b>GRAND TOTAL</b>	<b>20.50</b>	<b>44.15</b>

Source: CON application #10463, Schedule 6A

The applicant also states that care will be delivered by an interdisciplinary team reflected in its Schedule 6A. HMC also states that volunteers are vital to hospice care and will receive training designed to prepare them for their roles in patient and family support, reflected in its Schedule 6A. HMC also states that training is designed to prepare volunteers for their roles in patient and family support, bereavement, administration and fundraising.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** provides the following proposed staffing model for the first two years of operation on Schedule 6A of CON application #10464, see table below.

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<b>Haven Hospice: Proposed Staffing</b>			
<b>STAFFING AREA</b>	<b>YEAR ONE</b>	<b>FTE ADDED</b>	<b>YEAR TWO</b>
	<b>FTE</b>		<b>FTE</b>
Administrator	0.50	0.00	0.50
Team Assistant (HIM)	0.50	0.50	1.00
Administrative Assistant			
Ops.	0.50	0.50	1.00
Customer Service Rep.	1.00	0.00	1.00
Professional Liaison (RN)	2.00	0.00	2.00
Volunteer Coordinator	0.50	0.00	0.50
Bereavement Counselor	0.25	0.25	0.50
RNs*	2.41	1.42	3.83
CNAs*	1.76	3.03	4.79
Social Worker*	0.63	0.85	1.48
Chaplain*	0.30	0.39	0.69
Asst. Clinical			
Coordinator	1.00	0.00	1.00
ARNP	0.30	0.20	0.50
Admissions RN	0.50	0.50	1.00
Weekend RNs	0.50	0.50	1.00
On Call RNs	0.80	1.20	2.00
Patient Care Manager			
(Field)	0.50	0.50	1.00
LPNs	1.25	1.25	2.50
Associate Medical			
Director	0.15	0.35	0.50
<b>GRAND TOTAL</b>	<b>15.34</b>	<b>11.09</b>	<b>26.28</b>

\*Includes 10 percent for non-productive time  
 The reviewer has italicized incorrect values  
 Source: CON Application #10464, Schedule 6A

The applicant proposes 15.34 FTEs in year one and 26.28 FTEs in year two. Based on the applicant’s proposal to add 11.09 FTEs in year two, the total proposed staffing in year two would be 26.44 FTEs. In the Schedule 6A provided the total FTEs in year one total to 15.35, the total number of FTEs to be added in year two total to 11.44, thereby resulting in 26.79 total FTEs in year two.

Moreover, the applicant also defines the roles of volunteers for the proposed hospice program which are included below:

- Administrative volunteer—providing office and clinical staff support
- Patient and caregiver volunteer—providing direct care for patients and caregivers in appropriate areas such as vigil support or telephone counseling
- Retail volunteer—working in various capacities in our retail stores

Haven states that the proposed staffing model for volunteers of the proposed hospice program will mirror the allocations of its existing service area: 20 percent patient and caregiver, 45 percent administrative and 35 percent retail.

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**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** provides the following proposed staffing model for the first two years of operation on Schedule 6A of CON application #10465, which is reproduced below.

<b>Odyssey Healthcare of Marion County: Proposed Staffing</b>		
<b>STAFFING AREA</b>	<b>YEAR ONE FTE</b>	<b>YEAR TWO FTE</b>
Administrator	1	1
Director of Nursing	1	1
Admissions Director	1	1
Secretary	1	1
Office Manager	1	1
R.N.s	4.5	5.7
Nurses' Aides	3.5	5
Dietary Supervisor	0.1	0.1
MSW/Spiritual Care Coord.	2	2.4
<b>GRAND TOTAL</b>	<b>15.1</b>	<b>18.2</b>

Source: CON application #104645, Schedule 6A

The applicant states that Schedule 6A only includes hired staff, but, states to train and use volunteers at approximately five percent of total hired direct care hours. The applicant maintains that volunteer services will include patient support, administrative, clerical and outreach activities.

**PruittHealth – Hospice – 3E, LLC (CON #10466)** provides the following proposed staffing model for the first two years of operation on Schedule 6A of CON Application #10466, which is reproduced below.

<b>PruittHealth Hospice Proposed Staffing</b>		
<b>Position</b>	<b>Year One FTE</b>	<b>Year Two FTE</b>
Administration	1	1
Director of Nursing	1	1
Community Relations Coordinator	2	2
Administrative Support	2	2
Clerk (2nd Office)		1
RN	2.52	6.42
Admissions Nurse	0.75	3.75
Nurse Practitioner	0.5	0.5
Nurses Aide	3.47	8.87
Dietary	0.2	0.2
Social Worker	1	2
Volunteer Coordinator	0.5	1
Bereavement Coordinator	0.5	0.75
Chaplain	1	1.5
<b>Total FTEs</b>	<b>16.45</b>	<b>31.99</b>

Source: CON application #10466, Schedule 6A

The applicant states that five to ten percent of its care hours will be provided by hospice volunteers.



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**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** provides the following proposed staffing model for the first two years of operations on Schedule 6A of CON Application #10467, which is reproduced below.

<b>Tidewell Hospice Inc. Proposed Staffing Pattern</b>		
<b>Staffing</b>	<b>FTE YEAR ONE</b>	<b>FTE YEAR TWO</b>
Administrator (Clinical Director)	1.0	1.0
Admissions Director (Liaison Dpt)	2.0	2.0
Other: Team Coordinator	1.0	1.0
Other: Volunteer Coordinator	0.5	0.5
Unit/Program Director	0.8	1.0
Other: ARNP	0.5	0.5
R.N.s/L.P.N.s	12.5	16.0
Nurses' Aides	3.5	5.0
Other: Bereavement	0.8	1.0
Social Service Director	1.5	2.0
Other: Complementary Svcs Coordinator	0.8	1.0
Other: Chaplain	0.8	1.0
Other: Community Services Personal	0.5	1.0
<b>Grand Total</b>	<b>26.0</b>	<b>33.0</b>

Source: CON application #10467, Schedule 6A  
 The reviewer has italicized incorrect values

In addition to the proposed staffing model outlined in Schedule 6A, the applicant expects to employ 25 to 30 volunteers in its first year of operation and 55 to 60 volunteers in its second year of operation. The applicant maintains that volunteers are projected to provide an estimated 1,500 hours of service in year one and 3,200 hours of service in year two.

The applicant states that volunteers will provide:

- Respite care
- Social visits
- Feeding assistance in assisted living facilities
- Vigil care
- Pet therapy
- Reiki
- Life review
- Veterans' pinnings
- Transportation
- Assistance in bereavement groups
- Errands and shopping

The applicant also provides a narrative description of volunteer support, utilization, training, recruitment, retention, awards, and activities on pages 5 – 12 of CON application #10467.

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**VITAS Healthcare Corporation of Florida (CON #10468)**

provides the following proposed staffing model for the first two years of operations on Schedule 6A of CON application #10468, which is reproduced below.

<b>VITAS Proposed Staffing</b>		
<b>Staffing</b>	<b>FTE Year One</b>	<b>FTE Year Two</b>
General Manager	0.44	1
Team Director (RN)/PCA	1.40	2.63
Admissions Director*	4.44	6.75
Business Manager	0.44	1
Receptionist/Secretary/Courier	1.00	2
PC Secretary	0.96	1.63
Continuous Home Care Manager/ CC Coordinator	0.23	0.25
Medical Director/Team Physician	0.81	1.5
RNs	5.26	11.19
LPN/Aides	11.96	21.18
On-Call Representatives	1.67	2
Respiratory Therapist	0.73	1
Physical/Occupational Therapist	0.73	1
Music/Pet Therapist	0.73	1
Dietary Supervisor	0.73	1
Social Worker	0.96	1.79
Volunteer/Bereavement Manager	0.44	1
Chaplain	0.50	0.5
<b>Grand Total</b>	<b>33.38</b>	<b>58.42</b>

Note: The reviewer has italicized an incorrect value  
Source: CON application #10468, Page 113, Schedule 6A

The applicant states that the following staffing positions and support functions represent an overhead allocation from existing VITAS operations: general bookkeeping, accounts payable and financial reporting, education/training, quality assurance, information technology and human resources (including payroll and benefits administration). The applicant expects that the proposed hospice program will benefit from economies of scale during the first year of operation. Volunteer staff hours will equal a minimum of five percent of paid employee hours with certain services provided based on patient need, availability, and volume.

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

**Hospice of Marion County, Inc. (CON #10463)** expects to draw patient referrals for the proposed hospice program from the following sources:

- Physicians
- Hospitals
- Nursing homes
- Assisted living facilities
- Families and friends

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- Managed care companies
- Faith communities
- Self-referrals confirmed by a physician
- Group residential homes

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** boasts its historical record of maintaining referral relationships with existing health care providers. The applicant states to also build relationships with facilities that share common ownership with AvMed Health Plans (managed care organization serving Lake and Sumter Counties). The applicant intends to use this affiliation to foster relationships with area providers for the purposes of referrals and includes a list of authorized AvMed providers in Hospice Area 3E in Tab 10 of CON Application #10464. A table reflecting Haven Hospice’s historical referral patterns from 2015 is included below:

<b>Haven Hospice Proposed Referral Pattern</b>	
Source	% of Referrals
Physicians	22.83
Patient, Family or Friend	13.52
Long Term Care Facilities	5.77
Hospitals	33.83

Source: CON application #10464, Page 41

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** provides the following list of sources for patient referrals:

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

In addition to the sources listed above, the applicant expects for patients and families to also serve as sources of referrals to hospice care under the guidance of a physician. Kindred Hospice also states that its existing home health services in the service area will serve as referral relationships for hospice services.

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**PruittHealth – Hospice – 3E, LLC (CON #10466)** states that sources of referrals will come from the following:

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

Letters of support in Exhibit H of CON application #10466 are cited as evidence of expected referral sources.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** anticipates referrals from physicians, hospitals, nursing homes, assisted living facilities, social workers, family members, clergy and other social service organizations and professionals.

**VITAS Healthcare Corporation of Florida (CON #10468)** expects that referrals will come from area physicians, hospitals, clergy, social service agencies, disease advocacy groups, nursing homes, homeless advocates, other healthcare providers, family members and patients themselves. The applicant notes that community organizations, disease-specific organizations, residents, nursing homes and assisted living facilities have expressed support for VITAS to establish a hospice within the subdistrict and anticipates that these organizations and its relationship with other groups and residents will allow for hospice referrals. The applicant also intends to develop outreach programs and services to the community, providers and institutions through the use of community liaisons. VITAS also states to build admissions through increasing hospice use instead of reducing the patient volume of existing hospice providers (see pages 116-117 of CON Application #10468 for hospice use rates).

- (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.**

**Hospice of Marion County, Inc. (CON #10463)** depicts projected number of admissions by payer type in the following table.

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<b>HMC, Projected Admissions by Payer Type</b>				
<b>Payer</b>	<b>Admissions</b>		<b>% of Admissions</b>	
	<b>Year One</b>	<b>Year Two</b>	<b>Year One</b>	<b>Year Two</b>
Medicare	189	430	92.2%	91.8%
Medicaid	8	19	3.9%	4.1%
Commercial	6	14	2.9%	3.0%
Indigent/Charity	2	4	1.0%	0.9%
Self-Pay	0	1	0.0%	0.2%
<b>Total</b>	<b>205</b>	<b>468</b>	<b>100.0%</b>	<b>100.0%</b>

Source: CON application #10463, Page 57

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** depicts projected number of admissions by payer type in the table below.

<b>Haven Hospice Projected Admissions by Payer</b>		
<b>Admission Type</b>	<b>Admits Year</b>	<b>Admits Year</b>
	<b>One</b>	<b>Two</b>
Medicare	120	298
Medicaid	11	28
Private Ins.	11	28
Indigent/Self Pay	3	7
<b>Total</b>	<b>145</b>	<b>361</b>

Source: CON application #10464, Page 42

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** provides the following table to depict the projected number admissions by payer type in the table below.

<b>Odyssey Healthcare of Marion County Projected Admissions by Payer</b>		
<b>Admission Type</b>	<b>Year One</b>	<b>Year Two</b>
	<b>Admissions</b>	<b>Admissions</b>
Medicare	117	168
Medicaid	1	1
3rd Party Insurance	1	2
Self-Pay	1	1
Charity Care	2	4
<b>Total</b>	<b>123</b>	<b>176</b>

Source: CON application #10465, Page 37

The reviewer has italicized incorrect values

**PruittHealth – Hospice – 3E, LLC (CON #10466)** provides the following table to depict the projected number admissions by payer type in the table below.

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<b>PruittHealth Hospice Projected Admissions by Payor</b>		
	<b>Admissions</b>	
	<b>Year One</b>	<b>Year Two</b>
Self-Pay	2	6
Medicaid	9	22
Medicare	144	350
Commercial Insurance	10	24
<b>Total Admissions</b>	<b>165</b>	<b>402</b>

Source: CON application #10466, Page 50

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** provides the following table to depict projected hospice admissions by payer.

<b>Tidewell Projected Hospice Admissions and Patient Days by Payor</b>				
<b>Year One</b>			<b>Year Two</b>	
	<b>Admissions</b>	<b>Patient Days</b>	<b>Admissions</b>	<b>Patient Days</b>
<b>Payer</b>				
Self-Pay/Charity	4	307	10	832
Medicaid	6	328	16	886
Medicare	141	8,953	354	24,242
Commercial	6	327	17	886
<b>Total</b>	<b>157</b>	<b>9,915</b>	<b>397</b>	<b>26,846</b>

Source: CON application #10467, Page 88

**VITAS Healthcare Corporation of Florida (CON #10468)** provides the following table to depict projected hospice admissions by payer.

<b>VITAS Projected Admissions by Payer</b>		
<b>Payer Source</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Medicare	355	434
Medicaid	17	21
Indigent	6	8
Private Insurance/Self-pay/Other	9	10
<b>Total</b>	<b>387</b>	<b>473</b>

Note: Forecasted admissions were not done by payer. However, patient days were projected by payer and using patient day's percentage of total will provide a reasonable forecast of admissions by payer

Source: CON application #10468, Page 118

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

**Hospice of Marion County, Inc. (CON #10463)**, provides the following volume forecast by terminal illness for the first two years of operations.

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<b>Hospice of Marion County Projected Volumes</b>								
<b>Patient Age</b>	<b>Year One (5/17-4/18)</b>				<b>Year Two (5/18-4/19)</b>			
	<b>Cancer</b>	<b>Non-Cancer</b>	<b>Total</b>	<b>% of Total</b>	<b>Cancer</b>	<b>Non-Cancer</b>	<b>Total</b>	<b>% of Total</b>
Under 65	14	10	25	12.1%	33	24	57	12%
65+	55	125	180	87.9%	126	285	411	88%
Total	70	135	205	100.0%	159	309	468	100%
% of Total	34.1%	65.9%	100.0%		34.0%	66.0%	100.0%	

Source: CON application #10463, Pages 43 and 58

Hospice of Marion County additionally states that volume forecasts are based on market based assumptions including:

- The Agency-identified net need of 591 hospice patients for the January 2018 planning horizon was adjusted slightly to reflect a project initiation in May 2017.
- The net need adjustments resulting from estimating the mid-year population (i.e., November 1<sup>st</sup> of each respective Project Year) by using the respective July and January population forecasts published in the February 2015 AHCA Florida Population Estimates and Projections, 2010 to 2030.
- HMC will substantially meet the Agency-identified need, as reflected in the volume forecasts above.
- The proposed market share and ability of HMC to meet the Agency-identified need is reasonable given that HMC is already serving a portion of the subdistrict and has substantial experience, existing relationships, and practical market knowledge of Lake and Sumter Counties.
- Historical market share of HMC in Lake and Sumter Counties averaged 4.4 percent for the most recent three year period (2013-2015), as shown below for ease of review.

