

STATE AGENCY ACTION REPORT

ON APPLICATIONS FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Compassionate Care Hospice of Pasco, Inc./CON #10533

2525 Drane Field Road, Suite 4
Lakeland, Florida 33811

Authorized Representative: Judith Grey
(201) 919-4904

Cornerstone Hospice and Palliative Care, Inc./CON #10534

2445 Lane Park Road
Tavares, Florida 32278

Authorized Representative: Charles O. Lee
(352) 348-3823

North Central Florida Hospice, Inc./CON #10535

4200 NW 90th Boulevard
Gainesville, Florida 32606

Authorized Representative: Patrick E. Allen
(352) 378-2121

PruittHealth Hospice - 5A, LLC/CON #10536

1626 Jeurgens Court
Norcross, Georgia 30093

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

**Seasons Hospice and Palliative Care of Pasco County, LLC/
CON #10537**

6400 Shafer Court, Suite 700
Rosemont, Illinois 60018

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

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The Hospice of the Florida Suncoast, Inc./CON #10538

5771 Roosevelt Boulevard
Clearwater, Florida 33760

Authorized Representative: Rafael J. Sciallo
(727) 586-4432

Tidewell Hospice, Inc./CON #10539

5955 Rand Boulevard
Sarasota, Florida 34238

Authorized Representative: Gerard D. Radford, CHE
(941) 552-7525

VITAS Healthcare Corporation of Florida/CON #10540

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 5A (Pasco County)

B. PUBLIC HEARING

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

Letters of Support

Each applicant submitted letters of support which are discussed below.

Compassionate Care Hospice of Pasco, Inc. (CON #10533) includes letters of support from community members, patients and families, local health providers and facilities all endorsing support of the proposal.

Letters of support are noted from:

- Dr. Stephen Leedy, Consulting Chief Medical Officer for Gulfside Hospice and Pasco Palliative Care and Compassionate Care Hospice's National Medical Director
- Francisco Gonzalez, Executive Director, Life Care Center of Winter Haven
- Shelby Scott, Administrator, Heather Hill Healthcare Center

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Cornerstone Hospice and Palliative Care, Inc. (CON #10534) includes letters of support from community members, academic institutions, local businesses, state elected officials, local health providers and facilities (e.g. skilled nursing facilities (SNFs) and assisted living facilities (ALFs)), civic institutions, community service organizations and insurance groups all endorsing support of the proposal. Form letters are present among the letters of support. Letters of support are noted from:

- Heather Palladino, Director of Care Management, Florida Hospital Waterman
- Wendy Stoutjesdijk, NHA Administrator, Brandywyne Health Care Center
- Jennifer Iglesias, RN-CM (Director of Case Management), Florida Hospital Wesley Chapel
- Teresa H. Velazquez, MHA, Vice President of Business Development, Consulate Health Care (Pasco County)
- Christopher Kraster, Administrator, Cinnamon Cove Assisted Living Facility (ALF)
- Edith Gendron, Chief of Operations, Alzheimer's and Dementia Resource Center
- Virginia Rice, Executive Director, American House Zephyrhills
- Doris Martinez, Administrator, Pond's Edge ALF
- Gloria Javier, Administrator, Pretty Pond Manor
- Michelle Hurst, Administrator, Rosecastle of Zephyrhills
- Jake Mitchell, Administrator, Royal Oak Nursing Center
- Richard Kuhlmeier, Administrator, Zephyr Haven Health and Rehabilitation

North Central Florida Hospice, Inc. (CON #10535) provides letters of support from community service organizations, local health providers and facilities. Form letters are present among the letters of support. Letters of support are noted from:

- Joseph Pino, MD, MBA, FAAFP, Chief Medical Officer, Regional Medical Center Bayonet Point
- Jake Mitchell, Administrator, Royal Oak Nursing Center
- Shelby Scott, Administrator, Heather Hill Healthcare Center

PruittHealth Hospice - 5A, LLC (CON #10536) does not include any letters of support with the application.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) provides letters of support from community service organizations, local health providers and facilities (nursing homes, ALFs, home health agencies, hospital employees), religious groups, educational institutions and community members. Letters of support are noted from:

- Marlies Sarrett, RN, NHA, Administrator, Baldomero Lopez State Veterans' Affairs

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- Grey Ryan, NHA, Administrator, Madison Pointe Care Center
- Jake Mitchell, Administrator, Royal Oak Nursing Center
- Chris Knopp, LPN, Director, Solaris Healthcare – Bayonet Point
- Virginia Rice, Executive Director, American House Senior Living Communities – Zephyrhills
- Rachel Jones, Executive Director, Angels Senior Living at Connerton Court
- Leslie Mata, Administrator, Azaleas ALF
- Eunice Livingston, Owner and Administrator, Braybrook Assisted Living
- Teresa Covelli, Executive Director, Brookdale Carrollwood
- Christopher Kraster, Administrator, Cinnamon Cove ALF
- Jeffrey Ward, Administrator, Heritage Park Health and Rehabilitation Center
- Ashlea Evans, Executive Director, Life Care Center of New Port Richey

The Hospice of the Florida Suncoast, Inc. (CON #10538) provides letters of support from members of the local government, existing providers (home health agencies, hospice providers, hospital providers, nursing homes, ALFs), community organizations, community members, educational institutions, state-elected officials, religious leaders and groups. Form letters are present among the letters of support. Letters of support are noted from:

- Andrew K. Molosky, President/CEO, Hernando-Pasco Hospice, Inc. (HPH Hospice, Inc.)
- Kristin Surdy, RN, Executive Director, Brookdale Tarpon Springs
- Kristen Dalrick, Executive Director, HarborChase of Palm Harbor ALF
- Dawn Winder, RN, BSN, Executive Director, Grand Villa of Dunedin
- Glenn D. Waters, FACHE, EVP/Chief Operating Officer, BayCare Health System
- Ajoy Kumar, Chief Medical Officer, Bayfront Health St. Petersburg
- Jonathan M. Ellen, MD, President and CEO and Physician-in-Chief, Johns Hopkins All Children’s Hospital
- Larry J. Feinman, D.O., FACOS, Chief Medical Officer, HCA West Florida Division

Tidewell Hospice, Inc. (CON #10539) provides letters of support from existing providers (nursing homes, ALFs, home health agencies), community service organizations, community members, members of local government and educational institutions. Form letters are present among the letters of support. Letters of support are noted from:

- Grey Ryan, NHA, Administrator, Madison Pointe Care Center
- Jake Mitchell, Administrator, Royal Oak Nursing Center
- Chris Kraster, Administrator, Cinnamon Cove, ALF
- Eunice Livingston, Administrator, Braybrook ALF
- Shelby Scott, NHA, Administrator Heather Hill, Healthcare Center

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- Darcielle Gray, Administrator, Oakview Terrace
- Jo-Lynn Lamb, Executive Director II, Brookdale – New Port Richey

VITAS Healthcare Corporation of Florida (CON #10540) provides letters of support from area providers (nursing homes, ALFs), community members and professional organizations among others. Letters of support are noted from:

- Maryann Domingo, Executive Director, Consulate Health Care – Bayonet Point
- Richard Kuhlmeier, LNHA, Administrator, Zephr Haven Health and Rehab Center
- Virginia Rice, Executive Director, American House Zephyrhills
- W. Scott Ratliff, Center Executive Director, Orchard Ridge

C. PROJECT SUMMARY

Compassionate Care Hospice of Pasco, Inc. (CON #10533), also referenced as CCHP or the applicant, is a newly formed entity which proposes to establish a new hospice program in Hospice Service Area 5A. The parent corporation of the applicant, Compassionate Care Hospice, is an existing provider of hospice services in Hospice Service Areas: 3E, 6B and 11. The applicant expects issuance of licensure in and initiation of service in February 2019.

The applicant proposes \$205,000 in total project costs.

Compassionate Care Hospice of Pasco, Inc. includes the following Schedule C conditions:

- The applicant will implement its Cardiac Connections program during its first year of operation. It will be made available to all eligible residents with a qualifying cardiovascular disease. As a part of this implementation the applicant will ensure:
 - Clinical management of the patient will be overseen by an advanced practice nurse (nurse practitioner) who is cardiac certified.
 - Patients will be evaluated by a cardiac nurse practitioner upon admission in their place of residence.
 - The physician to be appointed as Medical Director of Cardiac Connections within CCH Pasco will be a board-certified cardiologist.
 - Each patient will have a dietary consult from a registered dietician, as needed.
 - Holistic therapies to reduce patient's anxiety and other symptoms will be provided.

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- Compassionate Care Hospice staff will maintain daily contact to monitor symptoms; all after-hour symptom calls will receive a nursing visit.
- Patient and family support will be readily available with social services and pastoral care.
- Every Cardiac Connections patient will receive a Cardiac Comfort Kit to be kept in their place of residence in the case of emergency. This kit includes specific medication such as 10 tables of nitroglycerines, 1-40 mg bottle of lasix to be administered by a nurse intravenously, 2-5 mg vials of morphine to be administered by a nurse intravenously and 10 tablets of 81 mg aspirin. The Cardiac Comfort Kit is distributed to every patient in the case of emergency but has only been used in one percent of all Cardiac Connections patients.
- The applicant will implement its Pulmonary Connections Program in Subdistrict 5A during Year One of operation. It will also hire a Respiratory Therapist to be actively working in this program.
- The applicant has conditioned approval of this application on the provision it will become accredited by CHAP once certified.
- CCHP will provide a Home Health Aide ratio above NPHCO guidelines at an average of nine to 10 hours per patient per week.
- The applicant has conditioned approval of this application on the provision it will not build or operate freestanding hospice houses in Pasco County.
- The applicant has conditioned approval of this application on the provision it will not actively fundraise in Subdistrict 5A market.
- The applicant has conditioned approval of this CON application on the implementation of the Veterans outreach program, We Honor Veterans, once certified so in the 3rd quarter after licensure.
- Compassionate Care Group will implement its Advanced Care Connections Program during year two of operation of Compassionate Care Hospice of Pasco, which will be made available to all eligible Pasco County residents.

The applicant also includes descriptions of how compliance will be reported to the Agency for each condition.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534), also referenced as Cornerstone or the applicant, is an existing provider of licensed hospice services proposing to establish a new hospice program in Hospice Service Area 5A. The applicant is an existing provider of hospice services in Hospice Service Areas: 3E, 6B and 7B. The applicant expects issuance of licensure on September 1, 2018 and initiation of service on October 1, 2018.

The applicant proposes \$206,149 in total project costs.

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Cornerstone Hospice and Palliative Care, Inc. includes the following Schedule C conditions:

- Charity Care
 - Cornerstone Hospice commits to provide care to charity care patients at an amount equal to or greater than three percent of total gross revenue.
 - This condition will be supported by the Cornerstone Foundation for at least the first two years of operation in Pasco County. Please see Cornerstone Foundation's letter following this list.
- Physical Presence in Pasco County
 - Cornerstone Hospice will establish a physical presence in Pasco County either in the form of an administrative office or a branch.
- Veterans Program
 - Cornerstone Hospice will develop a specialized Veterans program in Pasco County. Every Veteran patient & family that desires will be recognized by the "We Honor Veterans Salutes." Cornerstone commits to offering the Veterans program indefinitely.
- Community Bereavement
 - Cornerstone Hospice will commit to develop a community bereavement program in Pasco County. The program will have a minimum of one community group consisting of eight sessions in its first year. Cornerstone commits to offering the bereavement program on an ongoing basis.
- Gold Standard Awards Program
 - Cornerstone Hospice will develop a Gold Standard Awards program in Pasco County for the provision of enhanced quality for patients/families. Up to \$150 will be made available for each patient to enhance patient experience on an ongoing basis.
 - This condition will be supported by the Cornerstone Foundation for at least the first two years of operation in Pasco County. Please see Cornerstone Foundation's letter following this list. Following the first two-years, Cornerstone will continue to request annual support from the Cornerstone Foundation or include the expense in its operational budget.
- Diversity Outreach
 - Cornerstone Hospice will commit to provide dedicated marketing staff to diversity education and access. 0.5 FTE resources will be allocated to diversity outreach in Pasco County from day one of operation.
- Community Advisory Committee
 - Cornerstone Hospice will develop a community advisory committee, focusing on addressing community specific health care needs. A minimum of two community advisory meetings will be held in the first year of operation in Pasco County.

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- Pulmonologists Meetings
 - Cornerstone Hospice will hold routine meetings with leading community pulmonologists ensuring the needs of the COPD community are met. A minimum of two community pulmonology meetings will be held in the first year of operation.
- Dyspnea Self-Management Program (DSMP) Program
 - Cornerstone Hospice will utilize specialized DSMP program to aid in addressing Pasco County's high rate of COPD patients for at least the first two years of operation. One hundred percent of appropriate COPD patients will be offered DSMP training.
- Continuing Education Programming (CEUs)
 - Cornerstone Hospice will commit to extending free CEU in-services to the health care community (both inside and outside of the Cornerstone family). Topics will cover a wide range of both required and pertinent subjects. A minimum of 10 in-services will be offered in a variety of health care settings in year one. Additional CEU will be provided on an ongoing basis
- Seven-Day Case Management Model
 - Cornerstone Hospice will commit to provide seven-day-a-week scheduled RN visits for at least the first two years of operation. One hundred percent of patients will be assigned two RN case managers to span scheduled visits seven days a week for the first two years of operation.
- Community Education
 - Cornerstone Hospice will conduct "Being Moral" presentations within Pasco County, creating attention and focused end-of-life dialogue. A minimum of two community presentations will be held during the first two years.
- Nurse Preceptor Program
 - Cornerstone Hospice will require all new hires to attend five-week on-boarding. One hundred percent of RNs will be required to attend on-boarding program for at least the first two years of operation.
- Pet Therapy/Pet Peace of Mind
 - Cornerstone will commit to expand the Pet Peace of Mind Program into Pasco County, similar to its other three territories. \$1,500 will be allocated for the first and second years of operation to support the Pet Peace of Mind program.
 - This condition will be supported by the Cornerstone Foundation for at least the first two years of operation in Pasco County. Please see Cornerstone Foundation's letter following this list.

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- Jewish Presence
 - Cornerstone will be accredited by the National Institute for Jewish Hospice. All staff will be trained to develop individualized care plans that recognize the Jewish culture and beliefs for the first two years of operation.
- Oncology Education
 - To increase access to the under-65 population with cancer in Pasco County, Cornerstone Hospice will commit to providing focused education surrounding oncology criteria and patient access. Cornerstone will provide physician/community-based education as well as education programs within the local cancer centers and high acuity settings. Routine education will be provided to hospital-based staff focused on the care of the oncology patient. Further, support group presence will be offered to the hospital-based cancer center to augment support provided to patients actively undergoing treatment.

The applicant provides descriptions of the types of documentation that will be supplied to the Agency in order to document compliance with each condition. Cornerstone Hospice also includes a letter in Schedule C of CON #10534 signed by Ann Tallman, Board Chair of the Cornerstone Hospice Foundation which states that for the first two years of operations, the foundation will fund 100.0 percent of: uncompensated care, “Pet Peace of Mind” program and “Gold Standards” program. The letter also states that Cornerstone Hospice Foundation will show evidence of support in its annual budget and annual income statements.

North Central Florida Hospice, Inc. (CON #10535), also referenced by its “doing business as” name of Haven or the applicant, is an existing provider of licensed hospice services proposing to establish a new hospice program in Hospice Service Area 5A. The applicant is an existing provider of hospice services in Hospice Service Areas: 3A, 4A and 4B. The applicant expects issuance of licensure in December 2018 and initiation of service in January 2019.

The applicant proposes \$310,000 in total project costs.

Haven includes the following Schedule C conditions:

- The only way some hospice patients have access to hospice services is if the hospice agrees to include palliative radiation or chemotherapy in the patient’s plan of care. Not all hospice programs provide such services, even if medically necessary. Haven will make it a condition of this application to provide palliative radiation or chemotherapy to ensure optimal symptom management, as medically needed.

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- According to Medicare Claims, the hospice penetration rate has decreased from 91 percent in 2010 to 77 percent in 2017. Haven will provide Advance Care Planning (ACP) to the 5A community to increase communication about patients' health care goals and their wishes. As part of their process, a trained ACP facilitator will provide the community member, their family members, as well as their health care providers with a list of their documented goals. There is no charge to the individual or their health care provider for this service.
- Approximately nine percent of Service Area 5A residents are Veterans. Veterans have unique end-of-life needs and benefit from targeted programs. Haven will extend the We Honor Veterans into 5A.
- Hospice patients and their families often experience severe physical, spiritual and emotional distress. Patients need hospice providers who are experts in alleviating their painful symptoms, while families often need spiritual and emotional support during a loved one's death. Haven conditions the application on the provision that it will meet or exceed the following quality and patient satisfaction indicators:
 - Pain Control: On the date of admission, responsive patients will be requested to rate their pain on 0-10 World Health Organization pain scale. A pain history will be created for each patient. The pain scores will be recorded in Haven's Electronic Medical Record. Ninety percent or more of the patients who report severe pain will report a reduction to five or less by day four. Florida Statutes 400.6051 requires only a 50 percent reduction, so this exceeds Florida statutory requirements and is a significant commitment to excellence.
 - Rating of this hospice: Utilizing the Medicare.gov hospice compare data Haven will meet or exceed the national average for family caregivers' survey results for the section: willing to recommend this hospice.
 - Hospital readmission rate: Haven's hospital readmission rate will be at or below three percent.
- Haven will establish and fully staff its initial office and care delivery team in 5A within six months of the receipt of a certificate of need.
- Haven conditions this application on the following requirements for certain staff positions:
 - Haven will only employ for social work positions persons 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 by providing certified social work supervisors to provide supervision for licensure. Certified social work supervisors are Haven employees.

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- 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.
- Routine home medical equipment/durable medical equipment (HME/DME) will be provided directly 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 5A to this effect.
- Haven's volunteer based No One Dies Alone (NODA) program will be implemented in 5A within one year of establishing its office there.
- Haven's commitment to its patients and families in need include those how 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 5A 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 in 5A to this effect.
- 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 5A.
- 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 5A as well as internal collection and assessment 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 5A will establish this as well as an internal collection and analysis system enabling management to assess conformance to this condition.

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- Haven Hospice will provide each 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 5A maximizing patient/family responsiveness, access and choice.
- Haven will 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 in 5A for the initial first two years to be sensitive to the needs of and relationships with the current providers.
- Haven will hire an individual who will focus on outreach to minority communities as well as to veterans' groups in 5A, and condition this application on maintaining this position for the first three years of operation.
- Haven will provide a team of bilingual staff in 5A committed to serving Spanish-speaking patients and families. This team will speak and understand Spanish, be educated to and culturally sensitive of Latino culture. Haven will target the recruitment and retention of bilingual staff (English/Spanish) in 5A to achieve and maintain at least 10 percent of Haven's 5A staff. Haven will establish written policies in 5A to this effect.
- Spanish speaking bereavement counselors will work with hospice survivors.
- Haven will 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 5A.

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

PruittHealth Hospice - 5A, LLC (CON #10536) also referenced as PHH5A or the applicant, is a newly-formed entity proposing to establish a new hospice program in Hospice Service Area 5A. The applicant expects issuance of licensure in December 2018 and initiation of service in January 2019.

The applicant proposes \$378,586 in total project costs.

In Schedule C of CON application #10536, PHH5A marks items 3 and 4 but does not attach any conditions in Schedule C.¹

¹ Schedule C indicates that s.408.040, *Florida Statutes*, provides for a certificate of need to be awarded predicated upon statements made in the application

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On page 36 of CON application #10536 the applicant states that the following are conditions of approval for the proposal:

Location

- Serve subdistrict 5A Pasco County
- Establish a home office in Pasco County

Programming/Operational Conditions

- 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 be this program or other similarly designed program based on the most recent quality driven program PruittHealth determines to be available at the time of implementation.
- Incorporate “Disease Management Care Pathways” into the Subdistrict 5A operations.
- Incorporate PruittHealth’s QAPI Plan into the Subdistrict 5A 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.

The applicant states that these conditions will be measured by furnishing the Agency with certificates, utilization data and other information as needed on an ongoing basis. PHH5A indicates that it will draw upon the experience and resources of its corporate office in Norcross, Georgia and other existing PruittHealth Hospice agencies and affiliated organizations. The applicant states that approval of the proposal will establish a hospice program in Subdistrict 5A that will assure end-of-life care.

Seasons Hospice and Palliative Care of Pasco County, LLC

(CON #10537), also referenced as SHP or the applicant, is an existing provider of licensed hospice services proposing to establish a new hospice program in Hospice Service Area 5A. The parent company of the applicant, Seasons Hospice and Palliative Care, is an existing provider of hospice services in Hospice Service Areas: 5B², 6A, 10 and 11. The applicant expects issuance of licensure in June 2019 and an initiation of service in July 2019.

The applicant proposes \$719,500 in total project costs.

² Per Agency records, Seasons Hospice and Palliative Care of Pinellas County, LLC was licensed on April 4, 2018.

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Seasons Hospice and Palliative Care of Pasco County, LLC, includes the following Schedule C conditions:

- Implement Seasons' "No One Dies Alone" policy in Pasco County. Seasons educates staff and volunteers to identify when the patient is approaching the final weeks of life, providing additional support. Continuous care is available when the patient meets the eligibility requirements. Otherwise, the "Volunteer Vigil" program provides specially trained volunteers to stay with the patient throughout the dying process. When volunteers are unavailable Seasons staff will hold vigil to ensure no one dies alone. Seasons' 24-hour call center operations provide another level of assurance to deal with any emergencies, concerns or fears that may arise.
- Seasons offers therapies beyond the core hospice services. Seasons provides one full time equivalent (FTE) for music therapy per 100 patients
- Seasons establishes a "Homeless Program" in Pasco County. Seasons commits to ongoing funding of the program for homeless hospice patients to offer shelter and comfort in their final days. The funding amount is \$10,000 in the first year, \$15,000 in the second year, \$20,000 in the third year, \$25,000 in the fourth year and \$30,000 in each subsequent year. Housing vouchers will be offered based on individual needs and resources from subsidizing rent to supporting the entire expense for monthly assisted living facility care. If needs of homeless hospice patients fall below the minimum amounts defined above, the balance is provided to the Coalition for the Homeless of Pasco County to assist in ending homelessness.
- Seasons donates \$10,000 per year to Seasons Hospice Foundation restricted to wish fulfillment (funding of wishes that enhance quality of life), emergency relief (funding basic needs such as food and shelter) and Camp Kangaroo (children's grief camp) for Pasco residents.
- Seasons implements its "Partners in Care" program in Pasco County, providing education and training to staff and volunteers regarding the importance of partnering with long-term care facility in care of the hospice patient. Seasons educates facility staff through an e-learning module and in-person team building education. Seasons commits to participating in and/or lead care plan meetings with facility and hospice staff and the patient and family to address the hospice plan of care and improve continuity of care expectations.
- Seasons commits to provide Continuing Education Units (CEU) offerings for registered nurses, licensed practical nurses and licensed social workers at no charge through their nationally accredited CEU programs by the Association of Social Work Boards and the American Nurses Credentialing Center.
- Seasons offers internship experiences within the active workforce for social workers, music therapists, art therapists, bereavement

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counselors, chaplains and medical assistants. Seasons will seek local contracts with area universities and schools and will leverage existing national contracts.

- Establish a “Physician Advisory Board” in Pasco County. Seasons facilitates physician advisory boards where community physicians provide information to hospice leaders to improve access to care and hospice leaders provide education to physicians to help them identify eligible patients and how to have the conversation with their patients about hospice care. Boards meet at least twice per year.
- Seasons Hospice and Palliative Care of Pasco County, LLC will become Services and Advocacy for Gay Elders (SAGE) platinum certified by the end of its first year of operations.

The applicant also provides a description of its anticipated compliance reporting for each condition in Schedule C.

The Hospice of the Florida Suncoast, Inc. (CON #10538), also referenced as Suncoast or the applicant, is an existing provider of licensed hospice services proposing to establish a new hospice program in Hospice Service Area 5A. The applicant is an existing provider of hospice services in Hospice Service Areas 5B—an adjacent service area. The applicant expects licensure and initiation of services by January 2019.

The applicant proposes \$510,900 in total project costs.

Suncoast includes the following Schedule C conditions:

- **Commitment to Serve the Un- and Underinsured**
 - The applicant will provide a minimum of 3.5 percent of its annual patient days for the provision of care to charity care and Medicaid patients.
- **Commitment to Programs Outside Scope of Medicare Hospice Benefit**
 - The applicant will commit \$200,000 in year one and \$100,000 in year two designated as seed money for programs and services outside of the Medicare hospice benefit. It is anticipated that upon entrance into the community, fundraising efforts and community support will then self-fund these uncompensated care programs into the future beyond year two.
- **Development of Specialized Family and Children’s Programs**
 - The development of a “Children’s Community Program” in Pasco County including pediatric hospice, a perinatal loss doula program and a Partners in Care (PIC) program
 - The pediatric hospice program will offer an expanded hospice benefit for patients up to age 21, including care from a specialized pediatric staff.

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- Additional programs will focus on longer term services for patients who may not otherwise qualify for hospice such as those developmental conditions, cancers, chronic illnesses or brain injury that shorten lives and place special demands on families.
- After year one and as the census of pediatric and PIC patients increase, dedicated staff will be increased to constitute a children's program interdisciplinary team, replicating what currently exists in Suncoast's Pinellas program.
- **Development of Specialized Veterans Program**
 - Suncoast Hospice – Pasco will develop a specialized Veterans program in Pasco County. The program will focus on improving end-of-life care for Veterans. Suncoast Hospice will attempt to replicate the Veterans program it has in Pinellas to the greatest extent possible.
- **Development of Integrative Medicine and Palliative Arts Programs**
 - The program will offer an array of complementary therapies to patients and families to promote comfort and quality of life; including massage, music services, aromatherapy, pet visits, Reiki, Caring Touch and acupuncture, replicating what currently exists in Suncoast's Pinellas program.
- **Development of a Community Bereavement/Community Counseling Program**
 - Suncoast Hospice – Pasco will develop a community bereavement program in Pasco County. The bereavement program will be broadly based to extend beyond the families of patients admitted to Suncoast Hospice. These programs will be an extension of programs currently offered in Pinellas County. These include counseling support for community residents impacted by a sudden traumatic loss including suicide, motor vehicle, accidents, drug overdose and homicide;
 - At a minimum, one bereavement group consisting of approximately six sessions will be offered by the end of the first year of operation.
 - Additionally, Suncoast Hospice's community counseling program will offer at least one bereavement retreat per quarter by the second year of operation.
 - Finally, Suncoast Hospice's community counseling program will offer individual counseling sessions as necessitated by community residents.
 - As the bereavement client census increases after year one, full-time staff will be employed to replicate Suncoast's Pinellas program.
- **Development of a Diversity Outreach Program**
 - Suncoast Hospice – Pasco will commit 0.5 FTE in the first year of operation for the development of a "Diversity Outreach Program"

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with an emphasis on the Latino/Hispanic and African American populations. The program will include:

- Support from or involvement of bilingual staff
 - Translated literature
 - Training on cultural differences and competencies
 - Flexible programming to meet the unique needs of diverse populations
 - Bereavement services will include special outreach to Hispanic and African American survivors
- **Interdisciplinary Palliative Care Consult Partnerships**
 - Suncoast Hospice – Pasco will offer hospitals, ALFs, SNFs and physician groups in Pasco County the opportunity to partner with Empath Health in the provision of interdisciplinary palliative care consult services – both inpatient and community – based.
 - **Dedicated Quality-of-Life Funds for Patients and Families**
 - The applicant commits a minimum budget of \$1,200 annually per interdisciplinary team for the provision of quality-of-life funds for hospice patients and families.
 - **Teen Volunteer Program**
 - Suncoast Hospice – Pasco will implement a teen volunteer program with the first two years of operation. The activities and benefits of the teen volunteer program are detailed in the CON narrative.
 - **Development of a Community Advisory Committee**
 - Suncoast Hospice – Pasco will develop, in year one, a community advisory committee to be composed of residents reflective of the community. The purpose of the committee is to provide input, feedback and recommendations about the needs of the Pasco County community which will be used in future program development.
 - **Implementation of Open Access Model of Care**
 - Suncoast Hospice – Pasco will accept patients into hospice who are still receiving life-prolonging medical treatments or who are still working through difficult end-of-life conversations and situations, in order to give earlier access to palliative care and hospice support. Eligible patients include:
 - Patients with a terminal illness who are felt to have six months or less to live and who want to receive the kind of palliative and supportive care only Suncoast Hospice can give.
 - Patients who continue to receive medical treatments as part of their goals of care.
 - Patients with complex psychosocial needs who are still working through difficult end-of-life conversations and situations.
 - Patients on ventilator support who have made the decision to stop.

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- **Implementation of a Comprehensive Care Navigation Program**
 - Suncoast Hospice – Pasco will implement its Comprehensive Care Navigation Program in Pasco County. Care navigators provide valuable information to those reaching out to Empath and/or Suncoast Hospice, process new referrals received by phone, email or fax, gather medical information to assist with the initial assessment by an RN as well as a Suncoast Hospice physician, then follow through with scheduling admission assessment visits by a registered nurse. Care navigation/admissions services will be available 24/7/365.

The applicant additionally provides a description of its anticipated compliance reporting for each condition in Schedule C.

Tidewell Hospice, Inc. (CON #10539), also referenced as Tidewell or the applicant, is an existing provider of licensed hospice services proposing to establish a new hospice program in Hospice Service Area 5A. The applicant is an existing provider of hospice services in Hospice Service Areas: 6C, 8A and 8D. The applicant expects licensure and initiation of services by November 2018.

The applicant proposes \$442,940 in total project costs.

Tidewell Hospice, Inc. includes the following Schedule C conditions:

- **Uncompensated Charity Care:** Tidewell will provide uncompensated care to charity care patients at a level of at least three percent of its patient days on an annual basis starting in year one operations.
- **Special Programs:** Tidewell will commit to fund the programs set forth in item (2) of these conditions, which have been specifically tailored to the Pasco County population (as described in Schedule B) Tidewell commits a sum of \$50,000 to these programs in Year One of operations, and a sum of \$100,000 to these programs in Year Two of operations. These sums will be portioned out among those programs annually, as determined by the population's specific need for each program.
 - **Veteran's services:** Tidewell is extremely proud of its Level 5 *We Honor Veterans* pilot 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 5 provider and utilize its same commitment and dedication to comply with those heightened five standards and meet the needs of veterans in Pasco County. Tidewell will work with the VA facilities in Pasco County –the Pasco County Vet Center, as well as the James A. Haley Veterans' Hospital—to identify veterans who would benefit from hospice care. We will also develop partnerships with and support local Veterans

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Service Organizations such as the Circle of Veterans and Families, Inc. Tidewell will:

- Ensure that all staff receive in-depth education regarding the care and support of veterans and their family members.
- Implement the “Commitment and Service to Veterans” policy and procedure.
- Develop partnerships with the Vet Center at New Port Richey Outpatient Center as well as Veterans service organizations and other community service agencies.
- Provide education about veterans’ health care throughout Pasco County.
- Implement and utilize our veterans-specific plan of care, which is embedded in our electronic medical record, as well as the updated military history checklist.

In addition, Tidewell commits to specifically supporting homeless Veterans to ensure that no Veteran dies alone. Tidewell will:

- Provide additional training to Tidewell staff on how to support homeless Veterans to ensure they can best meet their needs.
- Partner with Circle of Veterans and Families, Coalition for the Homeless of Pasco County, local VA health providers, and other social and Veterans service organizations to identify homeless Veterans who are seriously ill and would benefit from hospice.
 - Conduct outreach and educational programs to discuss the benefits of hospice for homeless Veterans, recognize when to refer a homeless Veteran to hospice, and how to refer a homeless Veteran to Tidewell.
 - Coordinate with partner health, Veterans and social services safety net providers to help the homeless Veteran die comfortably and safely in their preferred care setting.
- Participate in and promote activities to identify serious health issues among homeless Veterans, such as the “Low Dose CT Lung Screenings” currently available through Port Richey Rotary and Radiology Associates of West Pasco (see the Letter of Support from the practice, attached as Appendix C).
 - Support Veterans who are diagnosed with lung cancer, chronic lower respiratory disease (CLRD), chronic pulmonary disease (COPD) and other serious illnesses, transitioning them to palliative care or hospice when appropriate, based on their wishes.
- Upon the death of a patient, work with local funeral services providers to ensure that the Veteran receives a dignified burial.
- Sponsor and participate in all local Stand Down events, which “help homeless Veterans ‘combat’ life on the streets”.
- Smoking Cessation: Tidewell commits to forming a partnership with the Gulfcoast North Area Health Education Center (GNAHEC) to host and support their *Tools to Quit* educational programs, specifically focusing on family caregivers, recently bereaved friends and family

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and veterans. Tidewell's community outreach team will actively promote the GNAHEC Tools to Quit Programs to hospice family caregivers, hospice survivors and others attending grief and bereavement support groups. Concurrently, we will promote the importance of advance care planning as a means to encourage those with CLRD and COPD to clarify their goals of care and complete advance directive.

- Additionally, Tidewell will implement its "Tobacco Free Workplace" policy in Pasco County. In support of that policy, Tidewell will invite GNAHEC to deliver the "Tools to Quit" trainings to Tidewell staff and volunteers.
- Combatting Substance Abuse Disorders (SUDs): Tidewell will take a multifaceted approach to combatting SUDs, focusing on older adults living alone, family caregivers, those grieving a loss and Veterans. The strategy includes:
 - Providing the annual mandatory education requirement specific to substance abuse and ensure all staff understand the risk factors for SUD, populations at an increased risk for SUD and Tidewell's comprehensive approach to combatting SUD.
 - Providing continuing education to interdisciplinary team staff, including grief counselors, to proactively screen and recognize the signs and symptoms of alcohol use disorder or risky alcohol use in older women, including family caregivers, those living alone and those grieving a spouse.
 - Establishing partnerships with local professionals who can receive referrals for patients, family caregivers and others in the community in need of specialized treatment for alcohol and other types of substance abuse dependence.
 - Providing interdisciplinary teams with annual training, specific to their discipline, on:
 - Safe and appropriate use of opioids
 - Opioid substance abuse disorder risk assessment
 - Techniques to reduce the risk of medication diversion
 - Pain and symptom management for patients with addiction or at risk for SUD
 - Safe disposal of opioids
 - Providing patient and family awareness of SUD and medication disposal.
 - Partnering with organizations such as the Pasco Alliance for Substance Abuse Prevention and serve on the Prescription Drug Committee.
 - Integrating education about SUD into our Caregiver Seminars offered throughout the community. Seminar attendees, many of whom are not caring for a hospice patient, will receive information about the risk for substance use disorder and discuss strategies to avoid isolation, which is also a risk factor for suicide.

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- Adding SUD topics to Tidewell’s volunteer education and support offerings. Volunteer Coordinators will learn the signs and symptoms of substance use disorder and how to talk to people at risk for SUD as well as suicide prevention.
- Focusing Tidewell’s Grief Education & Support Center (GESC) on SUD, along with its many monthly bereavement support groups. Tidewell’s professional Grief Specialists will receive enhanced education specific to SUD to enhance the bereavement services available to Pasco residents.
- Health Literacy: The applicant commits to implementing three initiatives to improve the ability of patients and families we serve, as well as other community members, to make informed health care decisions. Tidewell will also commit that a community resource representative will be assigned to handle all Pasco County health literacy initiatives. Tidewell will:
 - Implement a modified version of the “Ask Me 3” program, to encourage patients and families to ask three specific questions Tidewell’s interdisciplinary team and all care providers to better understand the patient’s health conditions and how to achieve their goals.
 - Develop or identify patient education resources that are easily understandable regardless of a person’s age, culture or reading level.
 - Integrate health literacy principles into community outreach.
- Community Advisory Committee: The applicant commits to creating a *Community Advisory Committee* to assess the needs of the Pasco County communities. This Committee will be developed upon the completion of a series of focus groups in various geographic areas throughout Pasco County. Of these geographically representative focus groups, at least one will solicit feedback from health care providers; at least one will solicit feedback from members of the communities; and, at least one will solicit feedback from social service organizations. The applicant commits to completing these focus groups and subsequently launching the Community Advisory Committee in year one of operations, and continuing the Committee through at least year two of operations, in order to thoroughly assess the needs of the various communities and their residents.
- Expansion of Traditional Tidewell Hospice Programs: The applicant has conditioned its application on the expansion of the following Tidewell hospice programs:
 - Pediatric Programs: The applicant will extend its current pediatric programs to Pasco County, and, as census justifies and if CMS approves, will seek a PIC for kids program certification in 5A.

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- Community Healthcare Student Rotation and Education: The applicant will commit to expanding this program to medical, pharmacy, nursing and social worker students to local colleges and universities. Tidewell's medical director will make themselves available to provide educational services to local hospital residency programs in Pasco County.
- Community Grief and Bereavement Services: The applicant will build awareness of complimentary grief and bereavement care through specific outreach to schools, community centers, 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. Additionally, the applicant will commit one FTE, masters-level trained grief counselor to the Pasco County program for year one and two FTEs for year two.
- Club Blue Butterfly: The applicant will expand Club Blue Butterfly to Pasco County in year one of operations.
- Palliative Care Service: In the year one of Pasco County operations, Tidewell will commission a palliative care needs assessment to identify the populations in need of pre-hospice palliative care as well as hospitals, physicians, long-term care facilities, senior living communities and others most likely to partner with Tidewell on the development of a palliative care program. Tidewell implemented a similar process in 2016 and is using that data to develop the new hospital palliative care partnerships referenced in Schedule B. Using the needs assessment data, Tidewell will develop customized proposals to Pasco County hospitals to develop a palliative care partnership.
- Transitions Program: For those patients and families that do not yet meet CMS's hospice criteria, the applicant will extend to Pasco County its volunteer support services under the transitions program, to provide these patients and families with access to community resources.
- Complementary Services: The applicant 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 of operations, upon evaluating utilization and demand.
- Certified Music and Memory Program: The applicant will extend its current certified "Music and Memory Program" to Pasco County, by year two of operations.

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- **Volunteer Recruitment and Service:** Tidewell will bring its proven best practices of volunteer recruitment, retention and utilization to Pasco County 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.
- **Locations:** The applicant commits to opening two offices within the first year of licensure; one in New Port Richey and the second in Zephyrhills.
- **Humanitarian Fund:** The applicant will not engage in any fundraising events or campaigns to solicit charitable contributions from the residents of Pasco County for the first two years of operations, in order to minimize any negative financial impact on the current Pasco County providers. Upon licensure, the applicant will initiate a humanitarian fund to assist eligible patients. Tidewell will seed the fund with \$25,000 and utilize the fund to assist Tidewell hospice patients in Pasco County who are struggling financially in their time of need.
- **Community Education:** As part of its community outreach, Tidewell will screen the highly acclaimed documentary *Consider the Conversation* in Pasco County to educate and raise awareness of end-of-life issues. Each showing of 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 year one of operations the response and needs to scale up the frequency of 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.
- **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 will use specialized recruiting strategies for minority populations. In addition, Tidewell will integrate easy-to-read literature in English and Spanish into the outreach resources it uses.
- **Accreditation:** The applicant will pursue accreditation with Community Health Accreditation Partner (CHAP) upon licensure.

VITAS Healthcare Corporation of Florida (CON #10540) also referenced as VITAS or the applicant, is an existing provider of licensed hospice services proposing to establish a new hospice program in Hospice Service Area 5A. The applicant is an existing provider of hospice

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services in Hospice Service Areas: 1, 3E³, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9C, 10 and 11. The applicant expects issuance of license and initiation of services by October 1, 2018.

The applicant proposes \$862,960 in total project costs.

VITAS Healthcare Corporation of Florida 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.
 - 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.
 - 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 \$20,000 and will be distributed over the first three years of operation.
- Deed Age-Restricted Community Outreach and Liaison – Subdistrict 5A 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.
- ALF Core Training and Liaison – Subdistrict 5A hospices are serving a lower percentage of their patients than the state average in ALFs. Hospice staff who receive ALF Core Training will be better equipped to meet ALF residents’ needs and partner with ALF staff. VITAS has conditioned this application on having its team manager, social worker and hospice representative receive ALF Core Training within the first year of operations.

³ Agency records indicate that VITAS Healthcare Corporation of Florida added a satellite office in Eustis, Florida and Lake and Sumter Counties on January 2, 2018.

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- VITAS is committed to providing outreach to patients and staff at Pasco County's 49 ALFs and has conditioned this on having a Community Liaison who dedicates half of their time to education and outreach to ALFs. The Liaison will be hired within the first month of operations.
- Nurse Practitioner Focused on Education and Medication with Area skilled nursing facilities (SNFs) – Two of the biggest issues SNFs face is avoiding hospital readmissions and managing psychotropic medications. To reduce hospital readmissions and improve quality of care, VITAS will assign a nurse practitioner to educate Pasco County SNF staff and administrators on appropriate use of psychotropic drugs for SNF residents; particularly patients with dementia. The nurse practitioner will be hired within the first three months of operations to provide education on medication management to area SNF staff.
- Caring for a loved one with Alzheimer's disease or dementia can be very demanding and having a local support system is often one of the primary ways a caregiver receives help. VITAS will make it a condition of this application to provide a grant to the local Alzheimer's Association to assist with support groups that meet the emotional needs of area caregivers. The grant will total \$20,000 and will be distributed over the first two years of operations.
- 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 5A patients that have received palliative chemotherapy and radiation.
- 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:

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- 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 will report a reduction to five 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.
- 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.
- VITAS Staff Qualifications – 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 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.
- 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
 - Cardiac care program
 - We Honor Veterans program
 - Lavender touch experience
 - Musical memories
 - Paw pals

Other Conditions: VITAS conditions this 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 opening after licensure and the second in the second year of operations. One office will be within a 10-mile radius of Port Richey/New Port Richey, and the other will be within a 10-mile radius of Zephyrhills.
- VITAS will provide comprehensive bereavement services, including individual and group counseling beyond one year if requested.

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- VITAS will not solicit charitable contributions from patients, family or friends relating to its services in Subdistrict 5A, 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.

Should a project be approved, all of 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. However, Section 408.043 (4) Florida Statutes states that "Accreditation by any private organization may not be a requirement for the issuance or maintenance of a certificate of need under ss. 408.031-408.045." Also, several of these conditions are required hospice services and as such would not require condition compliance reports. Section 408.606 (5) Florida Statutes states that "The agency may deny a license to an applicant that fails to meet any condition for the provision of hospice care or services imposed by the agency on a certificate of need by final agency action, unless the applicant can demonstrate that good cause exists for the applicant's failure to meet such condition."

D. REVIEW PROCEDURE

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

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 subdistrict, 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.

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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

- a. Does the project proposed respond to need as published by a fixed need pool? Or does the project proposed seek beds or services in excess of the fixed need pool? Rule 59C-1.008(2), Florida Administrative Code.**

In Volume 44, Number 63, of the Florida Administrative Register, dated March 30, 2018, need for one hospice program was published in Hospice Service Area 5A for the July 2019 Hospice Planning Horizon. Therefore, the co-batched applicants are applying in response to published need.

Population estimates for Pasco County, Hospice Service Area 5A, from July 2018 to July 2023 are included below:

Population Estimates for Pasco County and Florida July 2018 - July 2023				
Pasco County				
Age Group	Year		Change	
	2018	2023	Number	Percent
Under 65	411,582	445,802	34,220	8.3%
65+	116,169	132,890	16,721	14.4%
Pasco County Total	527,751	578,692	50,941	9.7%
State of Florida				
Age Group	Year		Change	
	2018	2023	Number	Percent
Under 65	16,583,433	17,313,974	730,541	4.4%
65+	4,080,266	4,692,210	611,944	15.0%
State of Florida	20,663,699	22,006,184	1,342,485	6.5%

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

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Hospice Service Area 5A is currently served by the following providers:

- Gulfside Regional Hospice, Inc.
- HPH Hospice

Hospice admissions in Hospice Service Area 5A from January 2017 – December 2017 are included below:

Hospice Admissions in Hospice Service Area 5A	
Hospice	Admissions 1/1/17 - 12/31/17
Gulfside Regional Hospice, Inc.	2,550
HPH Hospice	1,297
Total	3,847

Source: Florida Agency for Health Care Administration's Florida Need Projections for Hospice Programs for the July 2019 Hospice Planning Horizon, published March 30, 2018.

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

Compassionate Care Hospice of Pasco, Inc. (CON #10533)

summarizes the Agency's published need for an additional hospice program in Pasco County and provides a summary of the existing health care landscape in Pasco County which includes: seven acute care hospitals, 17 SNFs, 36 home health agencies, eight adult family care homes and 40 homemaker and companion services. The applicant identifies a disparity between the volume of anticipated deaths and the number of existing providers within the subdistrict. CCHP notes that seniors account for nearly 22.0 percent of Pasco County's population and the subdistrict ranks in the top quintile of counties in the state for its senior population size.

Based on the hospice need formula, CCHP identifies a majority of the gap of unserved hospice patients within the 65+ group with non-cancer diagnoses (75.0 percent). The applicant states that the gap is not surprising as these groups are the most difficult to penetrate for hospice, the applicant attributes another 5.0 percent of the projected gap to the non-cancer cohort under 65. CCHP notes that the distribution of non-cancer: cancer deaths within the need forecast estimates that 80.0 percent of the unserved hospice gap is within the non-cancer group and the remaining 20.0 percent of the gap is concentrated within cancer-related deaths. The applicant states that it has extensive and unique non-cancer disease specific programming that distinguishes it from other community hospice providers. CCHP maintains that implementation of nationally recognized programs in the subdistrict will enhance hospice penetration rates for the non-cancer cohort.

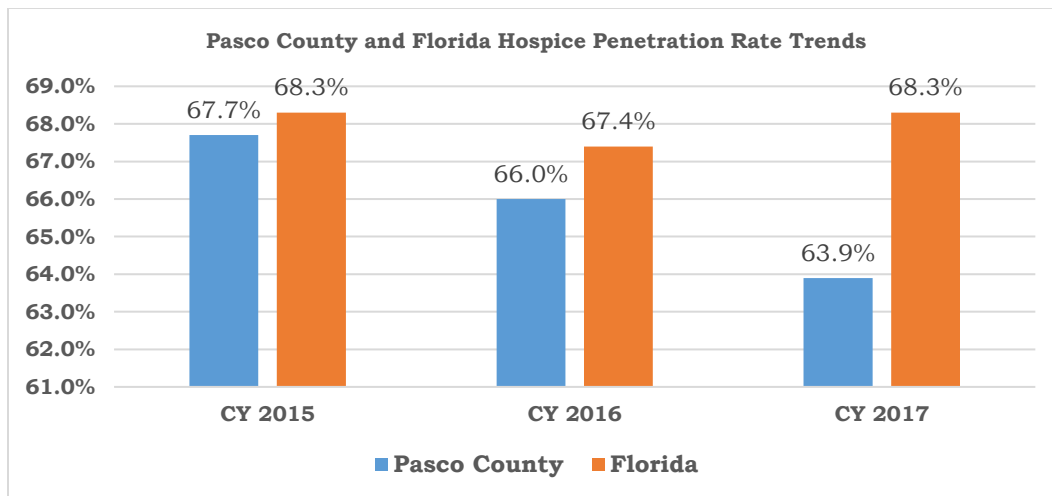
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CCHP characterizes existing Pasco County providers as local not-for-profit community based hospice programs with similar structures and service offerings. The applicant indicates that both programs have large inpatient units and emphasize maintaining census in these inpatient hospice houses.

The applicant states that the volume of hospice admissions at HPH Hospice has declined while the volume of admissions at Gulfside Hospice has increased resulting in no growth in admissions from 2015 – 2017. From 2016 – 2017, CCHP observes that hospice admissions declined by 42 while resident deaths increased resulting in published need for an additional program and a negative impact on the hospice penetration rate within Pasco County.

CCHP depicts changes in the volume of hospice admissions and resident deaths for CYs 2015, 2016 and 2017 graphically on page 18 of CON application #10533.

The applicant observes that the declining hospice penetration rates within Pasco County reflect decreasing access to hospice services within the subdistrict as the hospice penetration rate for Florida remained flat at 68.3 percent. The chart reflecting these changes is reproduced below:



Source: CON application #10533, Page 19

The applicant notes that the growth of non-cancerous deaths within Pasco County is expected to outpace the rate of growth within the state by nearly twice the state average.

Using data obtained from Florida Need Projections for Hospice Programs (April 2018) from 2016 to June 2020, CCHP cites the following trends related to increases in hospice admissions:

- Forecasted non-cancer hospice admissions within Pasco County are expected to increase by 15.0 percent

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- Forecasted non-cancer hospice admissions within the State of Florida are expected to increase by 2.4 percent

CCHP states that the forecasted increase in non-cancer hospice admissions is evidence of the need for a qualified non-cancer hospice specialist. The applicant documents Compassionate Care Hospice's (CCH) historical experience with penetrating the non-cancer population, the applicant notes that in 2017 almost 87.0 percent of patients at CCH in Subdistrict 3E had a non-cancer diagnosis, 82.7 percent of hospice admissions for CCH in 6B had a non-cancer diagnosis and 67.4 percent of admissions at CCH in District 11 were non-cancerous. The applicant maintains that as a provider it is honing in on specific needs of non-cancer patients in contiguous districts (3E and 6B) and intends to serve in this capacity in Pasco County.

CCHP documents the following circumstances regarding Pasco County which are characterized as "not-normal":

- Below average number of home care visits per week
- Below average number of home health aide visits per week
- Below average number of home care hours per patient provided during the last week of life
- Below average number of home health aide hours per patient provided during the last week of life
- Lower hospice penetration rates amongst end-stage heart disease population
- Lower hospice penetration rates amongst end-stage pulmonary disease population

Patient Touches

The applicant maintains that one of the most significant benefits CCHP will bring to Subdistrict 5A is in the form of patient touches. CCHP provides an analysis of patient touches for existing Compassionate Care programs in Florida, Pasco County and the median number of patient touches within Florida which reflects that CCH provides more patient touches (defined as visits in 15-minute increments) than virtually all hospice providers in Florida including Gulfside and HPH Hospice. In 2017, the applicant observes that CCH's Florida programs provided between 38.5 and 44.2 home care visits per week by a combination of home health aides, nurses and social workers. In comparison existing Pasco County providers provided between 12.7 – 14.7 home care visits per week, less than the overall Florida average of 19.5 home care visits per week for the same time period. This analysis is represented graphically on page 23 of CON application #10533.

