STATE AGENCY ACTION REPORT

ON APPLICATIONS FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Chapters Health Hospice – 9B, Inc./CON #10559
1240 Telecom Drive, Suite 300 West
Temple Terrace, Florida 33637

Authorized Representative: Andrew Molosky
President and CEO
(813) 871-8400

Cornerstone Hospice and Palliative Care, Inc./CON #10560
2445 Lane Park Road
Tavares, Florida 32278-9660

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

Hospice of Palm Beach County, Inc./CON #10561
5300 East Avenue
West Palm Beach, Florida 33407-2387

Authorized Representative: David Fielding
CEO
(561) 848-5200

Seasons Hospice & Palliative Care of the Treasure Coast, LLC/CON #10562
6400 Shafer Court, Suite 700
Rosemont, Illinois 60018

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

Visiting Nurse Association of Florida, Inc./CON #10563
2400 SE Monterey Rd., Suite 300
Stuart, Florida 34996

Authorized Representative: Jennifer Crow
(772) 286-1844

VITAS Healthcare Corporation of Florida/CON #10564
P. O. Box 14464
Austin, Texas 78761

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

2. Service District/Subdistrict

Hospice Service Area 9B – Martin, Okeechobee and St. Lucie Counties

B. PUBLIC HEARING

A public hearing was not held or requested regarding any of the proposed projects to establish a new hospice program in Hospice Service Area 9B.

Letters of Support

Each co-batched applicant submitted letters of support and some support letters were received by the Agency independently. The letters are broadly described below.

Chapters Health Hospice – 9B, Inc. (CON application #10559) these letters of support are from state and local elected officials, hospitals, skilled nursing facility (SNF) senior executives, federally qualified health centers (FQHCs), physicians/health care professional groups, attorneys and architects. Many individually composed letters are present among the total complement. A representative listing of some of these letters of support is indicated below:

- Denise Grimsley, State Senator, 26th District, The Florida Senate
- Colleen Burton, District 40, Cary Pigman, District 55 and Melony Bell, District 56, State Representatives, The Florida House of Representatives
- Frannie Hutchinson, Chair, County Commissioner, District No. 4, The St. Lucie Board of County Commissioners
- Phillip Walker, City Commissioner-NW District, City of Lakeland
- Sue Riddell, MS, RN, NHA, Administrator, Stuart Rehabilitation and Healthcare

- Antonia Sanchez, Referral Specialist Supervisor, Florida Community Health Centers, Inc. (FCHC)[1]
- Jurema LaBoy, RN, BSN, MSAH, Director of Nursing, Port St. Lucie Hospital
- John A. Kolosky, Executive Vice President/Chief Operating Officer and Diane Portman, MD, FAAHPM, Chair, Department of Supportive Care Medicine, H. Lee Moffitt Cancer Center and Research Institute Hospital
- Syed E. Ahmed, MD, Amit I. Shah, MD and Wasif Riaz, MD, Florida Cancer Specialists and Research Institute
- Ludmila Mishelevich, MD, Florida East Coast Medical Group
- Gina Levine, ARNP and Dominique Hill, ARNP, Primary Care Associates
- Amy B. Paine, ARNP, Midway Primary Care Center
- James T. Joiner, PA, Attorney at Law
- Phillip Wegman, Vice President, Furr and Wegman Architects, PA

Chapters Health Hospice (CHH) also indicates in Tab 3 of the application that during the end of October and early November 2018, staff from Chapters Health System met with residents of Okeechobee, St. Lucie and Martin Counties to discuss the CON process and garner their support. According to the applicant, among other things discussed in these meetings, it was stated that CHH:

- Is a not-for-profit organization, providing care for all patients regardless of their ability to pay
- Provides innovative programs focused on the management of chronic diseases and provides valuable early intervention for patients with Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF)
- Has an "open access" philosophy which makes it possible for patients to access hospice services while still receiving expensive palliative treatments like chemotherapy and dialysis
- Uses only registered nurses to staff the after-hours call center
- Has additional service lines that provide palliative care and home health for non-hospice patients
- Provides extensive free bereavement services to the community, regardless of whether they utilized hospice or not, including an annual children's bereavement camp

[1] The reviewer notes that according to the website https://www.fachc.org/find-a-health-center#/, FCHC is an FQHC and a member of the Florida Association of Community Health Centers, Inc. Also according to this same website, FCHC has a physical address of 1100 N. Parrott Avenue, Okeechobee, Florida 34972. Further, this support letters indicates that FCHC serves cities in Martin, Okeechobee and St. Lucie Counties.

The applicant provides log sheets with 254 signatures of supporters from Martin, St. Lucie and Okeechobee Counties.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) provides letters of support in Attachment 3 of the application which includes a listing of support letters by each signer, position, organization/affiliation, city and state. A review of these letters indicates that they are from local health providers/facilities (SNFs and assisted living facilities (ALFs)), senior/adult living communities, church leaders, universities, volunteer organizations and government appointed officials. Many of these are form letters. A representative listing of some of these letters of support is indicated below:

- Timothy Kimes, Administrator, Martin Nursing and Rehabilitation
- Sue Riddell, MS, RN, NHA, Administrator, Stuart Rehabilitation and Healthcare
- Patricia Foster, Administrator, The Gardens of Port St. Lucie
- Diane Marie O'Sullivan, MSW, NHA, Administrator, Tiffany Hall Nursing Center and Rehabilitation Center
- Stacy Gemlich, RN, Health and Wellness Director, Brookdale-Jensen Beach
- Patrick Donigan, Administrator, Emerald Health Care Center
- Erika Stewart, BS, MSM, Executive Director, Harbor Place Point at Port St. Lucie-A Senior Living Community
- Virginia Caplis, Director of Nursing, Lake Forest Park Senior Living
- Iran Vejerano, Administrator, The Perfect Place ALF
- Marcia Styles, Administrator, Comfort Care Home ALF
- Alice Paul, Owner, Sunshine Family ALF, LLC
- Sonia Reid, Administrator, Heavenly Adult Care ALF
- Wayne Chapman, PhD, Health and Wellness Director and Wayne Chapman, HCA, The Brennity at Tradition-Senior Living
- Francisco Gonzalez, Administrator, Life Care Center of Orlando
- Karen Blaquier, Administrator, Lake Centre Home Care
- Eric Mabbagu, PT, DPT, Administrator, Towers Home Care and Rehabilitation Services, Inc. – A Division of Orlando Senior Health Network
- James and Aimee Adisano, Owners, Atlas Rehabilitation
- Matt Price, Senior Pastor, Covenant Fellowship Baptist Church
- Andrew Passeri, PhD, LFACHE, Executive Director, HANDS of St. Lucie County
- Hue Jacobs, Executive Director, Volunteers of Community Impact, Inc.
- Dr. Marie-Jose Francois, Executive Director, Center for Multicultural Wellness and Prevention, Inc.

- Jennifer A. (Jennay) Cowan, Nursing Clinical Coordinator, Herzing University
- Lowell S. Liwanag, PT, CSW, Chief Manager, Rehab Frontier, LLC
- Debra Barker, Office Manager, Advance Rehab and Staffing
- Aaron Kissler, MPH, Administrator-Health Officer, Florida Department of Health (FDOH) in Lake County

Hospice of Palm Beach County, Inc. (CON application #10561) provides letters of support in Appendix 7 of the application. A review of these letters indicates they are from local health providers and facilities (e.g. hospitals, SNFs, ALFs and Independent Living (IL) facilities for the elderly, accountable care organizations or ACOs and health plan/insurance group employees) - all endorsing the proposal. The reviewer notes that many of these support letters are individually composed and are from outside Hospice Service Area 9B (with many originating from Hospice Service Area 9C – Palm Beach County). A representative listing of these letters are noted below:

- Nydia Martinez, MD, Pulmonary and Critical Care Medicine, Cleveland Clinic Florida
- Mario E. Tapia, President and CEO, Latino Center on Aging
- David Klebonis, Chief Operating Officer, Palm Beach Accountable Care Organization, LLC
- Richard J. Lucibella, MHS, MBA, Director, Accountable Care Options, LLC
- Eric S. Goldman, Chief Executive Officer, Lawnwood Regional Medical Center & Heart Institute
- Don McKenna, FACHE, President & Chief Executive Officer, Jupiter Medical Center
- Jupiter Medical Center Specialists, LLC
  - Gary Bradley, DO
  - Richard Dube, MD
  - Bonnie Murphy, DO
- Mary Hopkin, Administrator, Abbiejean Russell Care Center
- Lois Brown, Regional Director of Operations for Palm Beach, Martin and Indian River Counties
- Barbara Abernathy, PhD, President and CEO, Pediatric Oncology Support Team, Inc.
- Mark Corry, MD, Tequesta Family Medical Center
- Marianne C. Salem, Administrator, Solaris Senior Living
- Chris Coffey, President and CEO, Sunshine Health

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) includes letters of support in Volume 2 of the application. A review of these letters indicates that they are from professional organizations, community members, hospice

patients/families, academic institutions, local businesses, local health providers and facilities (e.g. SNFs and ALFs, home health agencies and hospital employees), civic institutions/groups and community service organizations. Many of these letters are individually composed with relatively recurring major themes. A representative listing of these letters is indicated below:

- Life Care Center of Port St. Lucie:
  - April Bowers, Executive Director
  - JoAnn Beaver, RN, Director of Nursing
- Faye A. Haverlock, Manager, Okeechobee Healthcare Facility, LLC
- Stuart Rehabilitation and Healthcare
  - Sue Riddell, RN, BSN, NHA, Administrator
  - Rochelle Albert, RN, BSN, Director of Nursing
- Fort Pierce Health Care
  - Tiffany L. Coffey, Interim Administrator
  - Gail Boylan, RN, MSN, Director of Clinical Services
- Erin Montegut, MSW, NHA, Administrator, Waters Edge Extended Care
- Lawnwood Regional Medical Center & Heart Institute
  - Kayla Hightower, RN, BSN, MA, MBA, Director of Case Management
  - Susanna Biles, RN, BSN, CCRN, Lead Case Manager
    - Case Managers
      - Helen Benson, RN
      - Rosalyn Duncan, RN
      - Frank Nobile, RN
      - Maria Smith, RN
- The Lynmoore-Assisted Living and Memory Care
  - Courtney Evans, Executive Director
  - Willet McDew, Memory Support Director
- Marie Sully, Administrator, Academy Assisted Living, Inc.
- Eunice Ekufu, RN, Administrator, Superior Care Home Health Agency (and a former nurse case managers for a hospice)
- Ashlee Rnadle, Administrator, Preferred Private Care-Nurse Registry
- Stuart Oncology Associates, P.A.
  - Joseph My, DO
  - Prashant R Patel, MD, RPH
  - Christine G Simone, MD
- Bernice Burkarth, MD, HMDC, FAAHPM, Chief Medical Officer, Home Health VNA Merrimack Valley Hospice HomeCare, Inc. and previous Medical Director at Treasure Coast Hospice
- Treasure Coast Black Chamber of Commerce
  - Chauncelor Howell, President
  - Bobbie Golden, Member and Educator