<b>HMC Subdistrict 3E Market Share, 2013-2015</b>				
Lake & Sumter County Hospice Patients	2013	2014	2015	3-yr Avg.
Hospice of Marion County	152	154	148	151
Total County Patients	3,274	3,369	3,667	3,437
HMC Market Share of Subdistrict 3E	4.6%	4.6%	4.0%	4.4%

Source: CON application #10463, Page 44

HMC also states that the volume forecast is reasonable compared to its historical three-year average market share of 4.4 percent. HMC additionally anticipates that its market share within Lake and Sumter Counties will increase to 11.1 percent as it intends to enter the market as a function of the following factors: being a trusted provider of hospice services, significant experience, existing relationships and practical market knowledge of the area.

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**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** provides the following volume forecast by terminal illness for the first two years of operations.

<b>Haven Hospice Projected Admissions by Terminal Illness</b>		
<b>Admission Type</b>	<b>Admits Year One</b>	<b>Admits Year Two</b>
Cancer	45	112
Non-Cancer	100	249
<b>Total</b>	<b>145</b>	<b>361</b>

Source: CON application #10464, Page 42

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** provides the following volume forecast by terminal illness for the first two years of operations.

<b>Odyssey Healthcare of Marion County Projected Admissions by Terminal Illness</b>		
	<b>Year One</b>	<b>Year Two</b>
Cancer Under 65	5	7
Cancer 65 and over	17	24
Non-Cancer Under 65	10	15
Non-Cancer Over 65	91	129
<b>Total Patients</b>	<b>123</b>	<b>176</b>

Source: CON application #10465, Page 38  
The reviewer has italicized incorrect values

**PruittHealth Hospice – 3E, LLC (CON #10466)** provides the following volume forecast by terminal illness for the first two years of operations.

<b>PruittHealth Hospice Projected Admissions by Terminal Illness</b>		
	<b>Year One</b>	<b>Year Two</b>
Cancer Under 65	12	28
Cancer 65+	45	109
Non-Cancer Under 65	8	20
Non-Cancer 65+	101	245
<b>Total Admissions</b>	<b>165</b>	<b>402</b>

Source: CON application #10466, Page 50  
The reviewer has italicized incorrect values



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**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** provides the following volume forecast by terminal illness for the first two years of operations.

<b>Tidewell Hospice Projected Admissions Years One-Two by Age and Diagnosis</b>						
<b>Disease</b>	<b>Under 65</b>		<b>65 &amp; Over</b>		<b>Disease Subtotals</b>	
	<b>Year One</b>	<b>Year Two</b>	<b>Year One</b>	<b>Year Two</b>	<b>Year One</b>	<b>Year Two</b>
Malignant Neoplasm	10	26	37	94	47	120
Heart Disease	7	14	38	98	45	112
Alzheimer's	0	0	7	19	7	19
Chronic Lower Respiratory Disease	1	4	11	27	12	31
Subtotal	18	44	94	238	111	282
All Other	11	28	35	87	46	115
<b>Total</b>	<b>29</b>	<b>72</b>	<b>128</b>	<b>325</b>	<b>157</b>	<b>397</b>

Source: CON application, Page 88  
The reviewer has italicized incorrect values

**VITAS Healthcare Corporation of Florida (CON #10468)** provides the following volume forecast by terminal illness for the first two years of operations.

<b>VITAS Proposed Admissions by Terminal Illness</b>		
<b>Terminal Illness</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Cancer	109	132
HIV/AIDS	2	2
Respiratory	39	49
Cardiac	74	95
Alzheimer/ Cerebral Degeneration	37	44
Cerebrovascular		
Stroke	98	118
Other	28	33
<b>Total</b>	<b>387</b>	<b>473</b>

Source: CON application #10468, Page 119

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

**Hospice of Marion County, Inc. (CON #10463)** provides the following table in depiction of the projected number of admissions by age for the first two years of operation.

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<b>Hospice of Marion County Projected Volumes</b>								
<b>Patient Age</b>	<b>Year One (5/17-4/18)</b>				<b>Year Two (5/18-4/19)</b>			
	<b>Cancer</b>	<b>Non-Cancer</b>	<b>Total</b>	<b>% of Total</b>	<b>Cancer</b>	<b>Non-Cancer</b>	<b>Total</b>	<b>% of Total</b>
Under 65	14	10	25	12.1%	33	24	57	12%
65+	55	125	180	87.9%	126	285	411	88%
<b>Total</b>	<b>70</b>	<b>135</b>	<b>205</b>	<b>100.0%</b>	<b>159</b>	<b>309</b>	<b>468</b>	<b>100%</b>
<b>% of Total</b>	<b>34.1%</b>	<b>65.9%</b>	<b>100.0%</b>		<b>34.0%</b>	<b>66.0%</b>	<b>100.0%</b>	

Source: CON application #10463, Pages 43 and 58

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** provides the following table in of the projected number of admissions by age for the first two years of operations.

<b>Haven Hospice Projected Admissions by Age</b>		
<b>Admission Type</b>	<b>Admits Yr. 1</b>	<b>Admits Yr. 2</b>
Under 65	17	43
65+	128	318
<b>Total</b>	<b>145</b>	<b>361</b>

Source: CON application #10464, Page 42

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** references the following table demonstrating the projected number of admissions by age for the first two years of operations.

<b>Odyssey Healthcare of Marion County Projected Admissions by Terminal Illness</b>		
	<b>Year One</b>	<b>Year Two</b>
Cancer Under 65	5	7
Cancer 65 and over	17	24
Non-Cancer Under 65	10	15
Non-Cancer Over 65	91	129
<b>Total Patients</b>	<b>123</b>	<b>176</b>

Source: CON application #10465, Page 38  
The reviewer has italicized incorrect values

**PruittHealth Hospice – 3E, LLC (CON #10466)** provides the following table in depiction of the projected number of admissions by age for the first two years of operations.

<b>PruittHealth Hospice Projected Admissions by Age</b>		
	<b>2018</b>	<b>2019</b>
Under 65	20	49
65+	145	353
<b>Total Hospice Admissions</b>	<b>165</b>	<b>402</b>

Source: CON application #10466, Page 51

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** provides the following volume forecast by age for the first two years of operations.

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<b>Tidewell Hospice Projected Admissions Years One-Two by Age and Diagnosis</b>						
<b>Disease</b>	<b>Under 65</b>		<b>65 &amp; Over</b>		<b>Disease Subtotals</b>	
	<b>Year One</b>	<b>Year Two</b>	<b>Year One</b>	<b>Year Two</b>	<b>Year One</b>	<b>Year Two</b>
Malignant Neoplasm	10	26	37	94	47	120
Heart Disease	7	14	38	98	45	112
Alzheimer's	0	0	7	19	7	19
Chronic Lower Respiratory Disease	1	4	11	27	12	31
Subtotal	18	44	94	238	111	282
All Other	11	28	35	87	46	115
<b>Total</b>	<b>29</b>	<b>72</b>	<b>128</b>	<b>325</b>	<b>157</b>	<b>397</b>

Source: CON application, Page 88  
The reviewer has italicized incorrect values

**VITAS Healthcare Corporation of Florida (CON #10468)** provides the following volume forecast by age for the first two years of operations.

<b>VITAS Projected Admissions by Age</b>		
<b>Age Group</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Under 65	47	53
Over 65	340	420
<b>Total</b>	<b>387</b>	<b>473</b>

Source: CON application #10468, Page 120

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

**Hospice of Marion County, Inc. (CON #10463)** identifies the following services that will be administered directly by HMC staff for the proposed hospice program:

- Registered nurse case managers
- Hospice home care
- Bereavement services
- Physician services
- Nursing services
- Social services
- Dietary counseling
- Spiritual counseling/Chaplains
- Veterans program
- Pediatric services
- Patient intake (evaluation and plan of care)
- Patient and family education support

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- Volunteer services
- Hospice inpatient care
- Community education and outreach

The applicant identifies that the following patient care services will be provided through contractual arrangements with HMC's Limited Liability Corporations or independent third-party organizations:

- Pharmacy
- DME/medical Supplies
- Infusion
- Therapy services (PT, ST, OT)
- Infection control
- Palliative care

HMC also provides a list of integrated administrative services on page 59 of CON application #10463.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** provides the following list of services that will be provided directly by hospice staff and volunteers:

- Nursing services
- Social work services
- Pastoral and counseling services
- Dietary counseling
- Bereavement counseling services
- Home health aides
- Pharmacy services
- Supplies and DME
- Homemaker and chore services
- Physician services

The applicant states that the following services will be provided through contractual agreement:

- Physical, occupational and speech therapy
- Massage therapy
- Wound care consultation
- Patient transportation services
- Infusion therapy
- Respiratory therapy
- Liquid oxygen and special HME/DME equipment

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Haven Hospice also states that non-core services will be provided as needed by the patient and pursuant to applicable law and regulations.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** identifies the following services to be provided directly by hospice staff and volunteers:

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

Services also identifies the following services to be offered under contractual agreement including:

- Pharmacy services
- Supplies and DME
- Physical, occupational and speech therapy
- Hospice inpatient care
- Dietary counseling
- Physician services
- Patient transportation services

**PruittHealth Hospice – 3E, LLC (CON #10466)** states that the following services will be offered by staff and volunteers:

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

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The applicant states that volunteers will also provide massage therapy, pet therapy and aromatherapy. PruittHealth Hospice also states that caregivers will also be trained in some holistic techniques.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** identifies the following services to be provided via contract labor or contractual agreements:

- Physical, occupational and speech therapy
- Laboratory
- Pharmacy
- Inpatient care
- DME

**VITAS Healthcare Corporation of Florida (CON #10468)** identifies physician services, nursing services, social work services, pastoral counseling and dietary counseling as core services that will be provided by VITAS staff. VITAS also states that physical/occupational therapy, speech therapy, pet therapy and music therapy will be provided by staff. The applicant indicates that non-core services will be provided by need, patient volume and availability. Supplemental staff and volunteers will be utilized for massage therapy, pet and music therapy.

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

**Hospice of Marion County, Inc. (CON #10463)** expects to provide care through contractual agreements with existing health care facilities and eventually provide care through its own freestanding hospice house in order to ensure bed availability. HMC references a letter of support from David Ottati, CEO of Florida Hospital Waterman which expresses a commitment to consider contracting with HMC for the provision of inpatient services. The applicant recounts its historical provision of inpatient care to patients in hospitals in Marion County and Lake County and specifically references its partnerships with The Villages Regional Hospital and Leesburg Regional Medical Center. The reviewer notes that these two facilities are not reflected in the letters of support submitted with CON application #10463.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** expects to provide 7.6 percent of total patient days to inpatients during the first two years of operations, which mirrors the provision of services in other existing service areas.<sup>6</sup> The applicant reiterates its experience with developing contractual relationships with providers and also discusses the intent to build working relationships with providers such as Cornerstone Hospice, hospitals, skilled nursing facilities, and assisted living facilities in Lake and Sumter Counties in order to provide inpatient care. The reviewer notes that neither a letter of support nor sample agreement for inpatient care with Cornerstone Hospice is included in CON application #10464. Haven Hospice provides a supplement of sample agreements in Tab 5 of CON application #10464.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** states that inpatient care will be arranged through contractual agreements with hospitals and nursing homes. The applicant notes that hospice inpatient care will be provided under the direct administration of the hospice in an inpatient facility located in either a nursing home or hospital. Kindred Hospice also states that care will be arranged to provide privacy, dignity, comfort, warmth and safety for the patient and their family.

**PruittHealth Hospice – 3E, LLC (CON #10466)** does not propose to construct an inpatient facility and states that the number of inpatient beds will be adjusted to the need for hospice services in inpatient facilities. The applicant restates the intent to contract with existing hospitals, nursing homes and assisted living facilities throughout Lake and Sumter Counties. The applicant also references a sample of an inpatient agreement in Exhibit J of CON application #10466.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** intends to provide inpatient bed services as needed via contractual agreements with service area hospitals and nursing homes.

<sup>6</sup> The reviewer notes that on Page 36 of CON application #10464, the applicant states “Haven anticipates that approximately two percent of total service area 3E patient days will be devoted to inpatient care consistent with previous experience in its existing operations.”

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**VITAS Healthcare Corporation of Florida (CON #10468)** seeks to establish a new hospice program and does not intend to establish its own inpatient facility within the subdistrict within the foreseeable future. The applicant states the intent to contract with local nursing homes and hospitals within the service area for inpatient care.

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

**Hospice of Marion County, Inc. (CON #10463)** states that this criterion is not applicable on page 60 of CON application #10463. The reviewer notes that on page 54 of CON application #10463, the applicant states: “When it is financially and operationally viable, HMC desires to provide the inpatient care component through the development of its own hospice program.”

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** does not propose to build a freestanding inpatient facility within 3E and states that 7.6 percent of total patient days will be devoted to inpatient care. The applicant does not anticipate maintaining a designated number of inpatient beds but rather will utilize those beds on an as-needed basis. Haven Hospice also reiterates an intent to contract with existing providers to utilize a portion of inpatient care.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** states that Kindred Hospice proposes to contract for inpatient beds with existing providers in Service Area 3E and references general inpatient letters in Appendix 9.

**PruittHealth Hospice – 3E, LLC (CON #10466)** intends to contract with existing hospitals and nursing homes throughout the proposed service area for the provision of inpatient care. The applicant states that PruittHealth representatives have discussed contractual arrangements with existing hospital and nursing homes. The applicant states that letters of support from facilities detailing an intent to contract or work collaboratively are included in Exhibit H of CON application #10466. The applicant states it will contract for beds as needed.



**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** estimates approximately 40 general inpatient days in year one and 96 general inpatient days in year two. Based on these volume forecasts, the applicant states that these volumes indicate need for less than one inpatient bed in a contracted facility.

**VITAS Healthcare Corporation of Florida (CON #10468)** seeks to establish a new hospice program and does not intend to establish its own inpatient facility within the subdistrict within the foreseeable future. The applicant also states that the total number of inpatient days projected in year two is 606 and that it intends to contract for more beds as-needed paying for bed-days used.

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

**Hospice of Marion County, Inc. (CON #10463)** references Federal Medicare guidelines for hospice inpatient care and admits patients upon a patient's request, physician's order and/or for the management of a symptom or medical crisis that cannot be managed in the patient's home. Inpatient care is delivered and supervised by HMC's Interdisciplinary Team.

Admission to an HMC general inpatient bed is based on one or more of the following acute care admission 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

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** states an intent to contract with hospitals, a free-standing hospice care center (Cornerstone Hospice), and nursing homes that are Medicare or Medicaid certified with 24-hour RN coverage. Criteria for admission into an inpatient bed is based upon two levels of inpatient care: general inpatient care and respite care. The applicant states to follow the Conditions of Participation for Medicare and Medicaid and the standards of the Accreditation Commission for Health Care.

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Haven Hospice states that general inpatient care will be provided when pain or symptoms cannot be successfully managed at home as a short-term intervention that allows the patient to return to the previous care setting. These circumstances include:

- Pain
- Nausea/vomiting and other severe symptom management
- Advanced wounds requiring frequent changes in treatment and monitoring
- Respiratory distress
- Agitation, severe anxiety or delirium
- Rapid decline with frequent nursing interventions
- Imminent death with skilled nursing needs

Other circumstances in which admission to an inpatient bed may occur are: when a patient requires hospice services after a hospital stay, medication adjustment, observation, stabilizing treatment, psycho-social monitoring or lacks a caregiver at home.