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CCHP next details the number of home health aide visits exclusively and observes the following trends for 2017:

- On average CCH programs in Florida provide between 28.9 and 34.2 home health aide visits per week
- HPH Hospice provides 4.5 home health aide visits per week
- Gulfside provides 6.3 home health aide visits per week
- The average number of home health aide visits for hospice providers across the State of Florida was 8.3 home health aide visits

In evaluation of the number of home care visits (combination of nurses, aides and social workers) that Florida CCH programs provide in comparison to other competing co-batched applicants, CCHP notes the following trends for 2017:

- CCH provides far more patient touches than “virtually all” of the other co-batched applicants, in 2017. CCH hospices in Florida provided between 38.5 – 44.2 home care visits per week compared to co-batched applicants which provided between 12.9 – 22 visits per week (with two exceptions Seasons (11) – 34.0 home care visits and VITAS 43.8).
- The applicant states that VITAS’ volume of home care visits includes continuous care which translates into 672 touches per week—with the exclusion of continuous care, the applicant estimates that VITAS’ routine patients have less than 17 touches per week.

Overall, the applicant concludes that for-profit providers provide far more home care visits than non-profit hospices. CCHP underscores the volume of home care visits provided by Seasons Hospice, VITAS and CCH as evidence of this conclusion. CCHP maintains that the volume of weekly visits from VITAS is an aberration that is attributed to continuous care volume. The applicant concludes that CCHP will implement a similar model of care in Pasco County and notes that approval of the proposal is conditioned to the provision of a minimum number of home health aide hours per patient week.

Patient Touches During Final Week of Life

The applicant next contextualizes the previous analysis with the number of patient touches during the final week of life and specifically notes that CCH provides more home care hours than all of its competition throughout a patient’s enrollment along with contributing a greater amount of nursing and social work care during the patient’s last week of life. CCHP notes the following trends of 2017:

- CCH provided an average of 14 total hours of home care in its two most proximate and contiguous programs to 5A (3E and 6B) which includes those provided nurses, social worker, home health aides and others (combined).

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- Gulfside provided 6.5 total home care visits and HPH hospice provided 7.7 total hours of care.
- Within the State of Florida the median number of total hours of care provided in the last week of life was 9.8 hours—nationally the median number of hours provided was 7.9 hours.

CCHP compares the number of total home care hours provided among competing co-batched applicants for patients in their last week of life in 2017. The results of the applicant's analysis is noted below:

- CCH provides greater service intensity than other applicants during a patient's last week of life, with the exception of VITAS.
- CCH provided 11.7 hours in its Miami-Dade program and between 13.9 and 14.1 hours in Subdistrict 3E and 6B programs, respectfully.
- All other co-batched applicants provided between 5.7 – 8.9 total hours of care during the last week of a patient's life.

The applicant determines that approval of any other applicant besides CCHP would result in the perpetuation of fewer patient touches during the entire hospice admission. In comparison to VITAS the applicant finds that from 2015 – 2017, VITAS appears to have a downward trend in home care visits per week while CCH appears to have an upward trend in patient visits per week. CCHP provides the data graphically on page 32 of CON application #10533.

In conclusion the applicant determines that the proposal will develop a care model that will undoubtedly result in greater employment of home health aides on a per patient basis than any other applicant or existing providers. CCHP expects for the proposal to generate additional jobs and support the overall economic growth of Pasco County.

End Stage Cardiovascular Disease

Within the non-cancer disease cohort for which a gap in service was identified, the applicant evaluates trends in cardiovascular deaths for Pasco County from 2012 – 2016. For this time period, CCHP finds that cardiovascular deaths in Pasco County have outpaced the growth in total 65+ deaths within the county overall. Within this timeframe, the applicant finds that within the subdisistrict cardiovascular deaths for individuals 65+ have grown 15.0 percent while deaths among those 65+ overall within Pasco County have grown by 6.2 percent.

From 2014 – 2016, the applicant notes that cardiovascular deaths within Pasco County have increased by 4.1 percent overall, while cardiovascular deaths among those 65+ have increased 6.1 percent amongst those 65+. CCHP indicates that from 2014 – 2016, Gulfside Hospice's admissions for end-stage heart disease declined by 18.3 percent and HPH's hospice admissions for end-stage heart disease declined by 35.4 percent. The applicant states that nearly 41.0 percent of HPH's total admissions were

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admitted to its Subdistrict 5A program. CCHP applied this percentage to HPH’s total end-stage heart disease admissions to result in 176 end-stage heart disease admissions to Pasco County. The following table summarizes the analysis:

Pasco County Cardiovascular Related Deaths and Hospice Admissions (2014 - 2016)				
Subdistrict 5A Cardiovascular Deaths	2014	2016	Change 2014 - 2016	Percent Change 2014 - 2016
All Ages	1,688	1,758	70	4.1%
Ages 65+	1,376	1,460	84	6.1%
End Stage Heart Disease Hospice Admissions				
Gulfside Hospice	709	579	-130	-18.3%
Percent of Gulfside's Total Admissions	39.5%	25.2%	-14.3%	-36.2%
HPH Hospice (Total for 3 Subdistricts)	663	428	-235	-35.4%
Prorated 41.1 percent, HPH - 5A	272	176	-96	-35.3%
Percent of HPH's Total 5A Admissions	13.8%	13.6%	-0.2%	-1.4%
SD 5A End Stage Heart Disease Admissions	981	755	-226	-23.0%
Hospice Penetration Rate	58.1%	42.9%	-15.2%	-26.2%

Source: CON application #10533, Page 34

Overall, the applicant states that the data presents a three-year trend in rising cardiovascular related deaths and declining hospice admissions and hospice penetration rate.

In addition to the analysis above, the applicant provides an analysis of the diagnosis mix of patients served as derived from Medicare Claims and Cost Reports for 2014 – 2016. CCHP states that HPH Hospice is reported on an aggregate basis for the three subdistricts it operates. The applicant notes the following trends:

- Between 19.3 and 24.0 percent of patients served at CCH programs in Florida have a primary diagnosis of heart disease
- Between 2014 and 2016 Gulfside and HPH both experienced a 15 – 16 percent decline in the percentage of patients served who had a heart disease diagnosis
- In 2016, only 16.0 percent of patients served by Gulfside and HPH had a heart disease diagnosis
- 17.0 patients served in Florida overall had a heart disease diagnosis (a 2.9 percent decrease between 2014 to 2016)

In continuation of its analysis, the applicant notes that cardiovascular related deaths grew between 2014 – 2016 while heart disease hospice admissions and heart disease as a percentage of Medicare patients declined within the subdistrict. CCHP maintains that declines in the hospice penetration rates among this disease cohort for 2014 – 2016 demonstrate a significant gap in service. The applicant determines that

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the 2014 hospice penetration rate within Pasco County, 58.1 percent, is low considering the non-cancer 65+ hospice penetration rate was 72.8 percent.

CCHP references the 2009 Joint Recommendations published by the American Heart Association and American College of Cardiology for patients with refractor end-stage heart failure guidelines from which CCH developed its cardiac connections program and states that this program will be implemented as part of the proposal in order to better meet the needs of residents confronted with end-stage cardiovascular disease.

Based on its analysis, CCHP estimates that 30.0 percent of its admission in year two will be cardiac admissions. The applicant states that this forecast is derived from the non-cancer gap, the overall decline in cardiac admissions and CCH's specialized cardiac connections program.

CCHP states that heart failure is the only major cardiovascular disease with significantly increasing prevalence, incidence and mortality rates which are all expected to increase as the nation's population ages. The applicant additionally discusses other studies which have reviewed changes in cardiovascular disease and the costs associated with treating the disease and provides a visual summary of the projected mortality for advanced heart failure in relation to other terminal diseases (CON application #10533, Pages 37 – 38). CCHP notes that mortality after one year for heart failure is higher than other illnesses.

Nationally, the applicant finds that nearly 65.0 percent of all hospital admissions for individuals 65+ are for a heart failure diagnosis which is the most common diagnosis for inpatient hospitalizations. CCHP notes that the US 30-day readmission rate for Medicare heart failure patients is 21.6 percent. The applicant notes that the Patient Protection Affordable Care Act penalizes hospitals and integrated delivery systems with higher than expected readmission rates via a payment reduction factor.

The applicant provides the following overview of area hospitals and notes the 30-day heart failure readmission rates in comparison to total unplanned readmission rate, for which all of the hospitals are noted to have a greater heart failure readmission rate than their total unplanned readmission rate. CCHP includes a chart that illustrates that all of the facilities evaluated (except for Florida Hospital Zephyrhills) have heart failure admission rates that exceed the national and Cardiac Connections rate (3.34 percent) from January – June 2018. The reviewer notes that four of the five facilities are outside of Pasco County and the applicant fails to provide an analysis of the volume of end-stage heart failure 30-day admissions that occurred within Pasco County, the

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volume of end-stage heart failure cases originating from residents of Pasco County who could possibly be served by hospice or changes in 30-day admission rates for heart failure that occurred at hospitals in association with the CCH cardiac connections programs following licensure of the applicant's programs in Hospice Service Area 3E and 6B.

CCHP insists that the cardiac connections program will benefit the service area through cost savings achieved through a reduction in hospital readmissions which will result in improvements to the patient's quality of care, continuity of care and education to patients and families.

Overall the applicant states that the aims of the cardiac connections program are to:

- Break the cycle of emergency room visits and hospitalizations
- Manage anxiety
- Comfort the patient's family
- Improve the patient's functional status
- Alleviate dyspnea
- Alleviate pain

Historically (January 1, 2018 – June 2018), the applicant notes that the readmission rate for patients enrolled in the cardiac connections program (nationally) is only 3.34 percent, a purported readmission rate that is lower than the national readmission rate and the Pasco County region (estimated between 20 – 26.2 percent). The applicant states that nationally, CCH was rated #1 by CMS for its cardiac care and results. The applicant states that between January 1, 2016 – June 1, 2018, 514 patients have been served by CCH's cardiac connections program in Florida and only 13 were readmitted to the hospital within 30 days. The reviewer notes that the applicant does not reveal a change in hospice readmissions over time or an increase in the percentage of end-stage heart disease patients served by hospice within a service area as a result of the implementation of the cardiac connections programs.

In conclusion, CCHP intends to implement its cardiac connections program in Subdistrict 5A in response to the needs assessment and documented gaps in service for these patients that demonstrate that the unserved hospice patients in the county are largely persons with end-stage cardiovascular disease. Consequently, the applicant expects for the proposal to provide a cost savings to the existing health care infrastructure through a reduction in readmissions. The applicant states that the implementation of this program will foster competition that enhances quality of care and cost-effectiveness.

End Stage Pulmonary Disease

In its analysis of resident deaths and hospice admissions by disease category, the applicant identifies pulmonary disease as another disease category for which there are lower than ideal hospice penetration rates. CCHP maintains that its pulmonary connections program has historically enhanced hospice penetration rates for chronic obstructive pulmonary disease (COPD) patients and other associated diseases resulting in end-stage respiratory failure.

The applicant notes that in 2016 there were 657 deaths caused by respiratory disease in Pasco County an increase in over 11.0 percent since 2014. CCHP states that the pulmonary connections program will serve those suffering from end-stage lung disease as a result of a variety of illnesses such as COPD, cancer, emphysema, pulmonary fibrosis and ALS.

CCHP asserts that the key components of the pulmonary connection program will be to:

- Assess and monitor the disease
- Reduce risk factors
- Manage stable COPD
- Manage exacerbations

CCHP states key elements of the program include a pulmonologist, respiratory therapist, trained staff, access to medications and equipment, specialized daily calls and education of patient, family and staff.

The applicant indicates that since 2014, CCH has nationally served 7,102 pulmonary patients. CCHP maintains that nationally the COPD hospital readmission rate is 19.8 percent while the readmission rate for CCH patients is 1.9 percent. The reviewer notes that the applicant does not contextualize the readmission rate to the State of Florida or Pasco County and does not provide a contextual analysis of changes in the hospice penetration rate or readmission rate for this program relative to other hospice providers without a pulmonary connections program over time.

The applicant states that the pulmonary connections is intended to accomplish the following:

- Provide outstanding hospice and palliation to patients and families in Pasco County
- Strive for a zero re-admission rate for hospital and SNF patients
- Decrease the length of stay for local hospital partners by expediting discharge planning
- Use efficiency and value approaches to provide a high level of care to patients with higher acuity levels

- Maximize population health through education of disease management programs
- Admit patients sooner rather than later

Other Non-Cancer Diagnosis

The applicant describes its Promise Program for patients with end-stage renal disease and states that CCH offers specialized services to patients receiving hemo-dialysis who are also in need of hospice. The applicant states that CCH provides a supportive network of medical, nursing and psycho-social interventions for patients who may be considering stopping dialysis treatments.

Terminally-Ill Cancer Patients

Based on the need forecast, the applicant identifies 101 of 491 unserved hospice patients who will be terminally ill with cancer. Alongside its specialty non-cancer programming, CCHP states that its forecast accounts for 61 cancer patients in its second year of operations and the remaining 40 cancer patients will be admitted by existing providers as those programs continue to increase and collaborate with the applicant to meet community needs. The applicant maintains that it is more than capable of admitting terminally ill cancer patients within the subdistrict.

The applicant states that CCH provides care for all terminally ill patients including all forms of cancer. Through its advanced care connections program, the applicant states that palliative care is provided to terminally ill hospice patients and through its palliative care affiliate for non-terminal, non-hospice patients. CCHP describes advanced care connections as a palliative care program affiliated with CCH. The applicant maintains that the advanced care connections program is a proven effective tool in increasing hospice penetration for cancer patients and serves as a bridge for people who are not prepared to forego curative care but will benefit from palliative care. CCHP states that the services provided by advanced care connections will include:

- Expert treatment of pain and other symptoms
- Communication between advanced care connections and patient regarding disease and illness prognosis
- Assistance and guidance navigating through the health care system
- Emotional support for the patient and patient's family
- Improved quality of life

The applicant states that unlike the two existing providers, CCH does not build hospice houses nor is it the intent of the applicant to do so in Pasco County. CCHP maintains that a comprehensive program is being proposed to offer support to the patient and their family during a most difficult time including pain, symptomatic problems, emotional, social and spiritual complications. The applicant indicates that CCH offers the

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four levels of care (respite, general inpatient, route and continuous care) through a highly skilled interdisciplinary team (IDT) based on each patient's individual needs. The applicant states that the IDT consists of the following team members:

- Patient's primary care physician
- Hospice medical director
- Registered nurse
- Social worker
- Certified home health aide
- Therapists
- Dieticians
- Bereavement counselors
- Chaplains
- Trained volunteers
- Nurse practitioner
- Respiratory therapist

CCHP indicates that the proposal will offer the four levels of care to its terminally-ill patients, either provided at home, an inpatient setting or within a nursing home/hospital. The applicant indicates supplemental services will be available through the "First Night at Home Program" as follows:

- Admission response within 24 hours of referral
- In-home evaluation to determine hospice eligibility
- After-hours and weekend admissions
- Nurses available for evening and/or night visits
- Inpatient hospice for symptom control, family breakdown or respite care
- Licensed practical nurses or certified home health aides to assist with personal care and to provide wound care
- Continuous care during crisis

In addition to the supplemental services offered above, the applicant states that when the inpatient level of care is needed, inpatient hospice is offered in various settings often through a dedicated hospice unit within a SNF or hospital or via an inpatient contract. The applicant details the amenities of its dedicated inpatient unit on page 54 of CON application #10533.

CCHP describes other programs that will be included among its service offerings including community outreach, Veterans outreach, Compassionate Care 4 Kids, volunteer services, bereavement services and holistic therapies on pages 48 – 58 of CON application #10533.

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Community Support for Compassionate Care Hospice

The applicant states that from April – June of 2018, representatives of the CCH team met with community leaders in order to identify areas of need for hospice. CCHP notes that the gap in services expressed among these groups identified the following target areas:

- Enhance the number of patient touches provided by RNs, social workers and home health aides
- Outreach for the non-cancer terminally-ill cardiovascular disease patient populations
- Outreach for the non-cancer terminally-ill pulmonary disease patient populations
- Provide a program focused on care in the patient’s home through time of death including both cancer and non-cancer terminally-ill patient populations

The applicant enumerates the individual health care providers who provided letters of support for the proposal and provides excerpts of letters of support which are also included in Tab 5 of CON application #10533. CCHP states that the level of support expressed for the proposal reflects that approval of the proposal will directly enhance the availability accessibility and extent of utilization of the hospice services for the terminally-ill underserved residents of Subdistrict 5A.

The applicant provides the following volume forecast of admissions for the proposal:

Compassionate Care Proposed Admissions			
Month	Admissions	Month	Admissions
1	2	13	24
2	4	14	26
3	6	15	28
4	6	16	30
5	6	17	31
6	6	18	33
7	20	19	35
8	21	20	36
9	22	21	38
10	23	22	40
11	24	23	41
12	25	24	43
Total	165	Total	405

Source: CON application #10533, Page 65

CCHP states that it will be able to achieve these volumes based on the identified gap in services in Pasco County and its experience with operating its other three programs within Florida. The applicant

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maintains that the volume forecast is realistic and reasonably attainable. CCHP contends that it is the most appropriate applicant to address the underserved patient population in Hospice Service Area 5A through its specialized disease specific programming and community outreach.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534):

Demographic Profile of Hospice Service Area 5A Population

Based on Agency published population estimates from 2018 – 2023, the applicant determines that the population of Pasco County is anticipated to increase at a rate that exceeds overall population growth in the State of Florida (9.65 percent versus 6.50 percent). Cornerstone notes that the rate of population growth among the 65+ population in Pasco County is anticipated to increase at a higher rate than the rate of population growth in the 65+ population within the State of Florida overall for the same time period (12.8 percent versus 11.8 percent). The applicant states that the increase in the 65+ population is a vital metric as older residents are the primary consumers of hospice.

Race and Ethnicity

The applicant notes that the Caucasian population accounts for 85.0 percent of the total Pasco County population and is experiencing a fraction of the growth in Hospice Service Area 5A compared to other ethnic groups, particularly among the 65+ population. Cornerstone states that these growth patterns indicate that a new hospice in the area must be prepared to develop programs that address this increasing diversity. The applicant maintains that it has a wealth of programs to educate all segments of the community about hospice, increase access to hospice services within the community and provide tailored care to all cultural, racial and ethnic groups. The applicant provides the following tables to depict the anticipated changes in population growth by race within Pasco County for the population overall and the 65+ population:

Total Population Growth for Hospice Service Area 5A by Race				
Racial/Ethnic Group	2018	2023	Percent Change	Annual Rate of Growth
African American	31,263	38,903	24.44%	4.47%
Some Other Race	17,431	21,289	22.13%	4.08%
Two or More Races	14,995	18,254	21.73%	4.01%
Asian	13,038	15,314	17.46%	3.27%
American Indian/Alaskan Native	2,063	2,350	13.91%	2.64%
Native Hawaiian/Pacific Islander	310	338	9.03%	1.74%
Caucasian	446,824	466,944	4.50%	0.88%
Total	525,924	563,392	7.12%	1.39%

Source: CON application #10534, Page 68

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65+ Population Growth for Hospice Service Area 5A by Race				
Racial/Ethnic Group	2018	2023	Percent Change	Annual Rate of Growth
Other Race	925	1,391	50.38%	8.50%
Two or More Races	1,065	1,544	44.98%	7.71%
African American	2,777	4,010	44.40%	7.63%
Asian	1,565	2,144	37.00%	6.50%
American Indian	257	340	32.30%	5.76%
Pacific Islander	24	28	16.67%	3.13%
White	118,551	137,731	16.18%	3.04%
Total	125,164	147,188	17.60%	3.29%

Source: CON application #10534, Page 68

Cornerstone underscores the anticipated increase in the Hispanic population relative to the non-Hispanic population and emphasizes the importance of having a new hospice provider in 5A that will provide bilingual and culturally sensitive programming. The applicant states that Cornerstone has demonstrated extensive outreach programs to Hispanic/Latino communities and will easily bring them into Pasco County. Cornerstone provides a table illustrating changes in the Hispanic population relative to non-Hispanic populations overall. See the table below.

Pasco County Population Changes by Ethnicity			
Pasco County			
Ethnicity	2018	2023	Percent Change
Hispanic	80,042	98,406	22.94%
Not Hispanic	445,882	464,986	4.28%
Total	525,924	563,392	7.12%
Florida			
Ethnicity	2018	2023	Percent Change
Hispanic	5,364,454	6,149,310	14.63%
Not Hispanic	15,742,727	16,379,079	4.04%
Total	21,107,181	22,528,389	6.73%

Source: CON application #10534, Page 69

In order to appropriately address multicultural issues, Cornerstone maintains dedicated outreach professionals and comprehensive programs that offer African American and Hispanic communities culturally specific hospice education, care and materials. The applicant provides samples of its outreach documents activities in Attachments 15 and 16 of CON application #10534.

Veterans

The applicant states that currently, Veterans account for 9.0 percent of Pasco County residents, more than half of Veterans are 65+ and 11.8 percent of the Veteran population is 85+. Cornerstone indicates that by 2023 the Veteran population is anticipated to decrease to 10.5 percent of the total Pasco County population. The applicant maintains that the

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Veteran elderly population is at the highest risk for conditions that require hospice care (e.g. cancer, cardiac disease, pulmonary disease and Alzheimer’s dementia) and for this reason it is imperative that a new provider is able to provide programming for Veterans to honor their traditions and understand their unique life needs.

Cornerstone asserts that it intends to offer its Cornerstone Salutes! and four-star “We Honor Veterans Program” if approved. The applicant details its long and successful history of providing end-of-life care to Veterans. The applicant references testimonials and examples of its outreach to Veterans in Attachments 16 and 19 of CON application #10534. Using data obtained from the Veterans Administration, an itemized summary of the Pasco County Veteran population by age and year from 2018 – 2023 is provided on page 70 of CON application #10534.

Deaths in Hospice Service Area 5A by Age, Race, Ethnicity

Using data obtained from Florida Department of Health (FLCharts), the applicant provides an analysis of the changes in historical deaths by age within Pasco County. In particular, the applicant finds that from 2006 – 2016, the incremental change in deaths for those under 65 increased by 19.4 percent and the incremental change in deaths for those 65+ increased by 9.4 percent—with all deaths increasing by 11.8 percent.

Cornerstone underscores the incremental change in deaths within the Hispanic population and African-American population, respectively. While the Hispanic population is estimated to account for nearly 5.0 percent of Pasco County’s population, the applicant maintains that deaths within this ethnic group are estimated to have increased 90.1 percent from 2006 – 2016. See the tables below.

Pasco County Deaths by Ethnicity				
Ethnicity	2006	2016	Incremental Change	Percent Change
Hispanic Total	162	308	146	90.1%
Non-Hispanic Total	5,190	5,705	515	9.9%
Unknown Total	37	11	-26	-70.3%
All Ethnicities Total	5,389	6,024	635	11.8%

Source: CON application #10534, Page 71

Pasco County Deaths by Ethnicity				
Ethnicity	2006	2016	Incremental Change	Percent Change
White Total	5,249	5,774	525	10.0%
Black Total	81	138	57	70.4%
Other Total	59	108	49	83.1%
Unknown Total	0	4	4	N/A
All Ethnicities Total	5,389	6,024	635	11.8%

Source: CON application #10534, Page 72

The applicant compares African-American deaths to white deaths from 2006 – 2016 and finds that African-American deaths increased by 70.4 percent while the number of white deaths increased by 10.0 percent. Overall, Cornerstone anticipates that the proposal’s multicultural initiative will benefit those living in Pasco County as the population becomes more diverse.

Causes of Death in Hospice Service Area 5A

Using FloridaCharts data, the applicant provides an analysis of the causes of mortality and changes in the number of deaths from 2006 – 2016 in Pasco County. Within this timeframe, Cornerstone determines that the total number of deaths in Pasco County has increased by approximately 12.0 percent. The applicant attributes respiratory disease, residual causes and cancer as the primary drivers of the increase in the number of deaths.

The applicant notes that while deaths attributable to cardiovascular disease have slightly decreased, cardiovascular disease accounts for the largest cause of death within Hospice Service Area 5A (over 30 percent) and cancer accounts for the second largest cause of death (23.4 percent). Cornerstone states that patients of the service area will benefit from its historical experience with treating these conditions and Cornerstone’s Dyspnea⁴ Management Program is uniquely suited to aide a patient population with high levels of cardiac and respiratory illness. The following table depicting causes of mortality and their percent change is provided below.

Pasco County Selected Causes of Death				
Cause of Death	2006	2016	Percent Change	Percent of Deaths
Cancer	1,261	1,338	6.1%	23.4%
Cardiovascular Diseases	1,770	1,758	-1.1%	32.8%
Respiratory Diseases	475	657	38.32%	8.8%
Other Causes (Residual)	473	590	24.74%	8.8%
All Causes	5,389	6,024	11.8%	

Source: CON application #10534, Page 73. The shaded value is incorrect. The reviewer also notes that the percentage of deaths listed are calculated from the values listed under 2006

Existing Hospice Providers and Office Locations

Cornerstone provides a map of the existing service area and notes the locations of hospice services provided by existing providers (including inpatient locations) and the proposed location for the hospice program (CON application #10534, Page 74). The applicant intends to locate its program in New Port Richey, Florida, to provide a distinct access point for its staff separate from its other existing offices in central Florida. The applicant notes that HPH has an inpatient hospice facility and Gulfside also has an inpatient hospice unit in New Port Richey, Florida.

⁴ Dyspnea is defined as breathlessness or shortness of breath

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Cornerstone notes the service areas in which HPH Hospice operates and notes that utilization at HPH has declined. In 2017, the applicant observes that HPH served 1,297 patients or half as many patients as Gulfside Hospice, its competitor in Pasco County. The applicant states that the decline in utilization is also evident for HPH in Hospice Service Area 3C. Along with poor CMS quality ratings, the applicant states that utilization trends are evident that patients and referral partners are likely opting for other providers over HPH.

Using Agency publications from 2015 – 2018, Cornerstone evaluates HPH's admissions by patient type, census location and by diagnosis and age for the years 2014 - 2017. Overall Cornerstone details the following observations:

- Since 2014 HPH's admissions have primarily consisted of those 65+ (84.0 percent of admissions each year)
- The age composition of HPH's admissions contributes to the underutilization of hospice services for the under 65 population
- HPH sees a low percentage of SNF patients (just under 10.0 percent on July 1, 2017), in contrast Cornerstone's SNF patients accounted for almost 26.0 percent of its census on that same day

The applicant provides a summary of Gulfside's history and states that Gulfside is a small, local non-profit hospice provider that has a record of providing quality care to Pasco County. Cornerstone states that Gulfside has experienced growth and facilitated additional access to hospice services in Pasco County but not to an extent that will compensate for HPH's decline in utilization given the growth in the county.

The applicant provides a summary of Gulfside Hospice's admissions by diagnosis/age and census location, noting that from 2014 – 2017, at least 85.0 percent of Gulfside's patients have been 65+.

The applicant states that the proportion of 65+ patients Gulfside serves is significant as patients under 65 have been demonstrated to be underserved during this time period. In consultation with area providers and community members, Cornerstone states that inpatient providers and ALFs expressed concerns regarding the lack of access to supportive care and crisis care provided by Gulfside. Cornerstone indicates that providers attested to Gulfside preferentially moving patients to its inpatient facilities instead of providing supportive or crisis care in the patients' current living environment.

Cornerstone concludes that the approval of the proposal would add diversity in the variety of patient care settings that has been lacking in Pasco County and is contributing to underutilization of services.

Trends in Hospice Utilization in Hospice Service Area 5A

Using data obtained from the AHCA Database from the third quarter of 2016 to the second quarter of 2017, the applicant finds that only 1.11 percent of acute care discharges were to hospice (854 out of 76,954). In analysis of the same time period the applicant details the number of discharges to hospice among Hispanic and non-Hispanic/Latino populations and finds that:

- 0.85 percent of Hispanic or Latino patients acute care discharges were to hospice
- 1.14 percent of Non-Hispanic/Latino discharges were to hospice⁵

As the proportion of acute care discharges to hospice for the Hispanic population is lower than the total population’s acute care discharges to hospice, the applicant intends to remedy the disparity in acute care discharges to hospice within the Hispanic community through extensive outreach, education, targeted care and programming.

The applicant states that penetration rates are a measure of the percentage of deaths that are served by hospice providers. Cornerstone analyzes data obtained from AHCA Florida Need Projections for Hospice Programs and Florida Charts data to trend changes in population, hospice admissions, number of deaths, the death rate and penetration rates from 2010 – 2017 for Florida and Pasco County. A consolidated reference to these analyses is provided below:

Hospice Penetration Rate Comparisons			
Florida			
	2010	2017	Percent Change
Population	18,820,278	20,382,383	8.3%
Hospice Admissions	110,377	134,536	21.89%
Deaths	172,422	203,349	17.94%
Death Rate	9.16	9.98	8.9%
Penetration Rates	64.02%	66.16%	3.35%
Pasco County			
	2010	2017	Percent Change
Population	465,118	517,178	11.19%
Hospice Admissions	3,559	3,847	8.09%
Deaths	5,386	6,188	14.89%
Death Rate	11.58	11.96	3.33%
Penetration Rates	66.08%	62.17%	-5.92%

Source: CON application #10534, Page 78

From the analyses provided, Cornerstone indicates that from 2010 – 2017 the rate of death grew approximately 8.0 percent in Florida which was parallel to the overall increase in population. Within Florida, Cornerstone finds that hospice penetration rates increased from 64.02

⁵ The reviewer notes that the applicant does not define the category non-Hispanic or Latino

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percent in 2010 to 66.17 percent in 2017. In comparison within Pasco County, the applicant notes that the pace of population growth within Pasco County has exceeded the rate of growth in Florida from 2010 – 2017. Cornerstone describes how hospice admissions in Hospice Service Area 5A have grown at one-third the rate of hospice admissions throughout Florida.

Using data obtained from AHCA Florida Need Projections for Hospice Programs and FloridaCharts, Cornerstone evaluates penetration rates across all age groups and diagnoses from 2014 – 2017 and determines that across all age groups and causes of death there have been gradual fluctuations in the penetration rates without regard to age and cause of death. The applicant determines that most fluctuations in penetration rates have been relatively small and inconsistent across all categories, a summary of changes in the hospice penetration rates across the State of Florida is also provided on page 79 of CON application #10534.

Again using data obtained from AHCA Florida Need Projections for Hospice Programs and FloridaCharts, the applicant analyzes hospice penetration rate trends for those under 65 with cancer from 2014 - 2017. The applicant notes that the statewide penetration rate (89.0 percent) exceeds the Pasco County penetration rate. Cornerstone concludes that it is evident that existing hospice providers in Hospice Service Area 5A are not meeting the needs for patients under 65 with cancer. The applicant intends for the proposed hospice program to provide focused outreach to hospital discharge planners, oncologists and other clinicians that work with this patient population to increase access to hospice services for this patient population.

The applicant states that from 2014 – 2017 the hospice penetration rate for the 65+ population with cancer has remained relatively stable. Cornerstone states that the penetration rate for Pasco County has exceeded the state average for this age cohort every year and that existing providers are possibly serving this demographic at the expense of others. The applicant maintains that though the hospice penetration rate for this demographic exceeds the state average, continued growth in demand for hospice services is expected from this group based on the high rate of projected population growth for Pasco County residents 65+. Cornerstone expects to bring its experience and to conduct outreach to care for all who need hospice services in the community, especially to those who are 65+ with cancer.

From 2014 – 2017, Cornerstone indicates that the hospice admissions and deaths for those under 65 have increased in Pasco County. The applicant observes that deaths have increased at a considerably higher rate than hospice admissions for this age group—persistently lower than the Florida average. Cornerstone states that efforts should be made to

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increase access to hospice services for those under 65+ with a non-cancer diagnosis. The applicant maintains that it intends to focus outreach on providers and organizations that can bring access, awareness and education to patients and caregivers related to this group.

Cornerstone asserts that while SNFs and other long-term care providers are often a referral source for 65+ patients, hospital discharges are often a source of admission for younger patients.⁶ The following table summarizes the hospice penetration rates for those under 65 with a non-cancer diagnosis.

Hospice Penetration Rate in Hospice Service Area 5A - Under 65 with Non-Cancer Diagnosis					
	2014	2015	2016	2017	Percent Change
Population Under 65	382,439	390,173	397,642	404,746	5.83%
Admissions	241	259	247	263	9.00%
Deaths	1,033	1,073	1,160	1,184	14.66%
Penetration Rate	23.32%	24.17%	21.29%	22.17%	

Source: CON application #10534, Page 81. AHCA Florida Need Projections for Hospice Programs, FloridaCharts

The applicant lastly provides an analysis of the hospice penetration rate for patients 65+ with a non-cancer diagnosis. From this analysis, Cornerstone notes that hospice admission and deaths have increased approximately the same from 2014 – 2017 but that in 2017 the penetration rate dropped nearly three percent below that of the state average for this cohort. Cornerstone maintains that the decline in the hospice penetration rate reflects that existing providers are not meeting the needs of Pasco County. See the table below.

Hospice Penetration Rate in Hospice Service Area 5A - 65+ with Non-Cancer Diagnosis					
	2014	2015	2016	2017	Percent Change
Non-Cancer Over 65	102,202	105,252	108,748	112,432	10.00%
Admissions	2,141	2,336	2,394	2,347	9.59%
Deaths	3,344	3,480	3,526	3,629	8.53%
Penetration Rate	64.04%	67.11%	67.89%	64.66%	

Source: CON application #10534, Page 82

Cornerstone asserts that overall, low admissions for the under 65 population (particularly those with cancer) and all non-cancerous deaths are driving the need for additional hospice services in Pasco County. The applicant expects for its documented experience in central Florida to benefit the community and improve quality within Hospice Service Area 5A.

⁶ The reviewer notes that the applicant does not provide a summary of discharges to hospice by age or referral source

Cornerstone's Quality Outcomes and Enhancement of Care to Service Area

Cornerstone maintains that it has an excellent track record in providing quality hospice which will be extended to Pasco County. The applicant asserts that outcome measures calculated by the State of Florida for Cornerstone's existing licensed hospice agencies meet or exceed the ratings received by the other hospice facilities operating in Pasco County in 2016 in five of seven categories. The applicant references the Florida Department of Elder Affairs 2016 Report on Hospice Demographics and Outcome Measures, which is included in Attachment 4 of CON application #10534.⁷ Cornerstone describes its low performance on one metric and evaluates the limitations of pain metrics, discusses an audit the applicant performed to identify the issues with its low performance and documents its training an audit systems developed for pain assessment.

The applicant indicates that Gulfside and HPH have equally consistent and high outcomes ratings as Cornerstone, however HPH's quality measures may be one indicator of the lack of access to hospice services within the service area. As HPH Hospice has lower scores than the other hospices, the applicant asserts that outreach and quality at HPH may be hampering access to hospice care in Pasco County.

The applicant states that it is evident that Cornerstone will bring excellent care to Pasco County that meets or exceeds the quality currently offered. The applicant expects to enhance the care and competition within the Hospice Service Area 5A.

Projected Utilization of Cornerstone's Proposed Hospice Program

The applicant provides a narrative description of the methods used to determine its projected admissions on pages 85 – 86 of CON application #10534—including market share and projected sources of admissions by age and diagnosis from 2018 – 2021.

Overall, the applicant anticipates 186 admissions in year one and 384 admissions in year two. Based on these volume forecasts, Cornerstone expects for there to be 104 incremental patients remaining for existing providers in year one and 72 incremental patients remaining for existing providers in year two. The following chart summarizes the applicant's utilization forecast for the proposal.

⁷ The reviewer notes that the 2017 Florida Department of Elder Affairs Hospice Demographics and Outcome Measures report is the most recently available report and was available as of the omissions response deadline for Other Beds and Programs April 2018.

Projected Cornerstone Utilization Overview - Pasco County		
	Year 1	Year 2
Patients	186	384
Patient Days	11,075	25,020
Average Daily Census	30.34	68.55
Average Length of Stay	59.53	65.17

Source: CON application #10534, Page 87

The applicant intends to serve the documented needs of Pasco County specific to age, diagnosis and culture and utilize its experience to offer quality care and outreach to the community without impacting the existing providers within Hospice Service Area 5A.

Impact on Existing Providers in Hospice Service Area 5A

Cornerstone expresses that the proposal will serve the incremental calculated need and that projected utilization will be achieved without any material impact on the existing hospice providers in Hospice Service Area 5A. The applicant states that the following conclusions support that the proposal will not have an adverse impact:

- Cornerstone will target diagnostic and age cohorts that are currently underserved in Pasco County. Cornerstone already has a wide variety of programming and specializes in providing personalized care, it is ready to meet the needs of underserved segments of Hospice Service Area 5A.
- Cornerstone’s time spent in the community assessing its needs uncovered that inpatients, in a variety of facilities, are not being adequately or timely served by the existing providers. Cornerstone will serve a broader base of patients in SNFs and hospitals than has historically been documented in Hospice Service Area 5A—expanding access to environments that have been underserved in the past so it will not take volume from the existing providers.

The applicant presents the following reasons as key factors that demonstrate that it is the best candidate to meet the needs of Hospice Service Area 5A:

- Cornerstone has an existing presence and experience with the communities in Central Florida.
- Because Cornerstone serves adjacent service areas, it has 75 existing nurses in counties adjacent to Pasco County that can immediately serve Hospice Service Area 5A. Therefore, project implementation will be timely and efficient.
- Existing relationships in adjacent communities will enable community outreach and education to begin immediately without having to learn a new community and familiarize a new community with an unknown provider.

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- Cornerstone has already spent a significant amount of time in Hospice Service Area 5A, introducing itself to key community, provider and outreach contacts. This time spent in the community has resulted in new relationships and excitement in the community regarding the possibility of Cornerstone as a new provider.
- Cornerstone has Joint Commission Accreditation and has earned numerous quality and programmatic awards.
- Cornerstone offers a number of clinical and culturally deferential programs designed to bring tailored hospice care to each and every patient.
- As a non-profit provider Cornerstone is dedicated to the investment and re-investment in its staff and programming to ensure the highest quality of care. As a result, Cornerstone maintains high levels of documented patient/caregiver and staff satisfaction.

North Central Florida Hospice, Inc. (CON #10535) describes the presence of formulaic need within Pasco County and notes that the difference between base year admissions and hospice admissions forecasted for the planning horizon is 491. Haven Hospice enumerates the hospice penetration rates for cancer and non-cancer diagnoses for demographics under and over 65 with forecasted admissions for these groups are provided in CON application #10535, pages 18 – 19. The applicant notes that projected cancer admissions represent 30.8 percent of total forecasted admissions and persons age 65+ with non-cancer and cancer diagnoses represent 85.5 percent of the forecasted total.

Haven Hospice discusses its current operational history in Hospice Service Areas 3A, 4A and 4B and details evaluating the following factors in review of need for an additional hospice provide in the service area:

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

Population Characteristics Impacting Hospice Program Needs in Service Area 5A

Haven provides a summary of estimated population change comparisons between Pasco County and the State of Florida. Using population estimates for all ages obtained from the Florida Office of Economic and Demographic Research (EDR) the applicant compares population changes for July 1, 2017 and July 1, 2019 (planning horizon) which reveals that the population within Pasco County is forecasted to increase by 4.1 percent and the population within Florida is estimated to increase by 2.8 percent. In July 1, 2020, Haven notes that the population in Pasco County is expected to increase by 1.91 percent from 538,191 persons in July 1, 2019 to 548,518 persons by July 1, 2020.

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The applicant provides expected population changes by Zip Code within Pasco County from 2018 – 2023 using Claritas (2017) data, the analysis provided shows that the 0-64 population is expected to increase by 3.8 percent, the 65+ population is expected to increase by 17.3 percent and the total population is expected to increase by 7.1 percent from 2018 – 2023. Haven Hospice states that the home Zip Code office of the proposed hospice program will be 34655, currently the most populous Zip Code within Pasco County. The applicant notes that Zip Codes 34652, 34653, 34655, 34690 and 34691 (Trinity area) constitute over one-fourth of the service area's population. Haven determines that locating its initial office in the Trinity area is a cost-effective means to stage home visits to a significant portion of Pasco County.

Haven indicates that Zip Code 34655 is forecasted to have the largest 65+ population in Pasco County through at least 2023 and the five Zip Codes previously enumerated will have nearly 30.0 percent of the service area's senior population by 2023. The applicant notes that persons 65+ are the primary users of hospice services and that neither of the existing providers in Pasco County operate an office in Zip Code 34655. Haven maintains that it will serve all residents of Pasco County in need of its services and plans to open additional satellite offices in the future as needs warrant.⁸ A map comparing the locations of the applicant's proposed location with that of existing providers in Hospice Service Area 5A on page 23 of CON application #10535.

The applicant describes the expected population growth trends of the Hispanic and African-American communities within Pasco County from April 2016 – April 2020. The applicant notes that the African American and Hispanic populations within Pasco County are anticipated to increase at rates that exceed the statewide averages for these groups. Using data obtained from the Florida Demographic Estimating Conference (February 2017) and the University of Florida, Bureau of Economic Research Florida Population Studies (June 2017) the applicant trends the following points:

- By April 2020, the African-American population in Pasco County will increase by 18.0 percent while the African-American population in Florida will increase by 9.0 percent.
- By April 2020, the Hispanic population in Pasco County will increase by 18.6 percent while the Hispanic population in Florida will increase by 13.7 percent.

⁸ The reviewer notes that Gulfside Hospice currently operates satellite offices in zip codes 34652 and 34653

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Based on the same population sources referenced previously, from 2018 – 2023 Haven notes the following trends:

- In 2018, the African-American population accounts for 5.2 percent of Pasco County’s population.
- In 2023 the African-American population will account for 5.6 percent of Pasco County’s population.
- In 2018 the Hispanic population accounts for 13.9 percent of Pasco County’s population.
- In 2023 the Hispanic population will account for 15.3 percent of Pasco County’s population.

Haven emphasizes that special services and accommodations will be geared towards these populations in Pasco County.

Indicators of Unmet Service Area Resident Hospice Needs

Using data obtained from Florida Department of Elder Affairs’ Hospice Demographic and Outcome Measures Report for CY 2017, the applicant identifies disparities in access to hospice for African-American and Hispanic communities in Pasco County among existing providers. The following chart is provided summarizing this analysis:

Race/Ethnicity of Persons Admitted During Reporting Period (CY 2017)				
Gulfside			HPH	
Race/Ethnicity	Number	% of Total	Number	% of Total
African-American	45	1.8%	68	2.2%
Hispanic	85	3.4%	129	4.1%
White/Caucasian	1,944	78.1%	2,816	90.1%
All Other	416	16.7%	112	3.6%
Total	2,490	100.0%	3,125	100.0%

Source: CON application #10535, Page 27.

*HPH numbers are combined for Service Areas 3C, 3D and 5A

Based on the proportions of African-American and Hispanic populations identified in Pasco County in the previous analysis, Haven cites a disparity between the proportion of African-American and Hispanic people admitted to hospice and their representative proportion in Pasco County. The applicant determines that African-American and Hispanic groups are underserved by the existing hospices in 5A. Haven states that it intends to engage in outreach to these groups upon approval and implementation of the proposed hospice program. The applicant intends to address these issues by hiring an individual that will focus on outreach to these groups (including Veterans’ groups) and conditions approval of the proposal to maintaining this position for three years.

In consideration of the growth and concentration of the Hispanic population in Pasco County and the distinct cultural, language and religious preferences of Hispanic communities—Haven describes an

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imperative for a new hospice provider to address the needs of this community. The applicant references Schedule C conditions of its proposal underscoring Haven’s commitment to these effects.

In addition to the analysis of the ethnic and racial demographics of Pasco County, the applicant provides an analysis of the health needs of Pasco County. Haven notes that the community health plans produced by Adventist Health System (Florida Hospital at Connerton LTAC, Florida Hospital Wesley Chapel and Florida Hospital Zephyrhills) identified heart disease including congestive heart failure as a priority issue needing attention within the service area. The applicant itemizes the primary admitting diagnosis of existing providers from the Hospice Demographic and Outcome Measures Report (2017) to inform the health conditions that will be addressed with the proposal. The results of the evaluation are summarized in the table below:

Pasco County Hospice Admissions by Admitting Primary Diagnosis				
Diagnosis	Gulfside	%	HPH	%
Cancer	774	31.1%	1,099	35.2%
AIDS	1	0.0%	3	0.1%
End-State Pulmonary Disease	489	19.6%	397	12.7%
End-Stage Renal Disease	63	2.5%	137	4.4%
End-Stage Heart Disease	529	21.2%	413	13.2%
Other	634	25.5%	1,076	34.4%
Subtotal Non-Cancer	1,716	68.9%	2,026	64.8%
Total	2,490	100.0%	3,125	100.0%

Source: CON application #10535, Page 28

*HPH numbers are combined for Service Areas 3C, 3D and 5A

Based on forecasted admissions by diagnosis and the provision of care among existing providers, Haven determines that Gulfside provides care to cancer and non-cancer patients in proportions roughly equivalent to those expected during 2019-2020 but that HPH Hospice admissions are skewed towards cancer. From forecasted hospice admissions, the applicant notes that cancer patients are estimated to account for 30.8 percent of hospice admissions and non-cancer patients are estimated to account for 69.2 percent of admissions during the July 2019 planning horizon.

The applicant determines that based on the projected admissions by diagnosis and the findings made by Florida Hospital Zephyrhills and Florida Hospital Wesley Chapel, non-cancer patients are underserved and end-stage heart disease (along with end-stage pulmonary disease) is a major non-cancer diagnosis that hospices must deal with.

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Haven Hospice describes its experiences with treating end-stage heart disease through its existing operations along with the staffing, resources and care plans Haven maintains to treat these patients and intends to offer within Hospice Service Area 5A.

Community Perceptions and Support for Haven

The applicant references needs and concerns identified in letters of support included in Tab 3 of CON application #10535. Haven describes meeting with residents, medical professionals and community leaders in order to capture local perceptions of hospice care and to identify any existing area concerns regarding unmet needs and desired improvements specific to the provision of hospice care. The applicant blends excerpts from letters of support which endorse Haven as a provider and favorably review the services offered at Haven. The applicant includes descriptions of its advance care planning, “Palliative Care Consultation” program, bereavement and grief support programs and reiterates its non-discrimination policy on pages 30 – 33 of CON application #10535.

Haven Hospice specifically references letters of support from the following individuals:

- Joseph Pino, M.D., MBA, FAAFP, Chief Medical Officer, Regional Medical Center Bayonet Point
- Shelby Scott, Administrator, Heatherhill Healthcare Center
- Ann T. Weber, M.D., Chief Medical Officer, North Florida Regional Healthcare

Special Needs of Veterans

Haven Hospice identifies as an active provider of end-of-life care to Veterans’ populations and expresses the intent to expand these services into Hospice Service Area 5A. The applicant notes that the US Department of Veterans Affairs estimates the presence of 47,000 Veterans in Pasco County.

The applicant describes the use of a military check list as part of an initial assessment which identifies a patient’s Veteran service and any of their special health needs. Haven states that all clinical staff are trained to meet the unique needs of veterans including those that may suffer from PTSD. The applicant indicates that it partners with local Veterans’ organizations for referrals, education and celebrations.

Haven notes that it honors Veterans through a pinning ceremony and makes use of Veteran volunteers to assist Veteran patients. The applicant states that it is a Level III Partner with the “We Honor Veterans” program, which Haven Hospice states will be offered in Pasco County upon approval. Haven indicates that the “We Honor Veterans”

program was created to empower hospices and other non-hospice community partners across America to meet the unique needs of seriously ill Veterans and their families.

The applicant notes serving 840 Veterans as patients in 2017.

Utilization Forecast

Haven Hospice states that the following factors affected its forecast of admissions for the first two years of operations:

- The published net need (the difference between projected and actual admissions) for Hospice Service Area 5A.
- The experience and expectations of the most recently approved providers in smaller or adjacent urban areas in Florida.
- Utilization of hospice services within the service area by patient age and diagnosis.
- Haven’s capabilities and readiness to begin operations.

The applicant notes that Hospice Service Area 5A admissions are projected to increase from the 2017 level of 3,847 to 4,338 by the July 2019 hospice planning horizon, the midpoint of Haven’s anticipated first year of operations. Haven summarizes its forecasted admissions by quarter on page 35 of CON application #10535 which include 139 admissions (28 percent of projected net need) in year one and 416 admissions (85 percent of projected net need) in year two. The reviewer notes that the forecast of admissions is stated to be for CY 2019 and 2020 but the table itself identifies CY 2018 as year one and FY 2016/2017 as year two.

Haven states that its projections in the first year represent 3.2 percent market share, which is anticipated to allow for growth among existing providers. The applicant offers a narrative explanation of its forecast methodology based on historical volumes (CON application #10535, page 35). The applicant notes that Hospice Service Area 5A is a medium-sized hospice service area which ranks in the “middle of the pack” among the state’s 27 hospice areas in terms of the number of admissions projected for the July 2019 planning horizon. Haven indicates that the proposed admissions and market share for the project are therefore sufficient to assure the financial viability of the proposed project.

Impact on Existing Service Area 5A Providers

The applicant does not anticipate a substantive adverse impact on existing providers due to published need. Haven states that during the second year of operations, Haven’s forecasted 416 admissions (at least) will allow the two existing providers to maintain their current utilization of 3,847 admissions plus 75 additional admissions. The applicant states that projected growth in hospice admissions within the service area is

sufficient to allow Haven to achieve its goal of building a viable new program within the area while also allowing the existing providers to continue growing their base of admissions.

The applicant states that letters of support and analyses of special needs discussed in this need narrative reflect gaps in service coverage in Pasco County. Haven expects for approval of the proposal to offer residents of 5A a choice of an additional full-service hospice provider.

Comparison of Haven and Other Applicants

Haven provides a comparison of its performance measures in comparison to the other competing co-batched applicants as published in the Florida Department of Elder Affairs annual hospice data reports (2017). The applicant notes that all other applicants in this review are existing providers, with the exception of PruittHealth Hospice - 5A, LLC. In comparison to other providers Haven Hospice notes the following:

- Haven ranks third in the percentage of low-income patient days and commits to serving all patients regardless of race, ethnicity, age, gender or ability to pay as historically provided in Service Areas 3A, 4A and 4B, consistent with its mission of service to indigent and low income patients.
- Haven ranks first among all applicants for the percentage of total days provided in inpatient care and that the for-profit hospice applicants in this batching cycle all score below Haven and other non-profit applicants. The applicant indicates that the amount of inpatient care provided by a hospice is a function of each provider's provision of care to patients and their willingness to do so despite the higher cost.
- Haven ranks first among all applicants in evaluation of the reported percentage of patient days provided in a SNF contracted non-inpatient bed.
- Haven ranks third in the percentage of non-death discharges.