- Robert Roldan, President, Puerto Rican Association for Hispanic Affairs, Inc.
- Michael Adams, Chief Executive Officer, SAGE: Advocacy & Services for LGBT Elders
- Louise Hubbard, Executive Director, Treasure Coast Homeless Services Council, Inc.
- Brenda Gray, Executive Director, Heartland Coalition for the Homeless
- Pastor Hazel Hoylman, Executive Director, In the Image of Christ
- Rabbi E. B. (Bunny) Freedman, Founding Director and CEO, The Jewish Hospice & Chaplaincy Network™
- Florida Atlantic University
  - Elizabeth Gundersen, MD, FHM, Assistant Professor, Hospice and Palliative Medicine, Director, Ethics Curriculum, Director, M3 Geriatrics & Palliative Care Clerkship, Associate Director, Internal Medicine Residency Rotation in Geriatrics & Palliative Care, Schmidt College of Medicine
  - College for Design and Social Inquiry – Phyllis and Harvey Sandler School of Social Work
    - Naelys Luna, PhD, Director and Professor
    - Georgia Brown, MSW, Coordinator of Field Education Program
    - Everiste Ambris, Field Faculty
- Lori F. Gooding, PhD, MT-BC, Assistant Professor of Music Therapy, College of Music, Florida State University
- Michael Rohrbacher, PhD, MT-BC, Interim Director, Bower School of Music & the Arts, Florida Gulf Coast University
- Michael L. Zanders, PhD, MT-BC, Assistant Professor and Coordinator of Music Therapy, School of the Arts/Department of Music & Drama, Texas Women's University
- Immaculee Saint Simon, Campus Director, Emiraza College
- Joy S. Schneck, MM, MT-BC, Executive Director, The Certification Board for Music Therapists
- Mary Lynn McPherson, PharmD, MA, MDE, BCPS, Professor, Program Director, Online Master of Science Program in Palliative Care, School of Pharmacy, University of Maryland
- Curtis E. Johnson, Jr., Founder and CEO, The Curvey Group
- Ruth Ann Duren, Director of Career Services, Fortis Institute
- Brenda Jacobs, ARNP, Midway Specialty Care Center and Midway Immunology and Research Center, Inc.
- Virginia Howell, MA, Counseling/Psychology
- Joyce Simard, MSW, Geriatric Consultant

Visiting Nurse Association of Florida, Inc. (CON application #10563) includes letters of support in Appendix I of the application. A review of these indicates that they are from elected officials (at the national,

county and local/city level), hospital senior executives, physicians, local health providers/facilities (SNFs and ALFs), religious organizations, area economic councils, civic institutions/groups and community service organizations, a local publisher, attorneys and other business executives, as well as senior executives and employees of the applicant. Many of these letters are individually composed. A representative listing of these letters is indicated below:

- Brian J. Mast, Member of Congress, 18th District-Florida, Member, House of Representatives, Congress of the United States
- Martin County Board of County Commissioners
  - Commissioners
    - Stacey Hetherington, District 2
    - Harold Jenkins, District 3
    - Edward V. Ciampi, District 5
- Vicki David, Martin County Supervisor of Elections
- Christina Li Roberts, District 1, Member, Martin County School Board
- City of Stewart
  - David Dyess, City Manager
  - Vince Felicione, Fire Chief-Fire Rescue
  - Joseph Tumminelli, Interim Chief of Police
- Joseph Town, Commissioner, Town of Sewall's Point
- Martin Health System
  - Robert L. Lord, Jr., President and Chief Executive Officer
  - Steven Parr, DO, FACEP, Director of Emergency Medicine
- Jay Finnegan, Chief Executive Officer, St. Lucie Medical Center
- Kerri Boyd, Chief of Social Work Services, West Palm Beach VA Medical Center, Veterans Health Administration, U. S. Department of Veterans Affairs
- Ashley Simpson, Administrator, Palm City Nursing and Rehabilitation Center
- Linda C. Winters, Administrator, Solaris Healthcare Parkway
- Grand Oaks Assisted Living by the VNA
  - Laurie Allen, Administrator, Grand Oaks of Palm City
  - Randall Kelly, Administrator, Grand Oaks of Jensen Beach and Administrator, Grand Oaks of Okeechobee
- Donald Wood, DO, FAAEM, System Medical Director, TeamHealth South East Group
- Nicholas O. Iannotti, MD, FACP, Hematology Oncology Associates of the Treasure Coast
- Howard E. Voss, MD, MACP, Medical Director, Volunteers in Medicine
- Peter M. Dayton, MD, FACOG, Physicians to Women, PA
- Lisa Rankin, MD, Coastal Interactive Medicine
- Moises Siperstein, MD
- Laura M. Beringer, MD, MPH, Beringer Medical Group

- William Cook, MD, 21st Century Oncology
- Jeannine Beers, MSW, Case Manager, Encompass Health
- Robert O. Baratta, Visiting Physicians of the Treasure Coast, LLC[2]
- Edward Justice, Owner and Pharmacist, Park Pharmacy
- Temple Beit HaYama
  - Rabbi Matthew Durbin
  - Tammy Kaiser, MSIE, DSIS, Director, Early Childhood Learning Center
- Noel McGrath, Reverend/Pastor, St. Joseph Catholic Church
- Steve Trolinger, Volunteer Coordinator, First United Methodist Church of Stewart
- Bill West, Chief Executive Officer, Molly's House
- Robert Ranieri, CEO, House of Hope
- Lt. Sheena Marquis, Corps Officer, The Salvation Army of Martin County
- Frank Valente, President/CEO, Humane Society of the Treasure Coast, Inc.
- Ted Astolfi, CEO/President, Economic Council of Martin County, Inc.
- Carolyn Davi, Executive Director, Palm City Chamber of Commerce
- Kim Capen, Publisher, Stewart Magazine
- Steven J. Wood, Attorney, McCarthy Summers Bobko Wood Norman Bass and Melby, PA, Attorneys at Law
- Susan Maxwell, Realtor/Team Leader, Susan Maxwell Real Estate Team
- Jenee M. Pajak, Director of Operations, Medical Equipment Specialists
- James Westoctt, President/CEO, Oxypros, Inc.
- VNA of Florida, Inc.
  - Lundy S. Fields, President/CEO
  - Kerrie Davies, Executive Vice President
  - Christie Mayer, PT
  - Joanne S. Loesch, BSN, RN, CEN, Transition Coordinator, St. Lucie County
  - Karen Ferrer, RN, BSN, Transition Coordinator, Martin County
  - Alison Partin, Fundraising Coordinator

VITAS Healthcare Corporation of Florida (CON application #10564) includes letters of support in Tab 10 of the application and the Agency received independently a few letters of support for the proposed project. A review of these indicates that they are from local hospitals, SNF and ALF senior executives, physicians, religious organizations, civic institutions/groups and community service organizations, consultants,

[2] The reviewer notes that according to the website https://www.vnaflorida.org/senior-care-resources/visiting-physicians-of-the-treasure-coast/, this is an affiliate of the applicant.

insurance providers, area residents, patients/families and senior executives/employees of the applicant. Many of these are individually composed. A representative listing of these letters is indicated below:

- Eric S. Goldman, Chief Executive Officer, Lawnwood Regional Medical Center and Heart Institute
- Tiffany Coffey, LNHA, Administrator, Fort Pierce Health Care
- Patricia Foster, Administrator, The Gardens of Port St. Lucie
- Timothy Kimes, Administrator, Martin Nursing and Rehabilitation
- Sue Riddell, MS, RN, NHA, Administrator, Stuart Rehabilitation and Healthcare
- Dianne O'Sullivan, MSW, NHA, Administrator, Tiffany Hall Nursing and Rehab Center
- Chasity Stapleton-LaFluer, Executive Director and RoxAnn Rogers, Health and Wellness Director, Brookdale-Stuart
- Deniese Williams, RN, MSN, NHA. Executive Director, The Cabana
- Courtney Evans, Executive Director, The Lynmoore
- Marie Sully, Academy Assisted Living, Inc.
- Howard E. Voss, MD, MACP, Medical Director and CEO, Volunteers in Medicine Clinic
- Nydia Martinez, MD, Pulmonary, Palliative and Critical Care-Cleveland Clinic Florida
- Lisa Tartaglia, DO[3]
- Ophelia McDaniels, President, Treasure Coast Council of Black Nurses
- Pamela Manning, MSN, ED, APRN, AGNP-BC, DNP-c, CEO, Legacy Advanced Health and CEO/Founder, Black Nurses Rock-Palm Beach, Florida
- Avis Spradley Brown, MSN, ARNP, AGPCNP-BC, Palm Beach County Black Nurses Association
- Dr. Martha A. Dawson, FACHE, Secretary, National Black Nurses Association, Inc.
- Priscilla Murphy, LPCMH, Med, BSN, RN, President, Chi Eta Phi Sorority, Incorporated "Professional Nursing Association"
- Hazel Hoylman, Executive Director, In The Image of Christ, Inc.
- Pat Richard Sacco, CEO, Alzheimer's and Parkinson's Association of the Treasure Coast
- Darrell J. Drummond, President/CEO, Council on Aging of St. Lucie, Inc.
- Paul Malley, President, Aging with Dignity
- Michael McDaniel, Adjutant, The American Legion Department of Florida

[3] Dr. Tartaglia states in her support letter that she is board-certified in Hospice and Palliative Medicine, is currently employed in Subdistrict 9B with another hospice provider and previously worked for the applicant.

- Juan Perez, President, Paralyzed Veterans of America Florida Chapter
- Daila Espeut-Jones, President, Association of the United States Army Sunshine Chapter
- Tiffany McCalla, MD, President, T. Leroy Jefferson Medical Society
- Wendy Kraszewski, National General Manager, Palliative Medical Associates of Florida
- Michelle L. Miller, Director of Client Services, Love And Hope In Action – Feeding the hungry ~ Helping the homeless
- Gabby Harrison, Director of Programs and Operations, The ALS Association-Florida Chapter
- Susan Conway, RN, VP Clinical Services, Senior Partner Care Services
- Caregiver Services-CSI-Caring Comes First
  - Al Waxman, PhD, President & CEO
  - Mary C Donovan, RN, Senior Vice President
  - Mindy S. Brensel, Executive Director of Compliance and Quality Assurance
- Nancy Peltonen, President/CEO, The Greater Palm Bay Chamber of Commerce
- Andy McNeil, MA, Executive Partner, The Santori Group, LLC
- Margaret Lynn Duggar, President and Chief Executive Officer, Margaret Lynn Duggar and Associates
- Michael Kaban, Owner, Prime Healthcare Consulting, LLC
- Carmen Rosa, Long-term Care Coordinator and Nursing Home Transition Specialist, Region 7, Sunshine Health
- Katherine Cosimano, LCSW
- Andrea Adkins, RN, Performance Improvement Specialist, VITAS Healthcare

Additionally, VITAS provides a publication "Dear VITAS, Thank you for caring….Letters from VITAS patients and families" (CON application #10564, Tab 42).