The applicant notes that respite inpatient care is offered to alleviate the care burdens of the patient's caregiver. The applicant states that respite inpatient care can be provided in the same facilities as general inpatient care. Haven Hospice states the intent to contract with local skilled nursing facilities and Cornerstone Hospice to provide this level of care. The applicant maintains that inpatient care will be sensitive to patient needs.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** states that inpatient care is determined by patient medical needs. The following criteria are outlined for admission to an inpatient bed:

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

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**PruittHealth – Hospice – 3E, LLC (CON #10466)** states that hospice inpatient care will vary according to the patient’s condition or family circumstances. PruittHealth Hospice states that hospice inpatient care is needed in the occurrence of acute pain or other symptoms that cannot be addressed at home, patients who are imminently dying and/or have complex care needs.

Short-term inpatient hospice care may be necessary when a patient’s disease or condition must be closely monitored for pain or symptom management. The applicant maintains that inpatient care will be available continuously under the evaluation of the patient, family, physician and hospice interdisciplinary team.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** will comply with Medicare regulations in determining criteria in which a patient will be admitted to an inpatient unit. Criteria is defined in Appendix K of CON application #10467. The policy for inpatient care states that inpatient care will be provided as specified under the Medicare/Medicaid hospice benefit and commercial or private insurance benefits. The policy additionally states that admission to general Inpatient Level of Care Hospice Houses is based on a patient’s presentation of the following, but not limited to:

Pain requiring:

- Complicated technical delivery of medications requiring skilled nursing care for titration, tubing changes, and site care
- Frequent evaluation by a physician and/nurse
- Aggressive treatment modalities in control pain
- Frequent medication adjustments to manage pain

Symptom changes:

- Sudden deterioration requiring intensive nursing intervention
- Uncontrolled nausea and vomiting
- Respiratory distress which becomes unmanageable in any other care setting
- Traction/frequent repositioning requiring more than one staff member
- Wound care requiring complex and/or frequent dressing changes that cannot be managed in the patient’s residence (heavy exudate, complex wound system such as a “wound VAC”)
- Severe agitated delirium, anxiety, and/or depression secondary to end stage disease process requiring intensive intervention and not manageable in any other care setting

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- Restlessness, agitation and/or delirium that is not manageable in any other care setting
- Increased respiratory secretions that require frequent monitoring, frequent position changes and frequent medication administration

Criteria for continued stay in the inpatient level of care:

- Pain continues to require active intervention, treatment and frequent assessments
- Symptoms such as intractable nausea/vomiting, respiratory distress, open lesions, and ongoing deterioration related to the terminal illness continue to require active intervention, treatment and frequent assessments
- Ongoing mental status changes which require active intervention, treatment and frequent assessments

Criteria for discharge from the inpatient level of care:

- Reason for the admission to inpatient level of care has stabilized
- Transfer to another level of care

Assessments of patients will be made by an attending physician, nurse, and IDG based on the following criteria:

- If continuous care hours were to be utilized, could the patient's condition be managed at home?
- Could the problem be managed at home with more or different resources?
- What is the goal of admission to a skilled nursing facility, hospital, or inpatient unit? Does the patient/family understand that inpatient care is for a short duration and only until the patient's condition can be stabilized?
- Documentation will include qualifying and quantifying information to justify the patient's admission to inpatient level of care and continued stay, as well as all interventions that have been attempted to resolve the problem(s).

**VITAS Healthcare Corporation of Florida (CON #10468)** will base inpatient admissions on a patient's physical condition, family caregiver capacity and patient wishes. The applicant states that inpatient episodes are for respite care or stays of duration up to five days. Patients will be admitted if experiencing pain or symptoms that cannot be managed at home, during this time patients will be admitted in order to adjust medication and reassess care. Once a patient is stabilized, they will be discharged.

The applicant maintains it will also deliver continuous home care to patients in order to avoid admission to an inpatient unit when appropriate. VITAS additionally states that continuous home care allows for patients to remain at home during the end-of-life.

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

**Hospice of Marion County, Inc. (CON #10463)** reiterates that HMC maintains programs in place that are designed to address circumstances in which a patient lacks an adequate caregiver at home as previously described on pages 54–56 of CON application #10463.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** will attempt to seek out an appropriate caregiver from the patient’s family and friends, recommend sitter services in the absence of qualified caregivers and/or place the patient in an assisted living facility, nursing home or freestanding care center. For homeless persons, the applicant intends to seek out placement in a temporary residential placement at a local shelter, an assisted living facility, skilled nursing facility or in a contracted freestanding care center.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** works with patients to develop needed care when they are unable to care for themselves. In this event, Kindred Hospice states that the patient’s plan of care requires an arrangement for a primary caregiver at home or admission to a long-term facility or alternative area where the patient’s safety can be secured.

**PruittHealth Hospice – 3E, LLC (CON #10466)** states that enabling patients to remain in the least restrictive and most emotionally supportive environment possible (patient’s or relatives homes) will be the focus of caring for patients without primary caregivers at home. Upon admission, the patient will be asked to select a primary caregiver. The applicant asserts it will develop a care plan to meet patient needs in the event that a patient lacks a primary caregiver. PruittHealth will also assist the patient with developing a caregiver network from their community. In the event that the patient is unable to provide care to themselves or lacks a caregiver network, the applicant intends to recommend placement in the best available setting.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** will conduct an assessment for the need and capabilities of the patient's preferred caregiver with a hospice representative. The hospice representative will review the caregiver's role in the patient care process and provide the caregiver with educational materials and Tidewell resources that will assist them with fulfilling their responsibilities. If the patient does not immediately identify a primary caregiver, a social worker will explore other options in light of the patient's financial resources and in consultation with relatives, friends, religious beliefs and community resources. In the event that the patient lacks a primary caregiver, the applicant will assess the patient's general health in anticipation of the patient's capacity to remain at home pending the identification of a caregiver. If a patient can remain at home, Tidewell may elect to provide a Certified Nursing Assistant to assist with activities of daily living for seven days a week. The applicant states that patients who cannot remain at home may be placed in either a long-term care facility or assisted living facility. The applicant makes reference to Tidewell's Policy and Procedure for Caregivers, in Appendix O of CON application #10467.

**VITAS Healthcare Corporation of Florida (CON #10468)** will assist patients without primary caregivers with developing a caregiver network or recommend affordable adult sitter services. The applicant will also provide the patient and their family members with a cell phone if they lack reliable communication so that hospice personnel can ensure that care needs are being met. The applicant notes that continuous home care will also be provided to individuals without primary caregivers when appropriate.

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

**Hospice of Marion County, Inc. (CON #10463)** states that arrangements for the provision of bereavement services will adhere to policies and procedures of its existing programs, including: bereavement care planning, bereavement risk assessment and bereavement services. The applicant includes a copy of its current bereavement policies and procedures in Appendix K of CON application #10463. The applicant maintains that individual evaluations for bereavement or grief are conducted and referrals are made to an appropriate bereavement specialist with individuals categorized as high risk, moderate risk or low risk for bereavement services. Services are available up to 13 months following a death, extended bereavement or grief support is available upon request. HMC indicates that individuals and families can also request

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counseling and support services at any time following death with bereavement intervention available through education, crisis support, and memorial services. HMC also references its Schedule C conditions to meet the bereavement needs of service area residents:

- Provide Children's Camp Mariposa in Lake or Sumter County within the first year of operation.
- Provide bereavement programs and services for grieving survivors of HMC patients in the first quarter of operation.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** states that bereavement support begins upon admission with a comprehensive assessment conducted with an RN case manager, social worker and Chaplain when needed. The applicant indicates that bereavement support is provided up to 13 months following a death and individuals are contacted within one week of a death with a letter of support. Individuals receive additional letters of support at 30, 60, 90, 180 and 360 days and they receive phone calls at 60, 120, 210 and 270 days following a death. Haven Hospice maintains that bereavement support also includes individual counseling and support groups and is available throughout the community in schools, local businesses and places of worship. Haven Hospice offers a Kids Camp and overnight Teen Camp for bereavement support. The applicant notes that individual counseling and referrals are made available and that spaces will be arranged for counseling and bereavement services/programs as needed.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** states an intent to support healthy grieving for patients, families and caregivers before, during and after death. The applicant states that upon admission, clinicians evaluate the patient and their caregivers in an initial bereavement risk assessment completed by a registered nurse and medical social worker while an interdisciplinary group develops a unique care plan. Kindred indicates that the initial risk assessment will be continuously evaluated by a registered nurse and medical social worker for any potential changes. Bereavement services will be offered for 13 months to families and caregivers of a deceased patient by trained bereavement coordinators and a bereavement plan is developed within 15 days of a patient's death. The applicant notes that services are also available to staff at skilled nursing facilities, assisted living facilities and local community members. Bereavement support is offered through individual bereavement counseling, bereavement support groups, monthly mailings, routine telephone contact and a Grief Journey program.

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**PruittHealth Hospice – 3E, LLC (CON #10466)** will provide bereavement services to patients and families throughout various locations within Hospice Service Area 3E. The applicant notes that bereavement counseling will be provided through a bereavement coordinator, social worker, or Chaplain. Bereavement counseling will be available for a minimum of 13 months with consideration of different phases and interventions required for changes in grief. A bereavement care plan will be developed upon the patient's death and evaluated quarterly by a Chaplain and social worker.

The applicant identifies the following as core grief services:

- Grief counseling
- Home visits
- Bereavement group activities
- 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

The applicant provides a narrative description of services offered in Camp Cocoon and the United Hospice Foundation on page 55 of CON Application #10466.

**Tidewell Hospice, Inc. d/b/a Tidewell Hospice of Lake & Sumter, Inc. (CON #10467)** identifies grief support as a vital component of the continuum of care and employs ten grief specialists who provide emotional support in assisting patients and family members in dealing with end-of-life and grief issues. The applicant states family members of patients who have died are eligible to receive grief services for 13 months following a death. Tidewell maintains that individual counseling and support groups are available without cost to individuals experiencing grief and/or loss within the community as well. Grief support and specialized services are also available to children, in particular, The Tidewell Grief Education and Support Center collaborates with community organizations to conduct grief camps. The applicant also provides an account of grief support offered from FY 2013 to FY 2016 summarized as follows:



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<b>Tidewell Hospice Grief Support FY 2013 - FY 2016</b>			
<b>Fiscal Year</b>	<b># of Hospice-related Grief Support Sessions</b>	<b># of Community-related Support Sessions</b>	<b># of Patients Served</b>
FY 2013	2,759	5,938	1,040
FY 2014	288	5,554	1,155
FY 2015	3,451	4,384	1,894
FY 2016	4,048	4,649	1,901

Source: CON application #10467, Page 39

The applicant also conducts community education programs and provides a narrative description of other grief support programs on pages 40 - 44 of CON application #10467.

**VITAS Healthcare Corporation of Florida (CON #10468)** will make bereavement and grief support services available to survivors as needed. Services will be available upon admission until a year after the death of a patient or longer if needed. The applicant notes that bereavement support is available 24 hours a day, seven days a week with a trained staff member on-call and accessible through a toll-free number. VITAS states that it will offer support groups, memorial services, bereavement calls/visits by staff and volunteers, resources and referral services, bereavement letters and quarterly bereavement newsletters.

The components of the bereavement program are outlined as follows:

- Bereavement assessment
- Development of a bereavement plan of care
- Home visits
- Written contacts with family
- Telephone contacts with family
- Grief support
- Referral to additional community resources

The applicant has also developed holiday programming, instituted quality measures and staff/volunteer bereavement support.

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

**Hospice of Marion County, Inc. (CON #10463)** references historical collaborations with community organizations and members throughout Lake, Sumter and Marion Counties. HMC states that community, patient, family and professional education services are integral to its mission of meeting the needs of individuals affected by terminal illness. In Appendix D of CON

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application #10463, the applicant provides a list of HMC partners and community outreach events ranging from health fairs, conferences, consultations, presentations and job fairs. A list of the applicant's community outreach events from 2016 is also included in Appendix D of CON application #10463.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** circulates informational documents through Haven Community Relations representatives in order to identify referrals to hospice care from community organizations. The applicant also conducts presentations, seminars and educational units throughout existing service areas. The applicant includes a list of past presentations from 2016 on pages 47 to 48 of CON application #10464 along with a list of education and training topics available to the public. Haven Hospice makes training available to future healthcare providers from local academic institutions in educational and practical settings. The applicant states that the proposed hospice program will have two professional liaison representatives and one customer service specialist to conduct community outreach. Haven Hospice intends to collaborate with community organizations and institutions that cater to Hispanic and African-Americans living in the service area in order to conduct community education opportunities.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** describes its community outreach as multipronged. The applicant's proposed community education activities are organized to: (1) educate the community about the nature of hospice care (2) educate the community about the importance of early diagnosis and detection and 3) identify terminally ill people earlier in the terminal stages to allow a longer time of palliative, emotional, social and spiritual care. The applicant states that community outreach is typically conducted through seminars at local hospitals, senior services centers, independent living facilities, retirement communities, skilled nursing facilities, church community caregiver support groups, area caregivers, presentations to future health professionals at colleges and in-service programs for general and continuing education.

Kindred Hospice underscores its community outreach to underserved groups, specifically to the Hispanic, African – American and Veteran population. Kindred Hospice also indicates its support for community and health organizations such as the

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American Heart Association, American Lunch Association, Alzheimer's Association, the Dream Foundation, Camp I Believe (a condition of the CON proposal) and Habitat for Humanity (also conditioned in the CON proposal).

**PruittHealth Hospice – 3E, LLC (CON #10466)** states the intent to provide extensive community education activities to increase the awareness and utilization of hospice. PruittHealth Hospice states the intent to employ two community relations coordinators in years one and two who will lead outreach within the community and health facilities. The applicant also states an intent to network and pursue collaborative educational outreach within the community and implement continuing education through Pruitt University for health professions.

**Tidewell Hospice, Inc. d/b/a Tidewell Hospice of Lake & Sumter, Inc. (CON #10467)** identifies community and professional education as an important aspect of Tidewell's mission in its service areas. Tidewell states to target educational programs for both the general public and service area health care providers and professionals. The applicant also provides educational programs to staff and non-employees. Tidewell states to have issued 2,243 continuing education certificates and 1,081 certificates to members of the community in 2016. The applicant provides a list of educational outreach activities to the professional community in Service Area 3E on pages 30 through 31 of CON application #10467.

The applicant states to participate in formal education programs at local community colleges and universities, which include: Suncoast Technical College, Florida Southwest State College, State College of Florida, University of South Florida, Southwest Florida Technical Institute, Keiser University, Florida Gulf Coast University and Lake Erie College of Osteopathic Medicine. The applicant states to have provided 1,307 hours of preceptorships, internships and observation rotations for 111 students. Tidewell states to devote resources to general community education through outreach to a variety of community organizations through health fairs, chamber of commerce activities, schools, elder affairs organizations, church groups and senior organizations.

The applicant also provides a description of other outreach and support activities on pages 28 through 30 on CON application #10467. The applicant also states to conduct outreach to address perceived barriers to care among ethnic minority populations, the employment of staff members fluent in Spanish, the use of Spanish language materials, African American staff, hospice children's

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services including PIC and Veterans outreach including a We Honor Veterans partnership—a description of outreach is included on pages 32 through 37 of CON application #10467.