Tables summarizing the ranking by provider and performance measure are provided on pages 37 – 40 of CON application #10535.

Haven provides a comparison of the competing applicants' performance on CMS' "Hospice Compare" system. The applicant provides a summary of comparative percentile scores on "Hospice Compare Standards" for 15 performance measures and notes that Haven met or exceeded the national average for all hospices in 11 out of 15 categories (CON application #10535, Pages 41 – 42). Haven provides a summary of the data by median percentile value for each hospice across the 15 performance measures and notes that Haven and Suncoast are the two applicants with the highest median values at 90.0 percent each and that Haven and Suncoast exceeded the overall median value for the nation (89.0 percent).

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The applicant notes that the lowest-scoring applicants in this regard are generally the for-profit applicants; Haven underscores the performance of Compassionate Care of Central Florida which registered a median percentile value equivalent to that of any nonprofit applicant (88.0 percent). The applicant notes that the other two Compassionate Care entities had median values of 81.0 – 85.0 percent. Haven notes that the remaining three for-profit entities (VITAS, Seasons of Broward and Seasons of South Florida) had median values ranging from 74.0 percent – 84.0 percent.

The applicant states that overall the tables presented on pages 37 – 42 of CON application #10535 reflect that Haven is the best applicant and the only applicant to rank 1st against more than one of the DOEA indicators examined and never drops below 3rd. Haven notes that it is one of two applicants to register a median score above the national median per the “Hospice Compare System.”

PruittHealth Hospice – 5A, LLC (CON #10536) provides a historical summary of the statewide formula outlined in Rule 59C-1.0355, Florida Administrative Code, and notes that need for an additional program was projected to account for 491 additional hospice program admissions for the July 2019 planning horizon. The applicant notes that while all disease groupings have available admissions, the primary cohort contributing to need is the 65+ group with a non-cancer primary diagnosis. PHH5A describes how the gap in projected hospice patients minus current Subdistrict 5A utilization for the 65+ group with a non-cancer primary diagnosis results in a gap of 366 hospice admissions.

PHH5A provides an overview of historical utilization in comparison to 2016 deaths based on the April 2018 Florida Need Projections for Hospice Programs publication. From the analysis, the applicant notes that during 2017 there were 3,847 admissions to hospice and based on 2016 deaths the hospice penetration rate within the subdistrict was 60.4 percent. The applicant describes how a commonly accepted measure of service in a given area is the level of service area penetration which is defined as the percentage of the service area’s needs (or cases) which are being met (penetrated). The table summarizing statewide penetration rates in comparison to Pasco County is recreated below:

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Pasco County Current Utilization and 2018 Deaths					
Location	U65C⁽¹⁾	65C⁽²⁾	U65NC⁽³⁾	65NC⁽⁴⁾	Total
Subdistrict 5A Penetration Rate	79.5%	97.2%	22.7%	66.6%	60.4%
Statewide Penetration Rate	90.4%	96.2%	23.4%	72.8%	68.3%
Subdistrict 5A Shortfall	-10.9%	1.0%	-.7%	-6.2%	-7.9%

Source: CON application #10536, Page 40.

⁽¹⁾U65C – under the age of 65 with cancer as the primary diagnosis

⁽²⁾65C – older than 65 with cancer as the primary diagnosis

⁽³⁾U65NC – under the age of 65 with a non-cancer diagnosis

⁽⁴⁾65NC – older than 65 with a non-cancer diagnosis

The applicant maintains that the proposal is submitted in response to published need and that the proposed project is well-positioned to fill the gap in hospice services to terminally-ill residents within the subdistrict. PPH5A states that the program will rely on the wealth of experience and corporate resources of its parent company in order to target the end-of-life needs of underserved population groups which are identified and presented in detail throughout the application.

From 2015 – 2017, PHH5A describes how the volume of admissions from existing providers in Hospice Service Area 5A declined by 14.0 percent from 3,671 admissions to 3,157 admissions (-514 admissions). The applicant notes that declining admissions among area providers (specifically HPH Hospice) and an increase in projected deaths manifests in need for an additional hospice provider. A consolidated reference to the applicant’s table summarizing changes in the hospice admissions among existing providers from 2015 – 2017 is recreated below.

Pasco County Historical Hospice Admissions by Provider, Two Year Change 2015 - 2017					
Provider	U65C	65C	U65NC	65NC	Total
Gulfside Regional Hospice, Inc.	20	159	32	316	527
HPH Hospice	-37	-148	-29	-305	-519
Total	-17	11	3	11	8

Source: CON application #10536, page 41

Following this analysis, the applicant expresses the intent to work with local hospitals, SNFs, ALFs and other referral sources to ensure hospice appropriate patients of all ages and diagnoses have equally accessible and available hospice care. PHH5A states that “Care Pathways” will be used to provide clinical pathways of primary diagnosis with a high risk of re-hospitalization. The applicant indicates that specific disease programming requires that interdisciplinary team members are educated and equipped to handle the unique symptoms, prognosis, medications, education and disease specific support required for each patient in each situation. PHH5A asserts that individualized care plans are developed for each patient and maintained in the patient’s home for reference by the patient and/or family member.

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In analysis of the decline in admissions (at HPH Hospice) and the increase in the death rate per 1,000 population in Pasco County between 2012 and 2016, the applicant notes that the death rate grew by 6.6 percent in Hospice Service Area 5A while the volume of resident deaths increased by 15.2 percent (841 deaths). A consolidated reference to the table depicting this analysis is included below.

Pasco County and Florida Population and Resident Death Comparisons 2012 - 2016				
Resident Deaths				
Region	2012	2016	Change 2012 - 2016	Percent Change 2012 - 2016
Pasco	5,527	6,368	841	15.2%
Florida	175,849	201,758	25,909	14.7%
Resident Population				
Pasco	469,446	506,390	36,944	7.9%
Florida	19,118,704	20,098,257	979,553	5.1%
Death Rate per 1,000 population				
Pasco	11.8	12.6	0.8	6.6%
Florida	9.2	10.0	0.8	9.1%

Source: CON application #10536, page 42

PHH5A provides the following summary of the proposed hospice program plan and the areas of service the proposal intends to fill which include:

Effects on Quality, Access and Availability

- Have a positive impact upon the quality, access and availability of hospice services in Subdistrict 5A. This is consistent with AHCA’s published need for a new hospice and the relative statutory criteria.

Volunteer services

- Develop and expand the PHH5A volunteer program in the service area.

Needed services

- Specific hospice services that are typically difficult to receive include inpatient hospice services, pediatric hospice programming, continuous care, pastoral services and care to non-Medicare patients.

Needed Programs

- The unique end-stage disease management programs that PruittHealth Hospice (PHH), the parent, and the applicant PHH5A, will offer to patients having the greatest benefit include:⁹
 - Heart Failure: PHH has created and maintains a specific care path for patients that have experienced heart failure and will implement this care path in its hospice program.
 - COPD: PHH has created and maintains a specific care path for patients that have experienced COPD and will implement this care path in its hospice program.

⁹ The applicant notes that Exhibit 9 of CON application #10536 contains copies of Care Pathways

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- Alzheimer's and Dementia: PHH has created and maintains a specific care path for patients with Alzheimer's disease and/or dementia and will implement this care pathway in its hospice program.
- Stroke and Neurological Disorders: PHH has created and maintains a specific care path for patients that have experienced stroke and neurological disorders and will implement this care path in its hospice program.

Special Operational Initiatives

- PHH5A will ensure that it provides rapid response to referrals, an easy referral process for new patients and will be available 24 hours a day, seven days a week. Admissions and referral processes are streamlined, available 24/7 and are timely addressed within two hours of any such referrals. The PHH5A call center facilitates this to be sure responses are processed as quickly as possible within its guidelines. PHH5A will implement its INTERACT Program and use "Care Pathways" to care for each patient, both which aim to reduce hospital readmissions. PHH5A has specialized training programs for its staff which will be required by all PHH5A employees.
- PHH5A will implement its distinctive PHH "Veteran Recognition Program" in its hospice program to meet the need for this type of specialized operational initiative. The "Veteran Recognition Program" honors patients who served in the military to protect our country. Staff and volunteers are educated and trained in caring for veterans at the end-of-life, including Post Traumatic Stress Disorder (PTSD). A feature of the program is acknowledgement of the Veteran's service and sacrifice during a pinning ceremony.
- PHH5A will meet the need for bereavement services specifically tailored for children. PHH5A will commit to training a portion of its staff in child grief counseling and will make such training available through Pruitt University. Additionally, Camp Cocoon, a children's outreach program funded through memorials received from United Hospice Foundation as well as through specific donations, will be made available for children of PHH5A patients who are dealing with the death of a loved one. Children will have the opportunity to share stories and learn from each other in a fun, safe and caring environment. Campers are embraced by love, compassion and understanding where healing through play and activity benefits the grieving process.

Underserved Populations

- Typical underserved populations include veterans, the homeless, low income, pediatric and non-cancer patients. PHH5A will incorporate a number of initiatives to treat the underserved populations in the service area. PHH5A will implement the use of the AT&T language line that will ensure the ability of its clinicians to communicate with everyone, no matter their background or country of origin.

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- In terms of underserved terminal illness, Hospice Service Area 5A market research indicated a need for hospice care to non-cancer diagnosis patients 65+. PHH has established and maintains specialized training programs for its staff which will be required by all PHH5A partners. Specialized training programs are offered through Pruitt University and in-service training. The goal of Pruitt University is to train partners on a plethora of topics ranging from clinical issues to HR matters and, ultimately, to empower staff so that they can realize more through their careers. Pruitt University offers more than 1,000 courses and competencies to administrators, nurses, respiratory therapists and certified nursing assistants

Risk Management and Clinical Performance

- PHH5A will address the need for risk management and clinical performance programs that ultimately benefit the patient. This will be carried out via regulatory oversight through an internal audit process. The internal audit process is implemented at PHH5A as it equips the hospice program with tools needed to improve compliance, develop best practices and create and maintain policies and procedures. The primary focus is to provide a safeguard to ensure that processes and systems operate with federal, state and regulatory requirements.

The applicant provides the following chart outlining the forecasted utilization for the proposed hospice program below:

PHH5A - Forecasted Utilization		
	Year 1	Year 2
Admissions	162	432
Average Length of Stay	44	47
Patient Days	7,126	20,364

Source: CON application #10536, Page 48

The applicant forecasts 162 admissions in year one and 432 admissions in year two of operations. PHH5A determines that given the service area penetration and capture rate, the volume projections are reasonable and realistically attainable. PHH5A determines that 48 (30.0 percent) of the 162 admissions in year one will occur in the first six months of operations, including the licensure period beginning in the 1st month and anticipated certification by the 5th month. The applicant continues to state that the admission breakdown by age cohort reflects a 17:83 ratio of under 65 to 65+ populations and the interpolated need model indicated the majority of need was in the 65+ cohort. PHH5A maintains that the above table reflects 83 percent of total admissions in year one and year two to be 65+ once operational, but if there is greater demand, the applicant expects to adjust its forecast model accordingly.

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PruittHealth states that the intent of the proposal is to establish the foundation of its continuum of post-acute care services in Subdistrict 5A by developing a hospice program in the service area. Upon licensure of the proposal, the applicant will seek to establish a home health agency in Pasco County in order to meet the home health needs of the service area. PHH5A indicates that ancillary providers (pharmacy, medical supply and nutrition) will also serve the new hospice.

The applicant asserts that the PruittHealth Continuum of Care sponsors efficiency in the marketplace by promoting quality and lowering costs. PHH5A states that once patients have chosen multiple PruittHealth affiliates as their health providers, these patients can seamlessly transitioned from one health care setting to another with ease and a minimal risk of medical error. The applicant anticipates that cost-savings will be realized through the use of a universal repair system and reinvested into programs which will serve to increase quality in each setting. The applicant provides a graphical model of its continuum of care on page 49 of CON application #10536.

PHH5A notes the approval of three nursing home CONs to its parent – company in Bay County (CON #10245), Southwestern Duval County (CON #10273P) and Leon County (CON #10248P). The reviewer notes the pending nursing home projects noted are outside of the service area of the proposed hospice program and were not licensed as of the April 2018 omissions response deadline, June 27, 2018.

PHH5A maintains that it will incorporate the use of beds at SNFs throughout the service area in order to provide routine care on a scattered bed basis. In the event that demand for an inpatient unit arise, the applicant states that an inpatient unit will be developed. PHH5A states that it will effectively expand relationships with existing providers for either scattered beds or dedicated units to meet the needs of hospice patients.

The applicant states that as part of its post-acute continuum, PruittHealth has established regionally based supply centers that will provide pharmaceutical and other supplies to support its hospices, SNFs and home health agencies throughout the states it serves including Florida, Georgia, South Carolina and North Carolina. The applicant notes that it will be within reasonable proximity to its pharmacy services and medical/nutritional supply centers at the SNFs in Santa Rosa and the three additional SNF facilities under development in Florida, as its pharmaceuticals, medical supplies and other similar products are available 24/7 (including weekends). PHH5A indicates that these services will be available either through the operations centers or their back up facilities, thus assuring timely availability and quality for residents/patients of these programs.

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The applicant does not expect to have an adverse negative impact on existing providers because there is need for an additional hospice provider in Hospice Service Area 5A. The applicant notes that based on the hospice need formula there is a gap of 491 forecasted hospice admissions which is the result of basic market dynamics, the decline in admissions among existing hospice providers while resident deaths have increased and an increase in the death rate per 1,000 population.

PHH5A notes that its forecast for the proposal is 432 admissions in year two, which is fewer than the forecasted gap in hospice admissions (491) projected for the July 2018 Batching Cycle. The applicant provides the following summary of utilization from 2015 – 2017 among existing providers.

Pasco County Annual Admissions Trend 2015 - 2017					
Hospice Provider	2015	2016	2017	Growth	Percent Growth
				2015 - 2017	2015 - 2017
Gulfside Regional Hospice, Inc.	2,023	2,331	2,550	527	26.05%
HPH Hospice	1,816	1,558	1,297	-519	-28.58%
Total	3,839	3,889	3,847	8	0.21%

Source: CON application #10536, page 50

The applicant indicates that from 2015 – 2017 there were eight additional admissions to hospice in Pasco County. PHH5A notes that while admissions at Gulfside have increased, admissions at HPH have declined—resulting in essentially no increase in the number of hospice admissions within Hospice Service Area 5A over three years.

PHH5A expects to increase competition in the market in order to ensure that existing providers do not become “content” or lower quality patient care standards. The applicant describes working collaboratively with other hospice providers to provide education on end-of-life issues to professionals and deliver service in the markets it currently operates in. PHH5A maintains that its collaborative efforts enhance the level of awareness of service alternatives results in more diversity in patient types and an increase in professional referrals to hospice.

Upon approval of the proposed project, the applicant expects to work with the entire PruittHealth continuum of post-acute care services including hospice, home health, rehabilitation, medical supplies and pharmacy services in order to ensure that terminally-ill residents are provided the very best end-of-life care in the most compassionate manner. PHH5A states that this is a differentiating factor between it and other applicants/existing providers. The applicant maintains that the PruittHealth family of providers is more than just a hospice company or a nursing home company with hospice operations.

Seasons Hospice and Palliative Care of Pasco County, LLC

(CON #10537) responds to published need and provides a historical overview of its parent company's operations, services and distinctions on pages 1-2 through 1-5 of CON application #10537.

Overview of Service Area

SHP discusses the value of having hospice programs operate in adjacent service areas and provides a discussion of the approvals, implementation and hospice enrollment rates of Seasons' (parent) operational programs in Districts 10 and 11 in comparison to that of VITAS hospice programs operated in Hospice Service Areas 10, 11 and 1.

In reference to Seasons (Broward), the applicant determines that as a result of being located to an adjacent operating program in District 11 (Miami-Dade County), the Broward program was able to exceed projected admissions by over 200.0 percent by the end of the second year of operations. In discussion of VITAS Healthcare Corporation of Florida's hospice program in District 1 which was licensed February 15, 2017 (Escambia, Okaloosa, Santa Rosa and Walton Counties), the applicant notes that VITAS reported only 42.5 percent of its forecasted first year admissions after operating for 10.5 months. Based on these observations, the applicant determines that providers without established relationships and first-hand knowledge of the area lack affiliates in adjacent service areas with which to collaborate and subsequently do not fare as well, regardless of experience or ability.

The applicant details the adjacent services areas surrounding Pasco County including 3D (Hernando County), 3E (Lake and Sumter Counties), 5B (Pinellas County), 6A (Hillsborough County) and 6B (Hardee, Highlands and Polk Counties). SHP states that its affiliate programs in 5B and 6A span the entire southern border of Pasco County and extend approximately 42.5 miles. The applicant maintains that no other co-batched applicant serves a larger adjacent area, which is the best choice for improving service to residents of Pasco, initially and long-term.¹⁰ SHP provides an overview of highways and access roads connecting Pasco, Pinellas and Hillsborough Counties on page 1-8 of CON application #10537. The applicant explains that out of all of the co-batched applicants, Suncoast, which operates in 5B (Pinellas County) shares a narrow border with Pasco County of approximately nine miles.

¹⁰ The reviewer notes that Seasons Hospice and Palliative Care of Pinellas County, LLC (5B) was licensed on 4/3/18 and Seasons Hospice and Palliative Care of Tampa, LLC (6A) was licensed on 5/31/17.

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The applicant notes three applicants have existing hospice programs which share an eastern border with Pasco County in adjacent Sumter County (3E) and Polk County (part of 6B).¹¹ The applicant states that there are no major access roads between Pasco and Sumter County and Polk County is accessible via one major highway, US – 98. Consequently, Seasons determines that any other co-batched applicant’s claim to linkage with 5A is diminutive in comparison to SHP.

SHP maintains that as a result of Pasco residents working and accessing health care services in Pinellas and Hillsborough Counties, care is fragmented, creating barriers and limiting choice for hospice care. The applicant references sentiments expressed in letters of support which attest to community members’ frustration at having to change providers when crossing the Pasco County line. SHP asserts, that if approved, it will enhance hospice services throughout the entire area and improve access to Pasco County residents that are part of a larger community.

Using data obtained from the Office and Management Bulletin No. 17-01, *Revised Delineations of Metropolitan Statistical Areas* publication released August 15, 2017, the applicant notes that Pasco County is within the Tampa-St. Petersburg-Clearwater Metropolitan Statistical Area (MSA). AN MSA consists of areas that have “at least one urbanized area of 50,000 or more population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties”. SHP indicates that the same source defines Pasco, Pinellas and Hillsborough as central counties within the Tampa-St. Petersburg-Clearwater MSA.

In analysis of data obtained from the Florida Legislature’s Office of Economic and Demographic Research, SHP notes the following:

- Pasco residents are more likely to work outside of their county (45.1 percent versus 17.5 percent in Florida overall)
- 11.4 percent of Hillsborough residents report working outside of their county
- 12.8 percent of Pinellas County residents report working outside of their county

SHP indicates that the large number of Pasco residents working outside of their county of residence as compared to the other counties in the MSA, may reflect that Hillsborough may be the predominant county of employment for commutes. The applicant provides a table summarizing the mean work travel times for residents of Pasco, Pinellas, Hillsborough and Florida (CON application #10537, Page 1-11). The table shows that

¹¹ Compassionate Care Hospice of Lake and Sumter, Inc.,(3E), Compassionate Care Hospice of Central Florida (6B) Cornerstone Hospice and Palliative Care (6B) and VITAS Healthcare Corporation of Florida (3E,6B)

the mean travel time for residents of Pasco County is larger than the mean travel time for residents of Pinellas, Hillsborough and Florida.

The applicant maintains that its analysis observed a fragmented health system as services available in one county are not readily available in the adjacent county and these unintended barriers limit service to Pasco County residents which contributes to need for an additional hospice.

Fragmentation of Health Care Delivery Remedied by Seasons

SHP offers an analysis of hospital discharges for Pasco County and the adjacent counties which is presented as evidence of Pasco County residents outmigrating for hospitalization and fewer discharges to hospice for Pasco County residents. This contextualizes the work migration patterns of the previous analysis with the generalized assumption, by the applicant, that individuals access health services near work. SHP provides comments on the fragmentation as well as limitations/delay in care that present for patients when hospice care becomes unavailable in a patient's home/hospital.

The applicant maintains that approval of the proposal would allow its operations to expand into Pasco County and offer a solution to the dilemma that arises when Pasco residents receiving health care services in Hillsborough or Pinellas Counties are encouraged to seek hospice care. Seasons maintains that having a hospice providers in three adjacent service areas facilitates uninterrupted continuity of care.

SHP provides an analysis of AHCA Hospital Discharge Data from the 3rd Quarter of 2016 – 2nd Quarter of 2017 for all causes and ages for acute care, long-term care and rehabilitation hospitals. From this analysis the applicant finds that Pasco County residents are three times as likely to access hospital care outside of their county of residence, predominately in Hillsborough County, followed by Pinellas County. The following outmigration proportions are noted from the table:

- Pasco residents (33.1 percent)
- Pinellas residents (8.8 percent)
- Hillsborough residents (8.3 percent)
- Hernando (23.9 percent)

The applicant determines that the outmigration patterns of Pasco County residents establish strong use patterns with hospitals beyond the southern border where Seasons Hospice programs operate. The reviewer notes that based on the table provided, the two counties that accounted for the largest sources of out-migration for Pasco residents were Pinellas and Hillsborough Counties. SHP asserts that Sumter and Polk Counties do not have sufficient in-migration from Pasco residents to provide any

benefit toward improving access. Based on the outmigration patterns of residents of Pasco County, the applicant expects for approval of the proposal to offer continuity, improved access and choice.

SHP provides a table to demonstrate the in-hospital deaths and hospital discharges to hospice for residents of Pasco County to hospitals in Pinellas and Hillsborough Counties revealing that Pasco County and Hernando County account for the highest hospice to death ratios for residents of Pasco County, 1.850 and 1.889, respectively, while the hospice to death ratios for Pinellas and Hillsborough Counties are 0.975 and 0.816, respectively. The applicant indicates that these ratios reveal that Pasco County residents are more likely to receive hospice care than to die in a hospital if they are at a hospital located in Pasco or Hernando County but are twice as likely to die in the hospital if that hospital is located in Pinellas or Hillsborough County. SHP concludes that this demonstrates a lack of access to hospice care for Pasco residents in hospitals in Pinellas and Hillsborough Counties.

Population Growth and Demographics: Population Growth

SHP provides a summary of population changes across Pasco County using the Florida Estimates of Populations 2017 publication, to demonstrate from April 2010 – April 2017 the population of Pasco County is forecasted to increase by 8.8 percent. The applicant also determines that the Pasco County elderly population growth rate will keep pace with increases in the elderly population anticipated for the State of Florida. Across all age groups, the applicant identifies the largest increase in the 65+ population—which constitutes the largest group of users for hospice care.

The applicant expects for approval of the proposal within an adjacent service area to Seasons' existing programs in 5B and 6A to maximize efficiencies for residents seeking hospice care, eliminate disruptions in service and allow patients to enroll with their provider of choice. SHP anticipates that approval of the proposal will result in greater opportunities for residents of Pasco County and Seasons' staff who routinely live and work within the Tampa MSA to work within their county of residence.

Demographic Factors

Using data obtained from the University of Florida, Bureau of Economic Research, 2017 Council of Homelessness Annual Report and the Department of Veterans Affairs, the applicant notes the following Pasco County trends:

- Pasco County ranks 12th in population size in Florida.
- The population is largely white, African-American people account for 5.8 percent of the population (the 4th smallest percentage in Florida).

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- Hispanic people account for 13.6 percent of Pasco County’s population (22nd largest Hispanic population in Florida), in comparison Hispanic people account for 24.5 percent of the population overall in Florida.
- Pasco County has the 3rd largest homeless population in Florida.
- Veterans account for 10.0 percent of the population which exceeds the statewide proportion of Veterans which is 7.4 percent.

The applicant notes that the African-American and Hispanic populations warrant attention and outreach efforts to assure equality in access. SHP expresses a commitment to serve the homeless, racial/ethnic minorities and Veterans through ongoing training and partnerships within Pasco County which will help identify, educate and serve those in need.

Based on the following analysis of hospice penetration rates, SHP determines that hospice data indicates lower access to hospice for African-American and Hispanic people living in Pasco County. The applicant intends to remedy this disparity through a commitment to serving racial and ethnic minorities through outreach and education to identify and serve those in need.

2016 Deaths, Hospice Patients and Penetration Rates by Race Hospice Service Area 5A and Florida						
	Asian	Black	Caucasian	Hispanic*	Race Other	Total
Gulfside Hospice	14	47	1,903	85	248	2,297
HPH Hospice	5	27	1,473	49	11	1,565
2016 Pasco Hospice Pts.	19	67	3,376	134	259	3,855
2016 Pasco Deaths	47	138	5,774	308	-	6,024
Pasco Penetration	40.3%	48.4%	58.5%	43.5%	N/A	64.0%
2016 Florida Hospice Pts.	682	9,768	92,148	14,093	11,789	128,480
2016 Florida Deaths	1,725	22,093	170,967	25,051	-	197,236
Florida Penetration	39.5%	44.2%	53.9%	56.3%	N/A	65.14%

Source: CON application #10537, page 1-23

Note: Asian includes Chinese, Japanese, Hawaiian, Filipino and other Asian/Pac. Islander

*Hispanic refers to culture or origin and may be of Black, Caucasian or other race

Hospice totals for HPH Hospice are prorated based on the totals by service area reported in AHCA’s Florida Need Projections for Hospice Projections for Hospice Programs, 3/31/17

The applicant analyzes the hospice penetration rates within Pasco County, noting that African-Americans and Asians have higher penetration rates than those observed for their respective demographics across the state and Hispanics have a lower hospice penetration rate than what is observed for their demographic across Florida. While the Pasco County hospice penetration rate for African-Americans exceeds the statewide proportion, the applicant determines that since the hospice penetration rate for African-Americans is below the rate of the total population within Pasco County, there is an opportunity for improvement.

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SHP provides a summary of CY 2017 admissions by race for Seasons programs in Miami, Broward and Hillsborough in order to reflect the overall diversity in hospice patients served by Seasons Hospice. The applicant maintains that Seasons assures availability to people from all walks of life, regardless of race, religion, marital status, color, creed, gender, sexual orientation, pregnancy, childbirth, age, disability, national origin or status with regard to public assistance. The applicant provides an overview of the diversity of religious groups served by Seasons Hospice on page 1-26 of CON application #10537, and discusses offering outreach and services through diverse religious groups through person-to-person support, family concerns, direct cooperation with clergy, educational support groups and written resources.

Identifying and Reducing Unmet Hospice Need

The applicant provides an overview of numerical need as published and provides a correction to the fixed need pool population figures which are included below:

2016 Pasco County Net Need by Cause of Death and Age As Published and Corrected*					
As Published					
Variable	Cancer Under 65	Cancer 65+	Other Under 65	Other 65+	Total
Difference/Need ¹	57	44	24	366	491
Distribution of Need	11.6%	8.9%	5.0%	74.6%	100.0%
Correction					
Difference/Need	60	54	27	393	534
Distribution of Need	11.2%	10.0%	5.1%	73.6%	100.0%

Source: CON application #10537, Page 1-28 *The AHCA source publication incorrectly uses July 1, 2019 population estimates in its projections rather than the midpoint January 1, 2020 estimates, understating projected need.

¹ Projected Pasco Admissions 7/19 – 6-20 – 2017 Pasco Admissions

SHP notes that the greatest need is identified among people age 65+ with non-cancer diagnoses, but that need is widespread across all age groups and disease categories. The applicant describes excelling in meeting the needs of the elderly and serving the needs of those with non-cancer diagnosis through programs such as “Namaste Care” for dementia and “Open Access”.

The applicant states that hospice programs that do not thoroughly educate providers to recognize when hospice is needed and often rely on referrals from hospitals and oncologists, which the applicant alleges is occurring within Pasco County since there is high projected need for non-cancer patients and the elderly who would typically reside in SNFs and ALFs. SHP maintains that in order to reach these elderly individuals all ALFs and SNFs must be educated about the need for hospice care.

The applicant intends to fill the gap in service within Pasco County through working closely with facilities and physicians so that residents and patients can be referred on a timely basis.

Identifying Gaps in Service in Pasco County

The applicant identifies the following gaps in Hospice Service Area 5A:

- Vulnerable subpopulations
 - Homeless population
 - Veterans population
- Disease prevalence
 - Alzheimer's
 - HIV/AIDS
 - Cancer
 - Heart Disease
- Gaps in service identified by residents for the needs assessment
 - Lack of 24/7 on call nursing availability during a crisis
 - Needs for ALF residents
 - Lack of communication and lack of urgency
 - Need for patient choice and innovative programs

SHP describes its commitment to serve the homeless population in Pasco County through providing assistance with housing and hospice care for the terminally ill. The applicant observes that Pasco County has the third largest homeless population in Florida and as a result, Pasco County urgently needs assistance in caring for those without shelter. Based on "Point in Time" counts, the applicant identifies 2,512 currently homeless individuals in Pasco County and from U.S. Department of Housing and Urban Development (HUD) reports a total of 531 beds in emergency, transitional and permanent housing. SHP provides an excerpt of HUD 2017 Continuum of Care Homeless Assistance Programs Housing Inventory for Pasco County on page 1-31 of CON application #10537. The applicant finds that in 2016, the Florida Coalition for Homeless reported 860 homeless within Pasco County 50.0 percent of which were unsheltered and 100 homeless Veterans, of which 70 individuals were unsheltered. The applicant notes that in collaboration with the Coalition for the Homeless of Pasco County, SHP will connect with the homeless population and identify terminally ill individuals in need of hospice care and provide a minimum of \$10,000 annually toward sheltering the homeless and providing comfortable housing while receiving quality hospice care in order to ensure that no one dies alone upon approval of the proposal.¹²

¹² The applicant provides a copy of the letter of support Coalition for the Thomas O' Connor Bruno, Chief Operating Officer of the Coalition of the Homeless of Pasco County on page 3-32 of CON application #10537, the letter endorses Seasons as a provider and addresses Seasons' commitment to financially support the homeless through charitable contributions and service offerings to homeless veterans also.

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SHP observes that Veterans represent 10.0 percent of the Pasco County population, many of which are homeless. The applicant indicates that 56.0 percent of Veterans within Pasco County are 65+--both the proportion of Veterans and number of Veterans 65+ exceed the statewide proportions. SHP expresses a commitment to serving Veterans through participating in the national “We Honor Veterans” program and partnering with local Veterans administration offices and the Baldomero Lopez Memorial Veterans Nursing Home to serve terminally ill Veterans with honor and respect. The applicant states that working with local Veterans will allow Veterans’ groups to identify Veterans in need of hospice care to enhance the availability of services to this population.

The applicant observes that the five leading causes of death within Pasco County and Florida are heart disease, cancer, unintentional injury, chronic lower respiratory diseases and stroke. The following table summarizes the leading causes of death in Florida and the cases that are above the state average:

2016 Florida and Pasco* County Residents Death by Cause of Death						
Cause of Death	Pasco			Florida		
	Number	Percent	Rank	Number	Percent	Rank
Cancer	1,338	26.6%	1	44,237	26.5%	2
Heart Diseases	1,294	25.7%	2	45,625	27.3%	1
Chronic Lower Resp. Diseases	469	9.3%	3	11,964	7.2%	4
Unintentional Injury	399	7.9%	4	12,522	7.5%	3
Stroke	346	6.9%	5	11,843	7.1%	5
Alzheimer's Disease	233	4.6%	6	7,152	4.3%	6
Suicide	104	2.1%	8	3,122	1.9%	10
Parkinson's Disease	71	1.4%	13	2,372	1.4%	14
Congenital Malformations	22	0.4%	17	572	0.3%	21

Source: CON application #10537, page 1-36

The applicant states that for the leading causes of death and those highlighted in the above table for Pasco County, hospice programs with experience and established protocols for helping persons with these types of illnesses are able to better serve the community. SHP provides a comparison of services among hospices by primary diagnosis which the applicant determines reveals the ability to enroll and serve terminally ill patients with some of the more prevalent causes of death.

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2016 Patients and Percent of Total Patients by Diagnosis for Selected Hospice Programs and Florida							
Hospice	Cancer	AIDS	End-Stage Pulmonary Disease	End-Stage Renal Disease	End-Stage Heart Disease	Other	Total
Gulfside Hospice	695	2	334	58	579	629	2,297
HPH Hospice	1,210	2	438	73	428	1,313	3,464
Seasons Combined	762	8	260	18	534	1,058	2,640
Florida	40,904	328	14,682	2,885	24,657	45,024	128,480
Gulfside Hospice	30.3%	0.1%	14.5%	2.5%	25.2%	27.4%	100.0%
HPH Hospice	34.9%	0.1%	12.6%	2.1%	12.4%	37.9%	100.0%
Seasons Combined	28.9%	0.3%	9.8%	0.7%	20.2%	40.1%	100.0%
Florida	31.8%	0.3%	11.4%	2.2%	19.2%	35.0%	100.0%

Source: CON application #10537, page 1-37. For the table provided, the applicant notes that Alzheimer’s, Parkinson’s and other neurological disorders fall into the “Other Disease” Category.

The applicant notes the following trends regarding the table above:

- Seasons reports serving higher proportions of patients in the “Other Diseases” category and AIDS category than HPH Hospice or Gulfside Hospice

As a result of Seasons historical provision of services to patients in other disease categories (non-cancer), the applicant determines that its capacity to expand enrollments and improve hospice services to terminally ill patients is documented and residents will benefit from specialized programs.

SHP notes that suicide incidence is the 8th highest cause of death in Pasco County and describes its robust suicide risk assessment process where a social worker assesses suicide risk upon each visit and staff and volunteers are trained to identify warning signs for suicide. The applicant states that Seasons educates its workforce and families on the safe use of opioids for pain management

Using data obtained from the Florida Department of Health’s Division of Public Health Statistics and Performance Management, the applicant provides comparisons of the incidence and age-adjusted death rates for Alzheimer’s (2007 – 2016), HIV/AIDS (2008 – 2017) and Heart Disease (2007 – 2016) within Pasco County and Florida. The applicant outlines the following trends:

- Alzheimer’s deaths within Pasco County have doubled over the ten-year period and the death rate per 100,000 exceeds that of the state. SHP intends to improve access and quality of care to these patients through the use of “Namaste Care”.
- Trend data for HIV/AIDS across the state reveals a decline while the number of deaths and the age-adjusted rate per 100,000 within Pasco County has fluctuated. Due to the small volumes represented, the applicant intends to conduct additional outreach to reach those in need and will work alongside the County Health Department, the AIDS Healthcare Foundation and METRO Wellness and Community

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Centers to identify potential hospice patients and subsequently educate and serve those in need. SHP is the only hospice in Florida that is Services and Advocacy for Gay Elders (SAGE) Platinum Certified which demonstrates competency and sensitivity to the lesbian, gay, bisexual and transgender community (LGBT).

- Trend data for heart disease deaths reveal declines over time for both Pasco County and the state, however Pasco County again has a higher disease death rate per 100,000 indicating a higher prevalence among the population. The applicant states that it maintains a cardiac program to manage terminally ill patients suffering from heart disease and via an Advanced Registered Nurse Practitioner Cardiac Specialist patients will be assisted with initiating hospice earlier.

In an analysis of in-hospital deaths, SHP observed that more people are discharged to hospice (either a home with hospice to a hospice facility) than those that die within a hospital. Aside from the lower rate of discharges to hospice for Pasco residents when discharged from a hospital outside of Pasco, the applicant notes that Pasco hospitals have lower in-hospital death rates than higher discharge rates to hospice as a whole. The applicant states that this is expected, given that most hospice programs work with hospital discharge planners or rely on hospitals as a primary referral source resulting in patients from other referral sources being underserved. SHP states that its referral approach targets the community and reaching individuals at home or in ALFs, which will be implemented in the proposal as a means of reaching residents for hospice care.

Community Needs Assessment Identifies Problems

In consultation with the community, SHP identified core issues related to the quality of care and gaps in service within the area: avoiding inpatient transfers, the need for innovative services and improving service to ALF residents. The applicant describes its solutions for each of these issues which are briefly described.

The applicant notes that hospice involves reimbursement at four levels: routine hospice care, general inpatient care, continuous home care and inpatient respite care. In analysis of a comparison of hospice patient days by level of care, Seasons finds that existing providers with the subdistrict focus in inpatient care at the expense of routine or continuous home care which results in lower lengths of stay, less timely admissions and decreased hospice benefit to patients. The following table (consolidated) reflects this analysis:

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Comparison of Hospice Patient Days by Level of Care				
	HPH 2015	Gulfside 2015	Seasons Miami 2015	Seasons 3 Florida Facilities Combined 2017
Level of Care	Percent	Percent	Percent	Percent
Routine	93.4%	93.4%	95.0%	93.8%
Inpatient	5.6%	6.2%	3.3%	4.4%
Continuous	0.4%	0.2%	1.6%	1.7%
Respite	0.6%	0.2%	0.1%	0.1%
Total	100.0%	100.0%	100.0%	100.0%

Source: CON application #10537, Page 1-45. 2015 and 2017 Medicare Cost Reports

From the provided analysis, the applicant notes that continuous care at HPH Hospice and Gulfside Hospice accounted for less than 0.5 percent of patient days while inpatient care accounted for 5.6 percent and 6.2 percent of patient days at HPH and Gulfside, respectively. SHP notes the following national averages for each reimbursement level in 2015:

- 91.5 percent Routine Home Care
- 6.6 percent General Inpatient Care
- 1.5 percent Continuous Home Care
- 0.3 percent Respite Care

Overall, SHP maintains that there is a general misconception that individuals must leave home to receive hospice care and Medicare cost reports confirm that there are more inpatient days of care compared to continuous or inpatient care, reflecting more use of inpatient facilities. The applicant determines that there may be a greater tendency to place patients within hospice facilities when continuous care at home is needed. In comparison to existing providers, the applicant determines that it does a better job at keeping patients in their homes where they are more comfortable and at using continuous care when appropriate under the hospice benefit.

The applicant describes educating staff and volunteers on identifying changes that occur when a patient nears the end of their life. SHP asserts that continuous care is made available to patients when they meet eligibility requirements and other forms of support are offered to patients via the “Volunteer Vigil” program, the “No One Dies Alone” program and the 24-hour call center.

SHP reiterates that the 65+ population has the greatest unmet need within the planning area, many of whom reside in ALFs or SNFs.

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Through the progression of a terminal illness, the applicant describes how patients require increasingly more services and are often reluctant to move to hospice houses to manage their illnesses. SHP maintains that shifting these patients causes disruptions in care which lower the quality of life and a lack of services to patients who choose not to seek care due to the misconception that they would be required to move to an inpatient hospice facility.

The applicant maintains that accessing patients residing in their homes or ALFs allows them to receive appropriate end-of-life care with a better quality of life in their final days. Per table 1-11 (CON application #10537, Page 1-29) and the 2016 Annual Hospice Demographic and Outcome Measures Report, the applicant notes Seasons' higher provision of services to patients residing in their homes or ALFs in comparison to existing providers. SHP details programs in place to provide education to staff on ALFs and SNFs as well as patients and families on the benefits of hospice care.

Using 2016 DOEA Annual Hospice and Demographic and Outcome Measures data, the applicant provides an analysis of 2016 Hospice patient days by percentage ALF patient days, SNF patient days and freestanding inpatient patient days for Seasons Hospice in Miami-Dade and Broward Counties in comparison to existing 5A providers. The data reveals that for both Seasons programs, ALF patient days account for larger percentage of patient day volume than at HPH and Gulfside. From this data, the applicant determines that it has the experience and programs to assure that the needs of the elderly are met and that existing providers lack the resources to proactively serve their patients and address hospice needs.

SHP provides an overview of strategies it employs to train and support employees as well as describing "Seasons Hospice of Circle of Care" and the use of technology to support Seasons' operations (CON application #10537, Pages 1-50 – 1-57).

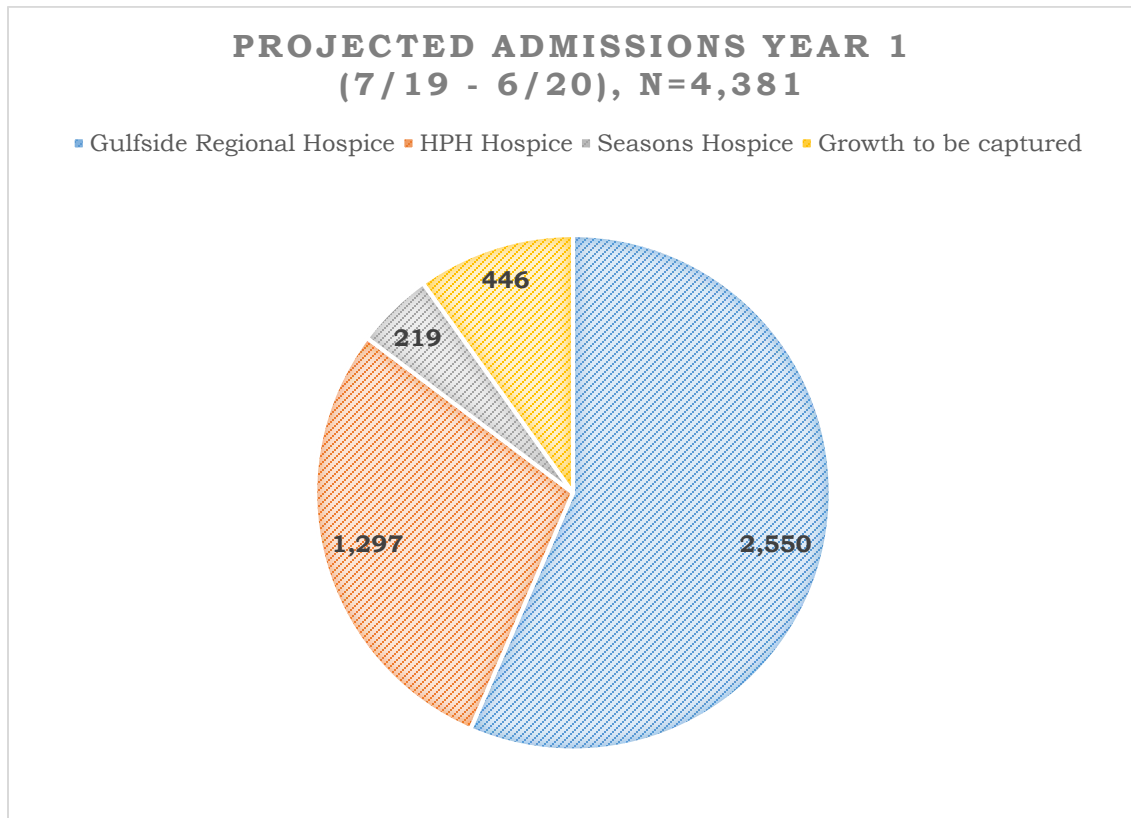
Forecasted Utilization

SHP provides a summary of its projected forecast and market shares based on January 1, 2020 net need admissions (534). The applicant forecasts 219 admissions (5.0 percent market share) in year one and 446 admissions (10.0 percent market share) in year two. The applicant notes that its forecast reflects a reasonable and attainable market share.

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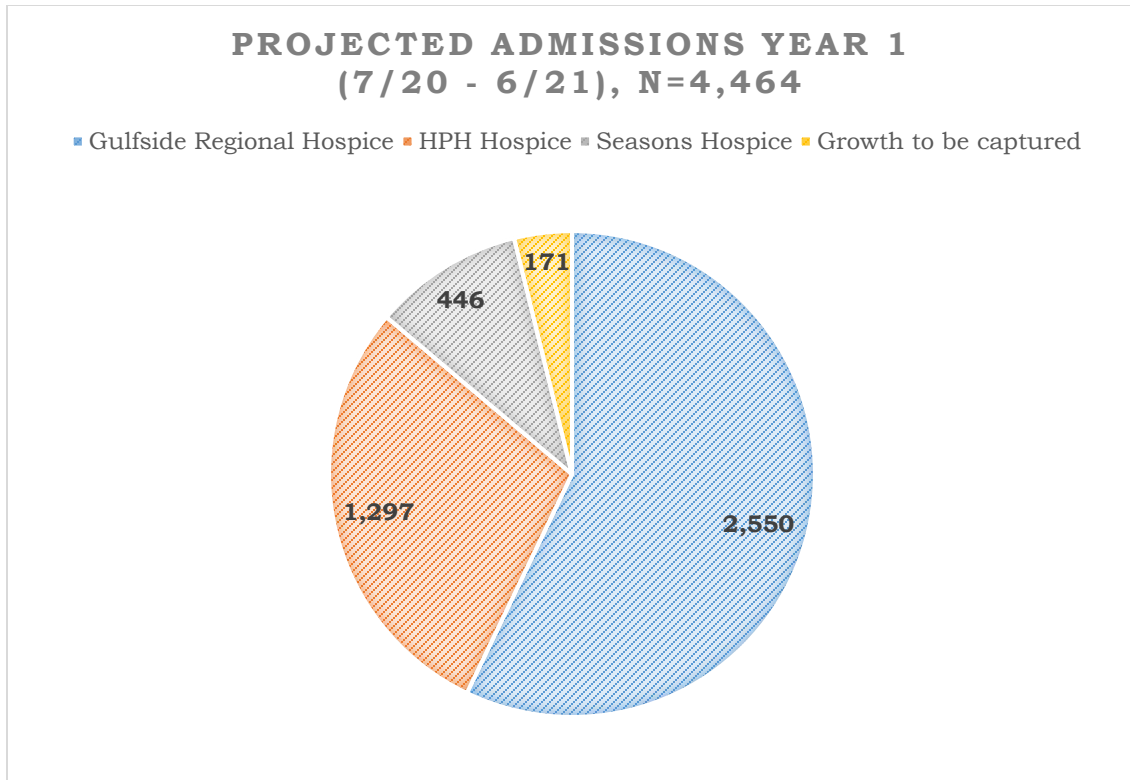
The applicant states that the reasonableness of its market share analysis was evaluated in light of Seasons’ national and Florida operations. A table and graph of these analyses are provided on pages 1-59 – 1-60 of CON application #10537. Based on this analysis, SHP maintains that its market share forecasts are reasonable even when considering its most recently licensed programs in 5A and 6B.

SHP indicates that with entry into Pasco County, it will build upon existing relationships with SNF, ALFs physicians and others in the area which are also reflected in letters of support. The applicant maintains that implementation of the proposal will not result in adverse impact on existing providers due to the availability of additional hospice admissions. See the graphs below.



Source: CON application #10537, page 1-62. The reviewer notes that the total N equals 4,512.

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Source: CON application #10537, page 1-62

The applicant states that historically, new hospice programs do not typically adversely affect existing programs due to the rule methodology that allows a “cushion” of 349 projected unserved hospice patients before need is projected. SHP contends that the proposed service captures unmet need. The applicant again reviews new hospice admissions for programs in adjacent service area and their impact on existing providers and notes that the previous phenomenon is true with the exception of VITAS (6B) and Catholic Hospice (10) (CON application #10537, Page 1-63).

In conclusion, SHP states that new providers usually spur competition with existing providers by increasing admissions and improving quality to capture additional market share. SHP maintains that it will not actively compete with the two non-profit providers within the service area and will offer an alternative approach to services through various outreach efforts.

The Hospice of the Florida Suncoast, Inc. (CON #10538) provides a summary of numerical need within the service area which forecasts that by 2019 the projected hospice patients will exceed current volume by approximately 491 patients.

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The applicant maintains that the unique needs of the population of Hospice Service Area 5A and Suncoast's position as the best candidate to meet those needs are enumerated below:

- Suncoast has been committed to serving residents of Florida by serving Pinellas County (contiguous to Pasco County) since 1977 and has provided comprehensive hospice and palliative care programs/services there since 1981.
- Suncoast currently treats residents of Pasco County in its three Pinellas Hospice Care Centers, hospitals and SNFs when the patient qualifies for inpatient hospice care. Given the proximity of northern Pinellas to southern Pasco, many residents travel south for hospital care and inpatient hospice care rather than venturing into central or northern Pasco County. In the past three years, Suncoast has served more than 120 Pasco County residents.
- Suncoast operates the first and one of the largest PIC pediatric hospice programs in Florida. There is no PIC program in Pasco.
- Suncoast offers a vast array of post-acute and end-of-life services and resources and incorporates innovative methods including Integrative Medicine practices (music therapy, massage therapy, reiki, therapeutic touch, acupuncture, cupping, biofeedback and aromatherapy) into patient care plans.
- Through its parent organization, Empath Health, Suncoast offers an extensive continuum of programs/services for patients and caregivers of patients who are affected by serious illness.
- Suncoast operates its own pharmacy, including a sterile compound pharmacy, which affords it the opportunity to formulate specific medications that are customized to the patient's individual needs.
- Suncoast operates its own durable medical equipment company, which decreases the time it takes to get medical equipment to the patient, thus lessening the stress and emotional burden on the caregiver and patient.
- Suncoast and Empath Health have a large number of existing employees and volunteers who reside in Pasco County, given its proximity to Pinellas. Suncoast will be able to put seasoned hospice care teams on the ground in Pasco immediately.
- Given that Suncoast has offered a wide range of programs/services to residents of neighboring Pinellas County for nearly 40 years, it has longstanding relationships with area physicians, hospitals, SNFs, ALFs and other community organizations. These relationships will allow Suncoast to 'hit the ground running' to meet the needs of community residents who wish to receive hospice services.

Suncoast maintains that market demographics, death statistics and the profile of existing programs/services available in the area are an important consideration in showing how Suncoast is different than the average hospice provider and can meet the needs of the population through unique programs and benefits that are unmatched by other hospice programs.

Service Area Definition and Demographic Summary

The applicant provides a map of hospice service areas and a map of Pasco County and notes that it routinely provides hospice care to virtually any patient in any setting, depending on patient's needs. Suncoast indicates that inpatient hospice care is provided to patients in hospitals, SNFs and in its inpatient hospice facilities throughout Pinellas. The applicant states that Pasco County and Pinellas County are contiguous and as a result, patients often travel south from Pasco to seek hospital, SNF or inpatient hospice care in facilities located in northern Pinellas. Between 2015 – 2017, the applicant documents treating 122 Pasco residents either through inpatient hospice or through its previously offered "Hospice Support Services" program.