C. PROJECT SUMMARY

Chapters Health Hospice – 9B, Inc. (CON application #10559), a not-for-profit newly formed/development stage entity proposes to establish a new hospice program in Hospice Service Area (HSA) 9B. CHH is an affiliate of Chapters Health System (CHS), an existing provider of hospice services in HSA: 3C, 3D, 5A, 6A and 6B.

The applicant expects issuance of license in June 2019 and initiation of service in July 2019.

The applicant proposes $320,641 in total project costs.

Pursuant to project approval, CHH offers the following Schedule C conditions:

1. Establish an Open Access Program for adults and pediatric hospice patients in Service Area 9B.
2. Establish the Concurrent Care for Medically Complex Children Program in Service Area 9B.
3. Provide Children's Camp in Service Area 9B within the first year of operation.
4. Provide financial support to Hospice of Okeechobee in the amount of $25,000 per annum for the first three years of Chapters 9B's operations in the service area.
5. For the first three years of operation in Service Area 9B, refrain from actively soliciting donations from Okeechobee County sources, and from duplicating physical resources that Hospice of Okeechobee already has in place in Okeechobee County (e.g., building a freestanding inpatient hospice unit there).
6. Provide inpatient hospice service through a collaborative with inpatient providers (hospitals, SNFs, ALFs), as appropriate.
7. Establish a We Honor Veterans Program in Service Area 9B.
8. Begin operations no more than 120 days following final CON approval of the project should the initial Agency decision be appealed, or no later than July 1, 2019, if there is no appeal.
9. Extend Chapters' pharmacy, durable medical equipment and HospiceHelp24® services provided to Chapters' hospice affiliates into Service Area 9B residents.
10. Provide significant levels of physician and/or nursing care, demonstrated by an employed physician (0.5 FTE at a minimum) in both the first and second year of operation.
11. Hire an individual that will focus on outreach to minority communities, and maintain this position for the first three years of operation.
12. Provide bilingual (English-Spanish) language capability in the service area.
13. Establish a full-time hospice office location in or within the vicinity of the City of Port St. Lucie.
14. Establish Chapters' At Home With COPD and At Home With CHF Programs in Service Area 9B within the first two years of operation.
15. Establish palliative care services for the residents of HSA 9B within the first two years of operation.

The applicant also includes brief individual descriptions of how compliance will be reported to the Agency for each of the 15 conditions in Schedule C.

The reviewer notes the following:

- Condition #8's July 1, 2019 date is consistent with CON application #10559, Schedule 10, Phase #11
- Condition #10's employed physician (0.5 FTE at a minimum) in both the first and second year of operation is consistent with the staff physician (1 FTE) in CON application #10559, Schedule 6A
- Condition #11's staff that will focus on outreach to minority communities is not expressly identified as "outreach staff" or "outreach coordinator" in CON application #10559, Schedule 6A

The reviewer further notes that CHH states that it is choosing to support Hospice of Okeechobee and take this approach because both organizations believe in locally governed leadership, non-profit hospice care, and a community supported mission. CHH envisions its relationship with the Hospice of Okeechobee as an informal partnership, and the funds allocated are an investment.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560), a not-for-profit existing entity, referenced as CHPC, proposes to establish a new hospice program in HSA 9B. CHPC currently provides hospice services in HSA: 3E, 6B and 7B.

The applicant expects issuance of license on September 1, 2019 and initiation of service on October 1, 2019.

The applicant proposes $260,710 in total project costs.

Pursuant to project approval, CHPC offers the following Schedule C conditions:

1. 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 St. Lucie, Martin, and Okeechobee Counties.
2. Physical Presence in St. Lucie County
    - Cornerstone Hospice will establish a physical presence in St. Lucie County either in the form of an administrative office or a branch.
3. Veteran Program
    - Cornerstone Hospice will develop a specialized veteran program to serve St. Lucie, Martin, and Okeechobee Counties. Every veteran patient & family that desires will be recognized by the "We Honor Veterans Salutes". Cornerstone commits to offering the veterans program indefinitely.

- Cornerstone Hospice will donate $10,000 per year for five years to Cornerstone Hospice Foundation restricted to care for the local of veterans in St. Lucie, Martin, and Okeechobee Counties.

4. Gold Standard Awards Program
   - Cornerstone Hospice will develop a Gold Standard Awards program to serve St. Lucie, Martin, and Okeechobee Counties 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 St. Lucie, Martin and Okeechobee Counties. Following the first two years, Cornerstone will continue to request annual support from the Cornerstone Foundation or include the expense in its operational budget.
5. Diversity Outreach
   - Cornerstone Hospice will commit to provide dedicated marketing staff to diversity education and access. 0.5 FTE resources will be allocated to diversify outreach in St. Lucie County from day one of operation.
6. Physician Advisory Committee
   - Cornerstone Hospice will develop a physician advisory committee, focusing on address community specific health care needs. A minimum of two community advisory meetings will be held in the first year of operation in St. Lucie, Martin, and Okeechobee Counties.
7. 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 and will include information on appropriate conditions and diagnoses for hospice admission particularly for non-cancer patients. 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.
8. Community Education
   - Cornerstone Hospice will conduct “Being Mortal” presentations within St. Lucie, Martin, and Okeechobee Counties, creating attention and focused end-of-life dialogue. This will include information on non-cancer patients that may benefit from hospice care. A minimum of two community presentations will be held during the first two years.

9. Pet Therapy/Pet Peace of Mind
    - Cornerstone Hospice will commit to expand the Pet Peace of Mind program into St. Lucie, Martin and Okeechobee Counties, similar to its other three territories. $1500 will be allocated 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 St. Lucie County.

The applicant also includes brief individual descriptions of how compliance will be reported to the Agency for each of the nine conditions in Schedule C.

The reviewer notes that a November 28, 2018 Cornerstone Foundation letter attached to the applicant's Schedule C indicates that, for the first and second year of operation, the Foundation will fund 100 percent of the following items as described in the Conditions of Cornerstone's application:

1. Uncompensated care
2. "Pet Peace of Mind" Program
3. "Gold Standards" Program

Hospice of Palm Beach County, Inc. (CON application #10561), a not-for-profit, existing entity referenced as HPBC, proposes to establish a new hospice program in HSA 9B. HPBC is an affiliate of Trustbridge, Inc., (the parent, also a not-for-profit entity), an existing provider of hospice services in HSA: 9C and 10.

The applicant expects issuance of license in June 2019 and initiation of service in July 2019.

The applicant proposes $685,389 in total project costs.

Pursuant to project approval, HPBC offers the following Schedule C conditions:

1. The commitment to establish a new foundation for Hospice Service Area 9B to meet the needs of Martin, Okeechobee and St. Lucie County residents and to provide one million in initial funding for its establishment. These funds will go towards building a permanent foundation that will cover the same broad group of programs that the Hospice of Palm Beach County Foundation covers today. Please see Appendix 11 for a copy of the letter from Greg Leach, President and CEO of the Trustbridge Foundation confirming this action.

2. The commitment to provide a minimum of $50,000 per year, earmarked for Martin, Okeechobee and St. Lucie County residents requiring complex palliative interventions, such as radiation therapy, chemotherapy, high cost medications (for example Procrit), blood transfusions and intravenous nutrition.
3. The commitment to establish two full-time salaried positions, with multi-lingual skills (for example Spanish and Creole) to be responsible for the development, implementation, coordination and evaluation of education of education and outreach programs to increase community knowledge of and access to hospice services.
4. The commitment to recruit multi-lingual volunteers reflective of the Martin, Okeechobee and St. Lucie County communities proposed to be served. This will allow compatible and appropriate volunteers to be assigned to each hospice patient, based upon individual patients' demographic characteristics, including languages spoken.
5. The commitment to establish a Vigil Volunteer Program for Martin, Okeechobee and St. Lucie County residents, which will have a team of specially-trained volunteers available to respond on short notice to provide presence during the last few hours of life to patients without family support or patients and families who need additional support.
6. The commitment to provide free access to a children's camp for the Martin, Okeechobee and St. Lucie County community, to bring children, whose loved ones have died, together for support and friendship. This action will be similar to the access to children's camp programs provided in Palm Beach County.
7. The commitment to provide bereavement services beyond the 13 months required by law and the commitment to provide these bereavement services to the families of the patients supported by the Applicant as well as offering bereavement support services to the community at large. Grief support programs will also be offered to workplaces that have experienced traumatic or multiple losses.
8. The commitment to provide music therapy, guided imagery, relaxation training, and anticipatory/coping directed legacy projects beyond the Medicare or Medicaid benefit.
9. The commitment to expand Joint Commission accreditation into the Martin, Okeechobee and St. Lucie County operation upon eligibility to do so.
10. The commitment to provide all services required by state and federal law and regulations.
11. The commitment to establish physical operational locations in Okeechobee County and in St. Lucie County during the first year of operation of the new hospice program and then add a third operational program in Martin County by the second year of operation.

12. The commitment to provide at least 3.6 percent of hospice program patient days of are to Medicaid/self-pay/non-pay/charity patients.

The applicant also includes brief individual descriptions of how compliance will be reported to the Agency for each of the 12 conditions in Schedule C.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562), a for-profit newly formed/development stage entity referenced as SHPCTC, proposes to establish a new hospice program in HSA 9B. SHPCTC is an affiliate of Seasons Hospice and Palliative Care, Inc. (SHPC), an existing provider of hospice services in HSA: 5B, 6A, 10 and 11. On August 17, 2018, the Agency initially approved CON application #10537 for SHPC's Seasons Hospice and Palliative Care of Pasco County, LLC, to provide hospice services in HSA 5A. Currently, ultimate approval of CON application #10537 is pending litigation.

The applicant expects issuance of license in December 2019 and initiation of service in January 2020.

The applicant proposes $781,552 in total project costs.

SHPCTC notes that its proposed conditions focus on elements that underlie successful program implementation to produce the following outcomes:

- Increase hospice enrollment, particularly for minorities, residents of rural areas, and the homeless
- Educate community representatives, health care professionals, and the public
- Recruit and retain competent workforce
- Improve quality of care

The applicant offers the following conditions for the proposed hospice program and the measurement of them. Funding for the services and programs appears on Schedule 8 of the application.

1. Establish a physical presence in Okeechobee County within the first year.

a. Seasons dedicates $50,000 toward initial recruitment & retention in Okeechobee. Funding for this program ensures employment of talent in a Medically Underserved Area, providing housing/relocation allowance and tuition reimbursement. Staff also benefit from a generous benefit package and the Seasons' National Employee Council that meets monthly, providing a direct line of communication to management and others with similar challenges to identify and implement solutions to staffing needs.

2. Seasons dedicates $100,000 toward establishing a Palliative Care Program within Service Area 9B by the second year. Funding for this program ensures staffing that works closely with local oncologists to identify those in need of palliative care, thereby increasing hospice admissions and length of stay to improve quality end-of-life care.