**VITAS Healthcare Corporation of Florida (CON #10468)** will provide community education through the following activities:

- A partnership with the American Heart Association
- A program with Lake Sumter State College to fund scholarships for students pursuing a Bachelor of Science in nursing, support ongoing education and training for nursing students utilizing modern techniques and equipment and develop curriculum within the nursing program to increase awareness about end-of-life options
- Two hospice offices
- Programs with local EMS and fire rescue teams

The applicant will also conduct outreach to service area pulmonologists and primary care physicians and implement other forms of community outreach and education on areas in education, health, civic and culture/arts.

**(m) Fundraising activities.**

**Hospice of Marion County, Inc. (CON #10463)** will coordinate fundraising activities through HMC's Philanthropy Department, managed by the Major Gift and Planned Giving Officer. HMC also maintains a comprehensive development program and also fundraises through special events, memorial gifts, an annual campaign, planned giving, foundation grants and third-party events for community benefit. HMC underscores its condition to use donations raised in Lake and Sumter Counties solely for programs and services in these communities. HMC also states an intent to operate two thrift stores in Subdistrict 3E with the first store opening by the end of project year one and the second store by the end of project year two. HMC intends to use profits from thrift stores to cover the costs of programs and services as with its existing stores in Marion County.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** intends to raise funds to subsidize uncompensated care through the assistance of three full-time development associates that will undertake a variety of fundraising events including contributions, bequests, endowments, memorials and restricted donations. In consideration of existing area providers,

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Haven Hospice states that fundraising will not be conducted during the first two years of operations and that future fundraising efforts will be integrated after a substantial period of time in order to not adversely harm the existing efforts of other providers.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** partners with Kindred Gentiva Hospice Foundation, a non-profit organization. Memorial gifts, honorary gifts, direct donations, trusts, bequests and other assets are accepted through the foundation. The applicant maintains that hospice team members are encouraged to work with sources within their local community for assistance.

**PruittHealth Hospice – 3E, LLC (CON #10466)** states that PruittHealth Hospice does not conduct community fundraising and anticipates that for this reason the development of the proposed hospice program will not have an adverse impact on the fundraising efforts of existing hospice programs or dilute potential contributions in the community.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** accepts community philanthropy and solicits funds from community businesses and charitable foundations. The applicant also accepts gifts and bequests from patients, patient families and other individuals within the service area. The applicant also states to accept gifts from staff and volunteers through annual fundraising events and direct mail campaigns and intends to pursue similar community support in the proposed service area. The applicant provides a description of its philanthropic activities on page five of CON application #10467.

**VITAS Healthcare Corporation of Florida (CON #10468)** will not engage in any fundraising events or campaigns to obtain charitable donations from residents of the proposed service area. The applicant will not seek donations from patients, family or friends relating to its services in the subdistrict. VITAS will give any unsolicited donations to VITAS Community Connections, a non-profit organization that uses funds to provide donations and grants to local organizations and families in order to ensure that money goes back into the local community. The applicant will document any unsolicited donations received and subsequently donated to VITAS Community Connections.

- 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.**

**Hospice of Marion County, Inc. (CON #10463)** states an intent to provide semi-annual utilization reports in compliance with this criterion.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** did not provide a stated intent to provide semi-annual utilization reports in compliance with this criterion. The reviewer notes that the applicant currently provides these reports for its other hospice service areas.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** states the intent to provide semi-annual utilization reports in compliance with this criterion.

**PruittHealth Hospice – 3E, LLC (CON #10466)** states an intent to provide semi-annual utilization reports in compliance with this criterion.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** states an intent to provide semi-annual utilization reports in compliance with this criterion.

**VITAS Healthcare Corporation of Florida (CON #10468)** states an intent to provide semi-annual utilization reports in compliance with this criterion.

**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 3E.

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The chart on the following page depicts hospice admissions for the past five years, beginning with the 12-month period ending on June 30, 2012 and concluding with the 12-month period ending on June 30, 2016.

<b>Hospice Admissions in Hospice Service Area 3E</b>	
<b>Year End</b>	<b>Admissions</b>
June 30, 2016	3,652
June 30, 2015	3,371
June 30, 2014	2,734
June 30, 2013	2,687
June 30, 2012	2,588

Source: Florida Need Projections for Hospice Programs for October 2012, October 2013, October 2014, October 2015 and October 2016

**Hospice of Marion County, Inc. (CON #10463)** states that its proposed hospice program will increase the availability and accessibility of hospice services to all patients in the service area, in response to Agency-identified need for an additional hospice program in Hospice Service Area 3E. The applicant also indicates that high-quality services will be accessible to service area residents, based on its historical accreditation and Deemed Status designation from The Joint Commission and participation in all required quality reporting programs such as: Florida DOEA, Centers of Medicare and Medicaid Hospice Item Set and Consumer Assessment of Healthcare Providers and Systems Hospice Survey. HMC anticipates success in developing its proposed project, based on experience as an existing provider in Marion County which the applicant maintains will benefit the service area residents as a result of increased efficiencies obtained from higher health provider costs in relation to development-stage costs. The applicant expects to meet the needs of service area residents based on the distinct array of services that will be offered to residents through its proposed project which include the Transitions Program, PIC program, extensive bereavement services, knowledge of the service area market and historical partnerships with community members and organizations.

The applicant states that the proposed hospice program will provide high quality services, benefit from efficiencies gained from HMC's existing corporation infrastructure and result in increased hospice utilization within the service area.

In further evaluation of need for its proposed project, HMC references its existing penetration rate in Marion County in comparison to other existing providers in Lake and Sumter Counties, based on Medicare Claims data. The applicant notes having the 14<sup>th</sup> highest penetration rate in Florida based on this data and highlights its maintenance of a greater availability of its

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freestanding patient beds in comparison to other providers. The applicant expects the proposed hospice program to exceed existing penetration rates in Lake and Sumter Counties.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** states that the establishment of the proposed hospice program will increase availability, accessibility and utilization of hospice services in Hospice Service Area 3E in response to the fixed need pool. Haven Hospice has identified patients with end-stage heart disease, particularly within the service area's growing Hispanic population as a population with unmet needs for hospice services. In light of projected growth of the Hispanic population, Haven Hospice states that a new hospice provider is necessary to directly address the needs of the Hispanic population of the service area. Haven Hospice states to possess the capacity to address the needs of the Hispanic population and also conditions CON approval on the provision of a full Bilingual Program. In addition to addressing the unmet needs of Hispanic residents in Hospice Service Area 3E, the applicant expresses a commitment to serve indigent and low-income populations regardless of race, ethnicity, religious affiliation or ability to pay and to conduct outreach to all groups in need of care in the population.

Haven states that project admissions for the proposed project will account for 3.5 percent of the market share in the region and will allow for growth in the admission rate for all providers of the service area.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** states that CON application #10465 is submitted in response to need and that the proposed hospice program intends to address the needs of terminally-ill populations of all ages, races, genders, disabilities, and income levels. Kindred Hospice reiterates its commitment to address the needs of the Hispanic, African – American and Veteran populations of the service area in addition to the hospice needs of individuals with non-cancer diagnoses. The applicant also expresses a commitment to address all medically underserved groups regardless of payer source (e.g. Medicare, Medicaid, 3<sup>rd</sup> party insurance, self – pay, and charity patients) or diagnosis and others for whom barriers to care exist. The applicant also expresses a commitment to promote initiatives to eliminate barriers to hospice care.



**PruittHealth Hospice – 3E, LLC (CON #10466)** has responded to need as published in the Florida Administrative Register demonstrating need for an additional hospice program in Hospice Service Area 3E. The applicant notes that the projected total population growth within Hospice Service Area 3E are currently twice the statewide growth rates. In evaluation of need for the proposed project, the applicant describes population needs among a variety of communities. In particular, the applicant identifies The Villages as a robust and active retirement community with its own health facilities. Within the proposed service area, the applicant identifies that the proportion of individuals age 65+ in 2016 is higher than the statewide proportion of individuals age 65+ and is projected to continue to exceed the statewide proportion of individuals age 65+ in 2021. The growth rate of the elderly population is also estimated to exceed the growth rate of elderly in the state overall. The applicant states that as the age 65+ cohort contributes to the death rate and need for hospice services, the proportion of elderly and expansion of the elderly population relative to the proportion of elderly in the state overall will drive the need for hospice services.

The applicant notes that the number of deaths and death rates have increased within the targeted service area from 2013 to 2015, which demonstrates a need for hospice services. In analysis of deaths by mortality, PruittHealth Hospice notes that deaths by all causes within the service area exceed the statewide distribution and also suggest a need for targeted disease-specific hospice programs in the area. The applicant states that based on the growth of the elderly population in the service area, death rates and the distribution of deaths by age cohort and condition as factors contributing to unmet need and demand for hospice programs in the service area. From July 2013 to June 2016, the applicant notes that hospice admissions increased by 33.6 percent (over 900 admissions). The applicant notes that in 2015, cancer diagnoses accounted for the majority of admissions of existing hospice providers. The applicant notes that the percentage of Lake and Sumter County deaths is higher than hospice admissions with an end-stage heart disease diagnosis.

The applicant expresses a commitment to service individuals of all ages who are eligible for hospice services. Based on hospice admissions by payer category, the applicant anticipates that there may be a need for additional services for uncompensated, self-pay and Medicaid patients. The applicant states that based on this information, that the majority of the population living in the two-county area is not more affluent than the state average socioeconomic indicators. The applicant also notes that the

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proportion of patients discharged from acute care to home, home health or who expired who were covered under Medicaid was 15.5 percent while only 4.9 percent of 3E resident acute care discharges were Medicaid patients<sup>7</sup>—demonstrating that the Medicaid population is underserved. PruittHealth Hospice also notes that the proportion of patients served in nursing homes within the service area is lower than the state average, indicating an opportunity to expand hospice service availability in area nursing homes. Based on historical experience, PruittHealth Hospice predicts that the proposed hospice program will achieve 4.0 percent and 9.5 percent of market shares in 2018-2019 and does not anticipate a material impact on other providers.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** states that need for the proposed project as influenced by the availability, quality of care, accessibility and extent of utilization of existing health care facilities and health services is evidenced by Agency published need for the proposed hospice program in Hospice Service Area 3E. The applicant states that the proposed hospice program will be characterized by:

- Extensive use of volunteers to provide non-core services
- Implementation of intensive outreach to the service area’s medical, social services, clergy and general community to expand the acceptance of the hospice model in Hospice Service Area 3E
- Establishing a broad geographic presence in the service area
- Providing a wide array of complementary services over and above those required by Medicare Conditions of Participation
- Implementation of a modern and efficient delivery model

The applicant also states to expand access to hospice care through highlighting:

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

<sup>7</sup> Lake and Sumter County resident acute care hospital discharges (excluding newborns and neonates) pulled from AHC inpatient discharge database

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In particular, the applicant notes that from 2011 to 2015, Tidewell affiliated hospice programs have exceeded the statewide average hospice penetration rate and identifies that existing programs in Hospice Service Area 3E have been low and in two years maintained the lowest penetration-rate programs in the state. Tidewell also states to have exceeded the state-wide penetration rate for non-cancer deaths in four of the past five years. The applicant also includes a description of hospice penetration and discharge rates of competing co-batched applicants on pages 15 through 20 of CON application #10467.

The applicant makes reference to peer-reviewed studies which document historical sources of disparities to hospice use by race/ethnicity, diagnosis, geography and socioeconomic status on pages 21 through 27 of CON application #10467. The applicant states it will conduct outreach to address perceived barriers to care among ethnic minority populations, the employ staff members fluent in Spanish, use Spanish language materials, employ African American staff, provide hospice children's services including the PIC program and Veterans outreach including a We Honor Veterans partnership. The applicant includes a description of outreach efforts on pages 32 through 37 of CON application #10467.

**VITAS Healthcare Corporation of Florida (CON #10468)** has responded to need as published in the Florida Administrative Register demonstrating need for an additional hospice program in Hospice Service Area 3E. The applicant states that need for an additional hospice is evidenced as a result of a perceived failure of an existing hospice provider, Compassionate Care, to meet area patients' needs and sustain adequate hospice admissions. The applicant provides a table summarizing utilization in the service area which is reproduced as follows:

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<b>Service Area Utilization Hospice Provider Overview</b>	
<b>Subdistrict 3E Hospice</b>	<b>Overview</b>
Cornerstone Hospice and Palliative Care	<ul style="list-style-type: none"> <li>• Dominant hospice in Subdistrict 3E</li> <li>• 3,545 admissions for the year ending June 2016</li> <li>• 4 Inpatient Facilities               <ul style="list-style-type: none"> <li>○ Clermont (10 beds)</li> <li>○ Lady Lake (12 beds)</li> <li>○ Sumterville (8 beds)</li> <li>○ Tavares (6 beds)</li> </ul> </li> <li>• 1 additional hospice office in Tavares</li> </ul>
Compassionate Care Hospice	<ul style="list-style-type: none"> <li>• Received CON final order in February 2013</li> <li>• Not licensed until August 19, 2014</li> <li>• Did not receive Medicare deemed status until November 2015</li> <li>• Only 107 admissions for the year ending June 2016</li> <li>• Not meeting area patients' needs</li> <li>• A high proportion of 2015 patient days were in ALFs suggested limited community outreach</li> <li>• No "cardiac connections" patients in 2014 and only 10 in 2015</li> <li>• Conditions related to quarterly meetings with area cardiologists not being met</li> </ul>

Source: CON application #10468, Page 137

The applicant also documents utilization at Compassionate Care for the first two years of operations, to demonstrate that in year one Compassionate Care met 15 percent of projected admissions and in year one, Compassionate Care met 58 percent of admissions in Q3. The applicant also notes that Compassionate Care accounted for 3 percent of the service area admissions in the year ending June 30, 2015 and 32 percent of admissions in the year ending June 30, 2016. Tables depicting admissions are reproduced as they appear in CON application #10468 on the following page.

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<b>Compassionate Care: CON-Predicted Admissions vs. Actual Admissions in 3E</b>			
<b>Year One</b>	<b>CON-Predicted</b>	<b>Actual</b>	<b>% of Predicted</b>
Q1	12	4	33%
Q2	34	5	15%
Q3	48	7	15%
Q4	63	7	11%
<b>Total</b>	<b>157</b>	<b>23</b>	<b>15%</b>
<b>Year Two</b>	<b>CON-Predicted</b>	<b>Actual</b>	<b>% of Predicted</b>
Q1	78	11	14%
Q2	87	33	38%
Q3	96	56	58%
Q4	105	TBD	TBD
<b>Total</b>	<b>366</b>	<b>TBD</b>	<b>TBD</b>

Source: CON application #10468, Page 138

<b>Service Area Hospice Admissions: Year End June 30th</b>					
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Compassionate Care</b>				17	107
<b>Cornerstone Hospice</b>	2,588	2,687	2,734	3,354	3,545
<b>Total</b>	2,588	2,687	2,734	3,371	3,652
<b>Growth From Previous Year</b>		99	47	637	281
<b>% Growth from Cornerstone</b>		100%	100%	97%	68%

Source: CON application #10468, Page 138

VITAS references Florida DOEA 2015 Hospice Survey Data, which documents that Compassionate Care provided 66 percent of patient days in assisted living facilities while the district and statewide percentage of patients served in assisted living facilities are reported at 20 and 21 percent, respectively. Based on the percentage of patient days served in assisted living facilities, the applicant determines that Compassionate Care may be relying on assisted living facilities for admissions and not adequately seeking patients who require at-home hospice care (reference table on Page 141 of CON application #10468). VITAS also reiterates that Compassionate Care has failed to meet a number of cardiac conditions proposed in CON application #10140.