Suncoast states that care for these patients resulted in patients returning home to die when they could have received inpatient hospice care until the end of their life which disrupts continuity of care. The applicant maintains that during the hospice experience, families and patients form strong bonds with the hospice team and transitioning to a new care setting creates an unnecessary emotional burden on the patient and family which will be remedied if Suncoast Hospice is allowed to continue care for these patients. Suncoast indicates that continuity of care will be enhanced and the experience of transitioning from an inpatient facility to home is anticipated to become less stressful for these patients and families. The applicant states that Suncoast's history of treating these patients and proximity to its existing North Pinellas Care Center to residents of Pasco County provides another set of reasons for why Suncoast is the best choice to meet the identified need for an additional hospice provider in the service area.

In description of the Pasco County population, the applicant notes the following trends:

- In January 2018, Pasco County ranked 10 out of 67 counties in the state in terms of population size
- Pasco County's total population is estimated to increase by 9.8 percent by 2023, which exceeds the projected statewide population growth

Suncoast Hospice provides the following chart summarizing total population trend comparisons between Pasco County and Florida:

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2018 - 2023 Pasco County Total Population and Growth Compared to Florida				
Region	Total Population			
County	2018	2023	Growth	AAGR
Pasco	522,500	573,765	9.8%	2.0%
Florida Total	20,523,262	21,878,409	6.6%	1.3%

Source: CON application #10538, page 44

The applicant identifies the following population trends among the elderly and non-elderly residing in Pasco County:

- Between 2018 and 2023, Pasco County’s under 65 population is projected to increase at a rate that is nearly two times the projected statewide growth for the same age cohort
- The 65+ population is projected to grow in line with the statewide 65+ population
- Pasco County’s population is slightly older than the statewide population, the 65+ population will account for nearly a quarter of the population by 2023

The following applicant tables are provided summarizing the characteristics of the elderly and non-elderly population in Pasco County:

2018 - 2023 Pasco County Population Growth Under 65 and 65+ Compared to Florida						
County	2018		2023		Growth	
	64 and Under	65 and Over	64 and Under	65 and Over	64 and Under	65 and Over
Pasco County	408,191	114,309	442,498	131,267	8.4%	14.8%
Florida Total	16,510,025	4,013,237	17,246,314	4,632,095	4.5%	15.4%

Source: CON application #10538, page 44

2018 - 2023 Pasco County Elderly and Non-Elderly Population (Percentage of Total Population)				
County	2018		2023	
	64 and Under	65 and Over	64 and Under	65 and Over
Pasco	78.1%	21.9%	77.1%	22.9%
Florida Total	80.4%	19.6%	78.8%	21.2%

Source: CON application #10538, page 45

Suncoast provides the following details about the 17 and under population in Pasco County:

- Children and adolescents ages 0-17 account for approximately 20.0 percent of both Pasco County (20.0 percent) and Florida (20.2 percent)
- The 0 -17 population is projected to increase by approximately 6.6 percent
- The rate of growth in the pediatric population in Pasco County is expected to outpace statewide growth for the same age cohort
- The pediatric population as a percent of total population in Pasco County is expected to decline by 2023 (from 20.6 percent in 2018 to 20.0 percent), which means that the growth in the adult population will outpace pediatric growth

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The applicant provides a chart reflecting pediatric population trends in Pasco County from 2018 – 2023, which is reproduced below:

2018 - 2023 Pasco County 0 - 17 Population and Growth Compared to Florida				
0 - 17 Population				
County	2018	2023	Growth	AAGR
Pasco	107,734	114,800	6.6%	1.3%
Florida Total	4,209,441	4,415,385	4.9%	1.0%

Source: CON application #10538, Page 45. Florida Population Estimates and Projections. 2/15 Release. Data for January 1, 2018 & 2023

Suncoast describes its 40-year history of providing hospice services to children and adolescents. The applicant notes that the pediatric team consists of a registered nurse (with over 25 years of pediatric and hospice experience), a licensed social worker, team assistant, volunteer coordinator and senior staff nurse. Suncoast indicates that the pediatric team provides care throughout the continuum of disease and treatment process—allowing family to develop trusting relationships throughout. The applicant states that an advantage of this program is its capacity to provide hospice care for pediatric patients with Medicaid or Medicaid Managed Care while allowing the family to continue aggressive treatment and shift care nursing (i.e. concurrent care benefit). Suncoast maintains that it has been successful with negotiating concurrent care benefits with private insurance providers as well.

The applicant details its participation in the PIC/Together for Kids (TFK) program, which was initially started as a waiver program in Florida. Suncoast notes that the PIC/TFK program was begun to provide an overlay of support for programs/services to families of children with potentially life-limiting diseases while the family continues to receive services from other specialists as well as nursing agencies. The applicant states that patients are referred through a CMS nurse care coordinator while the patient retains their primary physician and specialists. Suncoast notes that it currently has one of the highest census PIC programs in the state and there is no PIC provider located in Pasco County.

Suncoast analyzes 2018 racial and demographic data obtained from FLHealthCharts to determine that Pasco County’s population is not as ethnically diverse as the statewide population, though there is currently a large population of Hispanic residents in Pasco County that is underserved. The applicant notes that the non-white population accounts for a smaller percentage of the total population than it does statewide.

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The following trends are noted from the graphical analyses provided on pages 46 – 47 of CON application #10538:¹³

- In 2018 the Hispanic population is estimated to account for 14.3 percent of Pasco County’s population
- In 2018 the Hispanic population is estimated to account for 25.0 percent of Florida’s population
- In 2018 the non-white population is estimated to account for 11.0 percent of Pasco County’s population
- In 2018 the non-white population is estimated to account for 22.4 percent of Florida’s total population

The applicant maintains that it has specific hospice programs for diverse patient populations, specifically the “Traditions (Tradiciones) Program” which was created to increase access to hospice services through the use of Community Partnership Specialists who conduct a variety of outreach and educational activities. Suncoast states that the success of the “Traditions Program” resulted in higher than average use rates for hospice in Pinellas County resulting in an award from the Florida Hospice and Palliative Care Association in 2017, the “Excellence in Program Innovation for Community Outreach” award—an article documenting the distinction is provided in Exhibit G of CON application #10538.

Using FLHealthCharts data, Suncoast notes the following death trends:

- From 2010 – 2016 the total number of deaths in Pasco County residents has increased steadily to more than 6,000 deaths annually.
- From 2010 – 2016 deaths have increased at a rate slightly below the state average.
- From 2010 – 2016 total resident deaths grew by 11.8 percent in Pasco County and by 14.3 percent in the State of Florida.
- From 2010 – 2016 the annual crude death rate per 100,000 in Pasco County was higher than the State of Florida. In 2016 the annual crude death rate in Pasco County was 1,209.7 per 100,000 in the State of Florida the annual crude death rate was 974.9 per 100,000. The Pasco County annual crude death rate was nearly 25.0 percent higher than the statewide annual crude death rate.

The applicant utilized FLHealthCharts data to analyze the number of deaths that occurred in Pasco County from 2010 – 2016 for those under and over 65 for cancerous and non-cancerous diagnoses. A consolidated

¹³ Source: CON application #10538 pages 46 – 47. FLHealthCharts notes: Florida Legislature, Office of Economic and Demographic Research have been allocated based on information from the US Bureau of the Census. The population data for 2011 – 2021, along with rates affected by the population data, was updated on FLHealthCHARTS in November 2017.

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reference to the table summarizing Pasco County residents by age and death as provided on page 49 of CON application #10538 is reproduced below:

2010 - 2016 Pasco County Resident Deaths by Age Cohort and Cause of Death			
Age Cohort/Cause	2010	2016	2010 - 2016 Growth
U65C	327	356	8.9%
65 + C	894	952	9.8%
U65NC	958	1,157	20.8%
65 + NC	3,197	3,526	10.3%

Source: CON application #10538, page 49

The applicant notes the following trends from these age groups and causes of mortality:

- From 2010 – 2016, the highest rate of growth in deaths was among the under 65 cohort that died from causes other than cancer
- From 2010 – 2016, the single largest category of deaths has consistently been in the 65+ population that died from causes other than cancer

Suncoast maintains that hospice providers need to have an array of specialized programs to handle the deaths of younger patients from causes other than cancer. The applicant underscores the importance of disease and age-specific programming and services as an important consideration in planning a hospice program in Pasco County. Suncoast describes its current variety of specialized programs for patients who die from diseases other than cancer, including Alzheimer’s Disease/ dementia and HIV/AIDS. The applicant notes its bereavement programs and grief support groups which are open to anyone in the community who has suffered a loss stemming from a number of diseases and loss events regardless of their affiliation with Suncoast. The applicant concludes that it is well-equipped to provide a comprehensive range of specialized programs/services to residents of Pasco County and their families.

The applicant notes that African American residents account for approximately 12.0 percent of the county’s population and from 2010 – 2016, the number of deaths among “African Americans and Other Populations” increased by nearly 60.0 percent or more than double the statewide average growth in deaths for the same populations. A consolidated reference to the analysis of deaths among the African American population in Pasco County and the State of Florida is reproduced below:

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2010 - 2016 Pasco County Resident Deaths by Ethnic Group, Compared to Florida			
Pasco County Residents			
Area/Race	2010	2016	Growth
White	5,219	5,771	10.6%
Black & Other	154	246	59.7%
Unknown	3	4	33.3%
Florida Residents			
White	151,479	170,867	12.8%
Black & Other	20,624	26,041	26.3%
Unknown	196	125	-36.2%

Source: CON application #10538, page 49

In description of the death trends of Hispanic residents of Pasco County, the applicant notes that between 2010 – 2016 deaths among the Hispanic population in Pasco County increased by slightly over 82.2 percent which was more than twice the statewide average. A consolidated reference to the analysis of deaths among the Hispanic population in Pasco County and the State of Florida is reproduced below.

2010 - 2016 Pasco County Resident Deaths by Ethnic Group, Compared to Florida			
Pasco County Residents			
Area/Race	2010	2016	Growth
Hispanic	169	308	82.2%
Non-Hispanic	5,197	5,702	9.7%
Unknown	10	11	10.0%
Florida Residents			
Hispanic	19,183	25,017	30.4%
Non-Hispanic	152,260	170,862	12.2%
Unknown	856	1,154	34.8%

Source: CON application #10538, page 50

The applicant states that is well documented that nonwhite populations tend to access most health care services, including hospice, at lower rates. Suncoast reiterates the role of the Traditions program in providing a customized and unique program for culturally diverse populations, with the focus on education and outreach to specific communities.

Profile of Suncoast Hospice and Existing Providers

Suncoast provides an overview of its history as a hospice provider in Pinellas County. The applicant describes its non-discrimination policy and discusses being among the largest hospice providers in the state, in terms of single county patients served. Suncoast notes serving 7,000 patients annually and provides a summary of Suncoast’s 2017 utilization by age/cause category:

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Suncoast Hospice 2017 Utilization by Age and Cause Category		
Age/Cause	2017	Percent of Total
U65C	563	8.0%
65+C	1,724	24.3%
U65NC	410	5.8%
65+NC	4,384	61.9%
Total	7,081	100.0%

Source: AHCA July 2019 Hospice Projections (Page 18), Page 51

The applicant notes that there are two providers in Hospice Service Area 5A, Gulfside and HPH. From 2016 – 2017, the applicant notes that admissions at Gulfside increased by 9.4 percent and admissions at HPH Hospice decreased by 16.9 percent. Admissions across the entire service area decreased by -1.1 percent.

The applicant notes that while hospice utilization is relatively flat in the service area, need was derived for an additional program to serve Pasco County residents. Suncoast Hospice indicates that Gulfside and HPH provide home hospice care and each hospice provider has inpatient hospice beds. As a part of the proposal, the applicant expresses the intent to collaborate with HPH in order to utilize inpatient hospice beds as needed in one of HPH’s three inpatient centers located in New Port Richey, Dade City and Hudson.

Suncoast Hospice – Pasco Projected Utilization

The applicant provides the following description of the method utilized to determine market hospice admissions for Suncoast’s proposal. The method is detailed below¹⁴:

- To project deaths for 2019 – 2021, the death rate for the July 2019 planning horizon was applied to population estimates
- To calculate the projected deaths by cause and age, the distribution of resident deaths for 2016 was applied to the total projected resident deaths each year
- To project volume, the statewide use rates (penetration rates) by cause and age used in the July 2019 planning horizon were applied

From this methodology, the applicant projects annual market volumes of hospice admission, from 2019 – 2021, as 4,297, 4,381 and 4,464 admissions respectively. Based on the forecasted admissions derived from the methodology above, the applicant expects for Suncoast to achieve market shares of 4.5 and 9.0 percent in 2019 and 2020, respectively. The following table summarizes the applicant’s forecasted admissions by year:

¹⁴ A graphical summary of the applicant’s methodology is provided on page 52 of CON application #10538.

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Suncoast Hospice - Pasco Projected Utilization (Years 1 and 2, 2019 - 2020)		
	2019	2020
Projected 5A Hospice Admissions	4,297	4,381
Suncoast 5A Projected Market Share	4.5%	9.0%
Suncoast 5A Projected Admissions	194	394

Source: CON application #10538, page 53

The applicant provides a forecasted summary of the market share and admissions of existing providers and the proposed hospice admissions and market share. See the table below.

Projected Hospice Volume by Provider, 2019 - 2020						
	2017		2019		2020	
Provider	Market Share	Admissions	Market Share	Admissions	Market Share	Admissions
Gulfside	66.3%	2,550	63.3%	2,722	60.4%	2,644
HPH	33.7%	1,295	33.2%	1,382	30.6%	1,343
Suncoast			4.5%	193	9.0%	394
Total	100.0%	3,845	100.0%	4,297	100.0%	4,381

Source: CON application #10538, Page 53. Semi – Annual Reports of Hospice Utilization

Community Support for Suncoast Hospice to Serve Pasco County

Suncoast identifies support for the proposed project among members of the community and cites support received from Pasco County residents and organizations, special/diverse populations, Pinellas County residents, elected officials and facility partners, all of which are included in Exhibit H of CON application #10538. The applicant particularly identifies letters of support from among diverse/unique populations, pediatric population, HIV/AIDS population, African American/Hispanic populations, Jewish and other religious populations, other unique services and senior living facilities. Excerpts from letters of support are provided on pages 55 – 71 of CON application #10538. The applicant states that given the depth and breadth of its programming and services in addition to overwhelming community support, it is evident that Suncoast is the best choice to expand into Pasco County and to address the needs of the community.

Suncoast states that the letters of support reflect its history, unique programs, innovative models of care, commitment to meeting the needs of the difficult to reach and underserved populations and expansive options for care within its comprehensive continuum of programs and services and prove it can operate in Pasco County and address the needs of the community.

Letters of support are noted from:

- Ann Marie Winter, Executive Director, Area Agency on Aging of Pasco-Pinellas, Inc.
- Larry J. Feinman, D.O., FACOS, Chief Medical Officer, HCA West Florida Division

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- Kristen S. Berlin, MD, PhD, Florida Pediatric Associates, LLC
- Jonathan M. Ellen, MD, President/CEO, Physician in Chief, Johns Hopkins All Children's Hospital
- Michael Ruppel, Executive Director, The AIDS Institute
- Lorraine Langlois, CEO, Metro Wellness and Community Centers
- Reverend J.C. Pritchett, Secretary, The Gathering of Pastors
- Jaclyn M. Boland, CEO, Intercultural Advocacy Institute Hispanic Outreach Center
- Dr. Sandra E. Braham, President & CEO, Gulf Coast Jewish Family & Community Services
- Ajoy Kumar, MD, FAAFP, Chief Medical Officer, Bayfront Health St. Petersburg
- Kyle Mobley, Senior Manager, Health Systems, American Cancer Society – Southeastern Region
- Glenn D. Waters, FACHE, EVP/Chief Operating Officer, Baycare Health System
- Kristen Dalrick, Executive Director, Harborchase of Palm Harbor
- Kathleen M. Peters, Florida House of Representatives, District 69

Tidewell Hospice, Inc. (CON #10539) provides an overview of Pasco County and notes the 2018 population is 525,924 and expected to increase by 7.12 percent from 2018 – 2023, a rate that exceeds the estimated population increase for the State of Florida (6.73 percent). The applicant notes that 26.0 percent of Pasco County's population is age 60+ and the population is 89.0 percent white, 13.8 percent Hispanic and 5.7 percent African-American. Tidewell indicates that Pasco County has a lower median household income than the Florida median income (\$50,780 vs. \$53,114) and over 38.0 percent of Pasco County residents make less than \$50,000 a year in comparison to 35.78 percent of Florida residents.

Veterans and Potentially Associated Conditions/Risk Factors

Tidewell indicates that the Veteran population is an exponentially aging population with an increased risk of homeless, tobacco-use and substance abuse, all of which can expedite disease development that may require the need for hospice or palliative care. The applicant notes that the ratio of Veterans per 100,000 within Pasco exceeds the statewide ratio (9,635 per 100,000 versus 7, 269 per 100,000). Tidewell notes that as of September 30, 2017, there were 50,646 Veterans in Pasco County and by September 30, 2019, the Veteran population within Pasco will be 48,456, 45.0 percent will be under age 65 and 55.0 percent will be 65+.

The applicant notes that the percentage of Florida Veterans within Pasco County has consistently grown as the overall population of Veterans is decreasing across the United States, which underscores the need for Veteran centered care in the county. The applicant provides charts

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depicting the projected number of Pasco County Veterans in 2019 by age and the Pasco County Veterans as a percentage of all Florida Veterans on pages 10 and 11 of CON application #10539. Tidewell notes that the number of homeless veterans per 100,000 (40.9) within Pasco County is higher than the statewide rate (13.29).

Tidewell references data from the Department of Veterans Affairs (VA) which reveals that Veterans comprise 9.0 percent of the total population and 15.2 percent of the homeless population. The applicant notes that homeless Veterans are homeless longer than non-veteran homeless and emphasizes the importance of the duration of homelessness is linked to developmental health risks. In analysis of the 2011 National Survey of Homeless Veterans in 100,000 Campaign Communities study published by the VA, the applicant notes that in comparison to nonveteran homeless, homeless Veterans are 11.0 percent more likely to suffer at least one condition that is linked to an increased risk of death--61.0 percent of homeless Veterans have a serious physical condition, 55.0 percent have a serious mental condition, 76.0 percent report substance abuse and 32.0 percent report all three. The applicant trends national data related to the increased prevalence of smoking and substance abuse among Veterans as areas of concern that will be targeted by the proposal.

The applicant intends to address the poor health literacy rates of Veterans based on studies which identify poor health literacy among Veterans overall and older Veterans (75+) with higher rates of poverty and lower education. With respect to Pasco County, the applicant observes that Pasco County Veterans are on average older (65+) and impoverished with higher rates of homelessness and thus presumed lower rates of sufficient health literacy. On page 49 of CON application #10539, the applicant states that the scope of Tidewell's health literacy initiative involves the following:

- Implement a modified version of the "Ask Me 3" program
- Develop or identify patient education resources that are easily understandable regardless of a person's age, culture or reading level
- Integrate health literacy principles into community outreach presentations to increase the likelihood that all PowerPoint slides and handouts will be easily understandable

Tidewell indicates that it tends to target Veterans through the "We Honor Veterans" program. The applicant states that there are currently four levels of recognition through the "We Honor Veterans" program and notes that the current providers in Pasco County are Level 4 providers. Tidewell concludes that there is no evidence of these programs addressing the health risk factors associated with the Veteran population. The applicant describes its partnership with the "We Honor

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Veterans” program from 2012 – 2017 and its recent selection to participate in the Level 5 pilot program. Tidewell maintains that the program will address the needs of Pasco County residents in a comprehensive manner.

On pages 29 – 38 of CON application #10539, the applicant discusses the following activities, services and programs that will be used to address the needs of Veteran populations and to target Veteran populations for hospice services:

- Tidewell Honors
- We Honor Veterans
- Staff and volunteer Veteran education
- Veteran patient care
- Veteran community outreach
- Homeless Veterans support through collaboration with The Circle of Veterans, Turning Points and the Society of St. Vincent de Paul Central Council St. Petersburg Diocese

Tidewell restates its commitment to serve Veteran populations as detailed in the “Special Programs” section of its Schedule C conditions.

Adverse-Health Behavior and Disease Specific Conditions

The applicant observes that in 2018, the prevalence per 100,000 of smokers in Pasco County was (23,300) higher than that in Florida (15,500) and almost double that of the United States prevalence of smokers per 100,000 (11,688). Tidewell observes that tobacco smoke contains carcinogenic properties that contributes to higher rates of respiratory conditions and associated conditions/cancers. The applicant provides a table on page 16 of CON application #10539 summarizing these trends. Tidewell anticipates that higher rates of smoking, obesity and other health factors contributes to a higher likelihood that Pasco County residents will experience premature death in comparison to other regions of Florida. The applicant indicates that Pasco County residents have higher estimated incidence rates per 100,000 for CLRD (58.10), COPD (2,228.34) and lung cancer (74.51) than across the State of Florida.¹⁵

Tidewell alleges that the existing hospice providers in Pasco County do not specifically address respiratory conditions, except for Gulfside which offers a specialized program for patients with COPD. The applicant states that in light of decreasing and erratic penetration rates for CLRD within Pasco County, the proposed service would remedy disparities in the penetration rates observed in Pasco County. Tidewell provides a line graph to depict the fluctuations and decline in hospice penetration rates

¹⁵ According to the applicant, the rates across the State of Florida per 100,000 are 40.27 (CLRD), 1.606.50 (COPD) and 56.32 (lung cancer)

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for CLRD in Pasco County from 2012 – 2016 on page 19 of CON application #10539. The applicant observes that the average in-hospital mortality rate for diseases of the respiratory system is 2.2 percent within Pasco County. Tidewell states that staff are trained to provide expert individualized care designed specifically for end-stage COPD or CLRD that includes monitoring of weight, vital signs, oxygenation and symptom management. On page 39 of CON application #10539, the applicant discusses working with the Gulfcoast North Area Health Education Center in order to address the needs of demographics susceptible to smoking and associated respiratory conditions that may require hospice care. Tidewell documents its commitment to serve these groups in Schedule C of CON application #10539 under the “Smoking Cessation” portion of its specialized programs condition. The applicant provides a sample of its protocol used to treat patients with COPD and CLRD on pages 40 – 41 of CON application #10539.

The applicant states that the relative poverty of Pasco County residents compared to the rest of Florida impacts the long-term health of residents and contribute to premature deaths as evidenced by the following:

- Obesity—30.0 percent of Pasco residents in comparison to 25.0 percent in all of Florida
- Physically inactive—25.0 percent of Pasco residents in comparison to 24.0 percent statewide
- Drink to excess—19.0 percent of Pasco residents, in comparison to 17.0 percent statewide

From these demographic trends contextualized with findings by the University of Wisconsin Population Health Institute, the applicant anticipates that there is a higher likelihood that Pasco residents will experience premature death.

Based on data obtained from the Florida Department of Elder Affairs, the applicant observes that 24.4 percent of Pasco residents aged 60+ live alone and 66.9 percent of women aged 60+ in Pasco report live alone. The applicant contextualizes the prevalence of elderly living alone with a 2018 study published by McMaster University which reveals that social isolation among elderly contributes to premature death and decline in mobility.

Based on the higher numbers of adults reporting drinking to excess within Pasco County and the prevalence of elderly women reporting living alone in Pasco County, the applicant anticipates higher rates of alcohol and substance abuse within Pasco County than throughout the State of Florida. Based on data obtained from the Substance Abuse and Mental Health Services Administration, the applicant cites higher rates of alcohol abuse or dependence among Veterans aged 18 – 25. Tidewell notes that according to the National Institute on Alcohol Abuse and

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Alcoholism, the adverse effects of alcohol increase with aging. The applicant attributes alcohol abuse with higher rates of unintended injuries, accidents and the development of chronic illnesses such as:

- Diabetes
- High blood pressure
- Congestive heart failure
- Liver problems
- Osteoporosis
- Memory problems
- Mood disorders

Referencing data obtained from the Centers for Disease Control (2016), the applicant also outlines the increased risks of cancers of the mouth and throat, larynx, esophagus, colon, liver and breast as a result of alcohol consumption. Tidewell states that the estimated prevalence rates per 100,000 adults for both liver/biliary cancer (3.09) and chronic liver disease/cirrhosis (19.13) are higher in Pasco County than in Florida (2.61 and 15.66 respectively). The applicant observes that the incidence rates for these conditions were higher within Pasco County than within Florida overall. Based on the prevalence and incidence rates of these diseases relative to Florida, Tidewell anticipates that populations with these diseases are underserved in Pasco County.

In observation of US Prescribing Rates Maps (CDC 2017), the applicant observes that national trends in overall opioid prescriptions for the 50+ population have been reduced to 66.5 prescriptions per 100 people nationally in comparison to 86 opioid prescriptions per 100 people in Pasco County. In reference to a study published by Clinics in Geriatric Medicine (2014), Tidewell determines that benzodiazepines are the most commonly prescribed medication and are disproportionately prescribed to older adults despite contraindications. The applicant provides a line graph published by the Kaiser Family Foundation summarizing the increase in the percentage of opioid overdose deaths in Florida for those 55+ from 2009 – 2015 relative to the national averages for the same time period.

The applicant cites grief as a risk factor for substance abuse in addition to previously cited populations that are at risk of substance and references statistics obtained from the National Alliance on Caregiving and Evercare which documents increased substance use and misuse among family caregivers. Tidewell anticipates that the identified demographics who are at risk of substance abuse are also at risk of

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suicide, based on data obtained from Florida Department of Health (2017), the applicant finds that the suicide by drug poisoning rate was consistently higher in Pasco County than in the State of Florida from 2015 – 2017.

Tidewell states that existing providers lack programming and services to address alcohol, substance use disorder (SUD), or suicide prevention related to palliative care programs. In order to address this disparity, the applicant maintains that the proposed service will involve annual training and mandatory education for their staff specific to alcohol, SUD and suicide prevention. Tidewell indicates that staff will provide outreach to the community related to these issues. The applicant documents its commitment to serve populations at risk for alcohol, opioid and other prescription drug use on pages 42 – 43 of CON application #10539 and in the “Combatting Substance Use Disorders” section of Schedule C conditions included with the application.

Based on data obtained from the Florida Department of Health (2017), the applicant observes that the 2018 prevalence rate of Alzheimer’s disease within Pasco County (45.48 per 100,000) is higher than the statewide prevalence rate (34.72 per 100,000). The applicant observes that both existing providers within Pasco County currently provide Alzheimer’s care but notes that only Gulfside indicates being dementia trained, assisting with symptom management and assessing patient safety during each visit. Tidewell intends to address this gap in care through extending its “Long Term Enrichment Program”, Florida-certified “Music and Memory Program”, new innovative treatments, caregiver support and outreach to the Alzheimer’s Association.

On pages 43 – 44 of CON application #10539, the applicant details its goals for hospice care, programs and services for patients with Alzheimer’s or dementia as follows:

- Closely monitor and manage symptoms to reduce episodes of crisis
- Reduce hospital days and emergency department visits
- Educate patients and their families about what to expect in end-stage dementia
- Increase family caregiver confidence and coping
- Improve quality of life and help patients accomplish important goals

The applicant details the use of the PARO program/therapeutic robot to support Alzheimer’s patients. Tidewell provides a discussion of patient testimonials with PARO in Appendix N of CON application #10539¹⁶.

¹⁶ PARO is a therapeutic robot baby harp seal, intended to have a calming effect on an elicit emotional responses in patients of hospitals and SNFs.

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The applicant identifies the following cancers for which Pasco County has a higher incidence rate in comparison to the State of Florida including: colon/colorectal, brain, lung, melanoma, non-Hodgkins lymphoma, liver/biliary, cervical, breast and prostate. Tidewell provides a graphical representation of the fluctuations and decline in the hospice penetration rate for cancer in Pasco County from 2012 – 2016. The applicant offers a discussion about the in-hospital mortality rate for all cancers within Pasco County (2.57 percent) and determines that the low in-hospital mortality rate has a minimal effect on unmet need when comparing the cancer death count to the number of those currently served by hospice.

Tidewell notes that genetic predispositions for cancer can be significantly altered by modifiable risk factors and that residents of Pasco County are especially susceptible to developing cancer due to modifiable risk factors such as: higher rates of poverty, obesity, inactivity, smoking and excessive drinking. The applicant intends to address this demographic through ameliorating the current cancer therapy provisions within the county, providing screenings for underserved populations, identifying potential hospice patients through community outreach/partnerships with local organizations and providing education regarding the grief involved with cancer diagnoses. Tidewell intends to offer current behavioral and palliative care programs available in other hospice service areas to create a beneficial and comfortable environment for patients. Tidewell provides a description of its oncology focus which is detailed below:

- Closely monitoring and managing symptoms and reduce episodes of crisis
- Titrating pain and other medications to maintain the patient's quality of life
- Utilizing protocols and treatment pathways designed for cancer patients

Tidewell Hospice Children's Services

The applicant describes providing compassionate care for children in its current service area who have received a diagnosis of an advanced illness, which is also extended to their families. Tidewell states that the initial focus of pediatric care is to seek a cure and when curative options are no longer available, an interdisciplinary team begins to attend to the family. The applicant maintains that the goal of this care is to provide children and families with all that is necessary to bring comfort during their time of need. Tidewell details providing care for children since its founding in 1980.

As a part of its provision of compassionate care to children, the applicant recounts its partnership with Florida's Children's Medical Services since 2006 for the provision of palliative care for children through the PIC program. Within its current service area, Tidewell notes serving between

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22 and 24 patients and that the program allows children and families access to care, including pain and symptom management and psychosocial support—without forgoing curative and aggressive treatment. As a part of the PIC program, a child undergoing palliative treatment is served by a nurse, social worker, a chaplain, a home health aide, a child life specialist, a music therapist and a grief specialist.

With respect to Pasco County, Tidewell observes that 20.0 percent of Pasco County's population is under age 18, 5.4 percent of children are eligible for Medicaid, CHIP or KidCare. The applicant notes at least 2.0 percent of children under age 18 are affected by conditions that render them eligible for Tidewell's PIC program including pediatric AIDS, pediatric HIV infection and pediatric cancer. In order to address the needs of children requiring palliative care, the applicant states that Tidewell will extend its current pediatric programs to Pasco County as the census justifies, and if CMS approves, the applicant will seek PIC certification in the proposed hospice service area. Tidewell provides descriptions of its bereavement services for children and teens in Appendix K of CON application #10539.

The applicant discusses additional forms of community outreach and services that will be implemented within the proposal in relation to the following areas:

- Grief and bereavement services for service area residents
 - Tidewell's "Grief Education and Support Center" (GESC)
 - Bereavement support groups
 - Speaker series
 - Innovative programs
 - Grief education and support call center
 - Tidewell's colleague support program
 - GESC services to SNFs/ALFs
 - Nature walks
 - Tidewell's GESC for children and teens (Club Blue Butterfly)
- Tidewell's professional and community relations department
 - Outreach activities and community partners
 - General community education
 - Advanced care planning
- Emerging Strategies
 - Palliative care
 - Current status of palliative care in Pasco County
- Tidewell palliative care service expansion in Pasco County
 - "Transitions" program
 - Enhanced liaison with health care providers
 - Enhanced educational presence

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- Tidewell complementary services
 - Massage therapy
 - Reiki
 - Aromatherapy and caring touch
 - Memory quilts
 - Life legacy and reminiscence
 - Pet therapy
 - Expressive arts
 - Horticultural interventions
 - Clowns/humor therapy
 - Service visit numbers
 - Community outreach
 - Communication, public relations and education
 - Monitoring and evaluating the complementary services program's success
 - Honors and recognition
 - Program funding and donations
- The Tidewell's "Wishes" fund
- Chaplaincy and spiritual care

Tidewell's Historical Experience Throughout the State of Florida

Tidewell attests to an established track record as a hospice provider in Florida which currently operates in a service area similar to Pasco County. The applicant discusses similarities between DeSoto County, a service area in which Tidewell currently operates, in comparison to Pasco County as both are rural areas with a similar percentage of adults 65+ and populations with lower socioeconomic status. Tidewell states that its current operational history reflects its ability to effectively treat a patient population similar to Pasco County's. The applicant maintains, that if approved, it will operate under its existing Medicare provider number so that Tidewell can begin offering hospice services promptly upon CON approval without any delays in certification or licensure.

Tidewell describes possessing a well-established record of care to those lacking health insurance and ability to pay for hospice services. The applicant states that it provides its services to all persons regardless of their ability to pay. The application includes a copy of Tidewell's charity policy and procedure in Appendix Y of CON application #10539. The applicant provides a table summarizing its historical provision of indigent care from 2015 – 2018, illustrating that for the time periods noted the applicant provided 1.0 percent of total patient days to indigent care.

The applicant indicates that its Schedule 5 and Schedule 7A project that it will provide approximately 5.0 percent of its services to Medicaid patients and an additional 3.0 percent to self-pay and charity patients in

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Hospice Service Area 5A. The reviewer notes that approval of the proposal is conditioned on the minimum provision of 3.0 percent uncompensated care.

From 2012 – 2016, Tidewell provides a summary of its penetration rates in comparison to all other service areas. From this analysis, the applicant observes that in every year and in all service areas (except for two years in 6C), Tidewell -affiliated hospice programs have exceeded the statewide average hospice penetration rates. See the following consolidated table:

Hospice Market Penetration Rates for All Florida Service Areas					
Service Area	2012	2013	2014	2015	2016
Total Florida	65.0%	65.0%	65.0%	66.0%	65.0%
5A	69.0%	65.0%	63.0%	65.0%	65.0%
6C	67.0%	69.0%	66.0%	61.0%	59.0%
8A	73.0%	74.0%	73.0%	72.0%	76.0%
8D	69.0%	69.0%	68.0%	66.0%	68.0%

Source: CON application #10539, page 82

Tidewell states that based on the strong penetration rates observed, the applicant can increase the penetration rate in Service Area 5A by improving residential access to hospice services.

The applicant states that hospital readmission rates are seen as an important indicator of quality care and CMS has undertaken several initiatives to reduce readmissions among the Medicare Fee-For-Service population. The applicant provides the following table summarizing Tidewell’s historical readmission rates:

Tidewell's Historical Readmission Rates, 2016		
Hospice Provider	Readmitted to Hospital	
	Within 30 Days of Hospice Admission	Within 6 Months of Hospice Admission
Tidewell Hospice, Inc.	0.8%	2.4%
Florida	2.2%	4.3%
U.S.	1.7%	3.4%

Source: CON application #10539, page 84

The applicant notes that Tidewell’s historical complaints to admission or deficiencies per 1,000 admissions was 0.25 in the four-year period from 2014 – 2017, a lower ratio than both Pasco County’s current hospice providers and most of the co-batched applicants for the cycle. Tidewell states that this metric underscores the superior quality of care provided by Tidewell within the rules and regulations promulgated by the State of Florida.

Comparison of Tidewell’s Record with Current Hospice Providers and Other Applicants

The applicant provides comparisons of its performance with other providers in description of its live discharge rate. The applicant notes that the live discharge rate raises questions of medical appropriateness and cost-effectiveness of at least some of the hospice admissions by these providers. See the table below.

Live Discharge Rates 2003 - 2017				
Hospice Provider	Avg. #Live Discharges (2003 - 2017)	Avg. % Live Discharges (2003 - 2017)	#Live Discharges in 2017	% Live Discharges in 2017
Tidewell Hospice, Inc.	671	11.4%	870	12.1%
Compassionate Care Hospice of Pasco, Inc.	73	22.1%	98	32.1%
Cornerstone Hospice & Palliative Care, Inc.	540	16.1%	822	14.6%
Haven Hospice	457	17.2%	602	15.0%
PruittHealth Hospice - 5A, LLC	N/A	N/A	N/A	N/A
Seasons Hospice and Palliative Care of Pasco County, LLC	142	20.7%	228	19.4%
The Hospice of the Florida Suncoast, Inc.	1,052	19.7%	864	14.3%
VITAS Healthcare Corporation of Florida	2,326	20.6%	5,462	24.9%
Florida Average (All Hospices)				16.6%
Florida Average (Not For Profit)				13.7%
U.S. Average (All Hospices)				16.6%
U.S. Average (Not For Profit)				12.5%

Source: CON application #10539, page 85

From the analysis provided, Tidewell underscores its live discharge record in comparison to other co-batched applicants, with the lowest proportion of live discharges of the hospice patients it admits to its program. The applicant notes having a lower live discharge rate in comparison to existing providers for heart disease, cancer, Alzheimer’s, CLRD and stroke.

The applicant provides comparisons for the median length of stay, hospital readmission rates and deficiency rate comparisons for Tidewell and existing providers. For the metrics noted, the applicant notes the following:

- In 2017, Tidewell had a lower median average length of stay (ALOS) at 12 in comparison to the US average (23 all hospices, 17 non-profit), co-batched applicants and the Florida average (19 all hospices, 15 non-profit). The applicant notes that a MedPAC study in 2016 found that ALOS’ were longer among for-profit hospices as compared to non-profit organizations. Based on these findings, Tidewell contextualizes conclusions that hospices may resort to enrolling patients with longer lengths of stay to increase profits.
- In 2016, the applicant notes that it had the lowest readmission rates for the percent of people readmitted to the hospital within 30 days of hospice admission and within six months of hospice admission in comparison to co-batched applicants.

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- From 2014 – 2017, Tidewell had the lowest deficiencies per 1,000 admissions in comparison to co-batched applicants which reflects superior quality of care.

Tidewell provides descriptions of all of the different intensities of hospice care that are reimbursed by Medicare. The applicant details the locations of its provision of the four care intensities as follows:

- Routine home care and continuous care: Home, ALFs, SNFs, inpatient hospice houses, senior living communities or wherever the patient resides
- Respite: SNFs, ALFs, inpatient hospice houses
- General inpatient care: hospital settings, SNFs, ALFs, inpatient hospice houses

The applicant describes its contractual intentions and commitment to provide all levels of care in Pasco County. Tidewell details pursuing strong affiliations with acute care partners within Pasco County in order to broaden its ability to provide general inpatient care and respite care. The applicant attests to providing all levels of care in its existing services areas and underscores the general inpatient percent of days Tidewell offers in comparison to the national average and averages of its co-batched applicants as a result of operating its own hospice houses. The applicant’s chart detailing levels of care provided by competing applicants and Tidewell is provided below:

Levels of Care Provided by Competing Applicants and Current Providers, 2016				
Hospice Provider	% of Days by Level of Care			
	RHC	GIP	CHC	IRC
Tidewell Hospice, Inc.	94.2%	5.1%	0.4%	0.4%
Compassionate Care Hospice of Pasco, Inc.	98.8%	0.6%	0.6%	0.0%
Cornerstone Hospice & Palliative Care, Inc.	95.0%	3.7%	1.0%	0.3%
Haven Hospice	93.0%	6.1%	0.2%	0.6%
PruittHealth Hospice - 5A, LLC	N/A	N/A	N/A	N/A
Seasons Hospice and Palliative Care of Pasco County, LLC	90.2%	7.3%	2.4%	0.1%
The Hospice of the Florida Suncoast, Inc.	94.3%	4.8%	0.7%	0.2%
VITAS Healthcare Corporation of Florida	93.3%	2.2%	4.2%	0.3%
<u>National Average</u>	98.0%	1.5%	0.3%	0.3%

Source: CON application #10539, page 91

As a supplement to the need arguments provided above, Tidewell discusses its reception to date in Pasco County as evidenced through letters of support provided in the application, specialized services, Tidewell’s “Wound Care” program, philanthropy, volunteer services, training, recruitment and retention and Tidewell’s managerial and technological resources on pages 91 – 104 of CON application #10539.

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VITAS Healthcare Corporation of Florida (CON #10540) responds to need as published in the fixed need pool and details the following justifications for approval of the proposal and sources of need to be remedied by the proposal.

VITAS Subdistrict 5A Need and Solutions	
Provide more care at the end-of-life through in-person hospice visits	<ul style="list-style-type: none"> Existing area provided fewer in-person visits during the last seven days of patients' lives than the state average. Of the applicants in this batching cycle, VITAS provided the most visits in the last seven days, with an average of 9.34 visit versus the state average of 6.89 visits. By having its hospice staff visit more frequently, VITAS will improve the care and support patients and families receive at the end-of-life.
Targeted outreach to patients living in deed age-restricted communities (DARCs)	<ul style="list-style-type: none"> Subdistrict 5A has a high concentration of DARCS, which are best served by having hospice education provided on-site VITAS conditions this application on having a community liaison that dedicates half their time to education and outreach to DARC residents and families.
Increase hospice services in ALFs	<ul style="list-style-type: none"> Existing area hospices provide a lower percentage of patient days in ALFs than the statewide average. VITAS conditions this application on having a community liaison half of whose time is dedicated to outreach to ALFs. VITAS conditions this application on having its team manager, social worker and a hospice representative certified through the Department of Elder Affairs' ALF Core Training. This will equip them to work hand in hand with ALF staff in treating patients.
Improved service to patients and caregivers to patients with Alzheimer's and dementia	<ul style="list-style-type: none"> Rehospitalization rates for many SNFs in Subdistrict 5A are above the state average. Patients with dementia have an increased risk of rehospitalization. VITAS conditions this application on having a nurse practitioner who will provide education to area SNFs on the appropriate use of psychotropic drugs for patients with Alzheimer's and dementia, to improve their memory, mood and provide an opportunity for social interaction.
Improved care for patients with complex diagnoses	<ul style="list-style-type: none"> VITAS will implement a targeted cardiac care program and conditions this application on having all nurses, chaplains and social workers receive intensive training within the first three months of employment. VITAS will train hospice staff to provide specialized pulmonary care and will have a respiratory therapist.

Source: CON application #10540, page 4

VITAS Will Provide Programming and Staff to Meet the Unique Needs of Subdistrict 5A Patients

VITAS states that hospice program care is for people who are terminally ill, their families and caregivers. The applicant maintains that high quality hospices use an interdisciplinary team of caregivers to provide physical, emotional, social and spiritual care at the end-of-life. VITAS indicates that CMS has determined in-person visits in the last week of life are a key indicator of quality care for hospice patients and include this metric in the Hospice Quality Reporting Program (HQRP).

In comparison to providers across Florida, VITAS describes providing the highest average number of hospice visits in the last week of life which distinguishes it as the best choice to increase the number of hospice visits to Pasco County residents at the end-of-life. In 2017, the applicant observes that VITAS hospices provided 8.99 visits to patients in the last week of life, while the state average was 6.89 visits. VITAS notes that the two existing subdistrict 5A providers provided less than the state average of visits to patients in the last week of life. The applicant states that provided four more visits per patient than HPH and three more visits per patient than Gulfside. VITAS expects that approval of the proposed service will result in improved quality of care in Subdistrict 5A. See the table below.

In-Person Hospice Visit Comparisons During the Last 7 Days of Life, 2017			
Hospice Provider	Average Visits	State Average	Percent of State Average
Gulfside Hospice	5.74	6.89	83%
HPH Hospice	4.50		65%
VITAS	9.34		136%
Compassionate Care	7.49		109%
Seasons Hospice & Palliative Care	6.94		101%
Hospice of the Florida Suncoast	6.59		95%
Tidewell Hospice	5.48		80%
Pruitt Hospice*	5.93	6.14	97%

Source: CON application #10540, page 26

*Note: average visits are the average number amount of the providers' Florida operations, except for Pruitt Hospice. Pruitt Hospice's number reflects the average visits at its four highest volume hospice programs in Florida.

Outreach to Residents of Deed-Age Restricted Communities

The applicant identifies 194 deed-age restricted communities in Pasco County. VITAS notes that The Florida Commission on Human Relations "The Commission" is the state entity that registers all age 55+ communities in Florida and for a community to be considered as a 55+ community, the housing must be intended and operated for occupancy by persons 55+ and meet a set of three requirements outlined by The Commission. VITAS provides a map of the location of registered DARCs in Pasco County and notes that DARCs are being individually developed in Hospice Service Area 5A. The applicant observes that the Two Rivers

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mixed-use project in southeast Pasco County will include 1,125 DARC units as part of a larger residential component of over 6,000 residential units and three million square feet of office, industrial and retail space.

The applicant notes that DARCs offer a variety of services that reduces resident migration outside of the community. VITAS concludes that the self-contained aspect of DARCs and Florida's climate make area DARCs attractive to retirees and other seniors.

VITAS intends to conduct outreach to DARCs within Pasco County in order to provide residents with information on end-of-life options. VITAS describes serving DARC residents in its Florida programs it operates in Hospice Service Areas 3E, 9 and 10. The applicant states that hospice education will be part of the social and educational programming within the boundaries of the DARC. VITAS describes its hospice outreach efforts conducted at DARCs in Hospice Service Area 3E and states that it will apply the expertise and resources utilized through the community liaisons in Hospice Service Area 3E to conduct DARC community outreach in Pasco County in order to quickly improve hospice awareness in these communities.

The applicant notes that the application is conditioned on the employment of a community liaison who will devote half their time to education and outreach within Pasco County DARCs. VITAS states that the liaison will be hired within the first month of operations and will perform the following responsibilities:

- Visit area DARCs and meet with residents and leaders of the home owners' associations.
- Offer programs through area DARCs to provide education and outreach to residents who might not attend educational opportunities outside the DARC.
- Conduct presentations about advanced directives and assist attendees in completing their own "living wills".
- Assist residents and their family members in making end-of-life decisions.
- Offer bereavement services within the DARCs.
- Provide outreach and educational opportunities to veterans living in DARCs. For example, conduct an informative presentation on Honor Flight and Veterans Roll at a community clubhouse.

Through community meetings and presentations, the liaison will seek feedback on how VITAS can better meet the needs of residents and their families.

Outreach to ALFs

VITAS identifies an opportunity to improve access to hospice services for residents in ALFs in Pasco County as a result of the existing hospices providing a lower percentage of patient days in ALFs than the Florida average. See the table below.

2016 Hospice Patient Days			
Provider	Total Days	ALF Days	% of Patient Days in an ALF
HPH Hospice	169,269	27,396	16.2%
Gulfside Hospice	129,364	21,454	16.6%
Subdistrict 5A Providers	298,633	48,850	16.4%
Florida Total	9,517,688	2,053,151	21.6%
VITAS	2,799,742	756,201	27.0%

Source: CON application #10540, page 30

The applicant describes working with ALF administrators and residents to allow residents to age in place, wherever possible. VITAS provides materials describing ALF partnerships in Tab 20 of CON application #10540. VITAS intends to harness its experience in collaborating with ALFs in order to increase the number of patients who receive hospice services in ALFs. VITAS states to possess the ability to allow ALF residents to remain at home because VITAS provides:

- Appropriate level of hospice care
- 24/7 clinical support through telecare
- Effective pain management
- Comprehensive clinical education—wound care to end-of-life care
- Communication between hospice and ALF staff, patient and family

VITAS reiterates that the proposal will improve outreach to ALF administrators and patients through “ALF CORE Training” and a community liaison who will commit half of their time to outreach to ALFs.

VITAS states that it will sponsor its team manager, social worker and hospice representative at Department of Elder Affairs’ “ALF CORE Training”—a certification program which provides hospice care teams with a comprehensive understanding of how to meet patients’ needs while working with ALF staff to comply with ALF licensure requirements. Following training, the applicant states that VITAS team members will have the knowledge of the ALF setting to work with ALF staff effectively. VITAS provides a testimonial excerpt from Tom Campbell, DOEA Certified ALF CORE Trainer, endorsing VITAS as a provider and its commitment to educating staff in the regulations and operates of ALFs.

VITAS states that a community liaison will visit ALFs in Pasco County and provide educational material on how hospice can benefit residents. The applicant indicates that the community liaison will inform ALF staff and administrators of upcoming educational events and training programs sponsored by VITAS. VITAS maintains that half of the community liaison's time will be committed to ALF outreach in order to build relationships with area ALFs and ensure that smaller ALFs receive valuable information on end-of-life care.

Improving Care to Alzheimer's Patients through SNF Outreach and Music Therapy

VITAS states that rehospitalization rates for many of the SNFs in Hospice Service Area 5A are above the state average. The reviewer notes that the applicant does not provide supporting data for this claim. The applicant indicates that avoiding hospital readmissions is important for a patient's quality of care and for controlling Medicare costs. VITAS maintains that effective hospice care can reduce the readmission rate for SNF patients at the end-of-life. The applicant describes its capacity to provide care in SNFs and to work with SNF staff to allow patients to die where they reside. VITAS states that working to educate SNF administrators and staff about end-of-life care and on how to identify patients for hospice care will increase residents' quality of life in their final months and days.

The applicant states that the proper management of Alzheimer's patients near the end-of-life can present a challenge for SNFs. VITAS asserts that it will help SNFs in Pasco County give their residents with Alzheimer's and other forms of dementia the best possible end-of-life care. The applicant indicates that two of the biggest issues SNFs face are avoiding hospital readmissions and managing psychotropic medications. VITAS references a 2016 Human Rights Watch report and American Psychiatric Associations' Practice Guidelines which find that SNFs administer antipsychotic drugs to people who do not have diagnoses for which the drugs are approved. The applicant maintains that antipsychotics provide marginal benefits for patients with dementia and should be used as a last resort after eliminating and addressing underlying medical, physical, social or environmental factors that may be agitating the patient.

VITAS discusses working with SNFs to manage behavior and create care plans for patients with Alzheimer's and other forms of dementia. The applicant indicates that staff will receive special training materials on care for patients with dementia and training on proper management of psychotropic drugs for patients with Alzheimer's. The reviewer notes that the applicant does not provide data related to the historical volume of Alzheimer's or dementia patients in Pasco County SNFs or adverse outcomes associated with the types of care and medications provided. In order to reduce hospital readmissions and improve quality of care, VITAS will assign a nurse practitioner to provide education to Pasco County

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SNFs and administrators on appropriate use of psychotropic drugs for SNF residents. The applicant notes that VITAS has made it a condition of this application to hire a nurse practitioner within the first three months of operations.

The applicant states that music therapy offers a non-pharmacological treatment for behavioral and psychological symptoms of dementia and references a peer-reviewed study that found that patients with moderate or severe Alzheimer's disease who participated in a six-week music therapy group showed a significant reduction in activity disturbances, aggression and anxiety. VITAS outlines the following benefits of music therapy for Alzheimer's patients as obtained from a licensed music therapist interviewed by the Alzheimer's Association:

- Memory recall
- Positive changes in moods and emotional states
- A sense of control
- Non-pharmacological management of pain and discomfort
- Stimulation
- Promotes rhythmic, continuous movement and vocal fluency
- Offers an opportunity to interact socially with others

The applicant commits to offering music therapy to area residents and cites clinical and evidence-based use of music intervention by a board-certified music therapist. VITAS states that as part of the staffing for the proposed hospice, VITAS has included a board-certified music therapist who will provide music therapy to appropriate patients with dementia, Alzheimer's and other diagnoses. The applicant references testimonials of experiences with music therapy provided in TAB 10 of CON application and a video of VITAS' music therapy program in TAB 47 of CON application #10540.