3. Seasons commits to opening a Center for the Advancement of Palliative Medicine in the Treasure Coast. Its purpose is to expand access to hospice care and palliative care through education of the public, health care professionals, and students in the medical field. The following three sub-conditions support this initiative.

   a. Establish an African American Advisory Board and a Hispanic Advisory Board in Hospice Service Area 9B to serve during the initial three years of operation. Seasons facilities advisory boards to support local minority leaders promoting the diversity within their communities. Community leaders ensure cultural competence and evaluate the delivery of hospice care. Hospice leaders provide education and resources to help minority leaders increase public awareness and improve access to hospice and palliative care. Each board meets at least twice per year during the first three years of operation to strengthen minority relationships, facilitate diversity training, and promote minority enrollment. The annual required minority report reflects the board members, meeting dates and minutes. After the initial three years, Seasons ensures minority representation by having a minimum of one African-American and one Hispanic board member on the hospice program's governing board, identifying those members in the annual monitoring report.

   b. Seasons commits to provide 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*.

c. 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.

4. SHPCTC will become Services and Advocacy for Gay Elders (SAGE) Platinum Certified by the end of the first year of operations.
   a. 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 Area 9B residents.
   b. Seasons establishes a Homeless Program in Hospice Service Area 9B. Seasons commits to ongoing funding of a minimum $5,000 annually for homeless hospice patients to offer shelter and comfort in their final days. 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 contribution, the balance is provided to the Treasure Coast Homeless Services Council, Inc. (serving Martin and St. Lucie) and the Heartland Coalition for the Homeless (serving Okeechobee) to assist in ending homelessness.
   c. Implement Season's No One Dies Alone policy in Hospice Service Area 9B. 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 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.
   d. Seasons offers therapies beyond the core hospice services. Seasons provides one Full Time Equivalent (FTE) for music therapy per 100 patients.

e. Seasons implements its Partners in Care program in Hospice Service Area 9B, providing education and training to staff and volunteers regarding the importance of partnering with long-term care facility staff 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.

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

Visiting Nurse Association of Florida, Inc. (CON application #10563), a not-for-profit home health agency and an owner/operator of ALFs referenced as VNAF, proposes to establish a new hospice program in HSA 9B. VNAF is an existing provider of hospice services in HSA 9A.

The applicant expects issuance of license in July 2019 and initiation of service in August 2019.

The applicant proposes $539,602.64 in total project costs.

Pursuant to project approval, VNAF offers the following Schedule C conditions:

1. Commitment to Serve the Medicaid Population
   VNAF commits to making at least 10 percent of its projected patient volume available for Medicaid and Charity Care patients. This is a higher figure than historically seen in statewide, but reflects the high Medicaid population reported to the Department of Elder Affairs (DOEA) by the current service area providers. VNAF is committed to delivering care that reflects the needs and patients in our community. This is a commitment to provide 10 percent of our annual care to Medicaid and charity care patients, although the actual percentage of volume will be dictated by patient demand. However, we are committing to ensuring the patient mix will be served if the demand is present.
2. Commitment to Serve the Homeless
   VNAF commits to provide free care of at least $10,000 in year one and $20,000 in year two of operation to the homeless population of Okeechobee, Martin and St. Lucie Counties.

3. Commitment to Service Patients without Primary Caregivers
   VNAF commits to provide free care of at least $100,000 over the first 24 months of operations to patients identified as lacking a primary caregiver during their hospice treatment. With three ALFs under operation through its Grand Oaks subsidiary, VNAF can easily access ALF space for these patients.
4. Development of Community Bereavement Program
   VNAF commits to the development of a community bereavement program. As detailed within this filing, the bereavement program will provide services to the community at large, in addition to the hospice patients and their family. The bereavement program will include:
   - At least one bereavement group offered to the community on a quarterly basis by the end of the first 12 months of operations.
   - The offer of individual counseling sessions to the public for those experiencing trauma such as gun violence, suicide, drug overdose, and homicide, by the end of the first 12 months of operation.
   - By the end of the first 12 months of operation, the development of new program materials and guidance for adolescents experiencing trauma, as developed in cooperation with Tammy Kaiser, the Director of Early Child Learning Center at Temple Beit HaYam, and other community members.
5. Outreach to African-American & Latino/Hispanic Populations Through Community Champions
   VNAF commits to developing an education outreach program for these underserved ethnic groups that is modeled upon the VNAF "Community Champions" program. By identifying leaders in the respective communities to serve as their Community Champion, VNAF will effectively deliver education on the hospice process and benefits to these communities. This program will include bilingual support, training on cultural differences, and educational sessions at designated community locations selected in consultation with our Community Champions.
6. Palliative Care Program Development
   VNAF commits to providing a palliative care program if approved as the hospice provider for the service area. This will ensure the continuum of care is secured for patients that are often approaching a need for hospice, but have not yet qualified, are not neglected by the existing or new hospice provider within the community. While not a financially attractive program, VNAF understands the local demand and benefits for patients requiring this service offering.

7. Hospice Office Development
   VNAF is committed to establishing a presence for hospice services in all three counties within two years of service operation. This will include:
   - A principal care delivery site at our Downtown Stuart office, 2400 SE Monterey Road, Suite 300, Stuart, FL 34996, upon program inception;
   - A principal care delivery site at our Okeechobee office, 208 SE Park Street, Okeechobee, FL 34972, within 12 months of program inception;
   - A satellite office in St. Lucie County, within 18 months of program inception;
   - A formal written analysis of the need for a principal care delivery site within St. Lucie within 24 months of program inception.
     - As volume dictates and is reflected within the analysis, VNAF will transition the satellite office to a full care delivery site.

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

VITAS Healthcare Corporation of Florida (CON application #10564), a for-profit entity referenced as VITAS, proposes to establish a new hospice program in HSA 9B. VITAS is a Comfort Care Holdings subsidiary of Roto-Rooter, Inc. (the parent) and an affiliate of ChemMed Corporation and Subsidiary Companies. VITAS provides hospice services in HSA: 1, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9C, 10 and 11.

The applicant expects issuance of license on April 1, 2019 and initiation of service on the same day, April 1, 2019.

The applicant proposes $1,023,640 in total project costs.

Pursuant to project approval, VITAS offers the following Schedule C conditions:

1. **VITAS Pulmonary Care Program**
   The program has three primary aims: 1)improving end-of-life care for patients with pulmonary diagnoses 2)increasing area health care providers' awareness of hospice care for patients with respiratory diagnoses and 3)increasing area residents' awareness of hospice care for patients' with respiratory diagnoses. The program will include the following elements:

a. Staff Training: All nurses, physicians, social workers and chaplains will complete training on care for patients with pulmonary diagnoses and their families within the first three months of their start date. Training will include at least three elements: 1) Education on Chronic Obstructive Pulmonary Disease 2) Education on End Stage Pulmonary Disease and 3) Training on removal from mechanical ventilation.

b. Respiratory Therapist: VITAS will employ a respiratory therapist in Subdistrict 9B who will be hired before the hospice begins operations. The therapist will provide patient care and serve as an educational resource to other hospice staff. The respiratory therapist will also educate health care providers and the community.

c. Provider Input: VITAS will publicize and hold semi-annual meetings open to area pulmonologists, their support staff and other physician stakeholders. These meetings will be a forum to discuss VITAS' Pulmonary Care program and obtain feedback from physicians and other clinicians on patients' needs and how the program can best address them.

d. Healthcare Provider Education: VITAS will offer COPD-related continuing education presentations to area health care providers. These presentations will focus on end-of-life and palliative care. VITAS will offer two programs to area providers each year, for at least the first three years of operations. The two programs will be *Palliative Care for End-Stage COPD Patients* and *COPD: The Disease*.

e. Community Education: VITAS will publicize and hold semi-annual Ask the Doctor events open to the public. These events will be a forum for area residents to ask hospice physician and other VITAS clinicians about hospice care, end-stage pulmonary disease, and caregiving and support for individuals with respiratory disease.

2. VITAS Cardiac Care Program

The program improves end-of-life care for patients with cardiac diagnoses, by using the following elements:

a. Staff Training: All nurses, social workers and chaplains will complete the training modules in the VITAS Cardiac Program Resource Manual (or its successor) within three months of their start date.

b. Provider Input: VITAS will publicize and hold semi-annual meetings open to area cardiologists and their support staff. These meetings will be a forum to discuss VITAS' cardiac program and obtain feedback from physicians and other clinicians on how VITAS can address their patients' needs.

c. Health Care Provider Education: VITAS will offer an annual cardiac-related continuing education presentation to area health care providers for at least the first three years of operations.

d. Community Education: VITAS will publicize and hold semi-annual Ask the Doctor events open to the public. These events will be a forum for area residents to ask hospice physician and other VITAS clinicians about hospice care, cardiac disease, and caregiving and support for individuals with cardiac disease.

3. Outreach and End-of-life Education for 9B Residents Experiencing Homelessness, Food Insecurity and Limited Access to Health Care

VITAS is committed to caring for all patients, regardless of where they call home. VITAS is also committed to providing resources that will improve quality of life and tools that will prove useful at the end-of-life whether or not an individual becomes a VITAS patient. To that end, VITAS conditions this application on a program to serve individuals experiencing homelessness, limited access to health care and food insecurity in Subdistrict 9B. The program will include the following elements:

- Advanced Care Planning for Area Homeless Shelter Residents: VITAS will offer at least three advanced care planning education programs to area homeless shelters to residents and staff. The programs will guide individuals through filling out advanced directives, give them wallet cards noting where the advance directive is filed, and give copies of the advance directive to their health care and social service providers, when the person requests VITAS to do so.
- Grant to Provide Housing Assistance: VITAS will partner with a community organization to provide housing vouchers and improve access to shelter for area residents experiencing homelessness. VITAS conditions this application on making a grant of up to $100,000 to be distributed across two years to a qualified agency assisting individuals experiencing homelessness in Subdistrict 9B. This grant will be provided by VITAS or an affiliated entity.
- Partnership with Food Assistance Program: VITAS conditions this application on providing a grant of $90,000 to be distributed during the first two years of operations to The Treasure Coast Food Bank and other qualified area organizations assisting residents with food insecurity. The Treasure Coast Food Bank provides meals and assistance, health education, and health screenings to area residents on governmental assistance programs.

- Partnership with HANDS: HANDS of St. Lucie County (Health Action Network of St. Lucie County) provides access to health care for qualified low-income, uninsured residents of St. Lucie County. VITAS conditions this application on funding a partnership with HANDS to provide disease specific and end-of-life education and outreach, and to provide opportunities for HANDS to further its mission of providing a continuum of care to area residents in need. VITAS will provide a grant of $25,000 per year for the first two years of operations.
- Grant for Stuart Volunteers in Medicine: The Stuart Volunteers in Medicine Clinic provides comprehensive medical care to the working uninsured in Martin County. VITAS conditions this application on making a grant of $25,000 per year for the first two years of operations to provide funding for prescriptions for area residents and further Stuart Volunteers in Medicine's mission of serving the health and wellness needs of the medically indigent in Martin County. The grant will be provided by VITAS or an affiliated entity.

4. Outreach Program for Okeechobee Residents

VITAS is committed to increasing hospice utilization and meeting the needs of Okeechobee County residents. VITAS conditions this application on having a full-time hospice representative, dedicated to outreach in Okeechobee during at least the first two years of operations. The representative and the core services team will be hired when the Okeechobee office opens. The representative will coordinate community education programs and outreach and education to area clinicians. Compliance will be demonstrated by providing the hospice representative's hire date in the annual condition compliance report.