VITAS lists the following programs and areas of need within the subdistrict as follows:

- A focused effort on area needs that Compassionate Care has neglected to serve
- Special programs for cardiac patients
- Special programs for patients with end-stage pulmonary diseases

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- Programs that will benefit complex patients—such as EMS and 911 reduction
- Tailored on-site outreach to seniors living in communities restricted to residents 55+
- Understanding Veterans’ unique needs and programming

The applicant also expresses a commitment to ensure that services are available at all times through technology and a flexible staffing model which can respond to referrals and patients’ needs. The applicant makes reference to the VITAS Hospice Referral app, VITAS Mobile Connect and SigmaCare as technological resources.

VITAS expresses a commitment to provide healthcare services to patients in need regardless of ability to pay, race, gender, sexual preference, creed, ethnic background, disability or diagnosis and documents its historical provision of charity 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.**

In February 2016, the DOEA published the statewide 2015 Report on Hospice Demographic and Outcome Measures. The report results are shown as percentages for three Outcome Measures—1, 2, and 2A. The descriptions of the outcome measures are provided below:

**Outcome Measure 1 (OM1)**

- 50 percent or more of patients who reported severe pain on a 0-to-10 scale reported a reduction to five or less by the end of the fourth day of care in the hospice program.

**Outcome Measure 2 (OM2)**

- 50 percent or more of patients reported they received the right amount of medicine for their pain.

**Outcome Measure 2A (OM2A)**

- 50 percent or more of patients and/or family members recommended hospice services to others based on the care the patient received.

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

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Hospice Name/City	Outcome Measure			Number of Patients
	OM1	OM2	OM2A	
Haven Hospice/Gainesville	98%	96%	87%	3,919
Hospice of Marion County, Inc. /Ocala	95%	100%	98%	3,027
Odyssey Healthcare of Marion County, LLC/Miami	90%	95%	96%	1,217
Tidewell Hospice Inc./Sarasota	85%	95%	97%	7,342
VITAS Healthcare Corporation of Florida/ Melbourne	83%	94%	97%	7,533
VITAS Healthcare Corporation of Florida/ Boynton Beach	88%	94%	97%	7,465
VITAS Healthcare Corporation of Florida/ North Miami	79%	96%	97%	6,753

Florida Department Source: DOEA, Hospice Demographic and Outcome Measures Reports 2015, Revised February 2016

**Hospice of Marion County, Inc. (CON #10463)** states that its capacity and historical provision of quality care is evidenced by the Joint-Commission accreditation of its organization and cites its condition to seek Joint Commission accreditation of its proposed hospice program within the first year of operation. The applicant also includes a summary of awards and achievements issued to its organization from April 2010 to September 2016 on pages 67 to 68 of CON application #10463.

In Appendix K of CON application #10463, Hospice of Marion County provides a supplement of Select Patient Care and Quality Procedures and an outline of Hospice of Marion County’s FY 2016 Quality Assessment Performance Improvement (QAPI) Plan. In summary, the QAPI outlines the processes used to develop, implement, maintain and evaluate an effective organization-wide, data-driven quality program designed to document high quality of care and services provided by Hospice of Marion County. The QAPI also outlines the structure and processes used to identify, measure, analyze and track data for achieving continuous improvement of care and service as evidenced by improved outcomes and satisfaction expressed by customers. The applicant states that the QAPI is an organization-wide approach to quality improvement with oversight by the Board of Directors—all core functions services and processes clinical and non-clinical are subject to review particularly those that affect palliative outcomes.

The applicant additionally outlines the objectives of the QAPI as follows:

- Focus on indicators related to improved palliative outcomes
- Take actions to demonstrate improvement in performance

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- Monitor the effectiveness and safety of services and the quality of care
- Identify opportunities and priorities for improvement
- Improve the quality, acceptability, accessibility, availability, appropriateness, affordability and effectiveness of patient outcomes, end-of-life support services and processes of care/operations
- Enhance the value of services provided
- Assure a culture that promotes the reduction of clinical and support service process errors and service failures while facilitating delivery of the highest quality of care
- Measure analysis and track indicators related to adverse patient events that enable the organization to assess processes of care, services, and operations
- Maintain and document an effective infection control program that protects patients, families, visitors and hospice personnel by preventing infections and communicable diseases and the use of standard precautions
- Comply with the Center for Medicare/Medicaid services (CMS) Conditions of Participations requirement for a Quality Assessment Performance Improvement program

Agency records indicate that Hospice of Marion County Inc., did not receive any substantiated complaints within the three-year period ending December 14, 2016.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** states that Haven Hospice has the staffing capabilities to deliver high quality care to all prospective and current hospice patients. Haven Hospice states that care is provided to patients in accordance with an individualized written plan of care created by an Interdisciplinary Team<sup>8</sup> in participation with an attending physician, the patient/patient representative and the primary caregiver in accordance with the patient's needs. The plan of care is created in light of patient and family needs and outlines all services necessary for the management of the patient's condition. The applicant indicates that the plan of care is also subject to change based on patient needs and conditions.

Haven Hospice maintains a QAPI and other policies and procedures to guide staff in care planning, delivery, assessment, and improvement. As a result of this QAPI, Haven Hospice implemented the Haven Hospice Consumer Assessment of Healthcare Providers and Systems Hospice Service (CAHPS) in

<sup>8</sup> The applicant includes a description of the Haven Hospice Interdisciplinary Team on pages 53 – 54 of CON application #10464.



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order to assess the experiences of patients who died while receiving hospice care in addition to the experiences of their informal primary caregivers. The applicant states that the CAHPS Hospice Survey prioritizes improving care, involving patients and families in care, promoting effective communication and coordination. The survey measures the following areas:

- Hospice team communication
- Getting timely care
- Treating family with respect
- Providing emotional support
- Support for religious and spiritual beliefs
- Getting help for symptoms
- Information continuity
- Understanding the side effects of pain medication
- Getting hospice care training

Haven Hospice has created a “CAHPS Improvement Team” to monitor results and recommend and implement interventions. The following goals have been identified by the applicant as—The Haven Hospice QAPI Plan for 2016:

- **Patient Falls:** Reduce patients with repeat falls from nine percent to five percent by end of fourth quarter
- **Patients on Opioid Medications with a bowel regimen:** Patients on opioid medications must have a bowel regimen or documentation as to why there is no bowel regimen. The goal is 95 percent compliance. A Performance Improvement Team has been established to monitor the results each month and to implement improvement processes.
- **Mock Survey Audits:** Mock Survey Audits are completed for each team during the calendar. Goal for the audit score is 90 percent. Teams are required to complete a correction plan for each mock survey with any deficiencies. Teams with lower scores are audited more frequently. Audit results are reported to the teams, the QAPI Committee, and executive leadership.
- **Hospice CAHPS Survey – Family emotional support:** The goal is to have a score of 90 percent by end of fourth quarter. Teams that score below 90 percent will be required to complete a root cause analysis with a plan of correction.
- **Hospice CAHPS Survey – Overall rating of hospice care:** The goal is to have a score of 90 percent for response of “definitely yes”. Teams with scores of less than 90 percent will be required to complete a root cause analysis with a plan of correction.

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- **Hospice CAHPS Survey – Family received confusing information:** Improve score to 90 percent by end of fourth quarter. Teams with scores of less than 90 percent will be required to complete a root cause analysis with a plan of correction.
- **Bereavement Audits:** Audit bereavement charts to ensure compliance and quality of bereavement program. Improve overall audit score to 95 percent by end of fourth quarter. Teams with scores of less than 95 percent will be required to complete a root cause analysis with a plan of correction.

The applicant also provides a list of awards and recognitions and a summary of the organizational history of Haven Hospice on pages 58 to 65 of CON application #10464.

Agency records indicate that Haven Hospice received two substantiated complaints within the three-year period ending December 14, 2016 in the following complaint categories (a single complaint can encompass multiple complaint categories).

<b>Haven Hospice 36 month Substantiated Complaint History</b>	
<b>Complaint Category</b>	<b>Number Substantiated</b>
Nursing Services	1
Infection Control	1

Source: Florida Agency for Healthcare Administration Complaint Records, December 14, 2013 – December 14, 2016

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** states to possess a substantial history of providing quality care to patients and expresses confidence in the capacity to provide quality hospice care. The applicant seeks to gain accreditation from CHAP and additionally cites its provision of services to Medicare and Medicaid recipients and membership in the National Hospice and Palliative Care Organization. Kindred Hospice also restates its open access policy to patients and families of all ages, sexes, religious affiliations, sexual preference, diagnosis, financial status or ability to pay. The applicant recounts its licensure history, good standing with the CMS, compliance with federal, state, and local statutes, regulations, and maintenance of operating policies, procedures, practices and protocols that will be used in the proposed hospice program.

The applicant states that its Quality Assessment and Performance Improvement Program outlines processes and outcomes related to patient care and hospice operations, the roles of responsibilities of leadership, physicians, and other clinicians and support staff in designing, measuring, assessing, and improving performance. Kindred states that the intent of the QAPI program is to maximize

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the effect of palliative treatment and services, safety, and sense of well-being for the patients and families served and to minimize resources used in a manner that is consistent with achieving positive clinical and financial outcomes and customer satisfaction.

The applicant also intends to use the Kindred Care Connect Program to help facilitate collaboration among its healthcare teams and partners which allows for flexibility to meet and respond to the changing healthcare needs of patients.

Agency records indicate that Kindred Hospice did not receive any substantiated complaints within the three-year period ending December 14, 2016.

**PruittHealth Hospice – 3E, LLC (CON #10466)** does not have a documented quality history as a result of being a newly formed entity. The applicant anticipates that the establishment of its proposed hospice facility will result in the innovation of services, protocols, staffing, training, career development and outreach programs to exceed benchmarks and meet state and federal regulations in the provision of quality care. The applicant will adhere to State and Federal regulations and statutes, comply with the Conditions of Participation for hospice providers of services under the Health Insurance for the Aged and Disabled Program and the Medicaid Program. PruittHealth Hospice states a commitment to continuous quality improvement and lists specialty programs and other services offered to enhance patient outcomes and quality on pages 74 to 80 of CON application #10466.

The applicant makes use of Strategic Healthcare Programs' data analysis system in order to track and trend outcome measures to assess clinical and performance indicators. The applicant also participates in the CAHPS survey to measure quality and utilizes the PruittHealth Hospice Performance Improvement process for continuous quality improvement through the use of a QAPI Team which includes corporate representatives, regional team members, and agency team members. PruittHealth invests in the following tools for tracking quality indicators for internal assessment: ABAQIS, LTC TrendTracker, PruittHealth Monthly Quality Indicator Reports and My Innerview.

The applicant also includes a quality report for PruittHealth for FY 2015 which is used to identify customer needs and expectations, measure and analyze performance data, form quality action teams of empowered employees to develop performance improvement plans, and re-evaluate performance outcomes for successful results.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** states to possess a distinguished record of providing high quality care to its patients, families and service areas. The applicant cites its accreditation and deemed status with the Community Health Accreditation Partner (CHAP). Tidewell states to pursue external certification, accreditation and quality enhancement through ongoing staff education, continuous quality improvement initiatives, patient and family satisfaction surveys and monitoring/compliance initiatives. Tidewell Hospice indicates that it employs an Interdisciplinary Group (IDG), responsible for directing, coordinating, evaluating and supervising the care and services provided for each hospice patient. The IDG conducts conferences to update patient and family care plans which includes:

- Identification of obstacles to and solutions for access of care issues
- Review of admissions and comprehensive assessments
- Determination of levels of services required by patient and family members
- Reviewing and revising care plans
- Ongoing assessment of eligibility for hospice care
- Determination of additional services to be provided by Tidewell or other service area resources to meet the patient's need

The applicant utilizes a QAPI with the aims of continuous and widespread evaluation and demonstration of improvements in hospice care, palliative outcomes, services and operations provided by Tidewell Hospice. All clinical and non-clinical departments participate in the process and the objectives of the QAPI are outlined below:

- Focus on indicators related to improved palliative outcomes and end-of-life support
- Take actions to demonstrate improvement of performance
- Monitor the effectiveness and safety of services and quality of care
- Identify opportunities and priorities for improvement
- Improve the quality, acceptability, accessibility and affordability of desired patient outcomes
- Enhance the value of services provided

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- Assure a culture that promotes the reduction of clinical and support service process errors and service failures while facilitating the delivery of the highest quality of care
- Comply with the CMS Conditions of Participation
- Participate in the required reporting of quality measures to the State of Florida DOEA and CMS

The applicant also outlines the QAPI process as follows:

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

The applicant also references the education of staff members, certification and patient care policies and procedures, and compliance and ethics plan on pages 95 through 97 of CON application #10467. The applicant also includes survey responses to the Hospice Consumer Assessment of Healthcare Providers and Systems Survey for Tidewell Hospice comparisons with Florida and the nation, from July 2015 through June 2016 on page 98 of CON application #10467.

Agency records indicate that Tidewell Hospice Inc. had two complaints in the following substantiated categories within the three-year period ending December 14, 2016 (a single complaint can encompass multiple complaint categories).

<b>Tidewell Hospice Inc. 36-month Substantiated Complaint History</b>	
<b>Complaint Category</b>	<b>Number Substantiated</b>
Resident/Patient/Client Rights	1
Nursing Services	1
Admission, Transfer, & Discharge Rights	1
Resident/Patient/Client Assessment	1

Source: Florida Agency for Healthcare Administration Complaint Records, December 14, 2013 – December 14, 2016

**VITAS Healthcare Corporation of Florida (CON #10468)** describes a long history of providing quality care in Florida and in the nation. The applicant also states compliance with Conditions of Participation for hospice providers under Title XVIII of the Social Security Act and the Medicaid Program. The applicant states that the following contributes to enhancing quality of care:

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- Implementation of procedures to produce a 70 percent reduction in pain score within 48 hours (a much higher standard than the 50 percent in 96 hours as identified in Florida Statutes)
- Culturally sensitive programs developed with community and national organizations to address African – American, Hispanic/Latino, LGBT and other cultural and religious ethics, practices, and beliefs
- Providing telecommunication resources for patients to maintain contact with caregivers
- Twenty-four hour interdisciplinary staff availability with access to patient records at their fingertips to immediately respond to patient and family inquiries
- Extensive commitment to training programs (WINKS, THINK, disease – specific, and others)
- RNs are encouraged to become Certified Hospice and Palliative Care Nurses
- Social workers have a Master’s degree or are licensed clinical social workers

The applicant states to provide high quality services through the reinvestment of hospice revenues in the training, education, and treatment of staff, physicians, patients and families. VITAS also states that the proposed hospice program in Subdistrict 3E will adhere to the same policies, procedures and standards of other healthcare programs externally accredited by The Joint Commission and CHAP. VITAS will also implement a quality assurance program, VITAS’ Subdistrict 3E Governing Body and a QI Program which will conduct continuous monitoring and periodic analysis of the quality of service and quality of outcomes. A narrative description of the Quality of Service component of QAPI is included on pages 148-149 of CON application #10468. The applicant maintains the following standards for outcomes programs:

- Be based upon patient-centered and patient-reported measures
- Seek to measure the impact that the provider can have on the patient’s quality of life
- Enable the health care professionals caring for the patient to adapt their plan of care based upon ongoing feedback from the patient
- Continually focus on both current and retrospective data analysis
- Accommodate the variations that each patient will bring to an assessment of their own quality of life

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A narrative description of the VITAS outcomes program and other measures are included on pages 149 – 151 of CON application #10468.