In response to the demanding needs of Alzheimer's and dementia care experienced by caregivers, VITAS conditions the application to provide a grant to the local Alzheimer's Association to assist with support groups that meet the emotional needs of area caregivers; the grant will total \$20,000 and will be distributed over the first two years of operations.

Patients with Complex Diagnoses

VITAS describes providing comprehensive, aggressive symptom management for patients with a wide range of complex illnesses. The applicant states VITAS' Interdisciplinary team creates individualized care plan for all patients and tailors the plans to each patient's symptoms, wishes and values. The applicant provides information on modalities for

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complex care patients in TAB 39 of CON application #10540. VITAS states that complex condition management will be offered in Hospice Service Area 5A and will have programs focused on cardiac care and end-stage pulmonary disease.

VITAS describes having a well-established cardiac program in other hospice service areas and experienced clinical staff that will support its cardiac care program in Pasco County. The applicant notes that its existing program in Hospice Service Area 3E and references testimonials from Dr. Joseph Shega (National Medical Director, VITAS Healthcare) who provided input on the cardiac care program and endorsements evidenced in letters of support in CON application #10540.

The applicant maintains that each patient with cardiac disease is unique and deserves individualized care plans which VITAS creates for each patient. The applicant states that staff review and modify care plans as necessary to enhance each patient's quality of life. VITAS indicates that the goal of care is to relieve physical and emotional distress so that patients can live fully and comfortably wherever they reside. The applicant states that hospice care teams continuously monitor/manage symptoms, communicate with treating cardiologists and provide medication/equipment management services. VITAS asserts that its care teams provide an average of five home visits per week and proactively call patients and families to stay informed.

A copy of the assessment tool used to evaluate patient symptoms is included on pages 36 – 39 and in TAB 3 of CON application #10540. The applicant also provides an excerpt of its "Cardiac Patients' Caregivers' Needs Assessment" tool on page 40 of CON application #10540. VITAS provides educational materials for patients and families called "What I Need to Know" (WINK) and provides a copy of its Cardiac Program Resource Manual in TAB 3 of CON application #10540.

For patients and caregivers not having their needs addresses through standard care, the applicant offers intensive comfort care which provides shifts of specialized hospice staff for continuous, intensive symptom management for up to 24 hours. VITAS states that continuous care is available wherever the patient resides and can be used to prevent unwanted transfers to hospitals. The applicant states that patients receiving intensive comfort care receive a customized care plan created by an RN case manager and supplemental care from a hospice nurse or aide and support from a hospice physician. Information regarding comfort care is included in TAB 41 of CON application #10540. VITAS states that its coordinated approach to reaching special populations with effective programming consists of three components: staff training, provider input and community education.

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VITAS states that in order to ensure that hospice staff are well qualified and educated, it has detailed targeted training materials and specifically describes its intent to use the VITAS “Cardiac Program Resource Manual”. The applicant asserts that the program includes assessment guidelines, training curriculum and reference material for nurses, social workers and chaplains. VITAS notes that the application is conditioned on having these three staff groups complete the training modules in the “Cardiac Program Resources” manual within three months of their hire dates. Competencies for these groups are outlined on pages 42 – 43 of CON application #10540. The applicant provides a graphical representation of its reference sheets for hospice providers “Things Hospice Innovators Need to Know” (THINK) on page 43 of CON application #10540. VITAS references its conditions on provider input and community outreach as components of its cardiac care program on pages 43 – 44 of CON application #10540.

In addition to serving hospice patients through a cardiac care program, the applicant will also target patients with end-stage pulmonary disease for hospice services. In description of the need for targeting individuals with end-stage pulmonary disease, the applicant presents the following information:

- COPD is the third leading cause of death in the US
- COPD is the fourth most-costly and potentially preventable hospital readmission
 - Accounted for 715,000 hospital discharges in 2010
 - 30-day COPD readmission rate is 22.6 percent

VITAS states that patients with COPD are at a higher risk of hospital readmission and may need immediate access to qualified clinical staff. The applicant references a peer-reviewed study that determines that telehealth programs can reduce the number of emergency department visits and rehospitalizations among patients with moderate to severe COPD who experience exacerbations. VITAS indicates that its Telecare program has the ability to dispatch team members to a patient’s bedside and to answer caregivers’ questions. The applicant states that Telecare offers staff the capacity to document information regarding the patient and family’s care needs and follow-up which is made available to other patient care staff and managers.

Veterans and Military Families

VITAS notes that nearly 25.0 percent of Subdistrict 5A’s 65+ population are Veterans, a higher percentage of the elderly population than the statewide average. The applicant states that the unique experiences of Veterans can be served by hospice care that makes patients feel comfortable and safe. VITAS maintains that staff are trained to meet the needs of Veterans and that VITAS pledges to:

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- Provide quality clinical, spiritual and psychosocial care for illnesses and service-related injuries
- Support Veteran patients, their families and loved ones
- Work closely with the VA to ensure access to all entitled benefits
- Take each Veteran’s military history into account as part of the care planning process.

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

- Participation in the VA’s “We Honor Veterans” program
- Implementation of the VITAS “Veterans Benefit Assistance” program

Descriptions of the “We Honors Veterans” program and VITAS benefit assistance program are offered on pages 46 – 49 of CON application #10540. Through the “We Honor Veterans” program VITAS intends to accomplish the following (CON application #10540, TAB 32):

- Promote Veteran-centric educational activities
- Increase organizational capacity to serve Veterans
- Support development of strategic partnerships
- Increase access and improve quality

Through the VITAS’ “Veterans Benefit Assistance” program, the applicant intends to ease the burdens on Veterans and families by ensuring they obtain military separation papers, VA pensions, burial benefits and other services.

1. Agency Rule Criteria and Preferences

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

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

Each co-batched applicant is responding to published need for an additional hospice program for the July 2019 planning horizon.

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

Compassionate Care Hospice of Pasco, Inc. (CON #10533) expresses a commitment to meeting the needs of patients and families in need of end-of-life care in Pasco County. The applicant intends to admit patients of all diagnosis and ages. In particular,

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CCHP intends to target terminally ill residents with end-stage cardiovascular disease, end-stage pulmonary disease and end-stage renal disease. The applicant states that the proposal will offer more patient touches by home health aides, nurses and social workers than the existing hospice programs in Pasco County.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534)

states that it has identified need for hospice services among the under 65 population with a cancer diagnosis, 65+ individuals with a non-cancer diagnosis, Hispanics, African Americans and Veterans. The applicant details the types of outreach, education and tailored services the proposal will offer to these groups on pages 97 – 103 of CON application #10534.

North Central Florida Hospice, Inc. (CON #10535) identifies a need for an additional hospice provider especially among the area's growing Hispanic community and the African American population. The applicant notes that existing providers serve these populations, yet, the size and growth of the populations make it imperative that any new hospice provider be able to address the unique needs of the Hispanic and African American populations more vigorously. Haven commits to serving indigent and low income populations regardless of race, ethnicity, religious affiliations or ability to pay. The applicant maintains that it will make a concerted effort to reach out to all segments of Hospice Service Area 5A's population in need of care.

PruittHealth Hospice – 5A, LLC (CON #10536) provides a historical summary of the change in admissions of existing hospice providers in Hospice Service Area 5A from 2015 – 2017. PHH5A contends that the overall impact of the decline in the volume of admissions at HPH Hospice and corresponding increase in deaths and projected deaths has manifested in the need for an additional hospice program for Hospice Service Area 5A.

The applicant expresses the intent to work with local hospitals, SNFs, ALFs and other referral sources to ensure hospice appropriate patients of all ages and diagnoses have equally accessible and available hospice care. PHH5A maintains that "Care Pathways" will be used to provide clinical pathways of primary diagnosis with high risk of re-hospitalization. The applicant states that specific disease programming requires that IDT members are educated and equipped to handle the unique symptoms, prognosis, medications education and disease-specific support required for each patient in each situation. PHH5A

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indicates that individualized care plans are developed for each patient and maintained in the patient's home of reference by the patient and/or family member.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) commits to serving the following under-served populations:

- The homeless
- Veterans
- Minority populations, including African-Americans, Hispanics and LGBT
- The elderly, particularly those residing in ALFs
- Residents with Alzheimer's disease
- Residents with cancer
- Residents with HIV/AIDS
- Residents with heart disease

The Hospice of the Florida Suncoast, Inc. (CON #10538)

proposes to serve all patients in Hospice Service Area 5A regardless of age, race/ethnicity, disease category, medical condition or ability to pay. The applicant expresses a commitment to be responsive to community needs as they evolve. Suncoast indicates being uniquely qualified to meet the needs of populations that are currently underserved.

The applicant specifically underscores the provision of services to pediatric patients who qualify for the PIC:TFK program. Suncoast states that the needs of pediatric patients are currently unmet as there is no PIC provider in Pasco County. The applicant notes that PIC:TFK patients are referred through a CMS nurse care coordinator and retain their primary physician and specialists. A description of services offered through Suncoast's PIC:TFK programs is included on page 80 of CON application #10538. As a result of operating one of the first PIC:TFK programs in the state, the applicant states that every subsequent PIC program in Florida benefitted from Suncoast's program through mentorship and training. Suncoast maintains that there are no PIC providers in Pasco County and there is a great need for these services identified by CMS care coordinators in the region.

Suncoast describes its "Traditions/Tradiciones" program as a platform for outreach, education, hospice care and counseling for culturally diverse populations in order to increase the understanding of and access to Empath and Suncoast's care programs. As a part of its Traditions/Tradiciones program, the applicant conducts outreach to Latino/Hispanic patients, African-

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American patients and Jewish patients. A narrative description of the forms of outreach conducted with these groups is provided on page 81 of CON application #10538.

Tidewell Hospice, Inc. (CON #10539) identifies the following populations with unmet needs:

- Veterans and potential associated conditions/risk factors
- Smoking and associated respiratory conditions
- Patients with certain health lifestyle behaviors and their associated conditions
- Alzheimer's disease
- Patients with cancer

The applicant states that a number of other services will be made available to Pasco County residents related to health literacy, pediatric populations and suicide awareness/prevention. Tidewell maintains that approval of the proposal is conditioned on the provision of community grief and bereavement programs, complementary services, palliative care, the "Transitions" program and community education.

VITAS Healthcare Corporation of Florida (CON #10540)

identifies residents in ALFs, residents in the last seven days of life, patients with complex diagnoses, residents of DARCs, patients with Alzheimer's and dementia (particularly in SNFs), Veterans, culturally diverse populations and spiritual/religious groups as communities with unmet needs that can be served by the proposed service.

- (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.**

Compassionate Care Hospice of Pasco, Inc. (CON #10533)

expresses the intent to have contractual agreements with SNFs, hospitals and other health care providers. The applicant states that these partnerships will fulfill CCHP's goal of expanding awareness and utilization of hospice. CCHP asserts that a hospice inpatient unit located within a hospital or other facility brings providers, patients and their visitors into daily contact with hospice. The applicant maintains that upon approval, it will establish inpatient agreements within Pasco County. CCHP notes that it has received a letter of support from Francisco Gonzalez, Executive Director of Life Care Center of Winter Haven which attests to the high quality of services provided by CCH and the

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intent to collaborate with the applicant upon approval. An excerpt from an affiliate Life Care Center (New Port Richey) boasts of the applicant's services and expresses the intent to enter discussions to offer inpatient hospice care at Life Care Center of New Port Richey. The applicant notes support and expressed contractual intentions from Heather Hill Healthcare Center.

CCHP lists support for the proposal from several Pasco County physicians and nurse practitioners and expresses confidence in the ability to enter contractual arrangements to have inpatient beds (scatter beds) available at hospitals in the hospice service area. The applicant expresses the intent to work collaboratively with hospital discharge departments as another resource for patients in need of hospice care. Sample inpatient and respite agreements are provided in Section 12 of the supporting documents included with CON application 10533.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534)

proposes to provide the inpatient care component of its new hospice program through contractual arrangements with existing health care facilities such as acute care facilities and SNFs. The applicant describes consulting with area providers in order to assess the needs of hospice patients within the hospice service area. Cornerstone documents the receipt of letters of intent from existing providers which express the intent to enter inpatient agreements, particularly from Consulate Health Care and Florida Hospital Wesley Chapel. Copies of general inpatient interest letters and a sample agreement are included in Attachment 2 of CON application #10534.

North Central Florida Hospice, Inc. (CON #10535) states that the inpatient care component of its proposed hospice program will be provided through contractual arrangements with existing health care facilities. The applicant expresses the intent to execute agreements with existing hospitals and SNFs in order to ensure that general inpatient care and respite services are available to all of Haven's patients. Haven estimates that approximately two percent of its total patient days in Hospice Service Area 5A will be committed to inpatient care, resulting in an average daily census of about 0.5 during year one and just over one per day in year two. The applicant cites its experience with providing inpatient care in contractual beds in hospitals and SNF units. Haven describes its intent to execute agreements with hospitals and SNFs in different locations throughout Hospice Service Area 5A in order to ensure that inpatient services will be available and convenient to Haven's patients.

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The applicant 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 provides a list of entities with current contractual arrangements with Haven in Tab Five of CON application #10535. The applicant indicates that all necessary agreements will be established with hospitals and SNFs prior to the initiation of services in Hospice Service Area 5A.

PruittHealth – Hospice 5A, LLC (CON #10536) expresses the intent to have contractual agreements with SNFs, hospitals and health care providers in order to meet patient needs. The applicant states that through partnering with hospitals to provide hospice inpatient care, it will fulfill its goal to expand awareness and utilization of hospice. PHH5A maintains that upon approval, inpatient agreements at area SNFs and hospitals, proximate to the population most in need of inpatient level of care will be put into place.

The applicant states that a hospice inpatient unit located within a hospital or other facility brings physicians, nurses, aides, administrators, patients and their visitors into daily contact with hospice. PHH5A indicates that such contact expands opportunities for learning and helps dispel myths surrounding hospice and end-of-life care. The applicant describes operating hospice inpatient units throughout the Southeastern United States and partnering with non-profit and for-profit facilities in bringing this vital service to the local communities it serves. PHH5A provides a sample inpatient hospice agreement in Exhibit 21 of CON application #10536.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) proposes contractual agreements with hospitals and SNFs. The applicant states that several SNFs offered support for the proposal and a commitment to work with SHP and contract for inpatient beds. SHP directly identifies Madison Pointe Care Center (New Port Richey), Royal Oak Nursing Center (Dade City) and Solaris Healthcare (Bayonet Point). The applicant expresses an intent to conduct further outreach and visits to all inpatient facilities after approval to implement the hospice services. Sample inpatient hospice agreements are not included within the application.

The Hospice of the Florida Suncoast, Inc. (CON #10538) intends to offer home-based hospice services as part of the proposal. The applicant expresses the intent to develop contracts with hospitals, SNFs and an existing hospice provider in Pasco

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County in order to provide increased access to hospice care and specifically inpatient hospice care for residents of the area. Suncoast provides a sample inpatient agreement in Exhibit F of the proposal.

The applicant attests to having a collaborative relationship with HPH Hospice which operates three inpatient hospice facilities in New Port Richey (48 beds), Dade City (32 beds) and Hudson (seven beds). Suncoast Hospice states that the inpatient beds are geographically distributed throughout Pasco County and provide convenient access for a large number of communities in the hospice service area.

Tidewell Hospice, Inc. (CON #10539) proposes to provide required inpatient services through contractual bed agreements with licensed hospitals, SNFs or other qualified providers of inpatient hospice services. The applicant states that it has initiated building relationships with several providers and community supporters and has received a commitment to negotiated leasing four to six beds for general inpatient care and respite care from Shelby Scott (Administrator, Heather Hill Healthcare Center) and Greg Ryan (Administrator, Madison Pointe Care Center). Tidewell expects to extend relationships with acute care partners within targeted hospice service area and that through contractual agreements Tidewell will be responsible for:

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

The applicant states that the contracting facility will be responsible for:

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

VITAS Healthcare Corporation of Florida (CON #10540) states that if a patient requires care that exceeds the routine and continuous home care level, VITAS will partner with hospital and SNFs to provide inpatient or respite care. The applicant denies any

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intent to develop an inpatient hospice unit within the hospice service area and notes letters of support from SNFs and ALFs. The reviewer notes that letters of support included with the application include expressed interest to form contracts for inpatient care from Zephyr Haven Health and Rehabilitation Center and Orchard Ridge. Standard agreements for SNFs, inpatient and inpatient service are included in TAB 17 of CON application #10540. VITAS states that partnering with area providers will increase awareness and referrals to hospice.

- (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.**

Compassionate Care Hospice of Pasco, Inc. (CON #10533)

expresses a commitment to serve all patients including those who do not have primary caregivers at home, the homeless and patients with AIDS. The applicant notes that it already serves similar types of patients in its existing hospice service areas. The applicant indicates that for patients who lack a primary caregiver, CCHP may recommend placement in an ALF or SNF where the hospice program will be able to provide residential care. CCHP asserts that social workers will assist patients without financial resources to obtain residential care in a hospice unit with an ALF or SNF as determined by their medical condition. As a result, the applicant expresses the intent to establish relationships with area SNFs and ALFs through per diem contracts or hospice units as need presents. The applicant provides sample contracts in the Supporting Documents section of CON application #10533.

CCHP maintains a commitment to serve AIDS patients and notes that there were 10 AIDS related deaths in Pasco County in 2016. The applicant states that homeless patients will be placed in an inpatient unit and assisted with applying for Medicaid and upon qualification for Medicaid, the patient will be placed in a long-term care environment to begin or continue hospice care.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534)

expresses the intent to serve and admit all patients who qualify for hospice care within the hospice service area including homeless persons, persons without primary caregivers and persons with HIV or AIDS.

North Central Florida Hospice, Inc. (CON #10535) describes its history of providing a wide range of services to benefit patient care and the community's end-of-life needs not covered by private insurance, Medicaid or Medicare. The applicant states that these

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services will also be provided in Hospice Service Area 5A. Haven summarizes its “Non-Discrimination in Services Provided” policy attached in Tab Six of CON application #10535.

An account of Haven’s participation in a five-year rural area demonstration from October 2005 to September 2010 is provided by the applicant as evidence of its commitment to serve patients without primary caregivers. Haven maintains that it utilizes 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, the applicant describes using staff assessments, community resources, volunteers, friends, family and patient desires in the provision of hospice services to patients without primary caregivers.

For homeless persons, Haven states that it utilizes VA housing, VA SNFs, halfway housing, emergency homeless shelters, supportive housing, faith community resources, homeless initiatives and as needed visits.

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

Haven indicates 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.

PruittHealth Hospice – 5A, LLC (CON #10536) expresses a commitment to serve all residents, including the homeless and patients who do not have primary caregivers at home and patients with AIDS. The applicant states that the primary focus of the proposed hospice program will be to enable patients to remain in the least restrictive and most emotionally supportive environment possible. PHH5A indicates that for many patients this means living in their own homes or the homes of relatives. The applicant asserts that upon admission patients will be asked to choose a primary caregiver. If patients do not have the option for at home support, PHH5A will develop a care plan describing daily care and safety needs.

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In the event that patients are unable to administer self-care, find at home caregiver support, or become homeless—PHH5A indicates that it will make a recommendation for placement in an ALF or SNF that allows for the administration of hospice care. The applicant maintains that those who lack financial resources will be assisted by a social worker. PHH5A states the intent to establish relationships with SNFs and ALFs via per diem contracts or the creation of hospice units as needed.

PHH5A notes that Hospice Service Area 5A has a decreasing level of HIV-related deaths but maintains that it will institute a program to ensure that patients with HIV/AIDS have access to hospice services. The applicant states that monitoring, pain management, counseling, and psychological support will also be made available to patients and families. PHH5A maintains that staff will be trained in infection control and exercise precautionary measures.

The applicant indicates its historical experience in serving terminally-ill HIV patients and expresses the intent to serve all residents of Pasco County who elect to utilize the hospice benefit.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) expresses the intent to serve all patients in need that are eligible for hospice or that could benefit from SHP’s “Open Access” program including patients who do not have primary caregivers at home, the homeless and patients with AIDS. SHP underscores the following aspects of its proposal:

- Contribute \$10,000 the first year of operation to the Coalition for the Homeless of Pasco County. This amount will increase up to \$30,000 annually.
- Work with METRO Wellness and Community Centers to assist AIDS patients.

SHP maintains that it will serve those without primary caregivers so that their physical needs can be met. For those without a primary caregiver, the applicant indicates that the hospice team leader will identify and direct the safe and effective provision of hospice care where the terminally-ill patient requires assistance with self-care and skilled services in accordance with the patient’s wishes. SHP provides a narrative description of the process for which a caregiver will be designated and for those who lack a primary caregiver. The applicant maintains that the patient’s wishes for their home will be honored and housing assistance will be offered through the Coalition for the Homeless of Pasco County.

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The applicant identifies the following steps for designating caregivers without a primary caregiver:

- A comprehensive patient and family assessment will be completed by the team social worker.
- If it is determined that the patient does not have an able and willing caregiver to assist with care in the patient's home, the patient may be able to initially care for himself. The comprehensive assessment will identify the level of independence and the patient's need for support will be regularly reassessed.
- If the patient is initially unable to meet their own needs for self-care and symptom management, the Interdisciplinary Team will identify "lack of primary caregiver" as a problem. Interventions will include:
 - The plan and frequency for reassessment of the patient's need for care assistance.
 - A social worker assessment of the patient's ability and desire to pay independently for hired care givers.
 - A discussion of anticipated care needs with the patient and collaboration on a plan to meet those future needs.
- As decline in functional ability develops with progressive disease, the type of assistance needed will be determined by the Interdisciplinary Team in collaboration with the patient and family (if involved) and the following potential solutions will be explored and implemented:
 - Friends, neighbors and community members as potential future support network. The hospice team will provide support, management, teaching, oversight and emergency intervention to this network if one is identified.
 - Placement in a group home, public housing or shelter.
 - Placement in a skilled facility.
 - Continuous care if pain and symptoms are unmanageable by arranged caregiver support and the patient desires to remain at home.
 - Placement in a general inpatient bed when pain and symptoms are unmanageable at home.

The applicant provides an overview of the historical prevalence of AIDS cases within Pasco County (2.8 cases per 100,000) and Florida (3.6 per 100,000), noting a disparity in the number of AIDS deaths in Pasco County (10) and the number of AIDS patients served by hospice in 2016 by existing providers (four). SHP discusses a historical record of serving AIDS patients and an ongoing commitment to serve AIDS patients as reflected in its admissions forecast for the proposal—one AIDS patient in year one and two AIDS patients in year two.

The Hospice of the Florida Suncoast, Inc. (CON #10538) discusses a long history of serving patients who lack primary caregivers, including homeless patients and patients with HIV/AIDS. Suncoast describes its EPIC (Empath Partners in Care) program as a comprehensive medical home model supporting those affected by HIV/AIDS in the Tampa Bay region. The applicant also details EPIC's collaboration with AIDS Service Association of Pinellas (ASAP) and Francis House. The applicant states that EPIC allows it to provide services to more people impacted by HIV and AIDS throughout Tampa Bay.

The applicant states that a wide a variety of medical care, counseling, support and prevention services are offered through ASAP and Francis House campuses and other locations in Hillsborough and Pinellas counties. Suncoast indicates that the aim of the EPIC program is to provide seamless care and support that helps clients maintain healthy and self-sufficient lives, assistance to families and HIV testing and education in the community. The applicant asserts that EPIC benefits Suncoast through HIV/AIDS programs/services which result in the early integration into a continuum of care for advanced illness, chronic disease or end-of-life planning/education which affords patients easier access to hospice care when needed. Suncoast maintains that patients who are familiar with EPIC and Empath as a provider are more likely to access hospice services when necessary. The applicant asserts that Suncoast provides hospice care to all patients affected by HIV/AIDS with dignity and compassion and uses well-trained caregivers who are familiar with the special needs of patients suffering from HIV and AIDS.

As a part of the EPIC program the applicant describes addressing the health care needs of transgender people. Suncoast provides a summary of the service offerings, outreach and staffing specifically targeted towards transgender people on pages 81 – 82 of CON application #10538. The applicant states that EPIC's commitment to expand its services to the transgender community is evident and includes multiple applications to AIDS United in order to fill the gap left by traditional treatment centers.

Suncoast maintains that it serves any patient in the community who needs its services without discrimination. Specific to the homeless population, the applicant states that if a patient is unable to care for him/herself and has no caregiver support or permanent residence, it may recommend that the patient enter an ALF, SNF or inpatient hospice facility.

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Tidewell Hospice, Inc. (CON #10539) states that it will conduct an assessment for the need and capabilities of the patient's preferred caregiver with a hospice representative. The applicant indicates that the hospice representative will review the caregiver's role in the patient care process and provide the caregiver with educational materials and resources that will assist them with fulfilling their responsibilities. If the patient does not immediately identify a primary caregiver, Tidewell notes that 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 cannot remain at home, Tidewell may elect to provide a Certified Nursing Assistant to assist with activities of daily living for seven days a week and patients who cannot remain at home may be placed in either an SNF or ALF. The applicant makes reference to Tidewell's "Policy and Procedure for Caregivers" in Appendix R of CON application #10539.

The applicant notes that the proportion of homeless Veterans within Pasco County is three times the statewide average. Tidewell proposes to ameliorate these conditions by addressing some of the underlying issues such as SUD and commits to serving the residents of Hospice Service Area 5A regardless of their housing status. The applicant intends to conduct outreach to these populations and expresses a commitment to serving patients with HIV/AIDS.

VITAS Healthcare Corporation of Florida (CON #10540) maintains that it will serve all residents using community and VITAS resources in order to allow for patients to remain in the least-restrictive and most emotionally supportive environment. The applicant asserts 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, VITAS indicates that it will assist with developing a caregiver network or affordable adult sitter services. The applicant states that it will provide cell phones to patients and family members with unreliable access to communication to maintain contact between patients

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and hospice personnel so that patient needs are met. VITAS indicates that it will provide continuous home care when appropriate.

The applicant notes that it is very difficult to quantify the number or location of homeless persons, based on data obtained from the Florida Council on Homelessness (2017), it observes that the homelessness rate in Pasco County was higher than the state average in 2016 and 2017. VITAS states that Pasco County has the third largest homeless population. The applicant intends to serve these patients regardless of their housing situation and will reach homeless patients within Hospice Service Area 5A through community organizations and health care providers in the region.

VITAS expresses a commitment to serve individuals with HIV/AIDS regardless of volume. The applicant states that educational programs on HIV/AIDS developed for health care professionals will be utilized for the proposed service and provides samples of educational materials in Tab 14 of CON application #10540.

- (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 5A is comprised of one county, Pasco County.

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

Compassionate Care Hospice of Pasco, Inc. (CON #10533)

states that the following “non-core” services not covered by private insurance, Medicaid or Medicare will be offered. The applicant provides a description of each of the below delineated programs on pages 83-86 of CON application #10533.

- Advanced care connections
- Cardiac connections
- Pulmonary connections
- Promise program
- Veterans outreach
- Home health aide care
- Transitions
- “Compassionate Care 4 Kids”
- First night at home

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- Community outreach
- Volunteer services
- Bereavement services
- “Compassionate Courage”
- Comfort corners

Cornerstone Hospice and Palliative Care, Inc. (CON #10534)

states that the following “non-core” services not covered by private insurance, Medicaid or Medicare will be offered:

- Bereavement and grief support programs that are available to all service area residents, regardless of any relationship to Cornerstone patients
- Volunteers to provide respite for caregivers at home, assistance with errands and light homemaking tasks
- Charity care patients for whom Cornerstone is committing to provide at a level of at least three percent of gross revenue
- Services to persons who have exhausted their insurance benefit
- Veteran recognition events
- Community outreach and education
- Extensive and abundant employee programs

The applicant provides a list of specialized programming and descriptions of these programs on pages 43-50 of CON application #10534:

- Dyspnea self-management program
- Memory care program
- *Cornerstone Salutes!/"We Honor Veterans"*
- Care protocols for Jewish patients
- “Pet Peace of Mind”
- Concurrent care (under 21)
- Care considerations for the aging LGBTQ community

North Central Florida Hospice, Inc. (CON #10535) intends to provide a range of services not covered by private insurance, Medicaid or Medicare. Haven describes collaborating with community service organizations, utilizing donated funds to provide care to patients without insurance and receiving assistance from volunteers.

The applicant lists the following set of non-covered services that Haven Hospice will provide:

- Palliative massage therapy
- Pediatric program

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- Bereavement and grief support for patients/families and the community:
 - Widows and widowers support groups
 - Individual and family grief support and counseling
 - Individual and group support for those who have lost an infant
 - School support for grief and trauma support groups
 - Anticipatory grief support for children and teens
 - Community support to and through law enforcement and community agencies for community tragedies such as shootings, fires, motor crashes
 - 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
- Pastoral support
- Advanced care planning
- Transitions
- Pet visits and pet care
- “We Honor Veterans” program
- Haven’s workplace counseling and support program
- Haven’s “Make a Difference” fund
- Patient food pantry

Haven outlines the following groups who are provided uncompensated care:

- Do not have caregivers
- Have too many assets to qualify for Medicaid but financially unable to purchase insurance
- Are not old enough to qualify for Medicare and do not have insurance
- Residents 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
- Residents whose health insurance coverage capped out before or shortly after admission to hospice
- Residents who never had insurance

The applicant describes working with patients and families to access free drug programs from drug manufacturers, community resources and Haven’s own fundraising programs to provide for patients not otherwise covered by private insurance, Medicaid or Medicare. Haven notes that it works with a local elder care

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attorney and the Florida Association of Guardians to seek court appointed guardians for patients without family, a health care surrogate or power of attorney for financial decisions when a patient loses decisional capacity after admission.

Haven details hiring an experienced grant writer to support the expansion of Haven's "Music and Memory" program to become certified, technology innovations to enhance patient care and safety especially in rural areas, provide greater support for culturally diverse communities and to increase community education support and end-of-life resources.

PruittHealth Hospice – 5A, LLC (CON #10536) states that it will serve all medically qualified patients who meet the State/Medicare definition of "terminally ill" who select the hospice care alternative. PHH5A asserts that any decision to limit or stop hospice care must come from the patient, family or physician. The applicant notes that state regulations require hospice to take patients without regard to their ability to pay and the applicant expects to exceed this regulation. The applicant indicates that in 2017, PHH provided more than 565,000 in unfunded care and serving homeless patients without any source of income. PHH5A maintains that it is committed to doing so in Hospice Service Area 5A. The applicant expresses the intent to provide services in Hospice Service Area 5A to those that are not covered by private insurance, Medicaid or Medicare. The applicant references the conditions documented on page 36 of CON application #10536 as "non-core" services.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) notes that as a condition the proposal it commits to provide alternative therapies beyond the core hospice benefit, such as massage therapy, music therapy, art, or other such alternative therapies when eligible and needed. SHP ensures that it shall provide no less than one FTE per 100 patients served on an average daily basis in Hospice Service Area 5A.

In addition to music therapy the applicant will provide the following services which are described on pages 2-16 through 2-22 of CON application #10537:

- Pet therapy
- Palliative care program
- Namaste care
- Open access

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- Pharmacy consultant
- Education
- “Volunteer Vigil” program
- Call center

The applicant cites a condition of approval for the proposal is to donate \$10,000 per year to Seasons Hospice Foundation which will be restricted to wish fulfillment, emergency relief, education and research.

The Hospice of the Florida Suncoast, Inc. (CON #10538)

identifies the following list of services that will be offered that are not covered by insurance:

- Empath Home Health (palliative and skilled home health)
 - The applicant states that this care will include the following:
 - Visits from nurses and certified home health nurse aids
 - Pain and symptom management
 - Wound care
 - Infusions
 - Physical, occupational and speech therapy
 - Disease-related education and management
 - Personal care
 - Visits from social workers and spiritual care coordinators
 - Caregiver training on transferring patients, creating a safe environment, personal care assistance and more
 - Trained volunteers for companionship, specialized therapies (art, music, massage, Reiki, acupuncture, pet visits) and errands
 - 24/7 support
- HIV/AIDS services
- Advance care planning
- Suncoast Hospice Foundation

Tidewell Hospice, Inc. (CON #10539) states that the following services that are not covered by private insurance, Medicare/Medicaid will be provided:

- Comprehensive grief and bereavement services for children, families and the general community including a 24/7 grief education and support call center
- A broad scope of specialized complementary care modalities such as pet therapy, art and music therapy
- Inclusive community outreach and education

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The applicant provides a table summarizing Tidewell’s historical expenditures on non-covered services from 2015 – 2018 (June 30, 2015 – April 30, 2018) for community grief and education support, “Transitions” program, complementary services and Veteran’s program which the applicant also commits to providing in Pasco County (CON application #10539, Page 116).

VITAS Healthcare Corporation of Florida (CON #10540) states that the following non-covered services will be provided:

- Cardiac care 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.

Compassionate Care Hospice of Pasco, Inc. (CON #10533) provides the following proposed staffing model for the first two years of operations on Schedule 6A of CON application #10533 which is reproduced below:

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Compassionate Care Hospice of Pasco, Inc. - Proposed Staffing		
Position	Year 1 FTEs	Year 2 FTEs
Administrator	1.00	1.00
Professional Relations Coordinator	1.00	2.00
Medical Records Clerk	0.75	1.50
Community Liaison	1.00	1.00
Clinical Coordinator	1.00	1.00
Intake Coordinator		1.00
Home Health Aide Scheduler		0.50
Medical Director	0.20	0.30
RNs	2.00	6.00
Per Diem RNs	0.30	1.00
Nurses' Aides	3.70	14.00
Per Diem Nurses' Aides	2.00	2.00
Nurse Practitioner	0.40	1.00
Continuous Care Per Diem LPN	0.27	1.21
Continuous Care Per Diem Aide	0.27	1.21
Dietary Services	0.10	0.20
Respiratory Therapist	0.40	1.00
Social Worker	1.00	2.00
Volunteer Coordinator	0.50	0.50
Chaplain	0.50	1.00
Total	16.39	39.42

Source: CON application #10533, Schedule 6A

Cornerstone Hospice and Palliative Care, Inc. (CON #10534) provides the following proposed staffing model for the first two years of operations on Schedule 6A of CON application #10534 which is reproduced below:

Cornerstone Hospice & Palliative Care, Inc. - Proposed Staffing		
Position	Year 1 FTE	Year 2 FTE
Other: Sales Team	2.0	2.0
Medical Director	1.0	1.0
RNs	3.0	6.1
LPN	0.1	0.2
Nurses' Aides	2.1	4.6
Social Services Director	0.9	2.0
Chaplain	0.4	1.0
Social Worker/Bereavement	0.2	0.2
Total	9.7	17.1

Source: CON application #10534, Schedule 6A

Cornerstone anticipates that it will recruit, train and use volunteer staff at approximately equal to five percent of total hired staff hours. The applicant states that volunteer services will range from patient support activities to administrative/clerical activities to outreach. On page 27 of CON application #10534, Cornerstone

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provides a description of volunteer services and programs which include:

- Patient/family support
- Long-term care visits
- Pet, art, music and other therapies
- “Cornerstone Salutes!”
- Pet peace of mind
- Office/administrative work
- Special events
- Community ambassadors/events
- Facility maintenance
- Spiritual care
- Hospice house/inpatient units
- Vigil care
- “Bear in Mind” program

Cornerstone provides a detailed description of volunteer opportunities, collaterals and stories in Attachment 11 of CON application #10534.

North Central Florida Hospice, Inc. (CON #10535) provides the following proposed staffing model for the first two years of operations on Schedule 6A of CON application #10535 which is reproduced below:

North Central Florida Hospice, Inc. - Forecasted Staffing		
Position	Year 1 FTE	Year 2 FTE
Hospice Director	0.50	0.50
HIM Technician	0.50	1.00
Team Administrative Assistant	0.50	1.00
Customer Service Rep.	1.00	1.00
Professional Liaison	2.00	2.00
Volunteer Coordinator	0.50	0.50
Bereavement Counselor	0.25	0.50
RNs	2.29	5.40
CNAs	1.94	6.60
Social Worker	0.50	1.70
Chaplain	0.31	0.79
ARNP	0.31	0.60
Admission RN	0.50	1.00
Weekend RNs	0.50	1.00
On Call RNs	0.80	2.00
Patient Care Manager (Field)	0.50	1.00
LPNs	1.25	2.50
Associate Medical Director	0.15	0.50
Total	14.3	29.08

Source: CON application #10535, Schedule 6A
 Shaded values indicate incorrect totals

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Then narrative description of Haven’s proposed staffing states that staffing ratios are based on its current operations in neighboring service areas that are similar in population and geographic characteristics. The applicant states that year one calls for hiring of 15.3 FTEs to fully staff one new office and will increase by 14.93 to a total of 30.08 FTEs in year two, primarily in direct care.¹⁷

Haven notes that volunteers are not reflected in the staffing schedule, but that volunteers will be used in the following capacities within the Pasco County program:

- 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 retail stores

PruittHealth Hospice – 5A, LLC (CON #10536) provides the following proposed staffing model for the first two years of operations on Schedule 6A of CON application #10536:

PruittHealth Hospice - 5A, LLC: Proposed Staffing		
Position	Year One FTE	Year Two FTE
Administration		
Administrator	1.0	1.0
Director of Nursing	1.0	1.0
Community Relations Coordinator	2.0	2.0
Administrative Support	2.0	2.0
Physicians		
Unit/Program Director	Contract	Contract
Nursing		
RNs	2.0	4.0
Admissions Nurse	0.8	2.0
Nurse Practitioner	0.5	0.5
Nurses’ Aides	2.0	5.0
Dietary		
Registered Dietician	0.2	0.2
Social Services		
Social Workers	1.0	2.0
Volunteer Coordinator	0.5	1.0
Bereavement Coordinator	0.5	0.8
Spiritual Care		
Chaplain	1.0	1.5
Total	14.5	23.0

Source: CON application #10536, Schedule 6A

¹⁷ The reviewer notes that Schedule 6A reflects 14.30 total FTEs in Year One and 29.08 FTEs in Year Two. The total value of FTEs in Year Two of the applicant’s Schedule 6A actually totals to 29.59 FTEs.

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Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) provides the following proposed staffing model for the first two years of operations on Schedule 6A of CON application #10537 which is reproduced below:

Seasons Hospice and Palliative Care of Pasco County, LLC		
Position	Year 1 FTEs	Year 2 FTEs
Executive Director	1.0	1.0
Admissions Coordinator	1.0	1.0
Business Operations Manager	1.0	1.0
Business Development Staff	3.0	4.0
Education/Quality Manager	1.0	1.0
Team Director	1.0	1.0
Physician Team Support	0.2	0.4
RN	2.4	5.5
LPN	1.2	2.5
Hospice Aides	2.5	6.0
Chaplain	1.0	1.0
Social Worker	1.0	2.0
Volunteer Coordinator	1.0	1.0
Music Therapy	1.0	1.0
Team Assistant	1.0	1.0
Total	19.3	29.4

Source: CON application #10537, Schedule 6A

The applicant notes that federal participation standards require that a hospice provide volunteers in administrative or direct patient care at an amount that equals 5.0 percent of the total patient care hours of all paid hospice employees. SHP indicates that volunteers will be consulted in order to find roles in which they can assist that match their levels of interest and abilities. A list of possible activities and tasks is included on pages 2-27 through 2-28 of CON application #10537. The applicant indicates that volunteers assigned to patient care are part of the Interdisciplinary Team and these volunteers are kept informed of the status of the patients and families they serve. SHP states that volunteers may serve as direct patient care volunteers or indirect patient care volunteers.

SHP indicates that direct patient care volunteers provide patients and their families with emotional support, social interaction, support listening, spiritual support, companionship and respite and practical support following 16 hours of training. The applicant provides a list of training competencies for volunteers on page 2-29 of CON application #10537. SHP defines indirect patient care volunteers as integral members of the hospice team who provide administrative assistance or special projects that enhance the work

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of the in-house staff and supports patients, families and the efforts of the teams in the field such as office volunteers and special project volunteers. The applicant outlines the supportive responsibilities of indirect patient care volunteers on page 2-30 of CON application #10537. Seasons provides a description of the “Give the Gift of Presence” module on pages 2-30 – 2-31 that is a part of the educational and training materials provided to volunteer and staff.

The Hospice of the Florida Suncoast, Inc. (CON #10538)

provides the following proposed staffing model for the first two years of operations on Schedule 6A of CON application #10538 which is reproduced below:

The Hospice of the Florida Suncoast, Inc. - Proposed Staffing		
Position	Year 1 FTE	Year 2 FTE
Administrator	1.0	1.0
Care Team Manager	1.0	1.0
Care Team Administrative Assistant	1.0	1.0
Business Development Liaisons	2.0	2.0
Physicians	0.5	0.5
RN	2.6	5.0
Admission Liaison - RN	0.0	0.5
Hospice Aides	2.8	5.5
Health Information Intake	0.5	0.8
Driver (DME)	0.2	0.5
Social Workers	1.4	2.8
Patient Social Team Lead	0.5	0.5
Chaplain	0.4	0.9
Volunteer Coordinator	1.0	1.0
Total	14.9	23.0

Source: CON application #10538, Schedule 6A

The applicant states that volunteer services will be incorporated into the proposed staffing through the use of adult and teenaged volunteers for a variety of functions including:

- Hospice patient and family support
- Palliative arts support
- Bereavement support
- Children’s community programs support
- Community counseling program
- Special events support
- Resale shop support
- Veterans serving Veterans program

Tidewell Hospice, Inc. (CON #10539) provides the following proposed staffing model for the first two years of operations:

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Tidwell, Inc. Proposed Staffing		
Position	Year 1 FTEs	Year 2 FTEs
Administrator (Admin Various)	1.0	1.0
Director of Nursing (Clinical Director)	1.0	1.0
Admissions Director (Liaison Department)	2.0	3.0
Other: Team Coordinator	0.5	1.0
Other: Volunteer Coordinator	0.5	1.0
Unit/Program Director (MD)	0.5	0.8
Other: ARNP	0.5	0.5
RNs	3.0	5.0
LPNS	4.2	9.1
Nurses' Aides	4.0	6.0
Other: Admissions RN	2.5	3.5
Other: Triage RN	2.5	3.5
Other: Bereavement	1.0	2.0
Social Service Director	1.5	2.0
Other: Complimentary Svc. Coordinator and Community Service	1.0	1.0
Other: Chaplain	0.5	1.0
Total	26.2	41.4

Source: CON application #10539, Schedule 6A

The applicant states that volunteers will provide the following types of services:

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

The applicant anticipates that volunteers will provide approximately 1,500 hours of service in year one and 3,200 hours of service in year two.

VITAS Healthcare Corporation of Florida (CON #10540) provides the following proposed staffing model for the first two years of operations on Schedule 6A of CON application #10540:

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VITAS - Proposed Staffing		
Position	Year 1 FTEs	Year 2 FTEs
General Manager	1.0	1
Team Director (RN)/PCA	2.0	3
Admissions Director*	6.3	7.75
Business Manager	1.0	1
Receptionist/Secretary/Courier	1.5	2
PC Secretary	1.0	2
Continuous Home Care Manager/CC Coordinator	0.2	0.75
Medical Director/Team Physician	1.3	1.5
RNs	5.0	11.58
LPN/Aides	5.7	23.04
On-Call Representatives	1.6	2
Respiratory Therapist	0.6	1
Physical/Occupational Therapist	0.4	0.5
Music/Pet Therapist	1.2	2
Dietary Supervisor	0.4	0.5
Social Worker	1.0	2
Volunteer/Bereavement Manager	0.9	1
Chaplain	1.0	2
Total	32.1	64.6

Source: CON application #10540, Schedule 6A

VITAS states that volunteer staff hours will equal or exceed 5.0 percent of total direct care staff hours and in addition to core services, VITAS will provide physical/occupational, speech, pet and music therapy.

(b) Expected sources of patient referrals.

Compassionate Care Hospice of Pasco, Inc. (CON #10533) states that referrals will come from area physicians, hospitals, SNFs and other health care providers, family members and patients. The applicant references letters of support received from local providers endorsing the proposal. The applicant provides a list of physicians and nurse practitioners along with excerpts from letters of support which favorably review CCH as a provider that offers a significant amount of patient aide touches per week.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534) provides the following list of expected referral sources:

- Physicians
- Hospital discharge planners
- Social workers
- SNFs
- ALFs
- Home health agencies
- Group homes

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- Community social service agencies
- Churches
- Veterans groups

Cornerstone expects for patients and families to self-refer with the direction of an attending physician. The applicant states that outreach and initial marketing activities will further inform the community of Cornerstone's presence as a hospice provider.

The applicant provides a list of community outreach meetings conducted in Pasco County in Attachment 27 of CON application #10534. The following providers and community organizations are noted by the applicant:

- Aetna/Coventry Health Care
- Zephyr Haven
- Consulate Health Care
- Florida Hospital Wesley Chapel
- Royal Oak Nursing Center
- Simeon
- Holden Heights
- Pine Hills Seniors
- American Lung Association
- Rosen Jewish Community Center
- Solaris Windermere
- Solaris Osceola Healthcare
- Central Florida Physicians
- Medical Center of Trinity - HCA

North Central Florida Hospice, Inc. (CON #10535) states that as a result of common ownership with AvMed Health Plans, a managed care organization serving Pasco County, Haven is well positioned to quickly establish good referral arrangements with AvMed's affiliated providers, particularly physicians. The applicant provides a list of existing AvMed authorized providers within the service area in Tab 10 of CON application #10535.

Haven Hospice reviews historical referral patterns from its existing operations and infers the following referral patterns within Subdistrict 5A:

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North Central Florida Hospice, Inc. - Referral Sources	
Source	% of Referrals
Physicians	14.2
Patient, Family or Friend	15.0
Long Term Care Facilities	13.1
Hospitals	51.1
Other	6.6

Source: CON application #10535, page 54

PruittHealth Hospice – 5A, LLC (CON #10536) states that referrals for the proposed program will come from area physicians, SNFs and other health care providers, family members and the patients themselves.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) states that the following will serve as referral sources as evidenced in letters of support: SNFs, hospitals, ALFs, health maintenance organizations, physicians, dialysis centers, social workers, home health organizations, churches, funeral directors, social services organizations, families and individuals.

The Hospice of the Florida Suncoast, Inc. (CON #10538) states that patient referrals will be derived from the following sources:

- Physicians
- SNFs
- ALFs
- Hospitals
- Home health agencies
- Families and friends
- Patient self-referral
- Insurers
- Faith communities
- Community social services organizations
- Other Empath services/programs

Tidewell Hospice, Inc. (CON #10539) expects referrals from physicians, Federally Qualified Health Centers, hospitals, home health agencies, SNFs, ALFs, case managers, social workers, family members, patients, residents, clergy, private duty companies and social service organizations and professionals. The applicant references letters of support from these intended referral sources in Appendix C of CON application #10539.

VITAS Healthcare Corporation of Florida (CON #10540) states that anticipated hospice referrals will come from area physicians, hospitals, clergy, social service agencies, disease advocacy groups,

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SNFs, ALFs, homeless advocates, health care providers, family members and the patients themselves.

- (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.**

Compassionate Care Hospice of Pasco, Inc. (CON #10533) provides the following chart to depict the projected number of admissions by payer source for the first two years of operations:

Compassionate Care Hospice of Pasco, Inc. - Projected Admissions by Payer		
Payer Source	Year 1	Year 2
Medicare	149	365
Medicaid	10	24
Charity	3	8
Insurance	3	8
Total	165	405

Source: CON application #10533, page 92
The reviewer notes that the applicant does not define the "Insurance" category

In addition to the table included, the applicant states that CCHP does not expect to collect any funds on the patients it treats during the first six months of operation, between licensure and certification dates.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534) provides the following chart to depict the projected number of admissions by payer source for the first two years of operations:

Cornerstone Hospice and Palliative Care, Inc. - Projected Admissions by Payer			
Payer Group	Year 1	Year 2	% of Days
Medicare	148	303	79.5%
Medicaid	18	38	9.5%
Insurance	15	33	8.2%
Private Pay	5	11	2.8%
Total	186	384	100.0%

Source: CON application #10534, page 107. Shaded values are incorrect.

North Central Florida Hospice, Inc. (CON #10535) provides the following chart to depict the projected number of admissions by payer source for the first two years of operations:

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North Central Florida Hospice, Inc. - Projected Admissions by Payer		
Admission Type	Year 1	Year 2
Medicare	116	347
Medicaid	8	25
Private Insurance	12	35
Indigent/Self - Pay	3	9
Total	139	416

Source: CON application #10535, page 54

The applicant states that the proportion of admission by payer presented does not match the patient days presented in financial Schedules 7 and 8 because lengths of stay vary by payer groups.

PruittHealth Hospice - 5A, LLC (CON #10536) provides the following chart to depict the projected number of admissions by payer source for the first two years of operations:

PruittHealth Hospice - 5A, LLC Projected Payer Source Admissions		
Payer	Year 1	Year 2
Medicare	123	328
Medicaid	10	25
Private	26	69
Indigent	3	9
Total	162	432

Source: CON application #10536, page 73

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) provides the following chart to depict the projected number of admissions by payer source:

Seasons Hospice and Palliative Care of Pasco County, LLC - Projected Payer Source Admissions					
Payer	Admissions		Patient Days		Percent Days
	Year 1	Year 2	Year 1	Year 2	
Medicare	199	406	10,965	24,374	91.0%
Medicaid	9	18	482	1,071	4.0%
Insurance	7	13	361	804	3.0%
Self-Pay	4	9	241	536	2.0%
Total	219	446	12,049	26,785	100.0%

Source: CON application #10537, page 2-33

The Hospice of the Florida Suncoast, Inc. (CON #10538) provides the following chart depicting the proposed amount of admissions by payer source:

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The Hospice of the Florida Suncoast, Inc.		
Payer Group	Year 1 (2019)	Year 2 (2020)
Medicare	180	365
Medicaid	6	11
Commercial	6	13
Indigent Care	2	4
Self-Pay/Other	0	0
Total Admissions	194	394

Source: CON application #10538, page 107. Shaded value is incorrect.