VITAS will implement its Hospice Education and Low Literacy Outreach (HELLO) program in Okeechobee County. VITAS conditions this application on offering two outreach events during the first two years of operations in conjunction with area social agencies, religious communities, or employers. VITAS staff will provide information on end-of-life care and easy to digest documents on advance care planning to improve the health care literacy of the community.

5. Palliative Care Resources

To ensure area patients who would benefit from palliative care receive the services they need, VITAS conditions this application on:

a. Engaging area residents with serious illness in advance care planning and goals of the care conversations: VITAS conditions this application on using easy to understand documents and aides to facilitate decisions on care for serious illness. VITAS will use the Five Wishes document and a wishes and values guide during advanced care planning and goals of care conversations.
b. Bringing Palliative Medical Associates into 9B: To provide palliative care to patients who are no ready or eligible to receive hospice care, VITAS Palliative Care Medical Associates, a VITAS-affiliated physician lead consultative practice will provide services to palliative care patients in Subdistrict 9B within the first two years of operations.
c. Providing palliative chemotherapy, inotrope drips and radiation to optimize pain and symptom management, as appropriate.

6. Clinical Research and Support for Caregivers of Patients with Alzheimer's and Dementia

VITAS is committed to bringing the latest innovations in end-of-life care to its patients and their caregivers. VITAS is also committed to providing patients' caregivers with support. VITAS conditions this application on two elements related to improving care and support for patients with Alzheimer's and their families.

a. VITAS conditions this application on making Subdistrict 9B one of the geographic study areas for the NH-funded The Hospice Advanced Dementia Symptom Management and Quality of Life Trail (HAS-QOL). This trial will test the effectiveness of the Dementia Symptom at Home Program. The program covers care needs across both patients with advanced dementia and those admitted to hospice for other terminal diagnoses with concomitant dementia, and aims to reduce unnecessary antipsychotic drug use, reduce the need for inpatient and continuous hospice care and increase caregiver satisfaction with hospice care.
b. VITAS conditions this application on providing a grant to the local Alzheimer's and Parkinson'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. The grant will be provided by VITAS or an affiliated entity.

7. Participation in Treasure Coast Health Coalition

VITAS conditions this application on having a VITAS employee who is a local resident apply to join the Treasure Coast Health Coalition to represent hospice and palliative care issues. In this capacity, VITAS will serve as a resource for questions from area providers and social services organizations on end-of-life care. Compliance with this condition will be documented by providing AHCA with a copy of the application and of the Treasure Coast Health Coalition meeting dates and who is in attendance.

8. Quality and Patient Satisfaction Program

VITAS conditions this application on hiring a full-time Performance Improvement Specialist in Subdistrict 9B within the first six months of operations. This position is dedicated to supporting quality and performance improvement programs for the hospice program in 9B. The person will perform ongoing quality assessment and monitoring and will collaborate with senior management to identify priorities for improvement. The person will ensure hospice staff have the required training and in-service education.

VITAS conditions this application on implementing the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Ambassador Program in Subdistrict 9B upon opening. This program will generate interest, awareness, and encourage ownership by team members of their team's performance on the CAHPS survey results. The toolkit will include guidance and resources which programs can use to tailor the CAHPS Ambassador Program to Subdistrict 9B.

9. VITAS Staff Qualifications

VITAS is committed to ensuring its staff in Subdistrict 9B are well-trained to provide the best possible care. VITAS conditions this application on:

a. The Medical Director covering Subdistrict 9B will be Board-Certified in Hospice and Palliative Care medicine.

b. VITAS will award a salary increase and will reimburse any testing fees for LPNs, home health aides, and social workers who become certified in Hospice and Palliative Care.

c. All employed Chaplains covering Subdistrict 9B will have a Master of Divinity or equivalent graduate degree from an accredited seminary or theological school required for chaplains.

d. All social workers will be Master's level or Licensed Clinical Social Workers.

10. Veterans Program

VITAS conditions this application on providing virtual reality "flightless" visits for veterans who cannot participate in the Honor Flight Network trips to Washington, D.C., but are interested in the program.

VITAS conditions this application on offering to install a Veterans Wall in at least three area assisted living facilities within the first two years of operations. The wall showcases a VITAS-provided photo plaque for each veteran resident, engraved with name and branch of service. The wall serves as a resource for the community and a location for veteran-specific events.

VITAS conditions this application on the Subdistrict 9B program entering the We Honor Veterans program and achieving Level 4 commitment to the program within the first year of operations. VITAS regularly participates in the We Honor Veterans Program.

11. Bridging the Gap Program and Medical/Spiritual Toolkit

VITAS has created a *Bridging the Gap* training and panel discussion for health care professionals and spiritual leaders on the needs of African-Americans at the end-of-life, and how to engage families in end-of-life discussions. VITAS conditions this application on offering the Bridging the Gap program in Subdistrict 9B during the first year of operations.

VITAS is working with the National Medical Association to create a Bridge the Gap Medical/Spiritual toolkit which will provide physicians with resources to improve communications on end-of-life discussions. The toolkit will also be offered to spiritual leaders to review evidence about preferences on end-of-life care, and provide resources for end-of-life conversations including how to address a patient's faith and how to engage a terminally ill patient's family to provide support. This program is expected to be available in 2019. VITAS conditions this application on providing the toolkit to health care providers and pastors in Subdistrict 9B the first year it is available.

12. Assisted Living Facility (ALF) Outreach Program

VITAS conditions this application on having its Team Manager, social worker and hospice representative complete ALF CORE Training within the first year of operations.

VITAS also conditions this application on sponsoring a CORE training program for area ALF staff during the first two years of operations.

13. **Education Grant**
    VITAS conditions this application on providing a grant of $100,000 over the two years to an area college, university or training facility to provide scholarships, fellowships or other education to medical students, nurses, nursing aides, or other health care workers focused on hospice and end-of-life care. The grant will be provided by VITAS or an affiliated entity.
14. **VITAS is committed to increasing hospice awareness and utilization in Subdistrict 9B.**
    VITAS conditions this application on having three hospice offices, one each county. VITAS conditions this application on having the office in Okeechobee County open during the first year of operations.
15. **VITAS does not want to affect donations to the existing hospices.**
    VITAS will not solicit charitable contributions from patients, family or friends relating to its services in Subdistrict 9B, 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.
16. **Inpatient Hospice House that Provides Shelter During Hurricanes**
    To meet the needs of emergency shelter in Subdistrict 9B, VITAS will develop an inpatient hospice house with a community room designed to serve as a storm shelter for VITAS special needs residents who need to evacuate, staffed by VITAS, to reduce the burden in community shelters.
17. **VITAS conditions this application on providing the following services, which are routinely provided by all VITAS hospice programs in Florida:**
    - Offering a 24-hour call system called Telecare to provide caregivers with assurance and guidance, and dispatch hospice staff when necessary.
    - Providing internships to area social workers, chaplains and MBA and MHA (Master of Healthcare Administration) students.

- Education for area health care providers, including long-term care facility staff. VITAS conditions this application on offering monthly webinars that provide continuing education units to area health care providers. These are offered free of charge and advertised by hospice representatives, e-mail blasts, and flyers.
- Providing a free prognostication tool through the VITAS app for all area physicians.
- Providing hospice staff with dashboard reports that summarize quality indicators from the Hospice Item Set (HIS) and CAHPS data to provide insight into performance at the hospice. Providing hospice staff with Discharge Scorecards that allow for benchmarking against the HIS measures.
- VITAS will provide comprehensive bereavement services, including individual and group counseling beyond one year, upon identified need or request.
- 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:
  a. Life Bio
  b. We Honor Veterans Program
  c. Lavender Touch Experience
  d. Musical Memories
  e. Paw Pals
  f. Music therapy
  g. Massage therapy
  h. Specialty children's bereavement services
- VITAS's comprehensive, open-formulary pharmacy program will be available to all VITAS hospice patients.

Hospice programs are required by federal and state law to provide services to everyone requesting them and therefore the Agency would not place conditions on a program to provide legally required services such as palliative radiation and chemotherapy and care to the indigent and charity patients.

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 co-batched 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. F.S." 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."

Issuance of a CON is required prior to licensure of certain health care facilities and services. The review of a CON application and ultimate approval or denial of a proposed project is based upon the applicable statutory criteria in the Health Facility and Services Development Act (408.031-408.045, Florida Statutes) and applicable rule criteria within Chapters 59C-1 and 59C-2, Florida Administrative Code. An approved CON does not guarantee licensure of the proposed project. Meeting the applicable licensure requirements and licensure of the proposed project is the sole responsibility of the applicant.

D. REVIEW PROCEDURE

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

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

Section 59C-1.010(3)(b), Florida Administrative Code, prohibits any amendments once an application has been deemed complete. The burden of proof to entitlement of a certificate rests with the applicant. As such, the applicant is responsible for the representations in the application. This is attested to as part of the application in the certification of the applicant.

As part of the fact-finding, consultant Steve Love 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 190, of the Florida Administrative Register, dated September 28, 2018, need for one hospice program was published in HSA 9B for the January 2020 hospice planning horizon. Therefore, the co-batched applicants are applying in response to published need.

Population estimates for Martin, Okeechobee and St. Lucie Counties, HSA 9B and Florida overall, from January 2019 to January 2024, are shown below:

Population Estimates for Martin, Okeechobee and St. Lucie Counties, Hospice Service Area 9B and Florida January 2019 to January 2024

Martin County				
Age Group	**Year**		**Change**	
	JAN 2019	**JAN 2024**	**Number**	**Percent**
Under 65	109,688	110,860	1,172	1.07%
65+	47,858	53,948	6,090	12.73%
Martin County Total	**157,546**	**164,808**	**7,262**	**4.61%**
Okeechobee County				
Age Group	**Year**		**Change**	
	JAN 2019	**JAN 2024**	**Number**	**Percent**
Under 65	33,566	33,998	432	1.29%
65+	7,670	8,345	675	8.80%
Okeechobee County Total	**41,236**	**42,343**	**1,107**	**2.68%**
St. Lucie County				
Age Group	**Year**		**Change**	
	JAN 2019	**JAN 2024**	**Number**	**Percent**
Under 65	252,816	276,442	23,626	9.35%
65+	68,953	79,902	10,949	15.88%
St. Lucie County Total	**321,769**	**356,344**	**34,575**	**10.75%**
Hospice Service Area 9B Total				
Age Group	**Year**		**Change**	
	JAN 2019	**JAN 2024**	**Number**	**Percent**
Under 65	396,070	421,300	25,230	6.37%
65+	124,481	142,195	17,714	14.23%
Hospice Service Area 9B Total	**520,551**	**563,495**	**42,944**	**8.25%**
State of Florida Total				
Age Group	**Year**		**Change**	
	JAN 2019	**JAN 2024**	**Number**	**Percent**
Under 65	16,656,554	17,378,493	721,939	4.33%
65+	4,147,180	4,754,114	606,934	14.63%
State Total	**20,803,734**	**22,132,607**	**1,328,873**	**6.39%**

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

As shown in the table above, the HSA 9B county with the largest age 65+ population is St. Lucie County. Of all Hospice Service Area 9B counties, St. Lucie County is expected to have the largest age 65+ population by January 2024 (79,902 age 65+ residents), is expected to realize the largest age 65+ increase in population (10,949 age 65+ residents) and is expected to have the largest age 65+ percentage increase (15.88 percent).