Agency records indicate that VITAS Healthcare Corporation of Florida had five substantiated complaints in the following categories within the three-year period ending December 14, 2016 (a single complaint can encompass multiple complaint categories).

<b>VITAS Healthcare Corporation of Florida 36-month Substantiated Complaint History</b>	
<b>Complaint Category</b>	<b>Number Substantiated</b>
Elopement*	1
Quality of care/Treatment	2
Nursing Services	2
Resident/Patient/Client Assessment	2

Source: Florida Agency for Healthcare Administration Complaint Records, December 14, 2013 – December 14, 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.

**Hospice of Marion County, Inc. (CON #10463):** 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>CON #10463 - Hospice of Marion County, Inc.</b>		
	<b>Dec-15</b>	<b>Dec-14</b>
Current Assets	\$9,066,549	\$9,483,900
Total Assets	\$28,623,970	\$29,147,014
Current Liabilities	\$3,656,949	\$4,005,786
Total Liabilities	\$9,501,903	\$10,557,069
Net Assets	\$19,122,067	\$18,589,945
Total Revenues	\$33,793,193	\$32,534,618
Excess of Revenues Over Expenses	\$787,833	\$1,600,178
Cash Flow from Operations	\$1,435,534	\$1,420,428
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	2.5	2.4
Cash Flow to Current Liabilities (CFO/CL)	39.25%	35.46%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	30.6%	35.2%
Total Margin (ER/TR)	2.33%	4.92%
<b>Measure of Available Funding</b>		
Working Capital	\$5,409,600	\$5,478,114

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$2,476,595 which includes this project of \$388,595, routine capital, 2<sup>nd</sup> office location, and other capital expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. With \$4.9 million in cash and cash equivalents, \$5.4 million in working capital and \$1.4 million in operating cash flow, the applicant has sufficient resources to fund this project and all capital expenditures.



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**Conclusion:**

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

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464):** 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.

<b>CON #10464 - North Central Florida Hospice, Inc.</b>		
	<b>Dec-15</b>	<b>Dec-14</b>
Current Assets	\$26,686,447	\$31,841,837
Total Assets	\$64,410,582	\$67,516,285
Current Liabilities	\$8,181,689	\$8,247,470
Total Liabilities	\$17,463,002	\$18,053,444
Net Assets	\$46,947,580	\$49,462,841
Total Revenues	\$66,193,544	\$59,622,087
Excess of Revenues Over Expenses	(\$1,393,741)	\$1,616,242
Cash Flow from Operations	\$1,439,310	(\$892,977)
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	3.3	3.9
Cash Flow to Current Liabilities (CFO/CL)	17.59%	-10.83%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	19.8%	19.8%
Total Margin (ER/TR)	-2.11%	2.71%
<b>Measure of Available Funding</b>		
Working Capital	\$18,504,758	\$23,594,367

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$2,719,554 which includes this project of \$309,425, routine capital, maturities on long-term debt, and other capital

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expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. With \$7.3 million in cash and cash equivalents, \$18.5 million in working capital and \$1.4 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.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465):**

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.

<b>CON #10465 - Kindred Healthcare, Inc. (In thousands)</b>		
	<b>Dec-15</b>	<b>Dec-14</b>
Current Assets	\$1,500,899	\$1,307,671
Total Assets	\$6,518,936	\$5,652,964
Current Liabilities	\$1,111,212	\$857,263
Total Liabilities	\$4,812,889	\$4,166,992
Net Assets	\$1,706,047	\$1,485,972
Total Revenues	\$7,149,567	\$5,022,241
Excess of Revenues Over Expenses	(\$93,384)	(\$79,837)
Cash Flow from Operations	\$163,262	\$105,471
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.4	1.5
Cash Flow to Current Liabilities (CFO/CL)	14.69%	12.30%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	217.0%	222.7%
Total Margin (ER/TR)	-1.31%	-1.59%
<b>Measure of Available Funding</b>		
Working Capital	\$389,687	\$450,408

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

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**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$350,000 which includes this project of \$175,000 and another CON under review this batch (10461). The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. With \$98.7 million in cash and cash equivalents, \$389.6 million in working capital and \$163.2 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 – 3E, LLC (CON #10466):** 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.

<b>CON #10466 - United Health Services, Inc. (Parent)</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%

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**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$445,605 which includes this project of \$425,605 and other capitalization. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by related company financing. The applicant provided audited financial statements of its parent, United Health Services, Inc. and Subsidiaries. With \$15.3 million in cash and cash equivalents and \$24.1 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.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467):** 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.

<b>CON #10467 - Tidewell Hospice, Inc.</b>		
	<b>Jun-16</b>	<b>Jun-15</b>
Current Assets	\$24,892,538	\$114,496,754
Total Assets	\$33,274,068	\$160,334,711
Current Liabilities	\$9,811,234	\$9,284,382
Total Liabilities	\$9,811,234	\$9,284,382
Net Assets	\$23,462,834	\$151,050,329
Total Revenues	\$87,746,919	\$91,702,594
Excess of Revenues Over Expenses	\$4,366,879	\$8,075,084
Cash Flow from Operations	(\$7,500,757)	\$16,842,156
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	2.5	12.3
Cash Flow to Current Liabilities (CFO/CL)	-76.45%	181.40%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	0.0%	0.0%
Total Margin (ER/TR)	4.98%	8.81%
<b>Measure of Available Funding</b>		
Working Capital	\$15,081,304	\$105,212,372

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$585,956 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 \$11.2 million in cash and cash equivalents and \$15.0 million in working capital, the applicant has sufficient resources to fund this project.

**Conclusion:** Funding for this project should be available as needed.

**VITAS Healthcare Corporation of Florida (CON #10468):** 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.

<b>CON #10468 - 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	\$89,898,078	\$80,769,053
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)	18.20%	18.25%
<b>Measure of Available Funding</b>		
Working Capital	\$18,415,975	\$25,912,033

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$6,706,961 which includes this project of \$945,867, CON 10440, 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 \$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.**

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

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question the applicant’s profitability assumptions and feasibility. The results of the calculations are summarized below.

**Hospice of Marion County, Inc. (CON #10463):**

**HOSPICE REVENUE (Year 2) TABLE 1**  
**CON 10463**  
**Hospice of Marion County, Inc.**  
**County: Lake**  
**Year Two: Apr-19**

CON 10463		Hospice of Marion County, Inc.				
Lake		Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation						
Routine Home Care 1-60 days		\$130.93	0.8294	\$108.59	\$59.62	\$168.21
Routine Home Care 61+ days		\$102.94	0.8294	\$85.38	\$46.88	\$132.26
Continuous Home Care		\$662.80	0.8294	\$549.73	\$301.83	\$851.56
Inpatient Respite		\$92.55	0.8294	\$76.76	\$78.42	\$155.18
General Inpatient		\$470.44	0.8294	\$390.18	\$264.50	\$654.68
Year Two Comparison		Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year Two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care		1.072	\$180.38	\$3,798,884		21,061
Routine Home Care		1.072	\$141.82	\$0		0
Continuous Home Care		1.072	\$913.13	\$517,408	24	567
Inpatient Respite		1.072	\$166.40	\$18,710		112
General Inpatient		1.072	\$702.02	\$793,548		1,130
			<b>Total</b>	<b>\$5,128,550</b>		<b>22,870</b>
				Days from Schedule 7		21,528
				<b>Difference</b>		<b>-1,342</b>
				<b>Percentage Difference</b>		<b>-6.24%</b>

The applicant’s projected patient days are 6.24 percent or 1,342 days less than the calculated patient days. This suggests that the applicant’s projected revenues may be overstated. However, the applicant is projecting Medicare revenue deductions which tend to offset the overage. Operating profits from this project are expected to increase from an operating loss of \$375,939 in year one to an operating profit of \$388,405 in year two.

**Conclusion:** This project appears to be financially feasible even with the potential revenue overstatement.

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**North Central Florida Hospice, Inc. d/b/a Haven Hospice  
(CON #10464):**

**HOSPICE REVENUE (Year 2) TABLE 1**

**CON 10464**

**North Central Florida Hospice, Inc.**

**County: Lake**

**Year Two: Dec-19**

<b>CON 10464</b>		<b>North Central Florida Hospice, Inc.</b>				
<b>Lake</b>		<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>						
Routine Home Care 1-60 days		\$130.93	0.8294	\$108.59	\$59.62	\$168.21
Routine Home Care 61+ days		\$102.94	0.8294	\$85.38	\$46.88	\$132.26
Continuous Home Care		\$662.80	0.8294	\$549.73	\$301.83	\$851.56
Inpatient Respite		\$92.55	0.8294	\$76.76	\$78.42	\$155.18
General Inpatient		\$470.44	0.8294	\$390.18	\$264.50	\$654.68
<b>Year Two Comparison</b>		<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year wo</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care		1.094	\$184.07	\$2,931,895		15,928
Routine Home Care		1.094	\$144.72	\$0		0
Continuous Home Care		1.094	\$931.81	\$32,156	24	35
Inpatient Respite		1.094	\$169.81	\$19,495		115
General Inpatient		1.094	\$716.38	\$910,077		1,270
			<b>Total</b>	<b>\$3,893,623</b>		<b>17,348</b>
					Days from Schedule 7	18,891
					<b>Difference</b>	<b>1,543</b>
					<b>Percentage Difference</b>	<b>8.17%</b>

The applicant’s projected patient days are 8.1 percent or 1,543 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$426,337 in year one to an operating profit of \$284,908 in year two.

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

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465):** The applicant failed to include two full years of operational data as required by Section 408.037(3), Florida Statutes. Additionally, the forms submitted do not include typical hospice revenues by type of service (routine home care, continuous home care, inpatient respite care and general inpatient care). The lack of complete data submitted in a way that allows proper analysis by the Agency hinders the Agency’s ability to compare the revenues contained in this application to revenues allowable by Medicare. In order to estimate revenue per service, the Agency



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assumed that Daily Hospital Service Revenue is Routine Home Care Revenue and that Outpatient Revenue is Continuous Home Care Revenue per notes to Schedule 7.

<b>Hospice Revenue Year Two</b>	<b>Routine Home Care</b>	<b>Continuous Home Care</b>	<b>Inpatient Respite</b>	<b>General Inpatient</b>
Wage Component	\$130.93	\$662.80	\$92.55	\$470.44
Wage Index: Lake	0.8294	0.8294	0.8294	0.8294
Adjusted Wage Amount	\$108.59	\$549.73	\$76.76	\$390.18
Unadjusted Component	\$59.62	\$301.83	\$78.42	\$264.50
<b>Payment Rate</b>	<b>\$168.21</b>	<b>\$851.56</b>	<b>\$155.18</b>	<b>\$654.68</b>
<b>Inflation Factor Year Two</b>				
Inflation Factor Year Two	1.050	1.050	1.050	1.050
<b>Inflation Adjusted Rate</b>	<b>\$176.65</b>	<b>\$894.28</b>	<b>\$162.97</b>	<b>\$687.53</b>
<b>Schedule 7 Revenue Year 2</b>				
Schedule 7 Revenue Year 2	\$2,325,349	\$70,667	\$0	\$0
Hours of Service Provided	0	24	0	0
<b>Calculated Patient Days</b>	<b>13,163</b>	<b>79</b>	<b>0</b>	<b>0</b>
<b>Total Calculated Days (Sum of Calculated Patient Days row above)</b>				
				<b>13,242</b>
<b>Days from Schedule 7</b>				
				<b>16,196</b>
<b>Difference in Days (Schedule 7 minus Calculated Days)</b>				
				<b>2,954</b>
<b>Percentage Difference</b>				
				<b>18.24%</b>

The applicant's projected patient days (using staff's assumptions) are 18.24 percent or 2,954 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$6,106 in year one to an operating profit of \$89,933 in year two.

**Conclusion:** Given the large variance between the calculated patient days and actual patient days, the Agency is unable to conclude that the prospective revenues provided by the applicant are reasonable. Therefore, no conclusion as to the feasibility of the project can be given.

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**PruittHealth Hospice – 3E, LLC (CON #10466):**

**HOSPICE REVENUE (Year 2) TABLE 1**

**CON 10466  
PruittHealth Hospice  
3E**

**County: Lake  
Year Two: Jun-19**

<b>CON 10466</b>	<b>PruittHealth Hospice 3E</b>				
<b>Lake</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$130.93	0.8294	\$108.59	\$59.62	\$168.21
Routine Home Care 61+ days	\$102.94	0.8294	\$85.38	\$46.88	\$132.26
Continuous Home Care	\$662.80	0.8294	\$549.73	\$301.83	\$851.56
Inpatient Respite	\$92.55	0.8294	\$76.76	\$78.42	\$155.18
General Inpatient	\$470.44	0.8294	\$390.18	\$264.50	\$654.68
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year Two</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care	1.078	\$181.30	\$4,036,566		22,265
Routine Home Care	1.078	\$142.55	\$0		0
Continuous Home Care	1.078	\$917.80	\$181,792	24	198
Inpatient Respite	1.078	\$167.25	\$41,076		246
General Inpatient	1.078	\$705.61	\$522,732		741
		<b>Total</b>	<b>\$4,782,166</b>		<b>23,449</b>
				Days from Schedule 7	24,230
				<b>Difference</b>	<b>781</b>
				<b>Percentage Difference</b>	<b>3.22%</b>

The applicant’s projected patient days are 3.22 percent or 781 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$203,629 in year one to an operating profit of \$410,781 in year two.

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

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**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467):**

**HOSPICE REVENUE (Year 2) TABLE 1  
CON 10467  
Tidewell Hospice of Lake & Sumter,  
Inc.  
County: Lake  
Year Two: Jun-19**

CON 10467	Tidewell Hospice of Lake & Sumter, Inc.				
Lake	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$130.93	0.8294	\$108.59	\$59.62	\$168.21
Routine Home Care 61+ days	\$102.94	0.8294	\$85.38	\$46.88	\$132.26
Continuous Home Care	\$662.80	0.8294	\$549.73	\$301.83	\$851.56
Inpatient Respite	\$92.55	0.8294	\$76.76	\$78.42	\$155.18
General Inpatient	\$470.44	0.8294	\$390.18	\$264.50	\$654.68
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year Two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care	1.078	\$181.30	\$4,270,364		23,554
Routine Home Care	1.078	\$142.55	\$0		0
Continuous Home Care	1.078	\$917.80	\$74,239	24	81
Inpatient Respite	1.078	\$167.25	\$15,517		93
General Inpatient	1.078	\$705.61	\$205,135		291
		<b>Total</b>	<b>\$4,565,255</b>		<b>24,019</b>
			Days from Schedule 7		26,846
			<b>Difference</b>		<b>2,827</b>
			<b>Percentage Difference</b>		<b>10.53%</b>

The applicant's projected patient days are 10.53 percent or 2,827 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$362,407 in year one to an operating profit of \$163,205 in year two.