Tidewell Hospice, Inc. (CON #10539) provides the following chart depicting the proposed amount of admissions by payer source:

Tidewell - Projected Admissions and Patient Days by Payer				
Payer	Year 1		Year 2	
	Admissions	Patient Days	Admissions	Patient Days
Medicaid	11	572	20	1,043
Medicare	190	10,240	359	18,639
Commercial	6	323	11	589
Charity/Self-Pay	7	403	14	737
Total	214	11,538	404	21,008

Source: CON application #10539, Page 118

VITAS Healthcare Corporation of Florida (CON #10540) provides the following chart depicting the proposed amount of admissions by payer source:

VITAS - Projected Admissions by Payer		
Payer Source	Year 1	Year 2
	Admissions	Admissions
Medicare	217	380
Medicaid	14	25
Indigent	4	7
Private Insurance/Self-pay/Other	10	18
Total	245	430

Source: CON application #10540, Page 86

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

Compassionate Care Hospice of Pasco, Inc. (CON #10533) provides the following chart to depict the projected number of admissions by terminal illness for the first two years of operations:

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Compassionate Care Hospice of Pasco, Inc. - Proposed Admissions by Terminal Illness		
Diagnosis	Year 1	Year 2
Cancer	25	61
Cardiac	55	120
Respiratory	30	60
Renal Failure	12	28
Neurology	12	28
Other	31	108
Total	165	405

Source: CON application #10533, page 92

CCHP states that the mix of cancer:non-cancer patients is 15:85 in year two. The applicant states that the disease mix is based on the gap in service in non-cancer terminally-ill patients and CCH's focused expertise in admitting and serving this patient profile. The applicant states that the "neurology" grouping includes patients who have suffered strokes and the "other" category includes all other non-cancer diagnoses outside of cardiac, respiratory, renal failure and neurology.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534)

provides the following chart to depict the projected number of admissions by terminal illness for the first two years of operations:

Cornerstone Hospice and Palliative Care, Inc. - Projected Admissions by Illness		
Illness Category/Age	Year 1	Year 2
Cancer Under 65	23	48
Cancer 65 and Over	14	28
Non-Cancer Under 65	16	34
Non-Cancer 65 and Over	133	274
Total Cornerstone 5A Pasco Patients	186	384

Source: CON application #10534, page 107

North Central Florida Hospice, Inc. (CON #10535) provides the following chart to depict the projected number of admissions by terminal illness for the first two years of operations:

North Central Florida Hospice, Inc. - Projected Admissions by Illness		
Admission Type	Year 1	Year 2
Cancer	43	129
Non-Cancer	96	287
Total	139	416

Source: CON application #10535, page 54

PruittHealth – Hospice 5A, LLC (CON #10536) provides the following chart to depict the projected number of admissions by terminal illness for the first two years of operation:

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Pruitt Health Hospice - 5A, LLC Projected Number of Admissions by Terminal Illness		
Terminal Illness	Year 1	Year 2
Cancer	32	86
HIV/AIDS	4	12
Respiratory	13	35
Cardiac	52	138
Renal Failure	13	35
Alzheimer/Cerebral Degeneration	17	46
Cerebrovascular/Stroke	17	46
Other	13	35
Total	162	432

Source: CON application #10536, page 74

In addition to the table provided, the applicant states that the projected volume of admissions is consistent with the cancer:non-cancer need and PHH experience. PHH5A notes that the above table has a cancer to non-cancer ratio of approximately 20:80 and that the forecasted volume by terminal illness will specifically address need as projected by AHCA in the non-cancer cohorts and the rule preference of meeting the needs of underserved population groups.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) provides the following summary of admissions by terminal illness:

Seasons Hospice - Projected Admissions by Terminal Illness			
Admissions	Year 1	Year 2	Percent
Cancer	63	129	28.9%
AIDS	1	1	0.2%
End-stage Pulmonary	22	44	9.8%
End-stage Renal	1	3	0.7%
End-stage Heart	44	90	20.2%
Diagnosis Other	88	179	40.1%
Total	219	446	100.0%

Source: CON application #10537, page 2-34

The Hospice of the Florida Suncoast, Inc. (CON #10538) provides the following summary of admissions by terminal illness:

The Hospice of the Florida Suncoast, Inc. - Forecasted Admissions by Terminal Illness		
Illness Category	2019	2020
Cancer Under 65	15	31
Cancer 65+	45	91
Non-Cancer Under 65	13	26
Non-Cancer 65+	121	247
Total Admissions	194	394

Source: CON application #10538, page 107. The shaded value is incorrect.

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Tidewell Hospice, Inc. (CON #10539) provides the following summary of admissions by terminal illness:

Tidewell - Projected Admissions by Illness		
Disease	Year 1	Year 2
Cancer	62	117
Heart Disease	34	65
Alzheimer's	28	53
Respiratory Conditions	21	40
Subtotal	145	275
All Other	69	129
Grand Total	214	404

Source: CON application #10539, page 119

VITAS Healthcare Corporation of Florida (CON #10540) provides the following summary of admissions by terminal illness:

VITAS - Projected Admissions by Terminal Illness		
Terminal Illness	Year 1	Year 2
Cancer	66	116
HIV/AIDS	1	1
Respiratory	29	52
Cardiac	46	83
Alzheimer/Cerebral Degeneration	20	35
Cerebrovascular Stroke	64	113
Other	19	30
Total	245	430

Source: CON application #10540, page 88

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

Compassionate Care Hospice of Pasco, Inc. (CON #10533) provides the following table to depict the projected number of admissions by age:

Compassionate Care Hospice of Pasco, Inc. - Projected Admissions by Age		
Age Group	Year 1	Year 2
Under 65	17	41
Over 65	148	364
Total	165	405

Source: CON application #10533, page 93

CCHP notes that the ratio of patients by age is 10:90.

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Cornerstone Hospice and Palliative Care, Inc. (CON #10534) provides the following table to depict the projected number of admissions by age cohort for the first two years of operations:

Cornerstone Hospice and Palliative Care, Inc. - Projected Admissions by Age		
Age Group	Year 1	Year 2
Under 65	39	82
Over 65	147	302
Total	186	384

Source: CON application #10534, page 108

North Central Florida Hospice, Inc. (CON #10535) provides the following table to depict the projected number of admissions by age cohort for the first two years of operation of the proposed hospice program:

North Central Florida Hospice, Inc. - Projected Admissions by Age		
Admission Type	Year 1	Year 2
Under 65	23	69
65+	116	347
Total	139	416

Source: CON application #10535, page 55

PruittHealth – Hospice 5A, LLC (CON #10536) provides the following table to depict the projected number of admissions by age cohort for the first two years of operation of the proposed hospice program:

PruittHealth Hospice - 5A, LLC Projected Number of Admissions by Age		
Age Group	Year 1	Year 2
Under 65	27	71
Over 65	135	361
Total	162	432

Source: CON application #10536, page 74

PHH5A maintains that the volume projections are reasonable and realistically attainable given the service area penetration and capture rate. The applicant determines that 48 (30.0 percent) of the 162 admissions in year one will occur in the first six months of operations, including the licensure period beginning of the first month and anticipated certification by the fifth month. The applicant maintains that the admission breakdown by age cohort reflects a 17:83 ratio of under 65 to over 65 years of age and the interpolated need model indicated the majority of need was in the 65+ cohort. PHH5A asserts that if demand for the under 65 age cohort is higher than expected it will adjust its model accordingly.

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Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) does not respond to this criterion directly in the rule criterion section but did forecast admissions by age cohort in table 1-20 of page 1-58 of CON application #10537.

Seasons Hospice and Palliative Care of Pasco County Projected Admissions by Age		
Age Group	Year 1	Year 2
Under 65	32	65
Over 65	187	382
Total	219	446

Source: CON application #10537, page 1-58

The Hospice of the Florida Suncoast, Inc. (CON #10538) provides the following forecast of admissions by age:

The Hospice of the Florida Suncoast, Inc. - Forecasted Admissions by Age		
Age Group	2019	2020
Under 65	28	57
65+	166	337
Total Hospice Admissions	194	394

Source: CON application #10538, page 107

Tidewell Hospice, Inc. (CON #10539) provides the following forecast of admissions by age:

Tidewell - Projected Admissions by Age		
Age	Year 1	Year 2
Under 65	53	101
Over 65	161	303
Total	214	404

Source: CON application #10539, Page 119

VITAS Healthcare Corporation of Florida (CON #10540) provides the following table to depict the projected number of admissions by age:

VITAS - Projected Admissions by Age		
Age Group	Year 1	Year 2
Under 65	28	48
Over 65	217	382
Total	245	430

Source: CON application #10540, page 89

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

Compassionate Care Hospice of Pasco, Inc. (CON #10533) states that core services will include physician, nursing, social

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work, pastoral/counseling and dietary counseling services which will be provided by staff and volunteers. The applicant states that certain services will be contracted as needed and will include: durable medical equipment, medical supplies, pharmaceuticals, physical therapy, speech and occupational therapy.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534)

provides the following list of core services that will be provided directly by hospice staff and volunteers:

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

The following additional services are listed as potentially being available through contractual agreement:

- Physical, occupational and speech therapy
- Respiratory therapy
- Radiation therapy/chemotherapy/durable medical equipment
- Laboratory services and diagnostic tests
- Mobile radiology services
- Health care proxy services
- Interpretation services for the Deaf and Hearing Impaired
- Foreign language interpreters

North Central Florida Hospice, Inc. (CON #10535) 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

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- Home health aides
- Pharmacist
- 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
- Medications
- Supplies and durable medical equipment

Haven indicates that non-core services will be provided as needed by the patient and pursuant to applicable law and regulations. The applicant states that these services are provided under arrangement while it retains the responsibility for the management of care. Haven maintains that these services are utilized as part of the plan of care and are reviewed at the IDT meetings for the patient's care. The applicant states that these therapies are utilized only under the attending physician's order.

PruittHealth Hospice – 5A, LLC (CON #10536) states that core services will include physician services, nursing services, social work services, pastoral counseling, bereavement services, and dietary counseling which will be provided by PHH5A staff, PHH corporate staff and volunteers. The applicant indicates that complementary services include massage therapy, pet therapy and aromatherapy. PHH5A notes that durable medical equipment, pharmacy services, rehabilitation and certain clinical services will be contracted through affiliated companies. The applicant asserts that durable medical equipment, medical supplies and medications will be available 24 hours per day/seven days a week and provided through PruittHealth Medical and PruittHealth Pharmacy.

The applicant indicates that volunteers will participate in patient and caregiver support and offer companionship. PHH5A projects that volunteers will exceed the minimum requirements of service, with a minimum of five percent of hours beginning with the first two years of operation.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) states that nursing, social work, pastoral or counseling services, dietary and bereavement services will form core services. SHP indicates that its medical director will meet the licensure requirements as a hospice physician. The applicant

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notes that contracted services will include: IV therapy, physical, speech and occupational therapy, patient transportation, mobile and fixed site x-ray, radiation and related oncological treatments, SNF/ALF patient services, numerous laboratories, emergency/ outpatient hospital services, back-up pharmacy and medical equipment service. The applicant states that the plan of care (approved by the medical director) will identify any contracted services authorized to meet the needs of the patient.

SHP details the core focus of its services on pages 2-34 through 2-35 of CON application #10537 and states that per federal regulations routine care, respite care, inpatient care and continuous care will be provided by staff through physician, nursing, medical social services, counseling, hospice aide and homemaker services, dietitians and music therapy. The applicant outlines the qualifications and scope of services to be offered by volunteers and contracted professionals on pages 2-36 through 2-39 of CON application #10537.

The Hospice of the Florida Suncoast, Inc. (CON #10538) states that the following core services will be delivered directly by Suncoast's staff:

- Care/case management
- Hospice home care
- Bereavement services
- Nursing services
- Social services
- Dietary counseling
- Spiritual counseling/chaplains
- Veterans services
- Pediatric services
- Patient intake, evaluation, plan of care
- Evening and weekend care
- Infusion
- Pharmacy
- DME/medical supplies
- Physician services/medical director
- Patient and family education/support
- Volunteer services
- Hospice inpatient care
- Quality measurement and reporting
- Infection control
- Integrative therapies
- Professional community outreach and education

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- Patient/family surveys
- Palliative Care (non-CON service)
 - Hospital-based
 - Community-based

Suncoast offers a list of administrative functions that will be provided in-house on page 108 of CON application #10538. The applicant states that the depth and breadth of programs and services offered by Empath Health provides Suncoast with all of the support and infrastructure with which to provide high quality hospice services that are immediately responsive to the needs of the patient/family without delay. Suncoast underscores the particular benefits of Empath’s in-house sterile compounding pharmacy and durable medical equipment company. The applicant states that these Empath owned and operated functions ensure that patients receive the resources they need more quickly than if these services are obtained through a third-party contract.

Tidewell Hospice, Inc. (CON #10539) identifies the following services to be provided by volunteers:

Respite Care	Social Visits	Tuck In Calls
Care Touch/Aromatherapy	Pet Therapy	Music Interventions
Clowns	Horticulture	Reiki
Crafts	Baking	Spiritual Care
Mentors	Veteran’s Pinnings	Philanthropy
Health Fairs/Events	Transitions Program	Hospice Houses
Home Health Admin Support	Clinical Educators	Non-Clinical Educators
Reception	Vigil	Bereavement
Transportation	Errands	Pharmacist
Haircuts	Thrift Store-Tidewell Treasures	Medical Records
Administrative	Auditing	Finance
Caregiver Calls	Club Blue Butterfly	Massage Therapy
Memory Quilts	Expressive Arts	Life, Legacy and Reminiscence

Source: CON application #10539, page 119

The applicant states that the follow services will be provided via contract labor or contractual arrangements:

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

VITAS Healthcare Corporation of Florida (CON #10540) states that core services include: physician services, nursing services, social work services, pastoral counseling and dietary counseling will be provided by VITAS staff. The applicant states that in addition to core services, it will offer physical, occupational, speech, pet and music therapy.

(g) Proposed arrangements for providing inpatient care.

Compassionate Care Hospice of Pasco, Inc. (CON #10533)

intends to pursue contractual arrangements with SNFs and hospitals designed to meet patient needs. The applicant notes that two area nursing homes (Life Care Center of Winter Haven and Heather Hill Healthcare Center) have indicated a willingness to provide inpatient beds. CCHP expresses the belief that contractual arrangements are the most cost-efficient alternatives as the inpatient and respite needs of these patients can be easily met by existing hospital and SNFs. The applicant notes that samples of the hospital inpatient agreement and SNF inpatient agreements to be executed are included in CON application #10533. CCHP anticipates a level of inpatient service and related patient days as presented in Schedule 5 of CON application #10533.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534)

states that Cornerstone will provide inpatient care through contractual arrangements with hospitals and SNFs. Cornerstone indicates that hospice inpatient care will be under its direct administration whether the inpatient facility is located in a SNF or a hospital. The applicant notes that rooms within a facility used for the inpatient component of care will be arranged, administered and managed in such a manner as to provide privacy, dignity, comfort, warmth and safety for the patient and family.

The applicant references letters of intent in Attachment 2 from Consulate Health Care and Florida Hospital Wesley Chapel to enter into general inpatient care agreement with Cornerstone upon CON approval.

North Central Florida Hospice, Inc. (CON #10535) expects to provide 2.0 percent of total patient days to inpatients during the first two years of operations. The applicant indicates that 2.0 percent mirrors the provision of services in other existing service areas. Haven notes its experience with developing contractual relationships with providers, providing direct inpatient care in its own inpatient units and in leased space. The applicant discusses an intent to build working relationships with providers such as hospitals and SNFs in order to provide inpatient care. The applicant describes consulting with hospitals, SNFs and ALFs in Pasco County and working to establish appropriate agreements in time to serve all of the needs of Haven's patients.

The applicant provides a listing of entities with which Haven has inpatient contractual arrangements in Tab 5 of CON application #10535 and sample agreements governing these relationships.

PruittHealth Hospice – 5A, LLC (CON #10536) intends to have contractual arrangements with SNFs and hospitals designed to meet patient needs in Pasco County. The applicant states that this method is the most cost-efficient alternative as the inpatient and respite needs patients can be easily met by existing hospitals and SNFs. PHH5A maintains that it will establish arrangements with non-PruittHealth affiliated facilities to provide routine care in scatter beds and that as demand grows, need for an inpatient unit will be evaluated.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) expresses an intent to contract with area hospitals and SNFs which express a willingness to work with SHP as demonstrated in the letters of support. The applicant notes the following facilities: Madison Pointe Care Center (New Port Richey), Royal Oak Nursing Center (Dade City) and Solaris Healthcare (Bayonet Point). SHP states that additional inpatient facilities will be pursued in order to assure residents of access to inpatient care close to home.

The Hospice of the Florida Suncoast, Inc. (CON #10538) indicates that Suncoast does not propose to construct an inpatient hospice facility as part of the proposed service. The applicant expresses an intent to have contractual arrangements with SNFs and hospitals designed to meet patient needs in Pasco County. Suncoast intends to pursue contracts with existing hospice providers who have inpatient beds for the provision of hospice care in that setting, when necessary. The applicant states that forming contractual arrangements for inpatient care is the most cost-efficient alternative as the inpatient and respite needs of these patients can be easily met by existing hospital and SNFs.

Tidewell Hospice, Inc. (CON #10539) proposes to provide required inpatient services through contractual bed agreements with licensed hospitals, SNFs or other qualified providers of inpatient hospice services. The applicant states that it has initiated relationships with several providers and community supporters and has received a commitment to negotiate leasing four to six beds for general inpatient and respite care from Shelby Scott (Administrator, Heather Hill Healthcare Center) and Greg Ryan (Administrator, Madison Pointe Care Center). Samples of these endorsements and contractual intentions are included in Appendix C of CON application #10539.

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VITAS Healthcare Corporation of Florida (CON #10540) denies intending to establish its own inpatient facility within Pasco County. The applicant states that VITAS will establish inpatient agreements with existing hospitals and SNFs and provides sample inpatient agreements in Tab 17 of CON application #10540.

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

Compassionate Care Hospice of Pasco, Inc. (CON #10533) states that it will not be constructing beds and will contract and adjust the volume of inpatient beds as needed in hospitals and SNFs. The applicant expresses confidence in its capacity to enter into contractual agreements for inpatient beds based on the extensive contacts it has made in the existing service area. CCHP maintains that every effort will be made to provide accessible hospice services to all residents of Pasco County. The applicant references letters of support provided by representatives of Life Care Center of Winter Haven and Heather Hill Healthcare Center. The applicant provides sample inpatient agreements in Tab 12 of CON application #10533.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534) states that this criterion is not applicable as Cornerstone proposes to contract for inpatient beds with existing providers in Hospice Service Area 5A.

North Central Florida Hospice, Inc. (CON #10535) acknowledges that Haven does not propose to build a freestanding inpatient facility in Pasco County now or in the future. The applicant notes that the proposal's forecast for 2.0 percent of total patient days devoted to inpatient care will result in an average daily census of approximately 1.1 by year two. Haven states that it does not anticipate maintaining a designated number of inpatient beds, but will utilize beds on an as-needed basis. The applicant maintains that inpatient care in Pasco County will be met through contractual arrangements with hospitals and SNFs.

PruittHealth Hospice – 5A, LLC (CON #10536) intends to contract with SNFs and hospitals to address the needs of patients in Pasco County. PHH5A maintains that it will not be constructing an inpatient unit but that existing beds will be contracted on an as needed basis. The applicant determines that increased of hospice services will result as volumes and resulting needs expand.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) states that that during the first two years of operations the applicant does not intend to construct or operate a freestanding inpatient facility. SHP intends to contract with existing facilities in an arrangement in which the participating facility provides the bed and dietary support and the applicant's contract will reimburse the facility for services provided at negotiated rates. The applicant states that care will occur under the direction of the hospice's medical director, who will serve as an admitting physician.

The Hospice of the Florida Suncoast, Inc. (CON #10538) states that this criterion is not applicable as it will contract with existing providers for inpatient beds when needed.

Tidewell Hospice, Inc. (CON #10539) states that 214 general inpatient days are forecasted in year one and 404 general inpatient days are forecasted in year two which translates into need for less than one general inpatient bed in a contracted facility.

VITAS Healthcare Corporation of Florida (CON #10540) restates the intent to establish inpatient agreements within the subdistrict and notes that the total number of inpatient days projected in year two is 368. VITAS maintains that inpatient beds will be contracted as needed and the exact number of beds has not been determined. The applicant maintains that since it will only pay for the bed-days used, the expense budget does not change with the number of beds under contract.

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

Compassionate Care Hospice of Pasco, Inc. (CON #10533) states that an inpatient admission will be made after an evaluation and in consultation with the patient's attending physician or hospice physician based on pain, other symptoms and psychosocial pathology. The applicant indicates that similar criteria will be employed for continued inpatient care and respite care will be offered on an "as needed" basis for a maximum of five days per respite admission under Medicare or Medicaid. CCHP maintains that for patients covered under other insurance, the duration of respite services may be longer.

CCHP states that written guidelines will be adopted and utilized in Pasco County. The applicant indicates that in order to ensure continuity of care between home and the inpatient setting, it maintains a specific policy focused on communication among team

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members, hospital staff, physicians and others. CCHP asserts that its approach assures that there are no gaps in services, treatment or patient needs through the use of this policy and procedure.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534)

states that inpatient care is dictated by a patient's medical need. Cornerstone indicates that, if possible, symptoms will be addressed in the patient's home environment. The applicant identifies admission to a general inpatient bed will be based upon one or more of the following:

- 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

North Central Florida Hospice, Inc. (CON #10535) details the intent to contract with hospitals and SNFs that are Medicare or Medicaid certified with 24-hour RN coverage. Haven states that the criteria for admission into an inpatient bed will be based upon two levels of inpatient care: general inpatient care and respite care. The applicant describes following the Conditions of Participation for Medicare and Medicaid and the standards of the Accreditation Commission for Health Care.

Haven asserts that general inpatient care will be provided when pain or symptoms cannot be successfully managed at home and will be intended as a short-term intervention that allows the patient to return to the previous care setting. The applicant indicates that circumstances include:

- Pain crisis
- 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

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

Haven maintains that respite inpatient care will be offered to alleviate the care burdens of the patient's caregiver and will be provided through contractual arrangements with SNFs. The applicant notes that inpatient care will be sensitive to patient needs.

PruittHealth Hospice – 5A, LLC (CON #10536) specifies that the circumstances under which a person will be admitted to patient bed will vary. The applicant identifies the following variable conditions for inpatient admission: physical condition, pain and medical symptoms that cannot be managed at home. PruittHealth states that inpatient hospice services will be available “round the clock”. PHH5A states that together—the patient, family, physician and hospice IDT will make assessments on appropriate care, including inpatient admission. The applicant notes that hospice patients may be admitted if their pain or other medical symptoms cannot be managed adequately at home. PHH5A asserts that inpatient care is recommended to help adjust medication, reassess/regulate care or services provided but is a temporary situation. The applicant maintains that once the patient's medical reasons for admission are stabilized, the patient can be discharged home with a discharge plan that includes the caregiver structure.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) states that the provision of inpatient care will occur in a contracted hospital or SNF that is a participant in Medicare or Medicaid. The applicant maintains that an inpatient bed will be used for pain control, symptom management and respite purposes. SHP provides a description of its eight-step protocol for admission on pages 2-40 through 2-42 of CON application #10537.

The Hospice of the Florida Suncoast, Inc. (CON #10538) states that the need for hospice inpatient services is determined by the patient's condition or family circumstances. The applicant indicates that hospice inpatient care is usually needed by patients who are experiencing acute pain or other symptoms that cannot be addressed in the home setting. Suncoast asserts that hospice inpatient services are an important option for patients who are imminently dying and have complex care needs that cannot be addressed in the home setting. The applicant intends to develop a

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comprehensive range of hospice inpatient care options in Hospice Service Area 5A. Suncoast maintains its intent to provide inpatient care through contractual arrangements with existing hospitals and SNFs in Pasco County, ensuring that the care options address unique patient and family needs. The applicant states that the full continuum of hospice inpatient options ensures that Suncoast can provide the appropriate care in the appropriate setting and time for the patient.

Suncoast identifies variable conditions under which a patient can be admitted to an inpatient bed vary depending upon the patient's physical condition which fluctuates with time and the home care situation. The applicant states that short-term inpatient hospice care may be indicated or required when the patient's condition or disease progression must be closely monitored to manage pain and symptoms. Suncoast asserts that inpatient hospice services will be available around the clock. The applicant indicates that the patient, family, physician and hospice's IDT participate in the evaluation of appropriate levels of care and the provision of care in an inpatient unit. Suncoast states that hospice patients may be admitted if pain and/or other medical symptoms cannot be effectively managed at home or wherever the patient is receiving hospice care, the situation is described as temporary or until the patient's medications are adjusted or reassessed and the types of services to be provided are regulated.

The applicant states that the range of the treatment setting options differentiates it from other hospice providers. Suncoast asserts that as a result of its efforts, all communities within Pinellas County have easy access to a broad and comprehensive range of inpatient hospice care options. The applicants maintains that it will bring the same experience and commitment to patients in Pasco County in order to ensure that a wide variety of inpatient treatment setting options are available. Two patient testimonials are provided on pages 110 – 111 of CON application #10538.

Tidewell Hospice, Inc. (CON #10539) states that circumstances under which a patient will be admitted to an inpatient bed will vary with the patient's home care situation and physical condition. The applicant states that Medicare regulations prescribe the conditions under which a hospice patient may receive inpatient level of care and these admission criteria are available in Appendix S of CON application #10539.

VITAS Healthcare Corporation of Florida (CON #10540) indicates that it will base inpatient admissions on a patient's physical condition, family caregiver capacity and patient wishes.

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The applicant states that inpatient episodes are for respite care or stays of duration up to five days. VITAS maintains that patients will be admitted if they are experiencing pain or symptoms that cannot be managed at home in order to adjust medication and reassess care. The applicant notes that once a patient is stabilized, they will be discharged. VITAS indicates that it will deliver continuous home care to patients in order to avoid admission to an inpatient unit when appropriate. The applicant notes 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.

Compassionate Care Hospice of Pasco, Inc. (CON #10533)

expresses the intent to serve and admit patients who do not have primary caregivers at home. CCHP notes its historical service to such patients and indicates that for patients without caregivers, it will recommend placement in an ALF or SNF in which the hospice program will be able to provide residential care. The applicant states that social workers will assist patients without financial resources to receive residential care in a hospice unit within an ALF or SNF as determined by their medical condition. CCHP describes being familiar with appropriate methods and techniques for the provision of care to special needs populations including those without caregivers and expresses being able to meet similar needs in Pasco County.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534)

cites a historical record of providing care to patients without caregivers. Cornerstone describes working with patients to develop a plan to get them the care they need when they can no longer care for themselves. The applicant states that when patients are no longer able to care for themselves, the patient's individual care plan requires a primary caregiver at the home or admission to a long-term care facility or alternative place where the patient's safety can be secured.

North Central Florida Hospice, Inc. (CON #10535) will attempt to seek out an appropriate caregiver from the patient's neighbors, family and friends, recommend sitter services in the absence of qualified caregivers and/or place the patient in an ALF or SNF. For homeless persons, the applicant intends to seek out temporary residential placement at a local shelter, an ALF or SNF.

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PruittHealth Hospice - 5A, LLC (CON #10536) states that the emphasis of care provided to individuals without primary caregivers at home will be to enable patients to be cared for in the least restrictive and most emotionally supportive environment possible, such as a relative's home. The applicant indicates that patients will be asked to select a primary caregiver upon admission and a care plan that describes daily care and safety needs will be created for patients without a primary caregiver. PHH5A commits to facilitating the creation of a caregiver network from within the patient's network and community.

In the event that patients are unable to administer self-care or find at home caregiver support, PHH5A will make a recommendation for placement in an ALF or SNF that allows for the administration of hospice care. The applicant states that those who lack financial resources will be assisted by a social worker. PHH5A expresses the intent to establish relationships with ALFs and SNFs via per diem contracts or the creation of hospice units as needed. The applicant provides a sample of an inpatient hospice contract in Exhibit 21 of CON application #10536.

For terminally ill homeless individuals, the applicant intends to administer care in the setting which best allows for the provision of care including: a homeless shelter, SNF, ALF or hotel. PPH5A states that a primary caregiver will be assigned to patients who lack a primary caregiver.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) states that for patients who lack primary caregivers the team leader will identify and direct safe and effective provision of hospice care in situations where the terminally-ill patient requires assistance with self-care and skilled services. Care will be provided in accordance with the patient's wishes, SHP details this five-step process on pages 2-42 through 2-43 of CON application #10537.

The Hospice of the Florida Suncoast, Inc. (CON #10538) states that the proposed hospice program's goal is for every patient to be able to remain in the least restrictive and most emotionally supportive environment possible. The applicant maintains that in many cases, patients prefer to live in their own home or with relatives. Suncoast indicates that patients who have no support at home will have increased support from the hospice staff and volunteers whenever possible. The applicant asserts that patients without caregivers will develop a plan of care that may include their network of friends, family, neighbors and other community members to help assist them and remain in their homes.

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For patients who lack the capacity to develop a caregiver network and are physically/mentally unable to remain at home and receive hospice services, the applicant will recommend placement at an ALF, SNF or inpatient hospice facility. Suncoast states that hospice staff and volunteers will continue to provide hospice care in these settings and the proposed hospice program will work to establish and expand relationships with various SNFs, ALFs and hospitals within the area.

Tidewell Hospice, Inc. (CON #10539) will conduct an assessment for the need and capabilities of the patient's preferred caregiver with a hospice representative. Tidewell notes that 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 indicates that it 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 an ALF or SNF. The applicant makes reference to Tidewell's "Policy and Procedure for Caregivers", in Appendix R of CON application #10539.

VITAS Healthcare Corporation of Florida (CON #10540) 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. VITAS notes that patients will be admitted if experiencing pain/symptoms that cannot be managed at home, during this time patients will be admitted in order to adjust medication/reassess care and once a patient is stabilized, they will be discharged. The applicant maintains that it will also deliver continuous home care to patients in order to avoid admission to an inpatient unit when appropriate. VITAS contends that continuous home care allows for patients to remain at home during the end-of-life.

(k) Arrangements for the provision of bereavement services.

Compassionate Care Hospice of Pasco, Inc. (CON #10533) states that its policy is to provide appropriate and coordinated bereavement services and counseling to families and caregivers for at least 13 months following the death of a patient. The applicant

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states that bereavement services are extended to residents and staff of SNFs, ALFs and other medical facilities as needed for the same time period.

CCHP states that an initial bereavement risk assessment is completed by the social worker, bereavement coordinator or another qualified designee within five days of admission. The applicant states that the bereavement coordinator may provide supportive counseling to the patient/family/caregiver prior to death. CCHP notes that following a death, the patient's death will be discussed at an IDT meeting and a sympathy card and bereavement letter are sent to the bereaved—giving support and outlining bereavement services. Within three to five weeks following a patient's death, the applicant states that a follow-up assessment is completed by the bereavement coordinator and a professional judgement is made on whether or not the bereaved requires a routine or high-risk follow-up with a bereavement care plan initiated. CCHP maintains that these services will be offered to residents of Pasco County.

The applicant states that bereavement services and contact will be made on a weekly, bi-monthly or monthly intervals depending on needs. CCHP offers a list of bereavement services that are offered through referral on page 98 of CON application #10533. The applicant indicates that an ongoing bereavement contact will be concluded at the end of 13 months if the bereaved are no longer in need of bereavement services. CCHP notes that the need for bereavement services will be reassessed for referrals if necessary at 13 months.

For children, CCHP will offer "Compassionate Courage" a children's bereavement network which provides a safe, non-threatening environment and an opportunity to share the experience of loss with others. The applicant provides descriptions of the CCH's bereavement program and "Compassionate Courage" program along with policies and procedures provided in the Supporting Documents of CON application #10533.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534)

describes the use of bereavement counselors who follow a multifaceted protocol that allows treatment plans to be tailored to meet each client's individualized needs which involves unstructured discussion and support, educational, reflective materials. The applicant states that materials are designed to increase each client's self-awareness to facilitate forward movement and to increase feelings of self-efficacy.

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Cornerstone maintains that counseling is not time-restricted and care is taken to refer complex or complicated bereavement to community professionals when issues are beyond the scope of services offered. The applicant asserts that care is taken to not foster dependency on the counselor without negatively impacting the client/counselor bond.

The applicant states that patients' family members are contacted by phone within five days of a death and offered condolences and information about bereavement services. Cornerstone indicates that family receive phone calls three to four weeks after the death to evaluate how individuals are coping with their loss. The applicant notes that bereavement mailings with contact information are also provided to educate family members about the grieving process and emotional support at one, three, six, nine and twelve months following a death.

Cornerstone indicates that children who have experienced death are invited to participate in bereavement camps. The applicant states that overnight camps are offered to children in two age groups for those between the ages of six and 12 and those between the ages of 13 and 18. Cornerstone notes that additional day camps are under development at this time.

North Central Florida Hospice, Inc. (CON #10535) 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 and information and instructions on accessing services available through Haven's "Healing Hearts Department". Haven indicates that individuals receive additional letters of support at 30, 60, 90, 180 and 360 days and phone calls at 60, 120, 210 and 270 days following a death. The applicant maintains that bereavement support includes individual counseling and support groups which is available throughout the community in schools, local businesses and places of worship.

Haven indicates that it 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. Haven states that the initial hospice office will be located in or near the community of Trinity and will encompass space for

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counseling and bereavement activities while space will be arranged in other locations to meet the access needs of the community or specific space requirements of various programs as they develop.

PruittHealth Hospice – 5A, LLC (CON #10536) states that bereavement counseling will be provided by the bereavement coordinator, social worker or chaplain. The applicant expects for bereavement counseling to maximize the use of community resources and emphasize patient and family support. PHH5A indicates that bereavement and grief counseling will be available to family members, significant others and loved ones identified in the bereavement plan of care for a minimum of 13 months after the patient’s death. The applicant notes that longer periods of bereavement will be available if needed. PHH5A states that a care plan outlining bereavement care and survivor risk factors will be made available.

PHH5A states that care plans will be reviewed quarterly and that core grief services will include the following range of 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

For children, the applicant maintains that bereavement support will be provided through the United Hospice Foundation initiative Camp Cocoon. A narrative description of the Camp Cocoon program is provided on pages 77 – 78 of CON application #10536.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) states that bereavement services are a core part of the circle of care and bereavement volunteers will receive training to support the family. The applicant asserts that the duration of bereavement services will vary based on the needs of friends and family. SHP indicates that bereavement will be extended to the patient and family before and following the patient’s death in order

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to manage the effects of the natural grief process. The applicant provides a list of its bereavement process on pages 2-43 through 2-44 of CON application #10537.

The Hospice of the Florida Suncoast, Inc. (CON #10538) states that bereavement care is provided through team staff, social workers, counselors, a bereavement specialist at each community service center, trained volunteers and “Community Bereavement Program” counselors.

Suncoast states that it offers a wide range of bereavement programs for those affected by illness or loss. The applicant maintains that these programs are largely non-reimbursable, value-added services that promote emotional healing and help people with major life transitions. Upon approval of the proposal, the applicant states that it will work with the Pasco community in order to identify needs and offer a range of programs based on community input as an extension of the bereavement programs currently offered through Suncoast.

The applicant describes its community counseling program which is offered to individuals and groups coping with a serious illness or death of a loved one in a variety of venues/locations, workplace locations or online. Suncoast states that the community counseling program provides special educational support groups and community memorial services throughout the year.

Suncoast provides a narrative summary of the programs/services offered through the community counseling program which include:

- Illness support and grief counseling
- Individual and group counseling
- Traumatic, sudden loss counseling
- Crisis intervention counseling
- Community memorial services

A sample of a brochure for the community counseling program is included in Exhibit E of CON application #10538.

Tidewell Hospice, Inc. (CON #10539) states that grief support is facilitated through Tidewell’s GESC and Tidewell’s 10 professional grief support specialists (coordinated by Ken Kinzie, Administrative Director, GESC) who provide emotional support and assist patients and family members in gaining perspective on end-of-life and grief issues. The applicant indicates that family members are eligible to receive additional services after the patient dies (phone calls and mailings) up to 13 months following the death of their loved one.

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Tidewell maintains that outreach efforts are a major focus of GESC which offers educational materials and group counseling. The applicant notes the following services available: bereavement support groups, various speaker series, a grief education and support call center, colleague support program, GESC services to SNFs/ALFs, nature walks and Club Blue Butterfly (a grief support program for children and teens). The applicant notes that Club Blue Butterfly is provided at no cost to participants and was implemented on April 10, 2018 following a comprehensive needs assessment. The scope and breadth of Tidewell's bereavement services are provide at length on pages 54 – 60 of CON application #10539.

VITAS Healthcare Corporation of Florida (CON #10540) states that it will make bereavement and grief support services available to survivors as needed. The applicant maintains that services will be available upon admission until a year after the death of a patient or longer if needed. VITAS notes that bereavement support is available 24 hours a day, seven days a week with a trained staff members on-call and accessible through a toll-free number. The applicant 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.

Compassionate Care Hospice of Pasco, Inc. (CON #10533) intends to provide extensive community education activities surrounding the benefits of hospice to increase hospice awareness and utilization. The applicant notes that the proposal includes one full-time professional relations coordinator and community liaison

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in year one and two professional relations coordinators and community liaisons in year two. CCHP states that these individuals will be responsible for leading the outreach for specific disease focused programming and further developing relationships throughout the community and coordinate educational sessions, presentations and outreach activities in Pasco County. The applicant indicates that these employees will educate SNF and ALF constituents on the myths and benefits of hospice.

CCHP maintains that it will host hospice educational events at senior organizations, religious affiliated groups, Veterans organizations, health fairs and educate residents of Pasco County in an effort to educate the community at large on the benefits of holistic end-of-life care through hospice.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534) states that proposed educational services will target members of Latino, Hispanic, African American and Jewish communities in addition to the Pasco County population as a whole. The applicant indicates that outreach and community education have previously taken the form of walks, church festivals, veterans ceremonies and other community events. Cornerstone provides a list of previous community education and outreach activities in Attachment 16 of CON application #10534.

The applicant notes that many members of the Pasco County community indicated awareness of Cornerstone and its community impact in its existing service areas. Cornerstone intends to tailor its outreach and programming to meet the dedicated needs of Hospice Service Area 5A.

North Central Florida Hospice, Inc. (CON #10535) indicates circulates informational documents through its community relations representatives in order to identify referrals to hospice care from community organizations. The applicant indicates that it conducts presentations, seminars and educational units throughout its existing service areas. Haven includes a list of past presentations on pages 60 to 61 of CON application #10535 along with a list of education and training topics available to the public. The applicant maintains that it makes training available to health care providers from local academic institutions in educational and practical settings. Haven states that the proposed hospice program will have two professional liaison representatives and one customer service specialist to conduct community outreach. The applicant states that it 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

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education opportunities. Haven maintains that upon approval of the proposed program, community relations personnel will be contacting the same types of organizations to follow up and to further share the news of its availability in the service area and to offer their services, share information and develop opportunities for public education.

PruittHealth Hospice – 5A, LLC (CON #10536) states that the proposed project will include extensive community education activities surrounding the benefits of hospice in order to increase hospice awareness and utilization. The applicant forecasts that staffing for the proposed hospice program will include 2.0 FTEs for community relations representatives who will be responsible for leading all outreach programs and coordinating educational sessions, presentations and listening sessions. PHH5A indicates that the representatives will educate patients in SNFs and ALFs about hospice care. The applicant states that hospice educational events will be hosted at senior organizations, religiously affiliated groups, Veterans organizations and health fairs in order to educate residents of rural areas of Hospice Service Area 5A and the community at large on the benefits of holistic end-of-life care through hospice.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) states that the “Circle of Care” program will ensure that widespread community outreach will occur to every municipality. SHP maintains that printed material, commercial spots on television and radio, articles in newspapers and magazines, testimonials in person at service clubs, women’s clubs, churches, synagogues, schools, community colleges and universities will all produce education and increase opportunities for volunteers to function as outreach for those who may need hospice care. The applicant provides a variety of forums for possible community education on page 2-44 through 2-45 of CON application #10537.

The Hospice of the Florida Suncoast, Inc. (CON #10538) states that as a comprehensive model of hospice, Suncoast provides community, consumer and professional education services as an integral part of its mission to serve everyone in the community affected by life-limiting illness, caregiving and bereavement. Suncoast maintains that educational programs are provided to the community as a way of supporting all people anticipating and experiencing illness, caregiving or bereavement and those professionals serving these people to assure consumer choice in palliative care and competency of end-of-life care professionals which will be available to Pasco County residents.

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Tidewell Hospice, Inc. (CON #10539) emphasizes the importance of general community education and professional outreach and maintains that its educational programs are directed to the general public, service area health care providers and health care professionals. Tidewell states that in-house education is provided to staff and non-employees. The applicant details a number of topics that are discussed in outreach to the professional community on page 64 of CON application #10539.

A list of community institutions and organizations with which Tidewell collaborates with are provided on page 65 of CON application #10539. The applicant states that staff and volunteers provide an extensive scope of direct community education through participation in community health programs such as Alzheimer's, HIV/AIDS, cancer support groups, area organizations for the aging and presentations to public schools. Tidewell staff and volunteers are stated to participate in health fairs, chamber of commerce activities, schools, elder affairs organizations, faith groups, disease support groups and senior organizations. The applicant intends to facilitate community outreach through advanced care planning through the "Choices for Care" program in order to increase awareness and understanding of the importance of discussing and planning for end-of-life care.

VITAS Healthcare Corporation of Florida (CON #10540) states that community outreach will be made available through the following:

- Two hospice offices
- A grant totaling \$20,000 to the local American Heart Association to establish a community education and awareness program for cardiovascular disease, risk and prevention
- A grant to the local Alzheimer's association to assist with support groups that meet the emotional needs of area caregivers
- Community liaison programs, particularly those targeted to DARCS and Veterans

The applicant details historical outreach activities provided in Hospice Service Area 3E on pages 98 – 102 of CON application #10540. VITAS provides educational brochures and materials for families considering hospice care in Tabs 6, 12, 25, 31, 32, 42 and 43.

(m) Fundraising activities.

Compassionate Care Hospice of Pasco, Inc. (CON #10533)

states that as an organization CCH does not actively raise funds from the community and conditions the proposal on the condition that CCHP will not participate in fundraising activities in Pasco County.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534)

indicates that it will partner with Cornerstone Hospice Foundation for fundraising. The applicant states that Cornerstone Hospice Foundation provides philanthropic dollars to support existing and ever-changing health care services for the seriously ill. The applicant describes how Cornerstone Hospice Foundation will distribute contributions to help offset the continually rising costs of medical expenses to patients and families.

North Central Florida Hospice, Inc. (CON #10535) 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, Haven maintains 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.

PruittHealth Hospice – 5A, LLC (CON #10536) states that PruittHealth does not actively raise funds from the community and will not compete with non-profit hospice organizations or other groups in obtaining funds from the community. The applicant contends that the proposed service will not dilute potential contributions available in the community or adversely impact existing hospice programs' fundraising efforts.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537)

notes that the Seasons Hospice Foundation is a non-profit foundation within the organization that is dedicated to providing a long-term benefit for all persons. The applicant states that the foundation focuses on developing community relationships that produce and encourage donations. SHP maintains that as a for-profit entity, it does not actively solicit donations or engage in fundraising activities but focuses on various outreach efforts throughout the community.

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The Hospice of the Florida Suncoast, Inc. (CON #10538) states that Suncoast's fundraising activities in Pasco County will be coordinated by Empath Health's existing hospice foundation. The applicant states that the Suncoast Hospice Foundation will foster relationships to build community investments in order to provide resources to fund Empath Health and its family programs: Suncoast Hospice, Suncoast PACE, Empath Community Health, Empath Home Health, Suncoast Hospice Institute and other programs and services of Empath Health.

The applicant asserts that Suncoast Hospice Foundation fills the gap between reimbursable and non-reimbursable expenses associated with chronic or advanced illness. Suncoast indicates that the foundation will assist those who are not insured, those who need more services than insurance covers, those who cannot afford to pay, those who have family members affected by a patient's health condition and those who need assistance with needs outside or in addition to their direct medical diagnosis. The applicant notes that within the past two years, Suncoast Hospice Foundation has received more than \$63,000 in donations from 486 unduplicated donors who reside in Pasco County which is evidence that Suncoast has community support in Pasco County.

Suncoast provides a historical overview of the Suncoast Hospice Foundation and notes that community support is provided in the form of memorial tributes, estate and planned gifts, major contributions, grants, events and designated gifts for specific purposes. Additional descriptions of the foundation's community support and volunteer engagement are provided on page 114 of CON application #10538.

Tidewell Hospice, Inc. (CON #10539) states that it will not solicit donations within the service area for the first two years of operations as conditioned in the application. The applicant describes its Philanthropy Department which receives grants, community philanthropy and gift support from staff, volunteers, annual fund-raising events and direct mail campaigns.

The applicant also describes the Humanitarian Fund which is seeded with \$25,000 provided by Tidewell Hospice, Inc. which will provide financial support to Tidewell's Wishes Fund. Tidewell provides a historical overview of its philanthropic activities on pages 95 – 96 of CON application #10539.

VITAS Healthcare Corporation of Florida (CON #10540) states that it will not solicit/engage in any fundraising events or campaigns to obtain charitable donations from residents of

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Hospice Service Area 5A. The applicant states that any unsolicited donations will be sent 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.

- 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.**

Compassionate Care Hospice of Pasco, Inc. (CON #10533) expresses the intent to comply with this criterion.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534) expresses the intent to comply with this criterion.

North Central Florida Hospice, Inc. (CON #10535) expresses the intent to comply with this criterion.

PruittHealth Hospice – 5A, LLC (CON #10536) expresses the intent to comply with this criterion.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) expresses the intent to comply with this criterion.

The Hospice of the Florida Suncoast, Inc. (CON #10538) expresses the intent to comply with this criterion.

Tidewell Hospice, Inc. (CON #10539) expresses the intent to comply with this criterion.

VITAS Healthcare Corporation of Florida (CON #10540) expresses the intent to comply 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

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care facilities and health services in the proposed service area. The applicants are responding to published need of one hospice program in Hospice Service Area 5A.

The following chart depicts hospice admissions for the past five years, beginning with the 12-month period ending on December 31, 2013 and concluding with the 12-month period ending on December 31, 2018.

Hospice Admissions in Hospice Service Area 5A	
Year End	Admissions
December 31, 2017	3,847
December 31, 2016	3,889
December 31, 2015	3,839
December 31, 2014	3,634
December 31, 2013	3,817

Source: Florida Need Projections for Hospice Programs Published April 2013 – April 2018

Compassionate Care Hospice of Pasco, Inc. (CON #10533)

summarizes the Agency’s published need for an additional hospice program in Pasco County. Based on the hospice need formula, CCHP identifies a majority of the gap of unserved hospice patients within the 65+ group with non-cancer diagnoses (75.0 percent). The applicant states that the gap is not surprising as these groups are the most difficult to penetrate for hospice, the applicant attributes another 5.0 percent of the projected gap to the non-cancer cohort under 65. CCHP notes that 80.0 percent of the gap is within the non-cancer group and 20.0 percent of the gap is concentrated within cancer related deaths. The applicant maintains that it has extensive and unique non-cancer disease specific programming that distinguishes it from other community hospice providers. The applicant states that implementation of nationally recognized CCH programs in the hospice service area will enhance hospice penetration rates across the non-cancer cohort.

The applicant characterizes existing Pasco County providers as local not-for-profit community based hospice programs with similar structures and service offerings—including large inpatient units and emphasize maintaining census in these inpatient hospice houses. CCHP notes that the volume of hospice admissions at HPH Hospice has declined while the volume of admissions at Gulfside Hospice has increased resulting in no growth in admissions from 2015 – 2017. The applicant maintains that the declining hospice penetration rates reflect decreasing

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access to hospice services within the hospice service area as the hospice penetration for the State of Florida remained flat at 68.3 percent.

From 2016 to June 2020, the applicant notes the following trends:

- Forecasted non-cancer deaths within Pasco County are expected to increase by 5.7 percent
- Forecasted non-cancer deaths within Florida are expected to increase by 2.4 percent.

For the same time period CCHP cites the following trends related to increases in hospice admissions:

- Forecasted non-cancer hospice admissions within Pasco County are expected to increase by 15.0 percent
- Forecasted non-cancer hospice admissions within the State of Florida are expected to increase by 2.4 percent

The applicant states that the observed increase in non-cancer hospice admissions is evidence of the need for a qualified non-cancer hospice specialist. The applicant maintains that as a provider, CCH is honing in on specific needs of non-cancer patients in contiguous districts (3E and 6B) and intends to serve in this capacity in Pasco County.

CCHP notes the following circumstances regarding Pasco County which are characterized as “not-normal”

- Below average number of home care visits per week
- Below average number of home health aide visits per week
- Below average number of home care hours per patient provided during the last week of life
- Below average number of home health aide hours per patient provided during the last week of life
- Lower hospice penetration rates amongst end-stage heart disease population
- Lower hospice penetration rates amongst end-stage pulmonary disease population

The applicant contends that given the state of the existing hospice landscape in Pasco County, characterized by decreasing access and utilization and CCHP’s ability to successfully develop non-cancer programs in unique markets while providing more patient touches than all of its competition, the applicant to be approved as the appropriate applicant to respond to published need in Hospice Service Area 5A.

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In its description of quality of care, the applicant states that CCH is in compliance with the Conditions of Participation for hospice providers under the Health Insurance for the Aged and Disabled Program. CCHP notes that while CCH has a corporate integrity agreement in place, this situation has served as a valuable tool to enhance its quality of care and to achieve a new standard throughout its existing programs and services. The applicant expresses the intent to accept any conditions on the proposal and provide all required core components of hospice care set forth by Medicare Conditions of Participation and Florida hospice licensure requirements. CCHP notes its conditions proposed for the hospice program.

With regards to efficiency the applicant states that CCHP is an affiliate of a larger organization which has operated hospice programs for 25 years and has the expertise and experience of developing quality hospice programs throughout the nation, including Florida. The applicant expects for this expertise to result in the effective provision of care. CCHP references its policies and procedures manual which is included in the Supporting Documents section of the application. The applicant describes how its contractual arrangements for certain services will provide efficiency in terms of intangible and tangible resources and financial savings for the program which will be contracted nationally and locally upon approval of the proposal. CCHP maintains that its staff will be educated in the provision of appropriate, high quality effective and efficient services enabling patients to receive the most appropriate pain and symptom management to meet their needs. The applicant maintains that the needs of underserved patients will be met with these methodologies.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534) states that the application is responding to published need. The applicant states that the proposal seeks to address the entirety of the needs of the terminally ill population regardless of age, race, gender, disability or income level. Cornerstone indicates that specific groups that will be targeted include Hispanic and African American populations, patients with respiratory diagnoses, Veterans and residents under 65 with a life-limiting illness.

Cornerstone lists the following reasons for which Cornerstone will best meet the need identified in Pasco County:

- Cornerstone can immediately begin serving Pasco County and meeting the needs of the community and conservatively projects to begin service on October 1, 2018.