HSA 9B is currently served by the following providers:

- Hospice of Martin and St. Lucie, Inc.[4]
- Hospice of Okeechobee, Inc.
- Hospice of the Treasure Coast, Inc.

Hospice admissions in HSA 9B from July 2017 – July 2018 are shown below:

Hospice Admissions in Hospice Service Area 9B

Hospice	Admissions 7/1/2017 – 6/30/2018
Hospice of Martin and St. Lucie, Inc.	3,106
Hospice of Okeechobee, Inc.	193
Hospice of the Treasure Coast, Inc.	266
Total	**3,565**

Source: Florida Need Projections for Hospice Programs for the January 2020 Hospice Planning Horizon, published September 28, 2018

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

Chapters Health Hospice – 9B, Inc. (CON application #10559) provides a need summary (pages 47-48 of CON application #10559) to indicate that based on its assessment of population size and composition, mortality rates and community needs. CHH affirms that a new competitor with a commitment to serving all residents of HSA 9B--including but not limited to patients with life-limiting illnesses who still wish to receive curative treatments, persons with end-stage heart disease and/or end-stage respiratory disease, lower-income patients and the African-American and Hispanic communities. According to applicant, the following factors support this conclusion and CHH is the best/ideally suited among the co-batched applicants to meet HSA 9B's hospice program needs:

- Chapters currently operates as a licensed hospice provider in Service Areas 3C, 3D, 5A, 6A and 6B, and has done so successfully for 35 years.
- Between January 2018 and January 2020, the population of HSA 9B is projected to increase by over 17,000 persons—a growth rate of 3.4 percent.

[4] Both Hospice of Martin and St. Lucie and Hospice of the Treasure Coast are affiliates of Treasure Coast Hospice according to https://treasurehealth.org/service/hospice-care/.

- Projected growth among both the African American and Hispanic populations of HSA 9 are expected to exceed statewide averages over the 2017-2020 time period. African American residents are estimated to comprise 14.5 percent of the service area's total population (491,796 total residents) and are projected to grow at a rate of 7.7 percent over the period. The Hispanic population, currently 18.0 percent of the total service area population, is expected to increase at a rate of 11.9 percent over the same period.
- Both African-American and Hispanic residents of HSA 9B are underutilizing hospice services. CHH intends to address these apparent gaps in service by hiring an individual that will focus on outreach to minority communities (as well as Veterans' groups) and will maintain this position for the first three years of operation. The reviewer confirms that CHH will hire an individual that will focus on outreach to minority communities and will maintain this positon for the first three years of operation which is documented in CON application #10559, Condition #11. However, the reviewer notes that the inclusion of outreach to Veterans' groups is not expressly included in the applicant's Condition #11 but includes the We Honor Veterans Program in Condition #7.
- CHH will include bilingual language capacity in HSA 9B. Specifically, the applicant commits to blend a life affirming hospice and palliative philosophy with the unique cultural richness and special needs of the Spanish-speaking population. The reviewer confirms Chapters provision of bilingual (English-Spanish) language capacity in HSA 9B is included in the applicant's Condition #12.
- An analysis of comparative penetration rates reveals that HSA 9B is underserved relative to hospice care, especially in Okeechobee County—where it is most pronounced among persons with non-cancer diagnoses. Heart disease and "not cancer" is the leading cause of death among HSA 9B residents. CHH notes that it is very experienced in caring for seriously ill non-cancer patients, many of whom are dealing with medically-complex chronic conditions such as CHF, COPD and/or end-stage renal disease. The applicant intends to extend these services to HSA 9B residents suffering from end-stage heart disorders. The reviewer confirms that Chapters establishment of "Chapters' At Home With COPD" and "At Home With CHR Programs" in HSA 9B within the first two years of operation is included in Condition #14.
- Field work identifies many special needs of the residents of HSA 9B, including need for more "Open Access" and other forms of concurrent care.

- CHH notes that it is currently an active provider of end-of-life care to the Veterans' population. All CHS affiliates are Level IV Partners with We Honor Veterans. Level IV is the highest level attainable. The reviewer confirms that CHH establishing a We Honor Veterans Program is included Condition #7.

CHH indicates that CHS offers a full range of non-hospice palliative care services through the affiliate – Chapters Health Palliative Care. The reviewer notes that according to the CHS website http://www.chaptershealth.org/services-chapters-health-system/palliative-care/,

"Approved by the American Board of Medical Specialties, Palliative Care is a medical specialty that focuses on the relief of suffering for persons with advanced illnesses. It's NOT the same as hospice, which is for patients who are diagnosed with terminal illnesses and have agreed to discontinue curative treatments. Chapters Health Palliative Care helps to ease pain, add comfort and improve quality of life for our patients. With reduction of pain and better treatment tolerance for their illness, patients who receive early palliative care potentially experience improved quality of life."

The applicant maintains that Chapters Health Palliative Care works in conjunction with hospice care to expand the continuum of care and provide additional options for patients who do not yet qualify for hospice care. CHH provides "Open Access and Continuum of Care Enhancements" materials in Tab 7 of CON #10559 application.

CHH maintains that it is unique among hospice providers in its willingness and proven experience to provide a full range of services, including aggressive palliative interventions to its patients simultaneously (i.e., an "open access" model of care) rather than separately, so that patients do not have to needlessly choose between the support of an interdisciplinary hospice team and effective, but aggressive palliative interventions. The applicant describes these as "concurrent services along the end-of-life continuum that ensures patients and families receive the support of a hospice interdisciplinary team sooner rather than later, and that patients and families are not confronted with the difficult and unnecessary decision of choosing between traditional end-of-life services but can benefit from the combination of needed services concurrently".

The applicant describes "Open Access" as a model of care that allows hospice patients to continue to receive aggressive palliative treatments, such as chemotherapy, radiation therapy, cardiac infusions and total parenteral nutrition for symptom management, without having to choose

between enrolling in hospice and ending the palliative intervention. CHH stresses that none of the existing hospice providers in the service area offer an "Open Access" program to the extent proposed in CON application #10559.

The applicant states that it will reach out to all segments of the HSA 9B population in need of care, as it already does in its existing Florida HSAs. CHH asserts that its provision of a full continuum of post-acute care services has numerous benefits for patients/families served by CHS, including for example, experience in and ability to:

- Provide an integrated, seamless transition of care for patients receiving home care services to transition to hospice care without any disruption in services or providers.
  - Notably, the organizational structure and design of CHS resolves the problems plaguing the typical fragmented, non-integrated model of hospice care by ensuring that patients do not have a disruption in care when the home care team exits and a new hospice team enters.
- Ensure high quality of care is provided by staff with specialized skills and expertise available as needed.
- Ensure that the patient is cared for in the most appropriate setting, i.e., removing arbitrary and unnecessary silos of care for patients and their families.
- Ensure timely delivery and 24/365 availability of pharmacy and durable medical equipment needed by patients. For example, Chapters coordination of equipment and prescriptions ensures no delays for patients being discharged from the acute care setting because Chapters controls and coordinates all aspects of the patients' post-acute, end-of-life medical care.
- Cost-effectively manage the health care of its patients by managing key and often costly components of care such as drug and equipment costs.

CHH indicates that its needs assessment for a new hospice program in HSA 9B considered the following factors:

- Population size, composition and growth
- Local community support
- Patterns of hospice use including racial and ethnic considerations
- Access issues
- Service gaps in end-of-life care
- Needs of the Veteran population

The applicant utilizes the Agency's "Population Estimates and Projections by AHCA District 2010-2030", published February 2015, to illustrate a HSA 9B total population growth of 17,446 residents (a 3.4 percent

increase) from January 1, 2018 to January 1, 2020. The reviewer notes that the applicant's estimated age 65+ population, for HSA 9B overall, when compared to the service area's total population, is a greater percentage than the statewide average, for this same age cohort. The reviewer collapses each discreet HSA 9B county into total figures and collapses the January 1, 2018 (under age 65 and age 65+ and corresponding totals) as well as the January 1, 2020 (under age 65 and age 65+ and corresponding totals) into the incremental growth estimate for the total population, as well as the age 65+ population. See the table below.

Total Population and Age 65+ Characteristics / Service Area 9B and Florida
January 1, 2018 – January 1, 2020

Area	Total Population Growth	Percent Change	Percent Age 65+ 2018	Percent Age 65+ 2020
Service Area 9B	17,446	3.4%	23.6%	24.2%
Florida	557,881	2.7%	19.6%	20.3%

Source: CON application #10559, page 16, Table 1 (partial reproduction)

According to the same source for the same time frame, CHH indicates that, at the county level, St. Lucie County will account for an increase of 14,028 of the 17,446 resident increase. The applicant points out that St. Lucie County's 4.5 percent rate of growth for the total population greatly exceeds the total growth percentages for both Martin and Okeechobee Counties. CHH intends to open its initial office in or in the vicinity of the City of Port St. Lucie. The applicant offers a map of existing HSA 9B provider locations, as well as the proposed Chapters office location on page 17 of CON application #10559.

CHH utilizes the Florida Demographic Estimating Conference, December 2017 and the University of Florida Bureau of Economic and Business Research, Florida Population Studies, Bulletin 181, June 2018, to indicate race and ethnicity population estimates, for each discreet HSA 9B county, HSA 9B and Florida overall, from April 2017 to April 2020, as well as the percentage change. See the table below.

Population Estimates and Projections, Service Area 9B
Race and Ethnicity
April 2017 and April 2020

	April 2017			April 2020			Percent Change		Percent of 2017 Total	
Area	African American	Hispanic	Total Pop	African American	Hispanic	Total Pop	African American	Hispanic	African American	Hispanic
Martin	8,411	22,054	153,022	8,827	24,685	158,418	4.9%	11.9%	5.5%	14.4%
Okeechobee	3,511	10,862	41,140	3,577	11,695	42,007	1.9%	7.7%	8.5%	26.4%
St. Lucie	59,633	55,673	297,634	64,676	62,726	314,995	8.5%	12.7%	20.0%	18.7%
Service Area 9B	**71,555**	**88,583**	**491,796**	**77,080**	**99,106**	**515,420**	**7.7%**	**11.9%**	**14.5%**	**18.0%**
Florida	*3,319,150*	*5,204,657*	*20,484,142*	*3,548,910*	*5,776,546*	*21,526,547*	*6.9%*	*11.0%*	*16.2%*	*25.4%*

Source: CON application #10559, page 18, Table 2

The applicant notes that for the referenced period, the African American population is expected to increase by 7.7 percent (compared to the state average of 6.9 percent) and the Hispanic population is expected to increase by 11.9 percent (compared to the state average of 11.0 percent) for HSA 9B. CHH indicates that St. Lucie County is expected to have substantially more African American and Hispanic residents than Martin or Okeechobee Counties combined.