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

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**VITAS Healthcare Corporation of Florida (CON #10468):**

**HOSPICE REVENUE (Year 2) TABLE 1**

**CON 10468**

**VITAS Healthcare Corporation of Florida**

**County:**

**Lake**

**Year Two:**

**Mar-19**

CON 10468	VITAS Healthcare Corporation of Florida				
Lake					
Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$130.93	0.8294	\$108.59	\$59.62	\$168.21
Routine Home Care 61+ days	\$102.94	0.8294	\$85.38	\$46.88	\$132.26
Continuous Home Care	\$662.80	0.8294	\$549.73	\$301.83	\$851.56
Inpatient Respite	\$92.55	0.8294	\$76.76	\$78.42	\$155.18
General Inpatient	\$470.44	0.8294	\$390.18	\$264.50	\$654.68
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year Two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.070	\$179.92	\$1,774,177		9,861
Routine Home Care 61+ days	1.070	\$141.46	\$3,541,001		25,032
Continuous Home Care	1.070	\$910.80	\$473,327	24	520
Inpatient Respite	1.070	\$165.98	\$0		0
General Inpatient	1.070	\$700.23	\$367,579		525
		<b>Total</b>	<b>\$6,156,084</b>		<b>35,938</b>
				Days from Schedule 7	37,970
				<b>Difference</b>	<b>2,032</b>
				<b>Percentage Difference</b>	<b>5.35%</b>

The applicant's projected patient days are 5.35 percent or 2,032 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$415,417 in year one to an operating loss of \$99,372 in year two. The applicant provided an additional year of projections showing an operating profit of \$586,271 in year three.

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

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

**Analysis:**

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

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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 the applicants are seeking to relocate a leased space in a skilled nursing unit to a free-standing facility there is no impact due to competition.

**Hospice of Marion County, Inc. (CON #10463):** This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464):** This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465):** This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

**PruittHealth Hospice – 3E, LLC (CON #10466):** This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc.: (CON #10467)** This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

**VITAS Healthcare Corporation of Florida (CON #10468):** 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.**

**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.

**Hospice of Marion County, Inc. (CON #10463)** reiterates that as a provider of hospice services, HMC will offer services to all patients regardless of age, race, color, creed, religion, disability, sexual orientation, national origin or ability to pay. The applicant states to have provided \$477,016 (1.64 percent) of uncompensated care in 2015 and \$370,873 in uncompensated care from January – October 2016 to Medicaid recipients and medically indigent patients. The applicant projects that Medicaid will account for four percent of patient days and Self-Pay will account for one percent of total patient days in its overall payer mix in years one and two which is provided on Schedules 7 and 7B of CON application #10463. A table summarizing total projected patient days by payer mix is included below.

<b>HMC Projected Patient Days by Payor Mix</b>					
	<b>Medicare</b>	<b>Medicaid</b>	<b>Commercial</b>	<b>Self-Pay</b>	<b>Total</b>
<b>Year One</b>	7,921	344	258	86	8,610
<b>Year Two</b>	19,806	861	646	215	21,528
<b>% of Year One</b>	92.0%	4.0%	3.0%	1.0%	100.0%
<b>% of Year Two</b>	92.0%	4.0%	3.0%	1.0%	100.0%

Source: Con application #10463, Schedules 7, 7B  
The reviewer has italicized incorrect values

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**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** provides the following projected payer mix in Schedule 7 of CON application #10464. The applicant projects that Medicaid will account for 6.3 percent of total annual patient days and indigent/charity care will account for 0.3 percent of total annual patient days in its overall payer mix in years one and two. A table summarizing total projected patient days by payer mix is included on the next page.

<b>Haven Hospice Projected Patient Days by Payor Mix</b>						
	<b>Medicare</b>	<b>Medicaid</b>	<b>Commercial</b>	<b>Self-Pay</b>	<b>Indigent/Charity</b>	<b>Total</b>
<b>Year One</b>	6,058	440	367	69	21	6,956
<b>Year Two</b>	16,453	1,196	997	188	56	18,891
<b>% of Year One</b>	87.1%	6.3%	5.3%	1.0%	0.3%	100.0%
<b>% of Year Two</b>	87.1%	6.3%	5.3%	1.0%	0.3%	100.0%

Source: CON application #10464, Schedule 7A  
The reviewer has italicized incorrect values

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** provides the following payer mix in Schedule 7 of CON application #10465. The applicant projects Medicaid will account for 0.76 percent for total annual patient days, other payers will account for 0.56 percent of total annual patient days in patient days, and charity care will account for two percent of patient days in year one. The other payers category will decrease to 0.23 percent in year two. A table summarizing total projected patient days by payer mix is included below.

<b>Kindred Hospice Projected Payers by Patient Days</b>						
	<b>Medicaid</b>	<b>Medicare</b>	<b>Commercial Insurance</b>	<b>Other Payers</b>	<b>Charity Care</b>	<b>Total</b>
<b>Year One</b>	50.57	6,315.11	80.43	37.19	132.31	6,615.62
<b>Year Two</b>	123.81	15,461.13	196.92	37.19	323.94	16,196.85
<b>% Year One</b>	0.76%	95.46%	1.22%	0.56%	2.00%	100.00%
<b>% Year Two</b>	0.76%	95.46%	1.22%	0.23%	2.00%	100.00%

Source: CON application #10465, Schedule 7A  
The reviewer has italicized incorrect values

**PruittHealth – Hospice – 3E, LLC (CON #10466)** provides the following projected payer mix in Schedule 7 of CON application #10466. The applicant projects that Medicare will account for 87 percent of patient days, Medicaid will account for six percent of patient days, commercial insurance will account for six percent of patient days, and self-pay will account for two percent of patient days in years one and two. A table summarizing total projected patient days by payer is provided below.

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<b>PruittHealth Hospice Projected Payer Mix</b>					
	<b>Self-Pay</b>	<b>Medicaid</b>	<b>Medicare</b>	<b>Commercial Insurance</b>	<b>Total</b>
<b>Year One</b>	123	452	7,149	493	8,217
<b>Year Two</b>	363	1,333	21,080	1,454	24,230
<b>%Year One</b>	2%	6%	87%	6%	100%
<b>%Year Two</b>	2%	6%	87%	6%	100%

Source: CON application #10466, Schedule 7  
 Note: Years One and Two correspond to 2018 and 2019

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** provides the following table in demonstration of its historical provision of care to Medicare and indigent populations which is reproduced below:

<b>Tidewell Medicaid and Unreimbursed Care 2013 -2015</b>				
<b>Fiscal Year Ending June 30th</b>				
	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Medicaid</b>				
Patient Days	10,715	10,604	11,695	11,775
Patient Days as Percentage of Total	3.0%	3.0%	3.0%	3.0%
Total Medicaid Charges	\$2,263,000	\$2,211,300	\$2,236,300	\$2,243,000
<b>Unreimbursed Care</b>				
Patient Days	4,143	4,848	3,673	3,621
Patient Days as Percentage of Total	1.3%	1.2%	1.0%	1.0%
Total Unreimbursed Charges	\$1,930,500	\$2,007,100	\$1,643,800	\$1,613,400

Source: CON application #10467, Page 101

The applicant provides the following projected payer mix in Schedule 7 of CON Application #10467. The applicant projects that Medicare will account for 90 percent of patient days, Medicaid will account for three percent of patient days, charity care will account for two percent of patient days, and self-pay will account for one percent of patient days in years one and two. A table summarizing total projected patient days by payer is included below:

<b>Tidewell Hospice Projected Payer Mix</b>						
	<b>Self-Pay</b>	<b>Medicaid</b>	<b>Medicare</b>	<b>Commercial Insurance</b>	<b>Charity Care</b>	<b>Total</b>
<b>Year One</b>	109	327	8,953	327	198	9,915
<b>Year Two</b>	295	886	24,242	886	537	26,846
<b>%Year One</b>	1%	3%	90%	3%	2%	100%
<b>%Year Two</b>	1%	3%	90%	3%	2%	100%

Source: CON application #10467, Schedule 7



**VITAS Healthcare Corporation of Florida (CON #10468)**

references projected and actual admissions for hospice services in Subdistrict 4A as evidence of its historical provision of health services to Medicaid and medically indigent patients. The applicant notes that in the first year of operation of Subdistrict 4A seven percent of admissions were Medicaid, which exceeded projections.

The applicant provides the following projected payer mix in Schedule 7 of CON Application #10468.

<b>VITAS Healthcare Corporation of Florida Projected Payer Mix</b>						
	<b>Self-Pay</b>	<b>Medicaid</b>	<b>Medicare</b>	<b>Commercial Insurance</b>	<b>Charity Care</b>	<b>Total</b>
<b>Year One</b>	3	695	14,553	346	256	15,853
<b>Year Two</b>	7	1,666	34,858	830	609	37,970
<b>Year Three</b>	10	2,359	49,343	1,175	625	53,512
<b>% Year One</b>	0.0%	4.4%	91.8%	2.2%	1.6%	100.0%
<b>% Year Two</b>	0.0%	4.4%	91.8%	2.2%	1.6%	100.0%
<b>% Year Three</b>	0.0%	4.4%	92.2%	2.2%	1.2%	100.0%

Source: CON application #10468, Schedule 7  
 Years One, Two, and Three correspond to March 31<sup>st</sup> in the years 2018, 2019, and 2020, respectively. Self-pay percentages have also been rounded down to 0 percent (~0.02 percent in Years One, Two, and Three)

The applicant projects that Medicare account for 91.8 percent in years one and two and 92.2 percent in year three. Medicaid will account for 4.4 percent of patient days in all three years. Charity care will account for 1.6 percent of patient days in years one and two and 1.2 percent of patient days in year three. Self-pay will account for approximately 0.0 percent of patient days in all three years.

**F. SUMMARY**

In Volume 42, Number 191, of the Florida Administrative Register, dated September 30, 2016, need for an additional hospice program was published for Hospice Service Area 3E for the January 2018 Hospice Planning Horizon. All co-batched proposed projects seek to establish a new hospice program in Hospice Service Area 3E, Lake and Sumter Counties.

**Hospice of Marion County, Inc. (CON #10463)** a not-for-profit corporation which proposes to establish a new hospice program in Hospice Service Area 3E. The applicant has been a hospice service provider in Marion County, Hospice Service Area 3B, for 33 years.

The applicant proposes \$388,595 in project costs.

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Hospice of Marion County proposes thirteen Schedule C conditions.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** a community-based not-for-profit entity, which proposes to establish a new hospice program in Hospice Service Area 3E. The applicant is currently a hospice provider in Hospice Service Area(s): 3A, 4A, and 4B.

The applicant proposes \$309,425 in total project costs.

Haven Hospice proposes twenty Schedule C conditions.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** a for-profit entity proposes to establish a hospice program in Hospice Service Area 3E, Sumter County. The applicant is currently a hospice provider in Hospice Service Areas: 3B, 4B, 7B, and 11.

The applicant proposes \$263,750 in total project costs.

The applicant includes eleven Schedule C conditions.

**PruittHealth Hospice – 3E, LLC (CON #10466)** a newly formed for-profit entity which proposes to establish a hospice program in Hospice Service Area 3E, Lake and Sumter County.

The applicant proposes \$425,605 in total project costs.

PruittHealth Hospice proposes nine Schedule C conditions.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** a not-for-profit entity proposing to establish a hospice program in Hospice Service Area 3E, Lake and Sumter County. TideWell Hospice Inc. is currently a licensed hospice provider in Hospice Service Area(s): 6C, 8A, and 8D.

The applicant proposes \$585,956 in total project costs.

The applicant proposes 15 Schedule C conditions.

**VITAS Healthcare Corporation of Florida (CON #10468)** a for-profit entity proposing to establish a hospice program in Hospice Service Area 3E, Lake and Sumter County. VITAS Healthcare Corporation of Florida is currently a licensed hospice provider in Hospice Service Area(s): 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9C, 10, and 11. CON application #10440 has also been issued to VITAS

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Healthcare Corporation of Florida to establish a hospice program in District 1 in the April 2016 Batching Cycle for Other Beds and Programs.

The applicant proposes \$945,867 in total project costs.

The applicant proposes 11 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.

**Hospice of Marion County, Inc. (CON #10463)** states an intent to provide two services currently unavailable to the residents of Lake and Sumter Counties within its first year of operation, its Transitions and PIC:TFK Programs reflecting the conditions of its Schedule C. The applicant also highlights demographic factors of the service area including the service area's proportion of individuals aged 65 and older, the anticipated growth of the elderly population within the service area, the pace of growth of the Hispanic population relative to other ethnic groups, and the veteran population within Hospice Service Area 3E.

The applicant provides a narrative description in justification of need for the proposed hospice program on pages 16-27 of CON Application #10463, including:

- HMC will bring its proven services and programs to Lake and Sumter County hospice patients and families.
- Hospice of Marion County has the 14<sup>th</sup> highest penetration rate in the state.
- Hospice of Marion County ranks 7<sup>th</sup> in the state for inpatient bed availability.
- HMC has a proven Rapid Response program that it will offer to the patients, families, and providers of Lake and Sumter Counties.
- HMC offers one of only three Transitions programs in the entire state.
- HMC offers one of only 13 PIC:TFK programs in the entire state.
- HMC provides extensive bereavement services for the communities it serves.
- HMC owns and operates two companies that directly support its hospice-focused mission.

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- HMC is one of only five hospice providers in the entire state that owns and operates a pharmacy.
- HMC provides educational opportunities for University of Florida medical students.

The applicant states that the proposed project is submitted to extend its services into the contiguous counties of Lake and Sumter and notes maintaining a number of existing services adjacent to the proposed service area. The applicant notes that none of the competing co-batched applicants serve Marion County or the tri-county area of Lake, Sumter and Marion Counties which possesses a unique overlap of communities and a medical service market. The applicant states that VITAS, Odyssey, Tidewell and Haven Hospice operate in service areas with lower penetration rates than Hospice Service Area 3B and a number of competing applicants have higher numbers of patients per freestanding bed than HMC. HMC also notes that competing co-batched applicants do not offer the same complement of services of Hospice of Marion County and have submitted applications in response to need and not in response to the unique needs of the geographic market and communities of Lake and Sumter.

The applicant projects 205 admissions in year one and 468 admissions in year two.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** lists the following factors contributing to unmet need for hospice service in Hospice Service Area 3E:

- Haven currently operates as a licensed hospice provider in Service Areas 3A, 4A, and 4B, and has done so successfully for 37 years.
- Between July 2016 and July 2019 the population of Service Area 3E is projected to increase by over 38,000 persons, a growth rate of 8.6 percent.
- Projected growth among both the African-American and Hispanic populations of the service area is expected to exceed statewide averages over the 2015-2020 time period.
- African-American residents of Service Area 3E are underutilizing hospice services.
- Heart disease is the leading cause of death among the Hispanic population in Service Area 3E, whereas it ranks second to cancer for all groups and the state as a whole. Haven already serves end-stage (terminally ill) heart disease through its existing operations.

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- Haven's field work identifies many special needs of the residents of Service Area 3E, including access to care issues and the need to improve the continuity of end-of-life care.
- Haven is currently an active provider of end-of-life care to the Veterans' population.
- A comparison of Haven to other applicants in the current batching cycle seeking approval in 3E suggests that Haven is the best applicant.

The applicant projects 145 admissions in year one and 361 admissions in year two.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** states that CON Application #10465 is submitted in response to need and that the proposed hospice program intends to address the needs of terminally-ill populations of all ages, races, genders, disabilities and income levels.

Kindred Hospice reiterates its commitment to address the needs of the Hispanic, African – American, veteran populations of the service area in addition to the hospice needs of individuals with non-cancer diagnoses. The applicant also expresses a commitment to address all medically underserved groups regardless of payer source (e.g. Medicare, Medicaid, 3<sup>rd</sup> party insurance, self – pay, and charity patients) or diagnosis and others for whom barriers to care exist. The applicant also expresses a commitment to promote initiatives to eliminate barriers to hospice care and improve access to hospice care.

The applicant projects 123 admissions in year one and 176 admissions in year two.

**PruittHealth – Hospice – 3E, LLC (CON #10466)** has responded to need as published in the Florida Administrative Register demonstrating need for an additional hospice program in Hospice Service Area 3E. The applicant anticipates that the proposed hospice program will result in the following:

- Increase access to high quality hospice services in Hospice Service Area 3E.
- Allow residents to receive hospice services from a company with an extensive history of the provision of post-acute services.
- Ensure access to hospice services for all residents, regardless of payor source.
- Increase availability of hospice care provided to residents of nursing homes and assisted living facilities.