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- Cornerstone has demonstrated its ability to enter a new market, Hospice Service Area 2B, and rapidly address the needs of the community focusing specifically on underserved groups in the market.
- Cornerstone already has significant relationships with hospitals, physicians, ALFs, SNFs and other health care providers in Hospice Service Area 5A that will lend itself to natural referral relationships upon approval to serve this region.
- Cornerstone's staff has already spent a tremendous amount of time in Pasco County, meeting with health care providers, referral sources, community leaders and other individuals to learn about the hospice needs in Pasco County and how to quickly and efficiently begin addressing these needs.
- Cornerstone's staff has met and/or talked with 175 individuals and organizations and received 76 letters of support for its proposed expansion into Pasco County (Attachment 3).
- Cornerstone has identified needs within Pasco County in terms of both clinical needs and types of services offered and communities served including enhanced outreach and access to Hispanic, African American, LGBTQ and Jewish patients as identified herein.
- Cornerstone will establish an office presence in in New Port Richey that will allow Cornerstone to rapidly respond to the needs of Pasco County residents.
- Cornerstone is well known for its exceptional level of care such as its fast response time with the ability to provide among the highest level of skilled care in the industry.
- Cornerstone is also known for its compassion in going above and beyond with exceptional and unique services. Cornerstone's Foundation assists with such efforts.
- Cornerstone's chaplain services/spiritual care program exceeds most hospice providers with 50 hours of training per chaplain and a rich staff of chaplains and spiritual care professionals
- Cornerstone has identified 16 conditions that reflect a wide range of commitments from financial and minority access, to specialized clinical programs, community outreach and education, as well as unique therapies/adjunct programming to support Pasco County patients and families.

North Central Florida Hospice, Inc. (CON #10535) states that the establishment of the proposed hospice program will increase availability, accessibility and utilization of hospice services in Hospice Service Area 5A in response to the fixed need pool. Haven has identified patients with end-stage heart disease, African-American and Hispanic populations with low hospice penetration rates.

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The applicant intends to target indigent and low-income populations regardless of race, ethnicity religious affiliation or ability to pay. Haven maintains that a concerted effort will be made to reach out to all segments of the service area's population in need of care.

Haven indicates that projected admissions for the project will account for 3.2 percent of the market share in the region and will allow for growth in admission rates for all providers of the hospice service area.

PruittHealth Hospice – 5A, LLC (CON #10536) addresses need for the proposal based on the availability, accessibility and extent of utilization of existing services by evaluating the forecasted gap in services among the existing providers.

PHH5A maintains that the CON application #10536 was submitted in response to published need and that the proposed project is well positioned to fill the gap in hospice services to terminally-ill residents within Hospice Service Area 5A. The applicant notes that the proposed program will rely on the wealth of experience and corporate resources of PHH to target the end-of-life needs of underserved population groups which are identified and presented in detail throughout the application.

The applicant states that the proposal will fulfill incremental demand within Pasco County and foster competition through the implementation of a "top-notch" hospice program that will serve residents with quality programs and services. The applicant expects for the introduction of the hospice program to pair well with PruittHealth's existing SNF in Santa Rosa County and three other SNFs projects underway in nearby areas. PHH5A anticipates that the proposal will benefit the communities it serves with market knowledge, shared resources and high quality programming.

In addressing quality of care, the applicant states that the proposal will develop services, protocols and outreach programs that exceed benchmarks in an effort to ultimately provide the very best end-of-life care to residents of Pasco County. As a newly-formed entity, PHH5A indicates that it lacks a historical quality record, however upon licensure and certification it intends to develop all policies and procedures in addition to a quality assurance program based on its other hospice programs throughout the southeastern United States. The applicant notes that upon licensure and certification, it will adhere to any and all state and federal regulations statutes

and comply with the Conditions of Participation for hospice providers of services under the Health Insurance for the Aged and Disabled Program.

Seasons Hospice and Palliative Care of Pasco County, LLC

(CON #10537) describes the availability of hospice programs as a function of the number of hospice programs and discusses how the ability of hospice programs to expand is linked to the number of staff that can be employed and how efficiently operating programs can fund expansion. The applicant contends that availability hinges on the outreach and education of gatekeepers and the general public, letting the community know of the availability of hospice care, how it can improve end-of-life care and when to seek hospice care. SHP maintains that improving knowledge of hospice care improves the availability of hospice services and extends to the types of services offered. The applicant notes that the two existing providers in Hospice Service Area 5A are two small nonprofit entities that lack the resources and innovative spirit necessary to meet the growing demands of Pasco County. SHP indicates that for the most recent calendar year, there was a steady decline in admissions at HPH hospice and Gulfside was unable to increase services sufficiently to serve demand which resulted in need for an additional hospice program.

The applicant intends to increase availability through developing a strong workforce and that this intention is documented through formal commitments to continuing education, internship programs and its “Partners in Care” program in order to ensure that palliative care is made accessible to the most needy residents of the service area. SHP notes its conditions as part of proposed efforts to increase awareness and availability of hospice services.

The applicant states that increased availability will be conducted via outreach and education of gatekeepers, through a “Physician Advisory Board” that will improve communication with the medical community and increase the availability of hospice care to patients. SHP indicates that increased availability will be offered through the new innovative programs and specifically references letters of support favorably reviewing “Namaste Care” for patients with Alzheimer’s and dementia program and the music therapy program.

In relation to quality, SHP outlines the following solutions for improving availability which are summarized below:

- The 24/7 call center and electronic medical records empower the care team, allowing residents to remain in their home and avoid transfers to inpatient facilities.

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- The applicant is a family hospice with innovative programs evolving from experience, providing patient-centered care that enriching quality of life. A partnership approach that engages health facility staff and families with the hospice care team for true patient-centered care.
- The applicant trains and equips staff and volunteers to recognize patients' needs in order to "answer the phone before it rings." Seasons' "No One Dies Alone" policy provides comfort and peace of mind.

The applicant cites its accreditation/certification activities on page 3-6 through 3-7 and its code of conduct on page 3-8 of CON application #10537. SHP discusses the use of continuing education units, internship programs, research studies and the "Compassionate Allies" program as a means of improving quality.

The applicant states it will improve access by establishing partnerships with providers throughout the service area. With regards to financial access, SHP maintains that improving access begins with community outreach and education to help health care providers identify residents that quality and could benefit from hospice care.

In description of geographic access, the applicant states that the location of facilities and other geographic features do not impact hospice patients or their families and thus barriers to end-of-life care have been removed that are typically seen as impacting the delivery of health care services. SHP asserts that it intends to establish an office in central Pasco County in Wesley Chapel. The applicant notes that Pasco County experiences considerable out-migration of residents for hospital inpatient care—and due to its location in an adjacent service area, the applicant expects to improve access to Pasco residents.

SHP states that the proposed service will benefit the residents of Hospice Service Area 5A through the following:

- Demonstrated ability in Florida to increase hospice enrollments
- Association with one of the largest national hospice providers with start-up experience in many competitive markets
- Already formed relationships with community organizations and health care providers as evidenced in the letters of support included with this application
- Education and research opportunities for Pasco County residents

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The applicant maintains that given its programs, services, commitment and experience, it will increase utilization of hospice care in Hospice Service Area 5A.

The Hospice of the Florida Suncoast, Inc. (CON #10538) states that the proposed project will enhance the availability of hospice services within Hospice Service Area 5A in response to published need. Suncoast maintains that the proposed service intends to serve all patients within Pasco County who require hospice care and expects for the program to enhance access to quality hospice care. The applicant states that its parent company, Empath Health, offers an extensive array of chronic disease management programs and end-of-life options prior to the need for hospice care.

The applicant identifies as a national leader in the provision of quality hospice services whose primary focus is on the continuous improvement of organizational performance. Suncoast asserts that essential activities include the design, measurement, assessment and improvement of systems and processes to increase value and positively impact patient/family outcomes.

Suncoast indicates that it among one of a few handful of hospices nationally to hold Joint Commission Accreditation and/or Certification for hospice, home health, community-based palliative care and pharmacy programs.

The applicant notes that calculated net numerical need (491) exceeded the minimum unmet need threshold (350) which resulted in need for an additional hospice provider in Pasco County.

Suncoast reiterates its historical experience of providing care to residents of Pasco County and the disruption of care that is experienced by Pasco County patients served in Pinellas County. The applicant notes the importance of having continuity of care for hospice care patients as presented on page 43 of CON application #10538. Suncoast present its history of treating patients and proximity to Suncoast's North Pinellas Care Center to residents of Pasco County. The applicant asserts that it is the best choice to meet the identified need for another hospice program in Pasco County.

Tidewell Hospice, Inc. (CON #10539) states that the application is submitted in response to the fixed need published in Hospice Service Area 5A. The applicant states that it will address the entirety of the needs of the terminally ill population in Pasco County regardless of age, race, gender, disability, education or income level.

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The applicant identifies the following populations with unmet needs:

- Veterans and potential associated conditions/risk factors
- Smoking and associated respiratory conditions
- Patients with certain health lifestyle behaviors and their associated conditions
- Alzheimer's disease
- Patients with cancer

Tidewell states that a number of services will be made available to Pasco County residents related to health literacy, pediatric populations and suicide awareness/prevention. The applicant maintains that approval of the proposal is conditioned on the provision of community grief/bereavement programs, complementary services, palliative care, the "Transitions" program and community education.

VITAS Healthcare Corporation of Florida (CON #10540)

provides trend data for hospice admissions for Florida from 2007 – 2017 and observes a 36.0 percent increase in hospice admissions across Florida, while the hospice admissions in Subdistrict 5A for the same period increased by one admission or zero percent. VITAS determines that low hospice use rates reflect a need for increased and improved outreach to the public and referral sources. The applicant intends to increase hospice use rates through improved outreach which is anticipated to increase choice for patients and families.

VITAS describes historically improving the use rate in Florida hospice service area after it enters the market and expects for competition to increase the responsiveness of existing hospices to patients, families and referral sources. The applicant states that VITAS has experience in starting new hospice programs in Florida with the necessary financial, clinical and management resources to succeed in a market with strong, established competitors.

In comparison to providers across the State of Florida, VITAS describes providing the highest average number of hospice visits in the last week of life which distinguishes it as the best choice to increase the number of hospice visits Pasco County residents receive at the end-of-life. The applicant notes that the two existing hospice service area providers offered less than the state average of visits to patients in the last week of life.

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The applicant identifies an opportunity to improve access to hospice services for patients in ALFs in Pasco County as a result of Subdistrict 5A hospices providing a lower percentage of patient days in ALFS than the Florida average. VITAS describes working with ALF administrators and residents to allow residents to age in place, wherever possible. The applicant maintains that it possesses the ability to allow ALF residents to remain at home because it provides:

- The appropriate level of hospice care
- 24/7 clinical support through telecare
- Effective pain management
- Comprehensive clinical education
- Communication between hospice and ALF staff, patient and family

The applicant states that it will improve outreach to ALF administrators and patients through “ALF CORE Training” and a community liaison, half of whose time will be dedicated to providing outreach to area ALFs.

VITAS details the following areas of need for the service area:

- Increased care in the last seven days of life through more in-person visits
- Targeted outreach to patients living in DARCs
- Increased hospice services in ALFs
- Improved service to patients with Alzheimer’s and dementia, including those in SNFs
- Improved care for patients with complex diagnoses

VITAS describes the accessibility of its services in relation to its technology and flexible staffing model which allows for it to respond to referrals and ongoing patient needs within hours. The applicant states that patients will be admitted twenty-four hours per day, seven days per week. VITAS describes how its hospice referral app provides health care provides access to the general admission criteria and provides detailed diagnosis-specific criteria for ALS, Alzheimer’s and neurological diseases, cancer, heart disease, HIV/AIDS, liver disease, lung disease and renal disease. The applicant also describes other technological resources available to staff which include:

- VITAS Hospice Admission Eligibility App
- “VITAS Mobile Connect”
- SigmaCare
- VITAS Admissions Suite

Overall the applicant maintains that it provides access to hospice care for all patients referred and will continue to provide health care services to patients in need, regardless of factors relating to ability to pay, race, gender, sexual preference, creed, ethnic background, disability or diagnosis. VITAS describes its historical provision of care to charity patients, noting that in 2017 it provided over \$6.29 million in 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 October 2017, the Department of Elder Affairs (DOEA) published the statewide report on Hospice Demographics 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 their 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.

Per the narrative of the Executive Summary of the 2017 Hospice Demographics and Outcome Measures report: “With the adoption of the CAHPS survey in 2015, these measures [OM2 and OM2A] have become optional for each reporting year, with 11 hospices voluntarily submitting data on OM2 and OM2A for 2016” (DOEA 2017 Hospice Demographics and Outcome Measures Report).

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	
Compassionate Care Hospice of Central Florida, Inc.	100%	222
Compassionate Care Hospice of Lake and Sumter, Inc.	86%	262
Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc.	67%	248
Cornerstone Hospice & Palliative Care	92%	8,603
Haven Hospice (North Central Florida Hospice, Inc.)	98%	4,232
Seasons Hospice and Palliative Care of Broward Florida, LLC	61%	756
Seasons Hospice and Palliative Care of Southern Florida	86%	1,884
Suncoast Hospice	96%	6,831
Tidewell Hospice, Inc. (Sarasota)	85%	7,858
VITAS Healthcare Corporation of Florida (Boynton Beach)	89%	7,878
VITAS Healthcare Corporation of Florida (Melbourne)	80%	9,328
VITAS Healthcare Corporation of Florida (North Miami Beach)	87%	7,070
Average Across All Participating Hospices	88%	65,200

Source: Florida Department of Elder Affairs, Hospice Demographics and Outcome Measures Reports 2017, Published October 2017

Compassionate Care Hospice of Pasco, Inc. (CON #10533) notes that it is a shell entity formed for the purposes of establishing hospice services in Pasco County and lacks operational history. The applicant states that CCH have been providing quality hospice care since 1993, noting the achievements of its parent company’s existing hospice providers and quality achievements. The applicant indicates that all CCH Florida programs are enrolled in both Medicare and Medicaid and CCH’s Regional Director of Florida Operations serves on the Executive Committee of the Board of the Florida Hospice and Palliative Care Association.

The applicant maintains that CCH is fully committed to providing the highest quality of care possible to its terminally-ill patients and their families in every community and will extend the same standards of care, policies and procedures to Pasco County. CCHP describes maintaining uniquely tailored programs that exceed core hospice services in its commitment to provide all four levels of care as needed. The applicant states that CCH’s commitment to quality care manifests through high levels of planned employee staffing standards that surpass the National Hospice and Palliative Care Organization (NHPCO) recommended guidelines. CCHP describes a 1:3 aide to patient ratio for home health aides which results in more direct care for patient care than other hospice programs provide.

CCHP details developing a complete set of hospice program operating policies and procedures, samples of these policies and procedures are included in the Supporting Documents of CON application #10533.

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The applicant states that all of its programs are accredited by Community Health Accreditation Partner (CHAP), meet CHAP standards of excellence and demonstrate a commitment to providing quality patient care and services. The applicant describes CHAP as an independent, not-for-profit accrediting body for community health programs such as home health care agencies and hospice care which leads in improving the quality of community based health care services. CCHP notes that accreditation extends to any individual newly licensed hospice program upon its initiation of service. The applicant maintains that through CHAP accreditation, it will objectively validate the excellence of its community-based practice through consistent measurement of the delivery of its quality services. The applicant provides copies of its accreditation for existing Florida hospices within Supporting Documents included with CON application #10533.

CCHP provides descriptions of NHPCO's guidelines for staffing ratios and standards on page 116 of CON application #10533. The applicant describes how the proposed Medical Directorship of each program also speaks to the applicant's standard of quality and indicating that a cardiologist will act as the medical director of the proposed cardiac connections program. The applicant discusses how each hospice patient is seen at home or inpatient hospice unit by the hospice medical staff and are visited by hospice medical staff upon admission to hospice, recertification, crisis or a modification to the patient's plan of care. CCHP states that this visitation schedule ensures that patients receive the most appropriate level care which ultimately improves quality of life. The applicant notes that its staffing of nurse practitioners, who serve as additional direct care positions, are not required by NHPCO guidelines. Descriptions of the roles of Nurse Practitioners are included in the Supporting Documents of CON application #10534.

The applicant includes a description of awards received by hospice programs operated by CCH on pages 116 – 117 of CON application #10533.

CCHP provides a description of its Quality Assessment and Performance Improvement Plan (QAPI/PIP) which will be a part of the proposed hospice program. The applicant states that the QAPI reflects the complexity of the organization and services, involves all hospice services including those furnished under contract or arrangement and focuses on indicators related to improved

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palliative outcomes and end-of-life-support. The applicant maintains that the QAPI also takes action to demonstrate improvement in hospice performance.

The applicant provides a description of the organizational structure of the QAPI which includes a governing body, a QAPI manager, senior managers, QAPI committees and coordinators who all participate at various levels ranging from the overall organization, implementation and coordination of the program, quality assessment activities and continuous improvement measures. CCHP notes how QAPI committees include management/staff representatives from all professional disciplines and meet quarterly to review and trend data in order to address any deficiencies in PIP activities.

CCHP asserts that the ultimate goal of the QAPI program is to improve palliative outcomes. The applicant states that 45 indicators are monitored. The following criteria are identified among areas evaluated for patient/family outcomes:

- Medication errors
- Adverse drug reactions
- Patient falls with injuries
- 911 calls by patient/families/caregivers
- Unwanted hospitalizations
- Infection control
- Medical record review
- Pain assessment and control review
- Comfort within 48 hours of admission
- Concurrent patient satisfaction survey
- Family satisfaction survey
- Performance improvement projects
- Community bereavement support
- Access to ethics committee

The applicant states that the QAPI program closely monitors and collects measurable data for events in order to improve a quality area or prevent negative outcomes. CCHP contends that the QAPI program identifies areas of concern, need for education/additional resources, utilization management, risk management quality control and patient priorities. In the event that a program area is identified to require improvement, the applicant notes that the need for a performance improvement project (PIP) is evaluated. CCHP states that PIP identification mechanisms are standardized to identify poor performance and to initiate new/refined practices

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that result in improved processes and outcomes. Examples of past PIPs implemented are included on page 119 of CON application #10533.

CCHP includes a narrative description of its benchmarking activities for its hospice programs which are conducted via contractual arrangement with a consulting firm, OCS HomeCare, which offers intelligence to home health and hospice providers. The applicant indicates that benchmarking is conducted quarterly across 21 indicators and 10 core areas which include: patient/family centered care, ethics and consumer rights, inclusion and access, organizational excellence, workforce excellence, standards, compliance, stewardship and accountability and performance measurement.

The applicant details patient/family satisfaction surveys, continuing education, in-service training and memberships in quality association as quality measures incorporated in its hospice programs (CON application #10533, pages 121- 122).

Agency records indicate that licensed hospice programs operated by the applicant's parent company did not have any substantiated complaints within the three-year period ending on March 7, 2018.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534) attests to a long and distinguished history of providing quality care to its patients and states that its ability to deliver quality care is demonstrated throughout the application. The applicant states that it is accredited by the Joint Commission and has received numerous recent awards for patient/staff satisfaction, programming and outreach. Cornerstone indicates that accreditation is a key benchmark for measuring the quality of an organization and provides a method of measuring organizational management, processes, patient safety practices and service outcomes. The applicant indicates that in the event that it is approved, the proposed expansion into Pasco County will provide high quality hospice services by an organization that is already recognized for its excellence in care delivery. Awards and distinctions provided to Cornerstone Hospice are also provided on pages 52 – 53 of CON application #10534.

Cornerstone notes that it is a member of the National Partnership for Hospice Innovation (NPHI) and Florida Hospice and Palliative Care Association. The applicant states that the NPHI is a collaborative effort among 50 non-profit hospice organizations across the United States which provides leadership for policy analysis and advocacy efforts along with quality tracking and

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reporting for its members. The applicant states that it has helped NPHI foster collaborative work through a group purchasing arrangement with several national vendors that serve the hospice industry.

The applicant states that it has an excellent track record in providing quality hospice which will be extended to Pasco County. Cornerstone notes that outcome measures calculated by the State of Florida for its existing licensed hospice agencies meet or exceed the ratings received by the other hospice facilities operating in Pasco County in 2016 in five of seven categories. The applicant references the 2016 Florida Department of Elder Affairs 2016 Report on Hospice Demographics and Outcome Measures, which is included in Attachment 4 of CON application #10534.¹⁸

Cornerstone lists the following outcome measures for comparison as obtained from the 2016 DOEA report:

- Hospice and palliative care treatment preferences
- Beliefs and values addressed (if desired by the patient)
- Hospice and palliative care pain screening
- Hospice and palliative care pain assessment
- Hospice and palliative care dyspnea screening
- Hospice and palliative care dyspnea assessment
- Patient treated with an opioid who are given a bowel regimen

The following chart reflects the applicant’s performance in comparison to Gulfside and HPH.

2016 Hospice Demographics and Outcomes Measures							
Hospice Provider	OM 1	OM 2	OM 3	OM 4	OM 5	OM 6	OM 7
Cornerstone Hospice (Tavares)	100	100	98	54.2	99.9	99.8	99.9
Gulfside (Land O' Lakes)	100	99.9	99.5	79.8	99.9	100	99.8
HPH Hospice (Hudson)	88.9	83.5	86.8	85.2	99.7	97.7	82.3

Source: CON application #10534, Florida Department of Elder Affairs, Hospice Demographic and Outcome Measures. 2016 Report (most recent available), page 51

The applicant states that Cornerstone has developed, implemented and maintained an effective and ongoing hospice-wide, data-driven QAPI program that reflects the complexity of the organization and its services. Cornerstone states that its QAPI process includes measuring, analyzing and tracking quality indicators as well as adverse patient events and other aspects of performance to assess processes of care, services and operations. The applicant states that the QAPI focuses on high risk, high volume or problem-prone

¹⁸ The reviewer notes that the 2017 Florida Department of Elder Affairs Hospice Demographics and Outcome Measures report is the most recently available report and was available as of the omissions response deadline for Other Beds and Programs April 2018.

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areas that affect palliative care outcomes, patient safety and quality of care with a consideration of incidence, prevalence and severity of problems in those areas. Cornerstone maintains that its executive staff and board of directors are responsible for the QAPI program which is overseen by the compliance department. The applicant includes a sample of its QAPI in Attachment 22 of CON application #10534, the attachment includes information and policies regarding Cornerstone's QAPI, risk management and compliance.

The applicant describes its non-discrimination policy and discusses offering hospice services to patients and families regardless of age, sex, religion, sexual preference, diagnosis, financial status or ability to pay. Cornerstone indicates that it provides hospice services in seven other counties throughout central Florida and anticipates offering services throughout the entirety of Hospice Service Area 5A.

Cornerstone states that as a provider, it is currently fully licensed and in good standing with the CMS and operates in full compliance with all federal, state and local statutes, regulations and ordinances. The applicant states that operating policies, procedures, practices and protocols are in place as part of an extensive QAPI program. Cornerstone states that these documents and practices will be utilized to initiate services in the program expansion proposed; the applicant also expresses confidence in its ability to implement its existing high-quality hospice program throughout Pasco County area.

On page 22 of CON application #10534, the applicant states that the mission of Cornerstone Hospice is to make quality hospice care available to all persons, their families and those affected by death and dying in their community; to advocate effectively for patients' comfort, dignity and choice and to be recognized as the leading resource in clinical, ethical and spiritual issues of dying and grief.

The applicant states that each patient/family has special needs and requirements, making each care program unique. Cornerstone Hospice states that Joint Commission accreditation is a national symbol of quality that reflects the organization's commitment to meeting high performance standards which include:

- Dedicated nursing visits available every day of the week
- Home visits by a physician, ARNP and/or IDT member as needed
- On-call 24 hours, seven days a week
- Coordination and collaboration with patient's physician
- Family/caregiver training for patient care

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- Education concerning illness, what to expect as disease progresses and how to cope with limitations
- Hospice aide/personal care services
- Social services
- Spiritual counseling and support
- Professional trained volunteers
- Medications, medical equipment and supplies related to the terminal disease process/prognosis
- Family respite care, as needed
- Supportive care as determined by hospice staff guided by federal regulations, provided in the patient's place of residence including SNFs and ALFs
- Inpatient care, as determined by the hospice staff, in hospitals and hospice units
- Therapy services as ordered by the physician
- Bereavement support including grief counseling and support groups
- Disease-specific care plans including but not limited to dyspnea, Alzheimer's and cardiac issues

The applicant also provides a description of its interdisciplinary team which offers care and support to patients and their family at the end-of-life through a team of skilled professionals and details the members of the interdisciplinary team as follows:

- RN case manager
- Hospice physician
- Hospice ARNP
- Social worker
- Team assistant
- RN team manager
- Hospice aide
- Chaplain
- Bereavement counselors
- Hospice volunteer
- Community physician
- Patient and family

Agency records indicate that the applicant did not have any substantiated complaints within the three-year period ending on March 7, 2018.

North Central Florida Hospice, Inc. (CON #10535)

describes an exemplary history of providing quality care since 1979. The applicant summarizes its licensure, accreditation, professional affiliations awards and distinctions on page 65 of CON application #10535. Haven states that it is guided by a mission,

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vision, beliefs and core values in pursuit of the highest level of quality care for its patients and their loved ones. The applicant indicates that its mission is honoring life by providing comfort, care and compassion to those they serve. Haven maintains that its vision is to be the choice for end-of-life and palliative care through the passionate pursuit of excellence and innovation.

The applicant discusses its historical commitment to serving patients who do not have primary caregivers at home, the homeless and patients with AIDS. Haven references its “Non-Discrimination in Services Provided Policy” included in Tab 6 of CON application #10535 which states:

Haven Hospice staff and volunteers shall not discriminate in providing services to patients because of race, creed, color, gender, sexual orientation, national origin, age qualified individual with a disability, military status, marital status, pregnancy or other protected status. Haven shall not discriminate in providing services to patients because of diagnosis or caregiver status. Haven services shall seek to find placement, when possible for homeless patients

Haven describes conducting all of its admission activities in accordance with an open access approach and philosophy of hospice care. The applicant determines that this approach reflects that Haven actively seeks to reduce and remove barriers to care. Haven indicates that it offers all levels of support in response to requests through assistance which includes information, education, counseling, referral to community services, advanced care planning, Transitions and palliative care. The applicant states that at the most basic level everyone who wants hospice care, who meets physician certification and who resides in Haven’s service area is admitted.

The applicant maintains that the open access approach to hospice care delivery seeks to prevent denial or delays of admission to hospice caused by restrictive admission criteria not required by state or federal regulation, caregiver status, diagnosis, type and nature of palliative treatments, preferences for resuscitation, complexity of care, site of care, reimbursement source or cost of care. Haven anticipates that this approach to care promotes high quality care outcomes for people with limited life expectancies in the key areas of comfort, safety, choice and support. The applicant states that this approach contributes to its capacity to serve patients in age categories and diagnoses that seek radiation and chemotherapy treatments for palliative pain and symptom control.

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Haven maintains that it is sensitive to the needs of Veterans and provides social workers who assist Veteran patients with applying with benefits that will help provide additional income, housing assistance and other resources available to them. For patients who lack family or caregivers, the applicant provides a “No One Dies Alone” volunteer who provides support for patients who are actively dying. Haven Hospice describes its Transitions program which ensures that patients recognize and understand the resources available to them in order to enable access to support, counseling and decision-making services as they confront life-limiting illness and end-of-life care. The applicant indicates that it provides advanced care planning which helps ensure that health care is patient-centered through understanding, communicating and honoring health care goals, wishes and values.

The applicant describes possessing the staffing capabilities to deliver high quality care to all prospective and current hospice patients. Haven states that care is provided to patients in accordance with an individualized written plan of care created by an IDT¹⁹ 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 and is subject to change based on patient needs and conditions.

Haven maintains a QAPI and other policies and procedures to guide staff in care planning, delivery, assessment and improvement. The applicant indicates that it keeps a “Scorecard” which includes quality and satisfaction goals and measures. Haven Hospice notes implementing CAHPS in order to assess the experiences of patients who died while receiving hospice care in addition to the experiences of informal primary caregivers. The applicant states that the CAHPS survey prioritizes improving care, involving patients and families in care, promoting effective communication and coordination. According to Haven, 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

¹⁹ The applicant includes a description of the Haven Hospice Interdisciplinary Team on pages 68 – 70 of CON application #10535.

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- Getting help for symptoms
- Information continuity
- Understanding the side effects of pain medication
- Getting hospice care training

The applicant describes participating in the CAHPS survey annually and fully endorsing and supporting the quality improvement and public communications goals of the program. The applicant lists the sources of data that are collected on a quarterly basis for the data assessment for the QAPI program on page 71 of CON application #10535.

Haven Hospice also provides a list of awards and recognitions and a summary of the organizational history of Haven Hospice on pages 71 to 78 of CON Application #10535.

Agency records indicate that North Central Florida Hospice Inc. had five substantiated complaints within the three-year period ending on March 7, 2018.

North Central Florida Hospice, Inc. – 36-Month Substantiated Complaint History	
Complaint Category	Number Substantiated
Resident/Patient/Client Rights	1
Quality of Care/Treatment	2
Nursing Services	1
Infection Control	1
Total	5

Source: Florida Agency for Healthcare Administration Complaint Records, March 7, 2015–March 7, 2018. Note that a single complaint can contain multiple complaint categories.

PruittHealth – Hospice 5A, LLC (CON #10536) is a newly formed entity and does not currently operate a licensed hospice program in Florida. The applicant expresses the intent to develop all policies, procedures and a quality assurance program based on other PHH programs throughout the southeastern United States. Upon licensure of the proposed project, the applicant expresses the intent to adhere to any and all state and federal regulations and statutes and the Conditions of Participation for hospice providers under the Health Insurance for the Aged and Disabled Program and Medicaid Program.

PHH5A describes its operational presence throughout Georgia, North Carolina and South Carolina. The applicant also explains how each of its hospice program is unique, motivated and driven to strengthen core relationships and care for patients. The applicant expresses a commitment to provide appropriate comprehensive, high quality, safe and cost-effective hospice care to persons who

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are terminally ill or in need of such services. PHH5A states that this commitment is evidenced by the number of successful agencies and counties it serves and its quality assurance practices.

The applicant espouses its philosophy of providing holistic care and caring for the physical, emotional and spiritual needs of patients. PHH5A maintains that it is focused on helping patients and families achieve their highest quality of life during the end-of-life.

PHH5A maintains that it operates with a continuum of care that allows for patients to move from acute care to post-acute care seamlessly and with improved patient outcomes. A graphical model of PHH's continuum of care is provided on page 86 of CON application #10536. The applicant describes its process of providing quality patient care and monitoring and identifying areas for greater improvement through the "Strategic Healthcare Programs" data analysis system, which the applicant utilizes to track and trend outcome measures to assess clinical and performance indicators. PHH5A indicates participation in the family satisfaction survey, CAHPS. The applicant provides a reference to its performance indicators on page 87 of CON application #10536.

The applicant provides the following list of specialty programs aimed at enhancing patient outcomes:

- "Veterans Recognition" program
- "Tuck-In" program
- "Second Wind Dreams" program
- "Caring Hands" program
- Specialized disease management programs

In addition to the list of specialty programs provided above, the applicant describes focusing on three patient centered outcomes in 2018: effective pain management, on-call services and personal care services. PHH5A provides reference to Exhibits 23, 24 and 25 of CON application #10536 which contain copies of its guides on "How to Achieve Efficient Medication Utilization" and "Opiate Medication – Usage Tool and a Common Symptom Management Encounter".

The applicant states that the quality program at PHH5A will consist of experienced team members, corporate standards, leadership and training, external benchmarking and awards, continuous process improvement, customer service and

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transparency. PHH5A illustrates the use of these resources and other quality programming and services narratively on pages 89 – 103 which include:

- “Commitment to Caring” campaign
- Corporate standards
- Net promoter scores
- Quality community service
 - PruittCares Foundation: Camp Cocoon, PruittCares hardship relief and “Tree of Memories”
- Memberships
- External benchmarking
- PruittHealth counseling services
- PruittHealth pharmacy
- CMS’ quality improvement organization
- Satisfaction surveys
- Transitions of care model for hospice
- PIP
- Staff, training and career development
 - Selecting and supporting
 - Pruitt University
 - Leadership mirroring
 - Education retreat for CNAs
 - Annual maintenance, housekeeping and dietary conference
 - Bi-annual leadership conference
 - Orientation for professional nurses
 - BLS instructor training
- Customer service and transparency
 - Customer service
 - Transparency overview
 - Toll-free number
 - External benchmarking
 - “Green Sweep” program

PHH5A states that its PIP demonstrates its strong commitment to continuous quality improvement. The applicant maintains that the goal of the PIP is to provide an avenue to continuously improve care and services to residents, family members and staff of its facilities. PHH5A explains how the PIP is designed to initiate positive improvements through a strategic change process which is coordinated by the hospice program administrator. The applicant states that the PIP monitors and utilizes information from the reports of various facility committees, consultant reviews, surveys, monthly quality assurance key indicator data and internal staff audits. PHH5A maintains that the PIP uses proprietary benchmarking and feedback systems to track quality indicators and monitor facility performance. The applicant explains how

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reports flow down to the resident level and up to facilities while staff across all levels continuously monitor reports to find areas of improvement in service delivery.

In addition to the measures noted above, the applicant discusses its creation of a quality report for the preceding year which focuses on: identifying customer needs and expectations, measuring and analyzing performance data, forming quality action teams of empowered employees to develop performance improvement plans and re-evaluating performance outcomes for successful results. PHH5A provides a copy of the 2017 *PruittHealth Annual Quality Report* in Exhibit 27 of CON application #10536. The applicant provides the corporate staffing structure of its required QAPI which includes:

- Corporate QAPI steering committee
- Regional team members
- Agency team members

PHH5A details responsibilities of members of its QAPI. The applicant references Exhibits 28, 29 and 30 of CON application #10536 which contain a copy of the “Care Ambassador” program, QAPI policy and QAPI roles and responsibilities, respectively.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) identifies as a newly-formed entity without a historical quality record, formed for the purpose of establishing a hospice program in Hospice Service Area 5A. The applicant describes its capacity to provide quality care as a summation of historical accreditation and certification activities.

SHP maintains that Seasons Healthcare Management provides daily operational control assuring uniformity locally and nationally. The applicant describes how the management company oversees compliance with federal and state reporting standards, accreditation of hospices, billing to include Medicare and Medicaid recipients (and other payers), reporting, compliance monitoring, staff education, training and employment. The applicant details its adherence to the 10 components of quality care as outlined by the NHPCO provided on page 4-3 of CON application #10537.

SHP provides an overview of its mission statement “Honoring life, offering hope” and its company vision which is included below:

- Recognize that individuals and families are the true experts in their own care
- Support our staff so they can put our patients and families first
- Find creative solutions which add quality to life

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- Strive for excellence beyond accepted standards
- Increase the community's awareness of hospice as part of the continuum of care

-

Seasons states that the company's core values consists of "TRUE HOPE" acronyms which are defined as follows:

- TRUE = trust, responsiveness, understanding, empowerment
- HOPE = humility, ownership, passion, excellence

From the interview and hiring process, orientation and the continuum of care, SHP states that these core values are used to show expected behaviors of staff and volunteers to ensure the perfect end-of-life experience for every patient and family, each time. The applicant states that patient and family needs drive a serving "can do" culture and that it is committed to the fundamental principle of patients dying at home—for patients who are homeless this principle extends to a specialized care setting.

In description of its QAPI, the applicant states that the Patient Protection and Affordable Care Act (ACA) mandates the initiation of a quality reporting program for hospices and CMS determines the quality measures that hospices must utilize and the processes hospice must use to submit data for these measures.

SHP indicates that the proposal will implement an effective QAPI that utilizes data to assess outcomes and reflects the complexity of hospice organization, operations and included services under contract. The applicant maintains that the information provided in Exhibit 4-1 reflects that it will have the required policies and procedures to assure the highest quality of care. SHP references its expertise and knowledge required to implement the hospice program in Hospice Service Area 5A included in Tab 2 of CON application #10537. The applicant provides a sample of its proposed quality procedures and QAPI plan in Exhibit 4-1 of CON application #10537.

The applicant contends that quality is the most important aspect of hospice care and assumes a pro-active approach to evaluating patient and family satisfaction. SHP states that upon admission every patient receives a call from team directors in order to assess key indicators and ensure satisfaction with the admitting process. For patients living longer than 30 days, the applicant indicates that member of the Senior Leadership team calls to assess key quality indicators regarding the overall care patients are receiving, volunteers call home care patients each Thursday to ensure that patients are receiving needed care. SHP asserts that "answering the phone before it rings" is one of its company's goals.

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SHP states the results of these calls are tracked as a part of the QAPI program in order to note trends that will assist leadership with focusing on any opportunities for PIP. The applicant notes that data is analyzed across all geographic levels in order to allow insights into the quality of care in real time. SHP stresses that the personal involvement by team directors and senior leadership during the course of care ensures the highest quality care is being delivered rather than relying on feedback afterwards.

The applicant lists the following programs that positively impact quality of care:

- Electronic medical records (EMR)
- Call center integrated with EMR
- Telemedicine access
- Specialized programs
 - Music therapy
 - Leaving a legacy
 - “Namaste Care” dementia program
 - Complementary therapies
 - Volunteer vigil
 - Spiritual presence
 - Loyal friends pet team
 - Music companion
 - Open access services
 - “No One Dies Alone” program
 - “Partners in Care” program
 - “We Honor Veterans” program
- Bereavement services
 - Camp Kangaroo
 - Jewish services
 - “Friendly Visitor Bereavement” program

Seasons states that its commitment to improving end-of-life care is facilitated through the following activities:

- Continuing education units
- Internship programs
- Research studies
- Compassionate Allies Program

Agency records indicate that the applicant did not have any substantiated complaints within the three-year period ending on March 7, 2018.

The Hospice of the Florida Suncoast, Inc. (CON #10538)

recounts a 40-year history of providing high-quality hospice care to the residents of Pinellas County. The applicant describes quality and patient safety as organization-wide commitments which extends throughout the parent company, its affiliates and every service line the company offers. Suncoast states that the most fundamental responsibility in delivering care is to ensure safety, effectiveness and compassion. The applicant notes that it is one of only a handful of hospices nationwide to hold Joint Commission Accreditation and/or Certification for hospice, home health, and community-based palliative care and pharmacy programs.

Suncoast states that Empath Health and its affiliates are committed to ensuring that every person served receives the safest and highest quality care which is tailored to their individual needs and delivered with compassion that will result in the best clinical outcomes along with a positive experience. The applicant maintains that the quality strategy embodies these objectives and is framed within best practices, data driven by credible metrics and benchmarked data along with staff and consumer feedback to monitor progress. Suncoast indicates that the quality strategy serves as a road map towards becoming a High Reliability Organization (HRO) with a commitment from Empath Health leadership to ensure robust process improvement along with a culture of safety.

The applicant asserts that Empath's "Health Quality and Safety Strategy" meets the QAPI and Quality Management/Utilization Review (QM/UR) requirements of all regulatory and funding bodies for the programs of Empath Health. Suncoast maintains that the comprehensive and inclusive Quality and Safety Strategy (QSS) reflects all programs and aligns the commitment to become an HRO, avoiding areas of duplication, overlap and inefficiencies that would undoubtedly occur if these plans are addressed separately.

Suncoast contends that the organization's QSS includes a planned, systematic organization-wide approach to robust process improvement in which all departments and teams collaborate to improve organizational performance and to impact the value of the care and services provided. The applicant details how this strategy is intricately related to the organization's strategic initiatives and supports its mission, vision and values. Suncoast states that the strategy is customer-focused and incorporates an organizational architecture for quality and safety, which includes customer satisfaction and patient outcomes as key components. A sample of the applicant's most recent QSS is provided in Exhibit K of CON application #10538.

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The applicant details improving its PIP through the implementation of Lean/Six Sigma²⁰. The applicant details the organizational change implemented which included a two-day training for all members of the senior team and the identification of key staff who could be trained as “green belts” to lead Lean/Six Sigma projects. The applicant also states that a quality manager was also hired to oversee the Lean/Six Sigma process as the program becomes further integrated throughout Empath Health.

Suncoast provides a summary its past awards and recognitions received on pages 119 – 126 of CON application #10538.

Agency records indicate that the applicant did not have any substantiated complaints within the three-year period ending on March 7, 2018.

Tidewell Hospice, Inc. (CON #10539) describes its distinguished record of providing quality care with respect to the following:

- Accreditation by the Community Health Accreditation Partner with deemed status
- CAHPS general satisfaction global measures as compared with the nation and the other hospices currently providing services in Hospice Service 5A
- Interdisciplinary group (IDG) meeting to ensure consistently high quality patient care
- QAPI
- Initial and on-going staff education
- Patient care policies and procedure
- compliance and ethics plan

With respect to the IDG meetings, the applicant states that the IDG includes patient, family, legal representatives and a number of other staff. The applicant states that the IDG discussion agendas include the following:

- Review of admissions and comprehensive assessments
- Identification of obstacles and solutions for access of care issues
- Review and revision care plans
- Determination of levels of services required by patient and family members
- Appropriate discharge planning when necessary

²⁰ Lean/Six Sigma is a methodology that relies on a collaborative team effort to improve performance by systematically removing waste. Combining lean manufacturing/lean enterprise and Six Sigma to eliminate the eight kind of waste: defects, overproduction, waiting, non-utilized talent, transportation, inventory, motion, and extra-processing.

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Tidewell describes the QAPI as an on-going agency-wide, data-driven approach for evaluating and demonstrating improvements in the hospice care, palliative outcomes, services and operations. The applicant states that the QAPI is overseen by the board of trustees and all clinical and non-clinical departments and services participate in the process for achieving improvement in hospice care, services and operations as indicated by the Hospice Conditions of Participation.

The applicant indicates that the objectives of the QAPI Plan are:

- 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
- Assure a culture that promotes the reduction of clinical and support service process errors and service failures while facilitating the delivery of the highest quality of care
- Comply with CMS' Conditions of Participation
- Participate in the reporting of Hospice Quality Measures to the State of Florida Department of Elder Affairs and CMS

Tidewell indicates that the CEO and Executive Vice Presidents of the organization are responsible for setting goals for improved quality of care, patient safety and for allocating necessary resources to accomplish those goals. The applicant maintains that the QAPI department is responsible for collecting and processing information on quality improvement, initiatives and compliance and for coordinating the implementation of the plan.

The applicant describes adopting an extensive array of policies and procedures that are designed to ensure appropriate patient care, patient confidentiality and appropriate care settings for patient needs. Tidewell provides copies of written policies and procedures in Appendices S, T and U of CON application #10539 which will be implemented in the proposal.

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Tidewell states that upon admission, the patient and the patient’s family are briefed on the nature and goals of hospice care. The applicant states that in the event that a patient is unable to execute the informed consent document, the patient’s legally recognized representative may do so.

Tidewell details voluntarily implementing a compliance program that is consistent with the recommendations of the Office of the Inspector General of the U.S. Department of Health and Human Services which serves the following purposes:

- Combat fraud and abuse
- Strengthen operational quality
- Improve quality of health care services
- Reduce health care expenditures

Tidewell states that its compliance and ethics programs address the key issues:

- Compliance with laws, regulations and Tidewell’s policies and procedures
- Cooperation with surveys, audits and investigations
- Political activities and contributions
- Conflicts of interest
- Professional work environment
- Quality
- Patient privacy
- Financial integrity

Agency records indicate that the applicant had six substantiated complaints within the three-year period ending on March 7, 2018.

Tidewell Hospice, Inc. – 36-Month Substantiated Complaint History	
Complaint Category	Number Substantiated
Resident/Patient/Client Rights	1
Resident/Patient/Client Assessment	1
Quality of Care/Treatment	2
Nursing Services	1
Admission, Transfer & Discharge Rights	1
Total	6

Source: Florida Agency for Healthcare Administration Complaint Records, March 7, 2015 – March 7, 2018. Note that a single complaint can contain multiple complaint categories.

VITAS Healthcare Corporation of Florida (CON #10540) describes a long history of providing care in Florida and nationally. The applicant maintains that it complies with the Conditions of Participation for hospice providers of services under the Health Insurance for the Aged and Disabled Program and the Medicaid

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program. VITAS states that many factors enhance its quality of care that exceeds minimum state and federal requirements, these factors are listed below:

- Implementation of procedures to produce a 70.0 percent reduction in pain score within 48 hours
- Culturally sensitive programs developed with community and national organizations to address African-American, Hispanic/Latino, LGBT and other cultural, 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
- RNs are encouraged to become certified hospice and palliative care nurses
- Social workers have a master's degree or are licensed social workers

The applicant states that it provides high quality services by investing in the training, education and treatment of staff, physicians, patients and families. VITAS describes maintaining accreditation by the Joint Commission and CHAP. The applicant states that many of its new hospice programs are accredited by the Joint Commission or CHAP as part of the Medicare certification process and that decisions on whether to renew external accreditation are made for each program based on local conditions. The applicant states that the proposed hospice service will adhere to the same policies, procedures and standards for the VITAS programs externally accredited by the Joint Commission or CHAP.

VITAS discusses its QAPI program which is based on the VITAS Quality Management program which features continuous monitoring and periodic analysis of both the quality of service and the quality of outcomes. The applicant states that the quality of service component of the QAPI program includes the following assessment and monitoring activities:

- Program management review and evaluation of the QAPI dashboard which contains over 50 unique quality indicators focused on processes of care, patient/family autonomy and satisfaction with hospice services and operations. These metrics ensure the quality of care patients and families receive is of the highest quality.

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- Medical record reviews and data collection so staff can monitor the effectiveness and safety of services and quality of care and identify opportunities and priorities for improvement. The reviews are done on a routine basis and encompass various components of care.
- Tracking and trending of incidents, infections and service complaints. VITAS utilizes computerized systems for tracking and analyzing events. These are entered in database that allows monthly reporting and comparison to previous trends and to the national VITAS Healthcare program benchmarks.
- Collection and submission of Hospice Item Set (HIS) data as required by CMS for the calculation of six National Quality Forum (NQF) endorsed hospice measures and one modified NQF hospice measure.

In addition to a QAPI program, the applicant describes its outcomes program which includes the following:

- 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

The applicant provides additional descriptions of its staffing policies and services which help enable quality in services on pages 117 – 119 of CON application #10540.

Agency records indicate that the applicant had 40 substantiated complaints within the three-year period ending on March 7, 2018.

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VITAS Healthcare Corporation of Florida – 36-Month Substantiated Complaint History	
Complaint Category	Number Substantiated
Physical Environment	1
Quality of Care/Treatment	15
Administration/Personnel	5
Nursing Services	7
Resident/Patient/Client Assessment	6
Resident/Patient/Client Rights	3
Admission, Transfer & Discharge Rights	1
State Licensure	1
Physician Services	1
Elopement	
Total	40

Source: Florida Agency for Healthcare Administration Complaint Records, March 7, 2015 – March 7, 2018.
 Note that a single complaint can contain multiple complaint categories.

- 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.

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Compassionate Care Hospice of Pasco, Inc. (CON #10533): The applicant provided what appears to be a developmental stage audit with the only asset being cash with no revenues or expenses reported. Therefore, comparisons to financial ratios of Florida acute care hospitals is not possible.

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$228,075, which includes this project of \$218,075, 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 \$250,000 in cash, the applicant has sufficient resources to fund this project and all capital expenditures.

Conclusion:

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

Cornerstone Hospice and Palliative Care, Inc. (CON #10534):

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.

10534 - Cornerstone Hospice & Palliative Care		
	Sep-17	Sep-16
Current Assets	\$32,997,108	\$32,508,535
Total Assets	\$61,604,088	\$58,021,014
Current Liabilities	\$10,369,760	\$9,826,137
Total Liabilities	\$10,369,760	\$9,826,137
Net Assets	\$51,234,328	\$48,194,877
Total Revenues	\$83,249,262	\$75,816,174
Excess of Revenues Over Expenses	\$1,806,760	\$5,772,827
Cash Flow from Operations	(\$5,045,704)	\$7,682,280
Short-Term Analysis		
Current Ratio (CA/CL)	3.2	3.3
Cash Flow to Current Liabilities (CFO/CL)	-48.66%	78.18%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	0.0%	0.0%
Total Margin (ER/TR)	2.17%	7.61%
Measure of Available Funding		
Working Capital	\$22,627,348	\$22,682,398

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$3,399,075, which includes this project of \$219,241, and exempt non-revenue items. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. With \$15.7 million in cash and cash equivalents, 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.

North Central Florida Hospice, Inc. (CON #10535): 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.

10535 - North Central Florida Hospice		
	Dec-17	Dec-16
Current Assets	\$11,409,517	\$13,472,748
Total Assets	\$67,342,715	\$72,001,515
Current Liabilities	\$9,120,957	\$24,331,889
Total Liabilities	\$23,937,995	\$25,327,883
Net Assets	\$43,404,720	\$46,673,632
Total Revenues	\$57,389,397	\$64,319,802
Excess of Revenues Over Expenses	(\$4,537,395)	(\$1,686,290)
Cash Flow from Operations	(\$3,144,347)	(\$518,722)
Short-Term Analysis		
Current Ratio (CA/CL)	1.3	0.6
Cash Flow to Current Liabilities (CFO/CL)	-34.47%	-2.13%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	34.1%	2.1%
Total Margin (ER/TR)	-7.91%	-2.62%
Measure of Available Funding		
Working Capital	\$2,288,560	(\$10,859,141)

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$7,891,219, which includes this project of \$324,650, maturities on long-term debt and other capital items. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. With \$1.9 million in cash and cash equivalents, the applicant has sufficient resources to fund this project; however, with only \$2.3 million in working capital, and a negative cash flow, paying for all capital expenditures could be in question.

Conclusion:

Funding for this project is likely. However, funding for the entire capital budget is questionable.

PruittHealth – Hospice 5A, LLC (CON #10536): Below is an analysis of the audited financial statements for the parent, where the short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

CON Action Numbers: 10533 through 10540

10536 - United Health Services, Inc. and Subsidiaries		
	Jun-17	Jun-16
Current Assets	\$130,257,000	\$124,075,000
Total Assets	\$656,583,000	\$659,282,000
Current Liabilities	\$178,198,000	\$184,611,000
Total Liabilities	\$519,062,000	\$520,199,000
Net Assets	\$137,521,000	\$139,083,000
Total Revenues	\$969,180,000	\$957,204,000
Excess of Revenues Over Expenses	\$1,851,000	(\$6,495,000)
Cash Flow from Operations	\$28,414,000	\$28,976,000
Short-Term Analysis		
Current Ratio (CA/CL)	0.7	0.7
Cash Flow to Current Liabilities (CFO/CL)	15.95%	15.70%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	247.9%	241.3%
Total Margin (ER/TR)	0.19%	-0.68%
Measure of Available Funding		
Working Capital	(\$47,941,000)	(\$60,536,000)

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$394,265, which consists solely of this project. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by non-related company financing. With \$2.5 million in cash and cash equivalents, the parent 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.