CHH utilizes Medicare Cost Report Data 2017, to indicate that CHS incurs higher expenses overall, higher total patient days overall and higher expenses per patient day, in the provision of radiation and chemotherapy, than any of the competing co-batched applicants/ affiliates, existing HSA 9B hospice providers and the state average. The reviewer rounds the radiation and chemotherapy expenses for discreet providers, as well as the Florida expense totals, to the nearest whole number. See the table below.

Comparison of Applicant and Existing Providers Expenses per Patient Day for Open Access Services Palliative Radiation Therapy and Palliative Chemotherapy 2017

	Expenses			Total Patient Days	Expenses per Patient Day		
Hospice Provider/State	**Radiation**	**Chemo**	**Combined**		**Radiation**	**Chemo**	**Combined**
Chapters Health System	$115,854	$289,298	$405,151	767,257	$0.15	$0.38	$0.53
Cornerstone	$173,018	$0	$173,018	432,546	$040	$0.00	$0.40
Hospice of Palm Beach County	$44,973	$24,531	$69,503	408,824	$0.11	$0.06	$0.17
Seasons Broward	$0	$0	$0	33,800	$0.00	$0.00	$0.00
Seasons Southern Florida	$0	$0	$0	229,267	$0.00	$0.00	$0.00
Seasons Tampa	$0	$0	$0	1,363	$0.00	$0.00	$0.00
VNA of Indian River County	$0	$0	$0	48,184	$0.00	$0.00	$0.00
VITAS	$0	$0	$0	2,774,621	$0.00	$0.00	$0.00
Hospice of Martin & St. Lucie	$0	$33,200	$33,200	114,483	$0.00	$0.29	$0.29
Hospice of Okeechobee	$0	$0	$0	4,062	$0.00	$0.00	$0.00
Florida	**$823,567**	**$549,045**	**$1,372,612**	**9,150,749**	**$0.09**	**$0.06**	**$0.15**

Source: CON application #10559, page 29, Table 3 and page 70, Table 6

The applicant comments that for comparison purposes only, the table includes just radiation therapy and chemotherapy, because data for these two types of interventions are available via Medicare Claims data. CHH comments that it is important to note that all hospice providers receive the same amount of reimbursement for each patient day of care, regardless of the level of care provided. The applicant asserts that, "Chapters chooses to use its revenue to increase access to needed hospice care rather than to increase its bottom line".

CHH utilizes the Agency's "Florida Need Projections for Hospice Program" publication, issued September 28, 2018, to show that HSA 9B had its lowest penetration rates (at 0.192 among under age 65 deaths and at 0.592 among age 65+ resident deaths) in the non-cancer category.

The applicant indicates that CMS Medicare data for 2017 shows that of the three HSA 9B counties, Okeechobee County had the lowest penetration rate (55.7). CHH states that of the three HSA 9B counties, Okeechobee County had the lowest average length of stay (ALOS) of 27.7, with Martin County at an ALOS of 39.8 (65th among the 67 counties in Florida) and St. Lucie County at an ALOS of 43.2 (60th among the 67 counties in Florida). The applicant maintains that there is insufficient access to hospice care for residents of HSA 9B and it is most severe in Okeechobee County.

Regarding hospice services for non-cancer patients, CHH points to its year-round, round-the-clock programs and services for CHF and COPD patients, including:

- Initial and ongoing education, as well as medical and psychosocial intervention, provided to patients and families to assist in controlling disease symptoms, thus allowing them to remain comfortable at home.
- Hospice nurses are equipped to anticipate patients' needs and symptoms.
- Patients are provided a weight form and scale to record their weights. In addition, a daily check-in call is made to inquire about weight gain and any change in symptoms.
- Patients have 24/7/365 access to a nursing help hotline known as HospiceHelp24® for immediate assistance with any change in their symptomatology such as difficulty performing daily activities, increased shortness of breath, tightness in the chest, swelling of the feet, ankles or abdomen and rapid weight gain in one day of three pounds.
- The nursing team verifies that medications have been taken correctly.
- COPD patients are provided education to break the cycle of anxiety and breathlessness. In addition, a daily check-in call is made to inquire how the patient is feeling and if he or she has any additional needs.
- Patients and families are educated and encouraged to call the Chapters hospice affiliates "Code Heart" hotlines instead of 9-1-1. If further intervention is needed after following the At Home with CHF protocol, the patient can be transported to the closest hospice inpatient unit for acute symptom management.

The applicant provides materials regarding these programs in the "Open Access and Continuum of Care Enhancement" materials (Tab 7 of the application).

CHH provides the "DOEA Hospice Demographic and Outcome Measures Report 2017", regarding race and ethnicity admissions data for all three HSA 9B hospices for CY 2017 (the most recent data available to the public). See the table below.

Race/Ethnicity of persons Admitted During the Reporting Period CY 2017

	Hospice Martin St. Lucie		Hospice Okeechobee		Treasure Coast		Service Area 9B	
Race/Ethnicity	**Number**	**Percent of Total**	**Number**	**Percent of Total**	**Number**	**Percent of Total**	**Number**	**Percent of Total**
African American	152	5.4%	4	1.9%	94	11.2%	249	6.5%
Hispanic	101	3.6%	9	4.3%	52	6.2%	162	4.2%
White/Caucasion	2,531	90.2%	197	93.4%	679	81.2%	3,407	88.4%
All Other	22	0.8%	1	0.5%	11	1.3%	34	0.9%
Total	**2,806**	**100.0%**	**211**	**100.0%**	**836**	**100.0%**	**3,853**	**100.0%**

Note: Total may not add due to rounding.
Source: CON application #10559, page 39, Table 7

The reviewer notes that the DOEA Hospice Demographic and Outcome Measure Report 2017 does not include the above referenced table and the reviewer cannot duplicate the report from the DOEA Hospice Demographic and Outcome Measure Report 2017. The reviewer indicates that the total HSA 9B admissions shown in the above table (3,853) is consistent with the total hospice 9B admissions for CY 2017, according to the Agency's Florida Need Projections for Hospice Programs issued March 31, 2018.

The applicant contends that based on the above table, African American and Hispanic persons are, "markedly underserved by hospices in Service Area 9B". CHH maintains that this disparity is based on the overall total service area population and is most prominent among the Hispanic population and that the Hispanic population in particular possess distinct cultural, language and religious preferences that can serve to inhibit access to and utilization of hospice services. The applicant reiterates its Schedule C Condition #11 and plans to have services and accommodations geared toward the Hispanic population in HSA 9B and will place special emphasis on increasing hospice utilization of hospice services, especially in Okeechobee County (Schedule C Conditions #4 and #12). CHH maintains that it will "share its vast array of educational infrastructure with Hospice of Okeechobee to help them advance their opportunities to improve access".

Regarding planned special hospice services to Veterans, CHH reiterates its Schedule C Condition #7 and points out that all CHS affiliates are Level IV partners with We Honor Veterans (with Level IV being the highest level attainable).

CHH utilizes data (between January 1, 2016 and December 31, 2017) in "Hospice Compare" from the US Department of Health and Human Services (DHHS) Centers for Medicare and Medicaid Services (CMS) website https://www.medicare.gov/hospicecompare, to indicate that this data can be used to calculate a median percentile value for each hospice across the 16 standards calculated by CMS (CON application #10559, page 43, Table 8). The applicant also provides individual applicant entity score sheets from the "Hospice Care" in the "Need Section" support materials (CON application #10559, Tab 4). CHH emphasizes that the national median (regarding a hospice percentile value) is 87.5 percent. The applicant notes that two of three CHS affiliates have median scores which exceed the national median, with Good Shepherd Hospice (whose service area is contiguous to HSA 9B) having the highest score of 90.7 percent. CHH indicates that its affiliate HPH Hospice had a median score of 83.8, which is below the national median, but that this score is above the scores for Seasons' two reporting Florida affiliates, as well as VITAS. The applicant notes that the lowest scoring applicants are, generally speaking, the for-profit applicants.

The applicant utilizes the DOEA Hospice Annual Reports 2017 to indicate the percent of reimbursement where the primary payer was either Medicaid, self-pay or uncompensated care. CHH comments that the data show the actual percentage of these lower-income patient days generated by CHS versus the other co-batched applicants, and their respective overall ranking compared to each other. See the table below.

Applicant Comparison, Percent Medicaid/Self-Pay/Uncompensated 2017

Applicant	Combined Percent	Applicant Rank
Cornerstone	10.4%	1st
Chapters' Good Shepherd Hospice	9.8%	2nd
Chapters' LifePath Hospice	7.3%	3rd
VITAS	5.8%	4th
Chapters' HPH Hospice	5.5%	5th
Seasons Broward	4.9%	6th
Hospice of Palm Beach County	4.0%	7th
VNA of Indian River County	3.7%	8th
Seasons Southern Florida	3.0%	9th
Seasons Tampa	2.2%	10th

CON application #10559, page 44, Table 9

The reviewer notes that in Community Outreach and Education Materials (CON application #10559, Tab 15), CHH provides its self-generated Chapters Health System Annual Report 2017. The reviewer recognizes that that on page four (Financial Highlights) of the CHS report, under "Who Pays for Our Services", the following percentages of its revenues are delineated by payer:

- Medicare – 89 percent
- Insurance and all other – six percent
- Medicaid – five percent

The applicant maintains that it will serve all patients in need in HSA 9B regardless of race, ethnicity, age, gender or ability to pay, as it has done historically in HSAs 3C, 3D, 5A, 6A and 6B, consistent with its mission of service to indigent and low-income populations.

CHH offers a summary forecast of admissions for year one (ending June 30, 2020) and for year two (ending June 30, 2021). The applicant states that its projections are based on the following factors:

- The published net need for HSA 9B
- The experience and expectations of the most recently approved providers in Florida
- Utilization of hospice services within HSA 9B by patient age and diagnosis
- CHH's capabilities and readiness to begin operations, as detailed throughout CON application #10559

The applicant points out that HSA 9B hospice admissions are projected to increase from the current 2017-2018 level of 3,565 to 4,148 by the January 2020 hospice planning horizon—the midpoint of Chapters 9B's anticipated first year of operations. See the table below.