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- Increase availability of special programs based on the leading causes of death in the area.
- Enhance competition by allowing an established southeastern provider of long-term care and hospice services to develop its first hospice program in the State of Florida.

The applicant projects 165 admissions in year one and 402 admissions in year two.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** has responded to need as published in the Florida Administrative Register indicating need for an additional hospice program in Hospice Service Area 3E as derived from the fixed need methodology. The applicant states that the proposed hospice program will be characterized by:

- Extensive use of volunteers to provide non-core services
- Implementation of intensive outreach to the service area's medical, social services, clergy, and general community to expand the acceptance of the hospice model in service area 3E
- Establishing a broad geographic presence in the service area
- Providing a wide array of complementary services over and above those required by Medicare Conditions of Participation
- Implementation of a modern, efficient delivery model

The applicant states it will expand access to hospice care through:

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

Tidewell indicates that it will conduct outreach to address perceived barriers to care among ethnic minority populations, the employment of staff members fluent in Spanish, the use of Spanish language materials, African American staff, hospice children's services including the PIC program and Veterans outreach. The applicant intends to target: Veterans, pediatric populations, ethnic minorities and patients with cognitive impairment.

The applicant projects 157 admissions in year one and 397 admissions in year two.

**VITAS Healthcare Corporation of Florida (CON #10468)** has identified need for hospice services among non-cancer patients, particularly patients with cardiac and pulmonary diagnoses. VITAS also intends to address the need for hospice services for residents of DARCs and Veterans—the applicant expects that targeting care towards these groups will increase hospice access and quality. The applicant intends to address areas of need not fulfilled by an existing hospice provider, Compassionate Care, which the applicant states has failed to address the needs for a cardiac-focused hospice provider within the service area.

Based on the larger proportion of Veterans within the service area relative to the state, the applicant has also identified a need for hospice services among Veterans in the service area. The applicant additionally identifies need for hospice services among individuals who frequently use EMS services and non-white populations based on area hospice use rates.

The applicant projects 387 admissions in year one and 473 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 #10468, on balance, best satisfied the criteria including the extent to which the proposed service will enhance access to health care to resident of the service district.*

**Quality of Care:**

All applicants demonstrated the ability to provide quality care.

**Hospice of Marion County, Inc. (CON #10463)** describes its capacity and historical provision of quality care as evidenced by the Joint-Commission accreditation of its organization and cites its condition to seek Joint Commission accreditation of its proposed hospice program within the first year of operation. The applicant also includes a summary of awards and achievements issued to its organization from April 2010 to September 2016 on pages 67 to 68 of CON application #10463.

The applicant makes use of a QAPI which outlines the structure and processes used to identify, measure, analyze, and track data for achieving continuous improvement of care and service as evidenced by improved outcomes and satisfaction expressed by customers.

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Hospice of Marion County currently serves Hospice Service Area 3B, Agency records indicate that Hospice of Marion County did not receive any substantiated complaints within the three-year period ending on December 15, 2016.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** states to maintain the staffing capabilities to deliver high quality care to all prospective and current hospice patients. Haven Hospice states that care is provided to patients in accordance with an individualized written plan of care created by an Interdisciplinary Team in participation with an attending physician, the patient/patient representative, and the primary caregiver in accordance with the patient's needs.

Haven Hospice maintains a QAPI and other policies and procedures to guide staff in care planning, delivery, assessment and improvement. Haven Hospice also implements the Haven Hospice CAHP and CAHPS Improvement Team in order to assess the experiences of patients who died while receiving hospice care in addition to the experiences of their informal primary caregivers. The applicant states that the CAHPS Hospice Survey prioritizes improving care, involving patients and families in care, and promoting effective communication, and coordination.

Agency records indicate that Haven Hospice had two substantiated complaints within the three-year period ending December 14, 2016.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** states to possess a substantial history of providing quality care to patients and expresses confidence in the capacity to provide quality hospice care. Kindred Hospice maintains an open access policy to patients and families of all ages, sexes, religious affiliations, sexual preferences, diagnoses, financial status or ability to pay. The applicant states to maintain good standing with CMS, compliance with federal, state and local statutes, regulations, and maintenance of operating policies, procedures, practices and protocols that will be used in the proposed hospice program.

The applicant states that Kindred's QAPI outlines processes and outcomes related to patient care and hospice operations, the roles of responsibilities of leadership, physicians and other clinicians and support staff in designing, measuring, assessing and improving performance. Kindred states that the intent of the QAPI program is to maximize the effect of palliative treatment and services, safety, and sense of well-being for the patients and



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families served and to minimize resources used in a manner that is consistent with achieving positive clinical and financial outcomes and customer satisfaction.

Agency records indicate that Kindred Hospice did not receive any substantiated complaints within the three-year period ending on December 14, 2016.

**PruittHealth Hospice – 3E, LLC (CON #10466)** does not have a documented quality history as a result of being a newly formed entity. The establishment of its proposed hospice facility will result in the innovation of services, protocols, staffing, training, career development and outreach programs to exceed benchmarks and meet state and federal regulations in the provision of quality care. The applicant will adhere to State and Federal regulations and statutes, comply with the Conditions of Participation for hospice providers of services under the Health Insurance for the Aged and Disabled Program and the Medicaid Program.

The applicant makes use of Strategic Healthcare Programs' data analysis system in order to track and trend outcome measures to assess clinical and performance indicators. The applicant also participates in the CAHPS survey to measure quality and utilizes the PruittHealth Hospice Performance Improvement process for continuous quality improvement through the use of a Quality Assurance and Performance Improvement Team which includes corporate representatives, regional team members, and agency team members. PruittHealth invests in tools for tracking quality indicators for internal assessment and uses quality reports to identify customer needs and expectations, measure and analyze performance data, form quality action teams of empowered employees to develop performance improvement plans, and re-evaluate performance outcomes for successful results.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** states to possess a distinguished record of providing high quality care to its patients, families and service areas. The applicant cites its accreditation and deemed status with CHAP. Tidewell states it will pursue external certification, accreditation and quality enhancement through ongoing staff education, continuous quality improvement initiatives, patient/family satisfaction surveys and monitoring and compliance initiatives. Tidewell Hospice employs an IDG, responsible for directing, coordinating, evaluating, and supervising the care and services provided for each hospice patient.

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The applicant indicates that it utilizes a QAPI with the aims of continuous and widespread evaluation and demonstration of improvements in hospice care, palliative outcomes, services and operations provided by Tidewell Hospice. All clinical and non-clinical department participate in the process and the objectives of the QAPI are included in CON application 10467.

The applicant also references the education of staff members, certification, and patient care policies and procedures, and compliance and ethics plan. The applicant also includes survey responses to the Hospice Consumer Assessment of Healthcare Providers and Systems Survey for Tidewell Hospice comparisons with Florida and the nation.

Agency records indicate that Tidewell Hospice Inc. had two substantiated complaints within the three-year period ending December 14, 2016.

### **VITAS Healthcare Corporation of Florida (CON #10468)**

describes a long history of providing quality care in Florida and in the nation. The applicant also states compliance with Conditions of Participation for hospice providers under Title XVIII of the Social Security Act and the Medicaid Program. The applicant also states to provide high quality services through the reinvestment of hospice revenues in the training, education and treatment of staff, physicians, patients and families. VITAS also states that the proposed hospice program in Subdistrict 3E will adhere to the same policies, procedures, and standards of other healthcare programs externally accredited by Joint Commission and CHAP. VITAS will also implement a quality assurance program, VITAS' Subdistrict 3E Governing Body, a QI Program which will conduct continuous monitoring and periodic analysis of the quality of service and quality of outcomes

Agency records indicate that VITAS Healthcare Corporation of Florida had five substantiated complaints within the three-year period ending December 14, 2016.

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

**Hospice of Marion County, Inc. (CON #10463):** The applicant has sufficient resources to fund this project and all capital expenditures. This project appears to be financially feasible even with the potential revenue overstatement. This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464):** 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.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465):** Funding for this project and the entire capital budget should be available as needed. Given the large variance between the calculated patient days and actual patient days, the Agency is unable to conclude that the prospective revenues provided by the applicant are reasonable. Therefore, no conclusion as to the feasibility of the project can be given. This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

**PruittHealth – Hospice – 3E, LLC (CON #10466)** Funding for this project and the entire capital budget should be available as needed. This project appears to be financially feasible. This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** Funding for this project should be available as needed. This project appears to be financially feasible. This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

**VITAS Healthcare Corporation of Florida (CON #10468)** 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.

**Hospice of Marion County, Inc. (CON #10463)** estimates that Medicaid will account for four percent of patient days and Self-Pay will account for one percent of total patient days in years one and two.

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**North Central Florida Hospice, Inc. d/b/a Haven Hospice (CON #10464)** projects that Medicaid will account for 6.3 percent of patient days and Indigent/Charity care will account for 0.3 percent of patient days in its overall payer mix in the first two years of operations.

**Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON #10465)** projects that Medicaid will account for 0.76 percent for patient days other payers will account for 0.56 percent of patient days in patient days, and charity care will account for two percent of patient days in year one. The other payers category which will decrease to 0.23 percent in year two.

**PruittHealth – Hospice – 3E, LLC (CON #10466)** projects that Medicaid will account for six percent of patient days and self-pay will account for two percent of patient days in years one and two.

**TideWell Hospice, Inc. d/b/a TideWell Hospice of Lake & Sumter, Inc. (CON #10467)** projects that Medicaid will account for three percent of patient days, charity care will account for two percent of patient days, and self-pay will account for one percent of patient days in years one and two.

**VITAS Healthcare Corporation of Florida (CON #10468)** projects that Medicaid will account for 4.4 percent of patient days in first three years, charity care will account for 1.6 percent of patient days in years one and two and 1.2 percent of patient days in year three. Self-pay will account for approximately 0.0 percent of patient days in all three years.

**G. RECOMMENDATION**

Approve CON #10468 to establish a new hospice program in Hospice Service Area 3E. The total project cost is \$945,867.

**CONDITIONS:**

- VITAS Cardiac Care Program – VITAS will establish a proven cardiac care program centered on education. Our program, aimed at improving end-of-life care for patients with cardiac diagnoses, will include the following elements:

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- Staff Training – All nurses, social workers and chaplains will complete the training modules in the VITAS Cardiac Program Resource Manual (or its successor) within 3 months of their hire date. Documentation will be shown in a log of employees' hire dates and dates of training completion. The log will be accompanied by an attestation statement from the General Manager in the annual CON conditions and compliance report.
- Provider Input – VITAS will notice and hold semi-annual meetings open to area cardiologists and their support staff. These meetings will be used as a forum to discuss VITAS' cardiac program and obtain feedback from physicians and other clinicians on patients' needs and how the program can best address them. Compliance with this condition will be documented by providing AHCA with dated copies of the meeting invitations, the individuals who were invited, and those who attended. The information will be submitted as part of the annual CON conditions compliance report.
- Community Education – We will provide a grant to the local American Heart Association to establish a community education and awareness program for cardiovascular disease, risk and prevention. The grant will total \$50,000 and will be distributed over the first three years of operation. Compliance with this condition will be documented by providing AHCA with a copy of the payment made as part of the annual CON conditions compliance report.
- Palliative Care Program for Cancer Patients – 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. 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 Subdistrict 3E patients that have received palliative chemotherapy and radiation. This will be submitted in the annual CON conditions compliance report.
- Deed Age-Restricted Community Outreach and Liaison – Subdistrict 3E has a high concentration of deed age-restricted communities (DARCs) that are home to residents 55 and older. These communities are designed to provide everything a resident wants or needs within a small radius, eliminating many residents' need to travel outside the community. To reach residents of these communities, VITAS conditions this application on having a Community Liaison that dedicates half of their time to education and outreach to DARC residents and

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their families. The Liaison will be hired within the first month of operations. Compliance with this condition will be documented by providing AHCA with the date of hire of the Liaison as part of the first CON condition compliance report. All CON compliance reports will contain a log that tracks contract and meetings held with DARC residents or associated home owner's association.

- Veterans' Outreach and Liaison – Twelve percent of Subdistrict 3E residents are veterans. Veterans have unique end-of-life care needs and benefit from targeted programs. VITAS conditions this application on having a Community Liaison who dedicates half of their time to education and outreach to veterans and veterans' organizations. The Liaison will be hired within the first month of operations. Compliance with this condition will be documented by providing AHCA with the date of hire of the Liaison as part of the first CON condition compliance report. All CON compliance reports will contain a log that tracks contract and meetings held with each veterans' group.
- Quality and Patient Satisfaction Program – Hospice patients and their families experience major physical, spiritual, and emotional burdens. Patients need hospice providers who will alleviate their painful symptoms, while families often need spiritual and emotional support during a loved one's death. 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 signed declaratory statement by VITAS, which may be supported via review of patient medical records.

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- Education Initiative Program – Hospice staff are the key to providing patients and families high-quality care. 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 a Master of Divinity or equivalent graduate degree from an accredited seminary or theological school required for chaplains.
  - VITAS will only employ social workers who are Master’s level or Licensed Clinical Social Workers.  
Compliance will be measured through documentation of social worker and Chaplain’s educational attainment, as well as salary increase adjustments provided to RNS, LPNs and Home Health Aides who obtain their respective certification. This will be submitted with the annual CON conditions compliance report.
- Lake – Sumter State College Collaboration – VITAS has conditioned this application on making a total of \$75,000 in grants (in addition to the grant discussed in Condition 1, above) to support Lake – Sumter State College. VITAS will provide a grant of \$50,000 to fund an endowed scholarship to assist financially needy nursing students from Lake or Sumter County pursuing a BS in nursing through the school’s newly-approved program. VITAS also commits to funding \$25,000 in support of ongoing education and training for nursing students utilizing modern techniques and equipment. The funds will also be used to develop curriculum in collaboration with the nursing program that will increase students’ proficiency in end-of-life care options. The funds will be distributed in the first three years of operations. Compliance with this condition will be documented by providing AHCA with a copy of the payment made as part of the annual CON conditions compliance report.
- Enhanced Non-Core Services – Patients benefit from programs and activities that are not part of the traditional set of hospice services. VITAS conditions this application on providing the following non-core services:
  - Life Bio
  - We Honor Veterans Program
  - Lavender Touch Experience
  - Musical Memories
  - Paw PalsCompliance with this report will be documented by providing a description of each program and an attestation that each has been offered throughout the previous calendar year, filed in the annual compliance report.

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VITAS conditions its application on the provision it will meet or exceed the following operational and programmatic indicators:

- VITAS conditions this application on having two hospice offices. The first office will be in the Leesburg area. The second office will be in Sumter County and will open in the second year of operation. Compliance will be demonstrated by submission of the VITAS license.
- VITAS will provide comprehensive bereavement services, including individual and group counseling beyond one year, if requested. VITAS will provide documentation of any bereavement services provided to families more than a year after death of a family member in each annual CON conditions compliance report.
- VITAS will not solicit charitable contributions from patients, family or friends relating to its services in Subdistrict 3E, nor engage in fundraising events for its program. Any unsolicited donations 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. Compliance will be provided in the annual CON conditions via an attestation and submission of a compliance report with a ledger showing any non-solicited amounts received and corresponding amounts provided to VITAS Community Connections.

Deny CON #10463, CON #10464, CON #10465, CON #10466 and CON #10467.



**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**