CON Action Numbers: 10533 through 10540

Seasons Hospice and Palliative Care of Pasco County, LLC

(CON #10537): The applicant provided what appears to be a developmental stage audit with the only asset being cash with no revenues or expenses reported. Therefore, comparisons to financial ratios of Florida acute care hospitals is not possible.

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$740,293, which consists solely of this project. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. With \$1,500,000 in cash, the applicant has sufficient resources to fund this project and all capital expenditures.

Conclusion:

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

The Hospice of the Florida Suncoast, Inc. (CON #10538):

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

10538 - The Hospice of the Florida Suncoast		
	Jun-17	Jun-16
Current Assets	\$26,343,215	\$22,488,372
Total Assets	\$55,286,264	\$53,122,973
Current Liabilities	\$10,228,591	\$10,892,996
Total Liabilities	\$16,516,699	\$18,392,360
Net Assets	\$38,769,565	\$34,730,613
Total Revenues	\$103,933,300	\$96,813,825
Excess of Revenues Over Expenses	\$3,621,802	\$969,100
Cash Flow from Operations	\$5,267,741	\$5,109,233
Short-Term Analysis		
Current Ratio (CA/CL)	2.6	2.1
Cash Flow to Current Liabilities (CFO/CL)	51.50%	46.90%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	16.2%	21.6%
Total Margin (ER/TR)	3.48%	1.00%
Measure of Available Funding		
Working Capital	\$16,114,624	\$11,595,376

CON Action Numbers: 10533 through 10540

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$3,119,592, which includes this project of \$528,564, and other capitalization. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash-on-hand. With \$9.7 million in cash and cash equivalents, 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. (CON #10539): Below is an analysis of the audited financial statements for the applicant, where the short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

10539 - Tidewell Hospice Inc. & Subs		
	Sep-17	Jun-16
Current Assets	\$23,116,564	\$24,892,538
Total Assets	\$32,007,741	\$33,274,068
Current Liabilities	\$7,256,162	\$9,811,234
Total Liabilities	\$7,256,162	\$9,811,234
Net Assets	\$24,751,579	\$23,462,834
Total Revenues	\$105,833,534	\$87,746,919
Excess of Revenues Over Expenses	\$6,557,795	\$4,366,879
Cash Flow from Operations	(\$638,509)	(\$7,500,757)
Short-Term Analysis		
Current Ratio (CA/CL)	3.2	2.5
Cash Flow to Current Liabilities (CFO/CL)	-8.80%	-76.45%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	0.0%	0.0%
Total Margin (ER/TR)	6.20%	4.98%
Measure of Available Funding		
Working Capital	\$15,860,402	\$15,081,304

CON Action Numbers: 10533 through 10540

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$471,199, which includes this project of \$199,095, and other capitalization. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash-on-hand. With \$9.6 million in cash and cash equivalents, the applicant has sufficient resources to fund this project and all capital expenditures.

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

VITAS Healthcare Corporation of Florida (CON #10540): Below is an analysis of the audited financial statements for the applicant, where the short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

10540 - VITAS Healthcare Corporation of Florida		
	Dec-17	Dec-16
Current Assets	\$38,130,164	\$43,768,603
Total Assets	\$544,953,654	\$508,852,144
Current Liabilities	\$27,429,944	\$25,544,486
Total Liabilities	\$27,978,152	\$25,991,676
Net Assets	\$516,975,502	\$482,860,468
Total Revenues	\$543,052,163	\$521,470,864
Excess of Revenues Over Expenses	\$34,115,034	\$51,339,445
Cash Flow from Operations	\$47,455,032	\$53,819,964
Short-Term Analysis		
Current Ratio (CA/CL)	1.4	1.7
Cash Flow to Current Liabilities (CFO/CL)	173.00%	210.69%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	0.1%	0.1%
Total Margin (ER/TR)	6.28%	9.85%
Measure of Available Funding		
Working Capital	\$10,700,220	\$18,224,117

CON Action Numbers: 10533 through 10540

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$7,303,293, which includes this project of \$885,904 and capital expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by operating cash flow. With \$47.5 million in cash flow from operations and \$10.7 million in working capital, the applicant has sufficient resources to fund this project and all capital expenditures.

Conclusion:

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

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

Analysis:

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

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

CON Action Numbers: 10533 through 10540

projected patient days are considered reasonable and support the applicant’s assumptions of feasibility. Calculated patient days that vary widely from the applicant’s projected patient days call into question the applicant’s profitability assumptions and feasibility. The results of the calculations are summarized below.

Compassionate Care Hospice of Pasco, Inc. (CON #10533):

HOSPICE REVENUE (Year 2) TABLE 1

CON 10533

Compassionate Care Hospice of Pasco

County: Pasco

Year Two: Jan-21

Compassionate Care Hospice of Pasco	
Pasco	Payment Rate per Palmetto GBA
Base Rate Calculation	
Routine Home Care 1-60 days	\$180.12
Routine Home Care 61+ days	\$141.46
Continuous Home Care	\$912.28
Inpatient Respite	\$163.84
General Inpatient	\$698.05

Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.096	\$197.41	\$3,413,032		17,289
Routine Home Care 61+ days	1.096	\$155.04	\$0		0
Continuous Home Care	1.096	\$999.84	\$159,380	24	159
Inpatient Respite	1.096	\$179.57	\$10,734		60
General Inpatient	1.096	\$765.05	\$228,660		299
		Total	\$3,811,806		17,807
				Days from Schedule 7	20,990
				Difference	3,183
				Percentage Difference	15.16%

The applicant’s projected patient days are 15.16 percent or 3,183 days more than the calculated patient days. The applicant did not separate routine home care by number of days, so all revenue was included in 1-60 days. If any revenue is for over 60 days, the percentage difference gets smaller. Operating profits from this project are expected to increase from an operating loss of \$361,272 in year one to an operating profit of \$233,016 in year two.

Conclusion:

This project appears to be financially feasible.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534):

HOSPICE REVENUE (Year 2) TABLE 1

CON 10534

Cornerstone Hospice & Palliative Care

County: Pasco

Year Two: Sep-18

Cornerstone Hospice & Palliative Care					
Pasco		Payment Rate per Palmetto GBA			
Base Rate Calculation					
Routine Home Care 1-60 days		\$180.12			
Routine Home Care 61+ days		\$141.46			
Continuous Home Care		\$912.28			
Inpatient Respite		\$163.84			
General Inpatient		\$698.05			
Year Two Comparison					
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.085	\$195.42	\$74,701,744		382,265
Routine Home Care 61+ days	1.085	\$153.48	\$0		0
Continuous Home Care	1.085	\$989.77	\$4,608,377	24	4,656
Inpatient Respite	1.085	\$177.76	\$285,666		1,607
General Inpatient	1.085	\$757.34	\$12,369,487		16,333
		Total	\$91,965,274		404,861
			Days from Schedule 7		493,413
			Difference		88,552
			Percentage Difference		17.95%

The applicant’s projected patient days are 17.95 percent or 88,552 days more than the calculated patient days. The applicant did not separate routine home care by number of days, so all revenue was included in 1-60 days. If any revenue is for over 60 days, the percentage difference gets smaller. Operating profits from this project are expected to increase from \$260,854 in year one to \$1,756,306 in year two.

Conclusion:

This project appears to be financially feasible.

CON Action Numbers: 10533 through 10540

North Central Florida Hospice, Inc. (CON #10535):

North Central Florida Hospice

County: Pasco

Year Two: Dec-20

North Central Florida Hospice	
Pasco	Payment Rate per Palmetto GBA
Base Rate Calculation	
Routine Home Care 1-60 days	\$180.12
Routine Home Care 61+ days	\$141.46
Continuous Home Care	\$912.28
Inpatient Respite	\$163.84
General Inpatient	\$698.05

Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.093	\$196.90	\$3,495,939		17,755
Routine Home Care 61+ days	1.093	\$154.64	\$0		0
Continuous Home Care	1.093	\$997.26	\$21,850	24	22
Inpatient Respite	1.093	\$179.10	\$22,153		124
General Inpatient	1.093	\$763.08	\$1,013,674		1,328
Total			\$4,553,616		19,229
			Days from Schedule 7		21,690
			Difference		2,461
			Percentage Difference		11.35%

The applicant’s projected patient days are 11.35 percent or 2,461 days more than the calculated patient days. The applicant did not separate routine home care by number of days, so all revenue was included in 1-60 days. If any revenue is for over 60 days, the percentage difference gets smaller. Operating profits from this project are expected to increase from an operating loss of \$456,845 in year one to an operating profit of \$210,198 in year two.

Conclusion:

This project appears to be financially feasible.

CON Action Numbers: 10533 through 10540

PruittHealth – Hospice 5A, LLC (CON #10536):

HOSPICE REVENUE (Year 2) TABLE 1

CON 10536

PruittHealth Hospice - 5A

County:

Pasco

Year Two:

Dec-20

PruittHealth Hospice - 5A					
Pasco		Payment Rate per Palmetto GBA			
Base Rate Calculation					
Routine Home Care 1-60 days		\$180.12			
Routine Home Care 61+ days		\$141.46			
Continuous Home Care		\$912.28			
Inpatient Respite		\$163.84			
General Inpatient		\$698.05			
Year Two Comparison					
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.093	\$196.90	\$2,061,851		10,472
Routine Home Care 61+ days	1.093	\$154.64	\$687,284		4,444
Continuous Home Care	1.093	\$997.26	\$457,508	24	459
Inpatient Respite	1.093	\$179.10	\$68,475		382
General Inpatient	1.093	\$763.08	\$291,740		382
		Total	\$3,566,858		16,140
		Days from Schedule 7			20,384
		Difference			4,244
		Percentage Difference			20.82%

The applicant’s projected patient days are 20.82 percent or 4,244 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$546,393 in year one to an operating profit of \$528,468 in year two.

Conclusion:

This project appears to be financially feasible.

CON Action Numbers: 10533 through 10540

**Seasons Hospice and Palliative Care of Pasco County, LLC
(CON #10537):**

HOSPICE REVENUE (Year 2) TABLE 1

CON 10537

Seasons Hospice and Palliative Care of Pasco County

County: Pasco

Year Two: Jun-21

Seasons Hospice and Palliative Care of Pasco County					
Pasco	Payment Rate per Palmetto GBA				
Base Rate Calculation					
Routine Home Care 1-60 days	\$180.12				
Routine Home Care 61+ days	\$141.46				
Continuous Home Care	\$912.28				
Inpatient Respite	\$163.84				
General Inpatient	\$698.05				
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.096	\$197.41	\$4,863,684		24,638
Routine Home Care 61+ days	1.096	\$155.04	\$0		0
Continuous Home Care	1.096	\$999.84	\$420,643	24	421
Inpatient Respite	1.096	\$179.57	\$9,509		53
General Inpatient	1.096	\$765.05	\$839,887		1,098
Total			\$6,133,723		26,209
			Days from Schedule 7		26,785
			Difference		576
			Percentage Difference		2.15%

The applicant's projected patient days are 2.15 percent or 576 days more than the calculated patient days. The applicant did not separate routine home care by number of days, so all revenue was included in 1-60 days. If any revenue is for over 60 days, the percentage difference gets smaller. Operating profits from this project are expected to increase from an operating loss of \$446,319 in year one to an operating profit of \$332,427 in year two.

Conclusion:

This project appears to be financially feasible.

The Hospice of the Florida Suncoast, Inc. (CON #10538):

HOSPICE REVENUE (Year 2) TABLE 1

CON 10538

Hospice of the Florida Suncoast

County: Pasco

Year Two: Dec-20

Hospice of the Florida Suncoast					
Pasco	Payment Rate per Palmetto GBA				
Base Rate Calculation					
Routine Home Care 1-60 days	\$180.12				
Routine Home Care 61+ days	\$141.46				
Continuous Home Care	\$912.28				
Inpatient Respite	\$163.84				
General Inpatient	\$698.05				
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.093	\$196.90	\$3,494,216		17,746
Routine Home Care 61+ days	1.093	\$154.64	\$0		0
Continuous Home Care	1.093	\$997.26	\$171,097	24	172
Inpatient Respite	1.093	\$179.10	\$40,198		224
General Inpatient	1.093	\$763.08	\$550,181		721
		Total	\$4,255,692		18,863
		Days from Schedule 7			23,640
		Difference			4,777
		Percentage Difference			20.21%

The applicant's projected patient days are 20.21 percent or 4,777 days more than the calculated patient days. Physician fees are placed in general inpatient. Operating profits from this project are expected to increase from an operating loss of \$122,149 in year one to an operating profit of \$993,196 in year two.

Conclusion:

This project appears to be financially feasible.

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Tidewell Hospice, Inc. (CON #10539):

HOSPICE REVENUE (Year 2) TABLE 1

CON 10539

Tidewell Hospice

County:

Pasco

Year Two:

Sep-20

Tidewell Hospice					
Pasco	Payment Rate per Palmetto GBA				
Base Rate Calculation					
Routine Home Care 1-60 days	\$180.12				
Routine Home Care 61+ days	\$141.46				
Continuous Home Care	\$912.28				
Inpatient Respite	\$163.84				
General Inpatient	\$698.05				
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.085	\$195.42	\$1,766,866		9,041
Routine Home Care 61+ days	1.085	\$153.48	\$1,536,678		10,013
Continuous Home Care	1.085	\$989.77	\$593,354	24	599
Inpatient Respite	1.085	\$177.76	\$17,692		100
General Inpatient	1.085	\$757.34	\$374,573		495
Total			\$4,289,163		20,248
			Days from Schedule 7		21,008
			Difference		760
			Percentage Difference		3.62%

The applicant did not provide revenues for routine home care separately for 1-60 days and 61+ days for year two. The applicant did provide a breakdown of routine home care for year one. Staff used this information to estimate the revenues for year two. In addition, physician services are placed in general inpatient. The applicant's projected patient days are 3.62 percent or 760 days more than the calculated patient days. Operating profits from this project are expected to increase from an operating loss of \$352,894 in year one to an operating profit of \$182,683 in year two.

Conclusion:

This project appears to be financially feasible.

VITAS Healthcare Corporation of Florida (CON #10540):

HOSPICE REVENUE (Year 2) TABLE 1

CON 10540

VITAS Healthcare Corporation of Florida

County: Pasco

Year Two: Sep-20

VITAS Healthcare Corporation of Florida					
Pasco	Payment Rate per Palmetto GBA				
Base Rate Calculation					
Routine Home Care 1-60 days	\$180.12				
Routine Home Care 61+ days	\$141.46				
Continuous Home Care	\$912.28				
Inpatient Respite	\$163.84				
General Inpatient	\$698.05				
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.085	\$195.42	\$1,745,570		8,932
Routine Home Care 61+ days	1.085	\$153.48	\$4,334,696		28,244
Continuous Home Care	1.085	\$989.77	\$661,982	24	669
Inpatient Respite	1.085	\$177.76	\$0		0
General Inpatient	1.085	\$757.34	\$250,360		331
		Total	\$6,992,608		38,175
				Days from Schedule 7	35,680
				Difference	-2,495
				Percentage Difference	-6.99%

The applicant’s projected patient days are 6.99 percent or 2,495 days less than the calculated patient days. The applicant included respite in with general inpatient. Physician’s services are placed in general inpatient. Operating profits from this project are expected to increase from an operating loss of \$1,211,270 in year one to an operating loss of \$143,904 in year two.

Conclusion:

This project appears to be financially feasible.

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

Analysis:

Strictly, from a financial perspective, the type of price-based competition that would result in increased efficiencies, service, and quality is limited in health care in general and in hospice specifically. Cost-effectiveness through competition is typically achieved via a combination of competitive pricing that forces more efficient cost to remain profitable and offering higher quality and additional services to attract patients from competitors. Since Medicare and Medicaid are the primary payers in hospice, price based competition is almost non-existent. With the revenue stream essentially fixed on a per patient basis, the available margin to increase quality and offer additional services is limited.

Conclusion:

The projects submitted for Hospice Area 5A are not likely to have a material impact on price-based competition.

- 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.

Compassionate Care Hospice of Pasco, Inc. (CON #10533):

The applicant provides the following projected payer mix for the proposed hospice program:

CON Action Numbers: 10533 through 10540

Compassionate Care Hospice of Pasco, Inc. - Projected Payer Mix					
	Medicare	Medicaid	Insurance	Charity	Total
Year 1 Patient Days	4,640	309	103	103	5,155
Year 2 Patient Days	18,891	1,259	420	420	20,990
Year 1 %	90.0%	6.0%	2.0%	2.0%	100.0%
Year 2 %	90.0%	6.0%	2.0%	2.0%	100.0%

Source: CON application #10533, Schedule 7A.

The reviewer notes that the applicant does not define "Insurance".

The applicant does not indicate that the proposal will be predicated upon the minimum provision of Medicaid/charity care.

The applicant proposes 2.0 percent charity care in years one and two.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534) provides the following projected payer mix for the proposed hospice program:

Cornerstone Hospice & Palliative Care - Proposed Payer Mix						
	Self-Pay	Medicaid	Medicare	Insurance	Other Mgd. Care	Total
Year 1 Patient Days	332	709	9,436	300	300	11,075
Year 2 Patient Days	751	1,601	21,317	676	676	25,020
Year 1 %	3%	6%	85%	3%	3%	100%
Year 2 %	3%	6%	85%	3%	3%	100%

Source: CON application #10534, Schedule 7A.

The reviewer notes that the applicant did not define the "Insurance" category. Shaded values are incorrect.

The applicant's Schedule C conditions approval of the proposal to a minimum of three percent charity care.

The applicant proposes that self-pay will account for three percent of patient days and Medicaid will account for six percent of patient days during the first two years of operation.

North Central Florida Hospice, Inc. (CON #10535) is an existing provider in Hospice Service Areas 3A, 4A and 4B. In CY 2017, Haven reports providing 5.1 percent Medicaid patient days. The applicant expresses a commitment to serve all Pasco County patients in need regardless of race, ethnicity, age gender or ability to pay as historically provided in its existing service areas and dictated by its mission to serve indigent and low-income patients.

Haven describes providing charity care to patients who meet specific criteria and in 2017 the applicant describes providing approximately \$902,000 in charity care. The applicant references its non-discrimination policy which documents its commitment to

CON Action Numbers: 10533 through 10540

not deny service to any patient due to their inability to pay. The following chart depicts Haven’s forecasted payer mix for the proposal:

North Central Florida Hospice, Inc. - Forecasted Payer Mix					
	Self Pay	Medicaid	Medicare	Commercial	Total
Year 1	167	323	5,635	278	6,403
Year 2	566	1,093	19,088	942	21,689
Year 1 %	2.6%	5.0%	88.0%	4.3%	100.0%
Year 2 %	2.6%	5.0%	88.0%	4.3%	100.0%

Source: CON application #10535, Schedule 7. Years one and two

The applicant does not condition approval of the proposal to the minimum provision of Medicaid/charity care.

In years one and two of operation, the applicant forecasts that Medicaid will account for 5.0 percent of patient days and self-pay will account for 2.6 percent of patient days.

PruittHealth – Hospice 5A, LLC (CON #10536) describes its position as a newly formed entity without a history of providing health services to Medicaid patients and the medically indigent. The applicant states facilities operated by PruittHealth have a demonstrated quality history and commitment to the Medicaid population. PHH5A notes that the majority of hospice patients are elderly covered by either Medicare or Medicaid. The applicant indicates that these two payers pay identical rates. PHH5A and provides the following payer mix forecast:

PruittHealth - Hospice 5A, LLC Projected Payer Mix (Patient Days and Percent)					
	Self-Pay	Medicaid	Medicare	Commercial Insurance	Total
Year 1	143	428	5,416	1,140	7,126
Year 2	408	1,223	15,492	3,261	20,384
% Year 1	2.0%	6.0%	76.0%	16.0%	100.0%
% Year 2	2.0%	6.0%	76.0%	16.0%	100.0%

Source: CON application #10536, Schedule 7. Years one and two correspond to the years ending on December 31, 2019 and December 31, 2020. CON application #10536, page 111.

The applicant does not indicate that the proposal will be predicated upon the minimum provision of Medicaid/charity/indigent care.

In years one and two the applicant expects for self-pay to account for 2.0 percent of patient days and Medicaid to account for 6.0 percent of patient days.

In addition to the forecasted payer mix, PHH5A references the Medicare Conditions of Participation which requires all hospices to admit patients without regard to the patient’s ability to pay. The applicant asserts that its admissions policy clearly dictates that it

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will not discriminate against anyone based on race, sex, religion, national origin, physical handicap or diagnosis, payment source and/or any other circumstance or physical condition which classifies an individual as underserved and thereby demonstrates its commitment to serving the indigent population of Hospice Service Area 5A.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) states it does not have a history of providing Medicaid or charity care. The applicant notes that an affiliate of the parent company Seasons Hospice and Palliative Care of Broward Florida, Inc., provided \$286,883 in charity care based on the 2016 Medicare Cost Report. SHP provides charts depicting the historical percent of reimbursements reported from 2014 – 2016 by payer for affiliated hospice programs in Districts 10 and 11 on page 9-1 of CON application #10537.

Percent of Reimbursement Reported from 2014 - 2016					
Payer	Seasons - Broward		Seasons - Miami		
	2015	2016	2014	2015	2016
Medicare	91.0	87.0	87.6	89.5	90.0
Medicaid	1.0	1.0	6.8	8.6	1.0
Third Party	7.0	5.0	4.6	1.2	5.0
Self-pay	1.0	3.0	0.3	0.3	1.0
Uncompensated	0.0	3.0	0.6	0.4	1.0
Other	0.0	1.0	0.0	0.0	2.0
Total	100.0	100.0	100.0	100.0	100.0

Source: CON application #10537, page 9-1

The following chart depicts the applicant’s forecasted payer mix:

Seasons Hospice and Palliative Care of Pasco County, LLC - Proposed Payer Mix					
	Self-Pay	Medicaid HMO	Medicare	Commercial Insurance	Total
Year 1 Patient Days	241	482	10,965	361	12,049
Year 2 Patient Days	536	1,071	24,374	804	26,785
Year 1 %	2.0%	4.0%	91.0%	3.0%	100.0%
Year 2 %	2.0%	4.0%	91.0%	3.0%	100.0%

Source: CON application #10537, Schedule 7A

The applicant does not condition approval of the proposal to the minimum provision of Medicaid or charity care. Based on the forecast, SHP forecasts that self-pay will account for 2.0 percent in years one and two and Medicaid HMO will account for 4.0 percent in years one and two.

The Hospice of the Florida Suncoast, Inc. (CON #10538) characterizes medically underserved groups as typically persons with Medicaid, indigent persons and others for whom barriers to

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care exist. The applicant states that it has a long-standing commitment to providing care to Medicare, Medicaid and indigent patients and is deeply committed to providing services without discrimination. Suncoast maintains that this is evidenced by its historical experience in Pinellas County and its admission criteria and process policy which states:

Patients will be accepted for care without discrimination on the basis of race, color, religion, age, gender, sexual orientation, ability to pay, disability (mental or physical), communicable disease or place of national origin

The applicant provides the following table summarizing its historical provision of care to patients from a variety of payer mix sources:

Suncoast Hospice Historical Admissions by Payer: FY Ended September 30, 2015 - 2017				
Payer Category	2015	2016	2017	2017% of Total
Medicare	5,744	5,786	6,000	86.2%
Medicaid	242	243	224	3.2%
Self-Pay/Other	337	392	357	5.1%
Commercial/Other Insurance	382	409	377	5.4%
Total	6,705	6,830	6,958	100%

Source: CON application #10538, page 146

The applicant’s forecasted payer mix for the proposal is included below:

The Hospice of the Florida Suncoast, Inc. - Projected Payer Mix (Patient Days and Percent)					
	Self-Pay	Medicaid	Medicare	Commercial	Total
Year 1	111	310	9,893	356	10,670
Year 2	246	688	21,919	788	23,640
Year 1 %	1.0%	2.9%	92.7%	3.3%	100.0%
Year 2%	1.0%	2.9%	92.7%	3.3%	100.0%

Source: CON application #10538, Schedule 7A.

The applicant forecasts that Medicaid will account for 2.9 percent of patient days and self-pay will account for 1.0 percent of patient days during the first two years of operations.

Suncoast states that its commitment to financial accessibility is evidenced through conditions of the application which include a variety of programs and initiatives to remove barriers and improve access to hospice care. The applicant expresses a commitment to provide access to all patients without regard to ability to pay.

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Suncoast conditions approval of the proposed service to a minimum provision of 3.5 percent of its total patient days to charity care and Medicaid patients.

Tidewell Hospice, Inc. (CON #10539) provides the following chart summarizing Tidewell’s historical provision of indigent care from 2015 – 2018.

Tidewell Indigent Care, 2015 - 2018				
Self-Pay	YE 6/30/15	YE 6/30/16	YE 6/30/17	07/01/17 - 4/30/18
Admissions	161	154	158	131
Patient Days	3,375	2,719	3,285	3,216
Patient Days as Percentage of Total	1.0%	1.0%	1.0%	1.0%
Total Unreimbursed Charges	\$1,644,000	\$1,613,000	\$1,927,000	\$1,251,000

Source: CON application #10539, page 80

Tidewell’s Schedule 7A reflects the following forecasted payer mix:

	Tidewell - Forecasted Payer Mix					Total
	Self-Pay	Medicaid	Medicare	Commercial Insurance	Charity Care	
Year 1 Patient Days	115	572	10,240	323	288	11,538
Year 2 Patient Days	210	1,043	18,639	589	527	21,008
Year 1 %	1%	5%	89%	3%	2%	100%
Year 2 %	1%	5%	89%	3%	3%	100%

Source: CON application #10539, Schedule 7A

Tidewell conditions approval of the proposal to the minimum provision of 3.0 percent of uncompensated care to charity care patients beginning in year one of operations. The applicant forecasts that self-pay will account for 1.0 percent in years one and two, Medicaid will account for 5.0 percent of patient days in years one and two and charity care will account for 2.0 percent of patient days in year one and 3.0 percent of patient days in year two.

VITAS Healthcare Corporation of Florida (CON #10540)

describes having a long history of providing services to Medicaid patients and proposes to provide services to Medicaid patients in Hospice Service Area 5A. VITAS discusses providing hospice services to many Medicaid beneficiaries and paying 5.0 percent of the SNF costs (room and board) for hospice patients. Historically, the applicant describes exceeding is forecasted Medicaid patient days in Hospice Service Area 1 during its first year of operations (8.3 percent actual Medicaid, 4.7 percent forecasted Medicaid) and in Hospice Service Area 4A (7.0 percent actual Medicaid, 4.9 percent Medicaid forecasted). VITAS notes providing over \$6.29 million in charity care to hospice patients at its Florida programs in 2017.

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The applicant provides the following projected payer mix forecast:

	VITAS Proposed Payer Mix					
	Self-Pay	Medicaid	Medicare	Commercial Insurance	Charity Care	Total
Year 1	2	1,689	10,717	238	140	12,786
Year 2	5	4,741	29,891	666	377	35,680
Year 3	7	1,818	43,683	973	517	46,998
Year 1%	0.0%	13.3%	83.8%	1.9%	1.1%	100.0%
Year 2%	0.0%	13.3%	83.8%	1.9%	1.1%	100.0%
Year 3%	0.0%	3.9%	92.9%	2.1%	1.1%	100.0%

Source: CON application #10540, Schedule 7A

VITAS does not condition approval of the proposal to the minimum provision of any percentage of total patient days to a particular payer-class. The applicant forecasts that self-pay will account for 0.0 percent of patient days in years one through three, Medicaid will account for 13.3 percent of patient days in year one and two, with 3.9 percent of patient days in year three and charity care will account for 1.1 percent of patient days in years one through three.

F. SUMMARY

In Volume 44, Number 63, of the Florida Administrative Register, dated March 30, 2018, need for one hospice program was published in Hospice Service Area 5A for the July 2019 hospice planning horizon. The applicants are applying in response to published need.

Compassionate Care Hospice of Pasco, Inc. (CON #10533) is a newly formed entity which proposes to establish a new hospice program in Hospice Service Area 5A. CCH is an existing provider of hospice services in Hospice Service Areas: 3E, 6B and 11. The applicant expects issuance of licensure in and initiation of service in February 2019.

The applicant proposes \$205,000 in total project costs.

CCHP proposes eight Schedule C conditions.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534) is an existing provider of licensed hospice services proposing to establish a new hospice program in Hospice Service Area 5A. The applicant is an existing provider of hospice services in Hospice Service Areas: 3E, 6B and 7B.

The applicant proposes \$206,149 in total project costs.

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Cornerstone proposes 16 Schedule C conditions.

North Central Florida Hospice, Inc. (CON #10535) is an existing provider of licensed hospice services proposing to establish a new hospice program in Hospice Service Area 5A. The applicant is an existing provider of hospice services in Hospice Service Areas: 3A, 4A and 4B.

The applicant proposes \$310,000 in total project costs.

Haven proposes 21 Schedule C conditions.

PruittHealth – Hospice – 5A, LLC (CON #10536) is a newly-formed entity proposing to establish a new hospice program in Hospice Service Area 5A.

The applicant expects issuance of licensure in December 2018 and initiation of service in January 2019.

The applicant proposes \$378,586 in total project costs.

The applicant does not provide any Schedule C conditions but indicates the intent to accept conditions categorized under items three and four of Schedule C.

PruittHealth proposes seven conditions on page 36 of CON application #10536.

Schedule C indicates that s.408.040, *Florida Statutes*, provides for a certificate of need to be awarded predicated upon statements made in the application.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) is an existing provider of licensed hospice services proposing to establish a new hospice program in Hospice Service Area 5A. The parent company of the applicant is an existing provider of hospice services in Hospice Service Areas: 5B²¹, 6A, 10 and 11. The applicant expects issuance of licensure in June 2019 and an initiation of service in July 2019.

The applicant proposes \$719,500 in total project costs.

SHP proposes nine schedule C conditions.

²¹ Per Agency records, Seasons Hospice and Palliative Care of Pinellas County, LLC was licensed on April 4, 2018.

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The Hospice of the Florida Suncoast, Inc. (CON #10538) is an existing provider of licensed hospice services proposing to establish a new hospice program in Hospice Service Area 5A. The applicant is an existing provider of hospice services in Hospice Service Area 5B—an adjacent service area. The applicant expect licensure and initiation of services in January 2019.

The applicant proposes \$510,900 in total project costs.

Suncoast proposes 13 Schedule C conditions.

Tidewell Hospice, Inc. (CON #10539) is an existing provider of licensed hospice services proposing to establish a new hospice program in Hospice Service Area 5A. The applicant is an existing provider of hospice services in Hospice Service Areas: 6C, 8A and 8D. The applicant expects licensure and initiation of services in November 2018.

The applicant proposes \$442,940 in total project costs.

Tidewell proposes 11 Schedule C conditions.

VITAS Healthcare Corporation of Florida (CON #10540) is an existing provider of licensed hospice services proposing to establish a new hospice program in Hospice Service Area 5A. The applicant is an existing provider of hospice services in Hospice Service Areas: 1, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9C, 10 and 11. The applicant expects issuance of license and initiation of services by October 1, 2018.

The applicant proposes \$862,960 in total project costs.

VITAS proposes 12 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 5A. **Each** co-batched applicant's argument in support of need for their respective proposal is briefly summarized below.

Compassionate Care Hospice of Pasco, Inc. (CON #10533) states that it has identified, quantitatively and qualitatively, the underserved groups within Pasco County including terminally-ill cardiac and pulmonary patients and programmatic quality-based initiatives such as more patient touches which are inherent in the

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CCHP platform. The applicant states that CCHP's analysis, commitments and conditions to be implemented with the proposal support its position and demonstrates that it is an outstanding applicant and should receive AHCA approval.

The applicant forecasts 165 admissions in year one and 405 admissions in year two.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534)

lists the following reason for which Cornerstone will best meet the need identified for Pasco County based on the following factors:

- As an existing Joint Commission accredited hospice agency serving immediately adjacent Hospice Service Areas that can immediately begin serving Pasco County. Cornerstone conservatively projects to begin service on October 1, 2018.
- Cornerstone has demonstrated its ability to enter a new market and rapidly address the needs of the community focusing specifically on underserved groups in the market.
- Cornerstone already has significant relationships with hospitals, physicians, ALFs, SNFs and other health care providers in Hospice Service Area 5A.
- Cornerstone's staff has already spent a tremendous amount of time in Pasco County to learn about the hospice needs and how to quickly and efficiently begin addressing these needs.
- Cornerstone has identified needs within Pasco County in terms of both clinical needs and also types of services offered.
- Cornerstone will establish an office presence in Pasco County and has already identified a proposed location in New Port Richey.
- Cornerstone is well known for its exceptional level of care such as its fast response time, seven days a week nursing care, 7-day case management, numerous hospice physicians and advance registered nurse practitioners.
- Cornerstone has identified 16 conditions that reflect a wide range of commitments from financial and minority access, to specialized clinical programs, community outreach and education, as well as unique therapies/adjunct programming to support Pasco County patients and families.

The applicant forecasts 186 admissions in year one and 384 admissions in year two of operation.

North Central Florida Hospice, Inc. (CON #10535) provides a summary of the following factors which contribute to need for an additional hospice within Hospice Service Area 5A and justification for the applicant as warranting approval:

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- Haven currently operates as a licensed hospice provider in Hospice Service Areas 3A, 4A and 4B and has done so successfully for 39 years.
- Both African-American and Hispanic residents of Hospice Service Area 5A are underutilizing hospice services. 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). Haven commits to blend a life affirming hospice and palliative philosophy with the unique cultural richness and special needs of the Spanish-speaking population.
- Two of Pasco County's largest nonprofit hospitals have identified heart disease, including congestive heart failure, as a priority issue needing attention. Haven already serves end-stage (terminally ill) heart disease through its existing operations.
- Haven's field work identifies many special needs of the residents of Hospice Service Area 5A, including needs for more and better advanced care planning, palliative care and bereavement programs.
- Haven is currently an active provider of end-of-life care to the Veteran's population.
- Haven is the only applicant to rank 1st against more than one of the DOEA indicators examined and never drops below 3rd. It is also one of two applicants to register a median score above the national median per the "Hospice Compare" system.

The applicant forecasts 139 admissions in year one and 416 admissions in year two of operations. From these volume forecasts the applicant derives a 3.2 percent market share which is anticipated to allow for growth in admissions among existing providers.

PruittHealth – Hospice 5A, LLC (CON #10536) notes that while all disease groupings have available admissions, the primary cohort contributing to need is the 65+ group with a non-cancer primary diagnosis.

PHH5A maintains that the proposal is submitted in response to published need and that the proposed project is well positioned to fill the gap in hospice services to terminally-ill residents within Hospice Service Area 5A. The applicant states that the proposed service will rely on the wealth of experience and corporate resources of its parent company in order to target the end-of-life needs of underserved population groups.

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The applicant states that the intent of the proposal is to establish the foundation of its continuum of post-acute care services in Hospice Service Area 5A by developing a hospice program in the service area. Upon licensure of the proposal, the applicant will seek to establish a home health agency in Pasco County in order to meet the home health needs of the service area. PHH5A indicates that ancillary providers (pharmacy, medical supply and nutrition) will also serve the new hospice.

The applicant expects to work with the entire PruittHealth continuum of post-acute care services including hospice, home health, rehabilitation, medical supplies and pharmacy services in order to ensure that terminally-ill residents are provided the very best end-of-life care in the most compassionate manner. PHH5A states that this is a differentiating factor between it and other applicants and existing providers. The applicant maintains that the PruittHealth family of providers is more than just a hospice company or a nursing home company with hospice operations.

The applicant forecasts 162 admissions in year one and 432 admissions in year two.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) describes the capacity for the proposal to best serve the needs of Pasco County through the following points:

- SHP is the only co-batched applicant located within the existing area, in adjacent Hillsborough and Pinellas Counties, resulting in
 - Knowledge of the area, its people and its needs
 - Improves access to Pasco residents leaving the county for health care with the ability to provide seamless care across the three central counties within the Tampa, St. Petersburg, Clearwater MSA
 - Assures long-term benefit and improved access throughout the metro area
- SHP improves access to underserved populations, including:
 - Homeless persons
 - Veterans
 - Elderly residents, particularly those residing in ALFs
 - Minority populations, including African-Americans and Hispanics
 - Terminally ill populations diagnosed with Alzheimer's, cancer, HIV/AIDS, and heart disease
- SHP improves quality, filling gaps in coverage through
 - Resident-centered
 - Partnerships within the health care community
 - Joint Commission accreditation

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- Ability to improve the enrollment process and services through the 24/7 call center
- Implement telemedicine adjunct to the call center to reach and react to persons in dispersed areas of the service area
- Improve quality and coordinate services using EMR
- Open access programs, providing palliative therapies beyond the scope of service of many hospice programs
- “Namaste Care” program
- Provides numerous innovative programs and services
- SHP benefits the community through charity
 - Annual contributions of \$10,000 to the non-profit Seasons Hospice Foundation, restricted for use in Pasco County, for wish fulfillment, emergency relief, education and research
 - Seasons does not actively solicit donations
- SHP supports the workforce and improves quality through educational opportunities, including:
 - Provide training opportunities for nurses and social workers
 - Internships for social workers, music therapists, art therapists, bereavement counselors, chaplains and medical assistants in Pasco County
 - Educate the medical community in Pasco County about the importance of hospice care

The applicant forecasts 219 admissions in year one and 446 admissions in year two.

The Hospice of the Florida Suncoast, Inc. (CON #10538) states that the unique needs of the population of Hospice Service Area 5A and Suncoast’s position as the best candidate to meet those needs are evident for the following reasons:

- Suncoast has been committed to serving residents of Florida by serving Pinellas County (contiguous to Pasco County) since 1977.
- Suncoast currently treats residents of Pasco County in its three Pinellas Hospice Care Centers and in hospitals and SNFs when the patient qualifies for inpatient hospice care. In the past three years, Suncoast has served more than 120 Pasco County residents.
- Suncoast operates the first and one of the largest PIC programs in Florida. There is no PIC program in Pasco County.
- Suncoast offers a vast array of post-acute and end-of-life services and resources and incorporates innovative methods into patient care plans.
- Through its parent organization, Empath Health, Suncoast offers an extensive continuum of programs/services for patients and caregivers of patients who are affected by serious illness.

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- Suncoast operates its own pharmacy and durable medical equipment company.
- Suncoast and Empath Health have a large number of existing employees and volunteers who reside in Pasco County.
- Suncoast Hospice has longstanding relationships with area physicians, hospitals, SNFs, ALFs and other community organizations.

The applicant forecasts 194 admissions in year one and 394 admissions in year two.

Tidewell Hospice, Inc. (CON #10539) states that the application is submitted in response to the fixed need pool published March 30, 2018 which published need for an additional hospice program in Hospice Service Area 5A. The applicant states that Tidewell seeks to address the entirety of the needs of the terminally ill population in Pasco County regardless of age, race, gender, disability, education or income levels.

The applicant identifies the following populations with unmet needs:

- Veterans and potential associated conditions/risk factors
- Smoking and associated respiratory conditions
- Patients with certain health lifestyle behaviors and their associated conditions
- Alzheimer's disease
- Patients with cancer

The applicant additionally states that a number of other services will be made available to Pasco County residents related to health literacy, pediatric populations and suicide awareness and prevention. Tidewell maintains that approval of the proposal is conditioned on the provision of community grief and bereavement programs, complementary services, palliative care, the "Transitions" program and community education.

The applicant forecasts 214 admissions in year one and 404 admissions in year two of operations.

VITAS Healthcare Corporation of Florida (CON #10540) summarizes need within the service area and VITAS' solution to address these needs as follows:

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VITAS Subdistrict 5A Need and Solutions	
Provide more care at the end-of-life through in-person hospice visits	<ul style="list-style-type: none"> Existing area provided fewer in-person visits during the last seven days of patients' lives than the state average. Of the applicants in this batching cycle, VITAS provided the most visits in the last seven days, with an average of 9.34 visit versus the state average of 6.89 visits. By having its hospice staff visit more frequently, VITAS will improve the care and support patients and families receive at the end-of-life.
Targeted outreach to patients living in DARCS	<ul style="list-style-type: none"> Subdistrict 5A has a high concentration of DARCS, which are best served by having hospice education provided on-site VITAS conditions this application on having a community liaison that dedicates half their time to education and outreach to DARC residents and families.
Increase hospice services in ALFs	<ul style="list-style-type: none"> Existing area hospices provide a lower percentage of patient days in ALFs than the statewide average. VITAS conditions this application on having a community liaison half of whose time is dedicated to outreach to ALFs. VITAS conditions this application on having its team manager, social worker and a hospice representative certified through the Department of Elder Affairs' ALF CORE Training. This will equip them to work hand in hand with ALF staff in treating patients.
Improved service to patients and caregivers to patients with Alzheimer's and dementia	<ul style="list-style-type: none"> Rehospitalization rates for many SNFs in Subdistrict 5A are above the state average. Patients with dementia have an increased risk of rehospitalization. VITAS conditions this application on having a nurse practitioner who will provide education to area SNFs on the appropriate use of psychotropic drugs for patients with Alzheimer's and dementia, to improve their memory, mood and provide an opportunity for social interaction.
Improved care for patients with complex diagnoses	<ul style="list-style-type: none"> VITAS will implement a targeted cardiac care program and conditions this application on having all nurses, chaplains and social workers receive intensive training within the first three months of employment. VITAS will train hospice staff to provide specialized pulmonary care and will have a respiratory therapist.

The applicant forecasts 245 admissions in year one and 430 admissions in year two.

The Agency has determined that within the context of the criteria specified in Section 408.035 (1), F.S., and Rule 59C-1.0355, F.A.C.,

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CON application # 10537 (SHP), on balance, best satisfied the criteria including identifying the proposed populations that are being underserved for hospice, services proposed to make hospice accessible and available to the underserved population and the extent to which the proposed service will enhance access to health care to residents of Hospice Service Area 5A.

Quality of Care:

All applicants demonstrated the ability to provide quality care.

Compassionate Care Hospice of Pasco, Inc. (CON #10533):

Agency records indicate that licensed hospice programs operated by the applicant's parent company did not have any substantiated complaints within the three-year period ending on March 7, 2018.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534):

Agency records indicate that the applicant did not have any substantiated complaints within the three-year period ending on March 7, 2018.

North Central Florida Hospice, Inc. (CON #10535): Agency records indicate that Haven had five substantiated complaints within the three-year period ending on March 7, 2018.

PruittHealth – Hospice – 5A, LLC (CON #10536) is a newly formed entity, does not currently operate a licensed hospice program in the State of Florida and therefore lacks a documented quality record available to discuss in this review. The applicant expresses the intent to develop all policies, procedures and a quality assurance program based on other PHH programs throughout the southeastern United States. Upon licensure of the proposed project the applicant expresses the intent to adhere to any and all state and federal regulations and statutes and the Conditions of Participation for hospice providers under the Health Insurance for the Aged and Disabled Program and Medicaid Program.

Seasons Hospice and Palliative Care of Pasco County, LLC

(CON #10537): Agency records indicate that the applicant's affiliated programs did not have any substantiated complaints within the three-year period ending on March 7, 2018.

The Hospice of the Florida Suncoast, Inc. (CON #10538):

Agency records indicate that the applicant did not have any substantiated complaints within the three-year period ending on March 7, 2018.

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Tidewell Hospice, Inc. (CON #10539): Agency records indicate that the applicant had six substantiated complaints within the three-year period ending on March 7, 2018.

VITAS Healthcare Corporation of Florida (CON #10540): Agency records indicate that the applicant had 40 substantiated complaints within the three-year period ending on March 7, 2018.

Financial Feasibility/Availability of Funds:

None of the projects submitted for Hospice Service Area 5A are likely to have material impact on competition to promote quality and cost-effectiveness.

Compassionate Care Hospice of Pasco, Inc. (CON #10533):

- Funding for this project and the entire capital budget should be available as needed.
- The project appears to be financially feasible.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534):

- Funding for this project and the entire capital budget should be available as needed.
- The project appears to be financially feasible.

North Central Florida Hospice, Inc. (CON #10535)

- Funding for this project is likely. However, funding for the entire capital budget is questionable.
- The project appears to be financially feasible.

PruittHealth – Hospice – 5A, LLC (CON #10536):

- Funding for this project and the entire capital budget should be available as needed.
- The project appears to be financially feasible.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537):

- Funding for this project and the entire capital budget should be available as needed.
- The project appears to be financially feasible.

The Hospice of the Florida Suncoast, Inc. (CON #10538):

- Funding for this project and the entire capital budget should be available as needed.
- The project appears to be financially feasible.

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Tidewell Hospice, Inc. (CON #10539):

- Funding for this project and the entire capital budget should be available as needed.
- The project appears to be financially feasible.

VITAS Healthcare Corporation of Florida (CON #10540):

- Funding for this project and the entire capital budget should be available as needed.
- The project appears to be financially feasible.

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.

Compassionate Care Hospice of Pasco, Inc. (CON #10533): The applicant does not indicate that the proposal will be predicated upon the minimum provision of Medicaid/charity/indigent care.

CCHP proposes 2.0 percent charity care during the first two years of operation.

Cornerstone Hospice and Palliative Care, Inc. (CON #10534) conditions approval of the proposal to the provision of a minimum of three percent charity care annually.

The applicant proposes that self-pay will account for three percent of patient days and Medicaid will account for six percent of patient days during the first two years of operations.

North Central Florida Hospice, Inc. (CON #10535) forecasts that Medicaid will account for 5.0 percent of patient days and self-pay will account for 2.6 percent of patient days during the first two years of operations.

The applicant does not condition approval of the proposal to the minimum provision of Medicaid/charity care.

PruittHealth – Hospice – 5A, LLC (CON #10536) does not indicate that the proposal will be predicated upon the minimum provision of Medicaid/charity/indigent care.

CON Action Numbers: 10533 through 10540

The applicant expects for self-pay to account for 2.0 percent of patient days and Medicaid to account for 6.0 percent of patient days during the first two years of operation.

Seasons Hospice and Palliative Care of Pasco County, LLC (CON #10537) forecasts that self-pay will account for 2.0 percent and Medicaid HMO will account for 4.0 percent during the first two years of operation.

The applicant does not condition approval of the proposal to the minimum provision of Medicaid or charity care.

The Hospice of the Florida Suncoast, Inc. (CON #10538) forecasts that Medicaid will account for 2.9 percent of patient days and self-pay will account for 1.0 percent of patient days during the first two years of operations.

Suncoast conditions approval of the proposal to a minimum provision of 3.5 percent of its total patient days to charity care and Medicaid patients.

Tidewell Hospice, Inc. (CON #10539) conditions approval of the proposal to the minimum provision of 3.0 percent of uncompensated care to charity care patients beginning in year one of operations.

The applicant forecasts that self-pay will account for 1.0 percent and Medicaid will account for 5.0 percent of patient days during the first two years of operation. Tidewell forecasts that charity care will account for 2.0 percent of patient days in year one and 3.0 percent of patient days in year two.

VITAS Healthcare Corporation of Florida (CON #10540) VITAS does not condition approval of the proposal to the minimum provision of any percentage of total patient days to a particular payer-class.

The applicant forecasts that self-pay will account for 0.0 percent of patient days and charity care will account for 1.1 percent of patient days during the first three years of operation. VITAS forecasts that Medicaid will account for 13.2 percent of patient days in year one, 13.3 percent in year two and 3.9 percent of patient days in year three of operations.

G. RECOMMENDATION

Approve CON #10537 to establish a hospice program in Pasco County, Hospice Service Area 5A. The total project cost is \$719,500.

CONDITIONS:

- Implement Seasons' "No One Dies Alone" policy in Pasco County. Seasons educates staff and volunteers to identify when the patient is approaching the final weeks of life, providing additional support. Continuous care is available when the patient meets the eligibility requirements. Otherwise, the "Volunteer Vigil" program provides specially trained volunteers to stay with the patient throughout the dying process. When volunteers are unavailable Seasons staff will hold vigil to ensure no one dies alone. Seasons' 24-hour call center operations provide another level of assurance to deal with any emergencies, concerns or fears that may arise.
- Seasons offers therapies beyond the core hospice services. Seasons provides one full time equivalent (FTE) for music therapy per 100 patients
- Seasons establishes a "Homeless Program" in Pasco County. Seasons commits to ongoing funding of the program for homeless hospice patients to offer shelter and comfort in their final days. The funding amount is \$10,000 in the first year, \$15,000 in the second year, \$20,000 in the third year, \$25,000 in the fourth year and \$30,000 in each subsequent year. Housing vouchers will be offered based on individual needs and resources from subsidizing rent to supporting the entire expense for monthly assisted living facility care. If needs of homeless hospice patients fall below the minimum amounts defined above, the balance is provided to the Coalition for the Homeless of Pasco County to assist in ending homelessness.
- Seasons donates \$10,000 per year to Seasons Hospice Foundation restricted to wish fulfillment (funding of wishes that enhance quality of life), emergency relief (funding basic needs such as food and shelter) and Camp Kangaroo (children's grief camp) for Pasco residents.

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- Seasons implements its “Partners in Care” program in Pasco County, providing education and training to staff and volunteers regarding the importance of partnering with long-term care facility in care of the hospice patient. Seasons educates facility staff through an e-learning module and in-person team building education. Seasons commits to participating in and/or lead care plan meetings with facility and hospice staff and the patient and family to address the hospice plan of care and improve continuity of care expectations.
- Seasons commits to provide Continuing Education Units (CEU) offerings for registered nurses, licensed practical nurses and licensed social workers at no charge through their nationally accredited CEU programs by the Association of Social Work Boards and the American Nurses Credentialing Center.
- Seasons offers internship experiences within the active workforce for social workers, music therapists, art therapists, bereavement counselors, chaplains and medical assistants. Seasons will seek local contracts with area universities and schools and will leverage existing national contracts.
- Establish a “Physician Advisory Board” in Pasco County. Seasons facilitates physician advisory boards where community physicians provide information to hospice leaders to improve access to care and hospice leaders provide education to physicians to help them identify eligible patients and how to have the conversation with their patients about hospice care. Boards meet at least twice per year.
- Seasons Hospice and Palliative Care of Pasco County, LLC will become Services and Advocacy for Gay Elders (SAGE) platinum certified by the end of its first year of operations.

Deny CON #'s 10533, 10534, 10535, 10536, 10538, 10539 and 10540.

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