Projected New Chapters Health Hospice – 9B, Inc., Admissions
Year One and Year Two Forecast

		Admissions
Year One by Qtr.	Q3 2019	23
	Q4 2019	42
	Q1 2020	56
	Q2 2020	78
Forecast	**Year One**	**199**
Forecast as Percent of Net Need (Projected Current)		34%
Year Two by Qtr.	Q3 2019	105
	Q4 2019	135
	Q1 2020	144
	Q2 2020	151
Forecast	**Year Two**	**534**
Forecast as Percent of Net Need (Projected Current)		92%
Incremental Net Need		583

Note: Totals may not add due to rounding.
Source: CON application #10559, page 48, Table 10

The applicant offers comments on the impact of existing providers in HSA 9B, bulleted below:

- AHCA's hospice rule resulted in the publication of a need for an additional hospice program in HSA 9B
  - As a result, there is deemed to be no substantive adverse impact on the existing providers
- Chapters 9B's forecast utilization is less than the net need published by AHCA
- Chapters 9B's second year 534 admissions will still leave the existing providers, at their current utilization of 3,565 admissions with 49 additional admissions (583 – 534 = 49)

CHH points out that approval of the proposed project will give the residents of HSA 9B a choice of another full-service hospice provider.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) provides an executive summary to indicate that it is best-suited and will best meet the need identified for HSA 9B based on the following factors:

- As an existing Joint Commission accredited hospice agency serving adjacent hospice service areas, Cornerstone proposes to expand its existing license to serve HSA 9B.
- 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. This has been demonstrated by Cornerstone's own rapid growth in utilization in the counties it serves as well as the experience of its CEO in HSA 2B.
- Through its existing hospice offices in neighboring Polk and Highlands Counties, Cornerstone already has relationships with hospitals, physicians, ALFs, SNFs and other health care providers in HSA 9B that will lend itself to natural referral relationships upon approval. In addition, Cornerstone has developed new relationships in the community during the preparation of this application and has support of providers and community members documented within CON application #10560.
- Cornerstone's staff has already spent a tremendous amount of time in HSA 9B—meeting with health care providers, referral sources, community leaders and other individuals to learn about the hospice needs and how to quickly and efficiently begin addressing these needs.

- Cornerstone's staff has met and/or talked with 147 individuals and organizations and received 67 letters of support for its proposed expansion into HSA 9B. Cornerstone has identified relationships with a local Port St. Lucie SNF (Emerald Health Care) with which it plans to immediately contract for general inpatient care if awarded. The reviewer confirms that the applicant references the Letter of Interest (Attachment 2 of the application). This letter is dated November 7, 2018, by Mary Lee Jackson, Administrator, Emerald Health Care.
- Cornerstone has identified both clinical and programmatic needs within HSA 9B including enhanced outreach and access to Veterans, Hispanic, African American, LGBTQ and Jewish patients.
- Cornerstone will establish an office presence in St. Lucie County and has already identified a proposed location in Port St. Lucie that will allow it to rapidly respond to the needs of service area residents. The reviewer confirms that the applicant references the Letter of Intent to Lease (Attachment 1 of the application). This letter is dated November 16, 2018, by Anthony Gambardella, Caldwell Banker Commercial/Thomas J. White Realty, indicating that Caldwell Banker Commercial/Thomas J. White Realty is currently in discussion with Cornerstone about a potential office location at 1100 SW St. Lucie West Blvd., Suite #208, Port St. Lucie, Florida 34986.
- Cornerstone is well known for its exceptional level of care such as its fast response time, seven-day unique nursing care model, numerous hospice physicians and advance registered nurse practitioners (ARNPs), who together with the rest of the Cornerstone team provide among the highest level of skilled care in the industry. The reviewer confirms that the applicant references the Biographies of Physicians and ARNPs (Attachment 14 of the application).
- Cornerstone is known for its compassion in going above and beyond with exceptional and unique services. Cornerstone's Foundation assists with such efforts. Cornerstone's awards and its unique and extensive services are described. The reviewer confirms that the applicant references the following:
  - 2016 DOEA Report on Hospice Demographics and Outcomes Measures
  - Cornerstone Hospice Foundation Information
  - Media Coverage and Other Documentation of Awards
- Cornerstone's "Chaplain Services/Spiritual Care" program exceeds most hospice providers with 50 hours of training per chaplain and a staff rich with chaplains and spiritual care professionals.
- Cornerstone has identified nine 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 HSA 9B patients and families.

- Cornerstone acknowledges that the addition of this service area will require start-up time for projects to begin service on October 1, 2019. Though the implementation period is conservatively planned for 180 days, it is important to note that Cornerstone will begin recruitment efforts, community education and the building of new infrastructure immediately upon approval. The applicant notes that it already operates in an adjacent HSA.

CHPC discusses the following three affiliated entities (pages 14 and 15 of the application:

- Cornerstone Health Services, LLC (Palliative Care)
  - Established in 2014, a specialty palliative care physician group affiliated with the Cornerstone family of providers and an affiliate of the Center to Advance Palliative Care (or CAPC) – a national organization dedicated to increase the availability of quality palliative care services for people facing serious illness.
- Alexa Home Care (AHC)
  - AHC is a not-for-profit, non-medical home health agency currently licensed to serve clients in parts of Districts 3 and 6 and all of District 7. If the proposed hospice project is awarded a CON to serve HSA 9B, AHC would immediately plan to bring its high-quality, non-medical homecare services to the residents of HSA 9B's counties.
- Care Partners, LLC
  - A provider of hospice specific consulting services specializing in hospice finance, operations, education, compliance, quality, HR, sales, and data analytics. Care Partners also provides access to national contracts for medical supplies and savings through group purchases.

The applicant maintains that it is committed to employing a staff that mirrors the diversity of the communities it serves. Stated to be from Cornerstone Internal Data, CHPC provides the following exhibit of its existing staff demographics and asserts that it will use the same hiring practices to best meet the needs of HSA 9B to improve access to hospice services for all its citizens.

Cornerstone Staff Demographics
As of June 30, 2018

Race Description	Total	Percentage
American Indian or Alaskan Native	2	0.23%
Asian	17	1.96%
Black or African American	227	26.15%
Declined to Self-Identify	13	1.50%
Hispanic or Latino	111	12.79%
Native Hawaiian or Other Pacific Islander	1	0.12%
Two or More Races	18	2.07%
White	479	55.18%
Total	**868**	**100.0%**

Source: CON application #10560, page 42, Exhibit 2

CHPC maintains that in addition to educational programs, staff, leadership and volunteers are extremely active in the communities that they serve. The applicant provides examples of community involvement and education over the past year (pages 44 and 45 of the application).

The applicant contends that its specialized programming is another aspect that sets it apart from other providers. CHPC maintains that it goes far beyond the basics of hospice and palliative care with numerous specialized care programs to meet the distinct clinical, cultural and personal needs of each patient. The applicant provides a list of specialized care programs including:

- Dyspnea Self-Management Program (DSMP)
  - Dyspnea (shortness of breath/difficult or labored respiration) is common during the end-of-life and DSMP is applied to successfully manage dyspnea, with both pharmaceutical and non-pharmaceutical treatments, as needed. DSMP is stated to have positive outcomes including:
    - Increased quality of life for patients
    - Decreased anxiety
    - More than 90 percent of patients/caregivers report that they feel confident that they can now cope with a dyspnea episode
    - ER visits by DSMP patients are less than half of other hospice patients not currently on DSMP
- Enhanced Communication for Training for the Non-Verbal Patient
  - Because one in three seniors will die of Alzheimer's and other dementia-related diseases, CHPC places a great deal of importance on its staff training in caring for non-verbal patients, using specially trained staff to evoke emotions of people, places and events embedded in the long-term memory using gentle stimuli such as aromatherapy, music therapy, visual arts and tactile stimulation. Through these methods, patients and families are able to have meaningful connections and relief from anxiety and frustration.

- Cornerstone Salutes!/We Honor Veterans (WHV) Program
  - Eight percent of the HSA 9B population is composed of Veterans. For 2018, there were a total of 40,086 Veterans living in the area. Of that population, 62 percent (25,017 Veterans) were over the age of 65. (Cornerstone references its Schedule C-Condition #3 – see item C of this report for a review of the applicant's Veteran's Program Condition). All WHV Partners:
    - Learn about the unique needs of Veterans and their families
    - Educate their staff and communities about caring for Veterans facing serious illness
    - Coordinate care with VA and other health care organizations
    - Provide Veteran-to-Veteran volunteer programs
    - Commit to providing the best quality health care
  - Cornerstone has the highest level of Veteran accreditation – Four Stars – through the WHV Program, showing the highest level of dedication, programming, and quality care. Aspects unique to "Cornerstone Salutes!" include:
    - Staff specially trained by a national VA expert to meet the unique needs of our Veterans.
    - A tailor-made pinning ceremony for the veteran patient and family by a Veteran member of our staff or a veteran volunteer. A special pen and a Certificate of Appreciation are presented to the patient.
    - Annual Journey of Remembrance offered exclusively for Veterans' families to pin, thank, and honor them for their part in helping to keep America free.
    - Networking and other Veteran services helps us to work together and to join in the fabric of veteran support in all of our communities.
- Care Protocols for Jewish Patients/Special Programming for Jewish Patients
  - Cornerstone is one of only 15 hospices in the State of Florida that is accredited by the National Institute for Jewish Hospice (NIJH) and volunteers and staff are well versed in the particular requirements to the Jewish community that pertain to:
    - Administering hydration and nutrition
    - Providing therapies for palliative care
    - When and how to provide medicinal intervention
    - The Jewish Living Will
    - The rituals required by Jewish Law upon and immediately after death

- Pet Peace of Mind (PPOM)
  - The comfort and unconditional love of patients' pets can be an essential to patients' feelings of peace. So the patients' pets do not go overlooked, without care or even forgotten, Cornerstone is committed to supporting the special relationship that patients have with their pets.
  - PPM is a groundbreaking national program to allow hospice patients to stay with their pets. (The reviewer notes that according to the applicant's PPOM website https://petpeaceofmind.org/about-us/who-we-are/, PPOM is a 501(c)(3) registered organization located in Salem, Oregon. According to the PPOM website, PPOM educates hospice and palliative care organizations about the importance of pets in the lives of their patients and helps them support those pets in practical ways – the PPOM provides a turnkey approach to help hospices establish a local program to train volunteers to help patients with their pet care needs. Additionally according to the PPOM website https://petpeaceofmind.org/participating-hospices/#Florida, of the 12 Florida hospice programs that participate in the PPOM, the applicant, Cornerstone Hospice, as well as co-batched **CON application #10561** are both PPOM members. The reviewer further notes that the applicant references having a PPOM Coordinator.
  - Cornerstone was the first hospice in Florida to participate.
  - As part of the PPOM program, Cornerstone educates community groups about making plans for pets as part of the end-of-life planning process, just as one would with a will.
- Concurrent Care (Under 21)
  - Cornerstone has the honor of caring for children under the age of 21 that are enrolled in Florida Medicaid or the Children's Health Insurance Program (CHIP) – allowing children under the age of 21 to receive hospice services while still receiving curative care.
- Care/Cultural Considerations for the Aging LGBTQ Community
  - In recognition of the 1.5 million adults 65+ within the LGBTQ community, Cornerstone has created a care education program to ensure its LGBTQ patients receive high quality care in a respectful and comforting environment, with objectives to:
    - Identify the many ways to improve and expand the continuum of care within the LBGTQ community
    - Understand the unique barriers that older LBGTQ adults face
    - Help LBGTQ older adults to successfully age with dignity and respect

The seven Cornerstone specialized programs (listed above) are further described by the applicant on pages 46 thru 53 of CON application #10560.

The applicant asserts that the functional operations of the existing providers in HSA 9B leave the three service area counties with only one provider serving each county, resulting in no competition and limited access to services. Regarding its ability to realize expansion and growth, CHPC states that its existing service areas have grown 62 percent since 2014, having averaged an annual growth rate in both average daily census (ADC) and total patient days of more than 11 percent since 2012.

According to CHPC, Hospice Service Area 9B's three counties have, "dramatically different geographies, populations and needs for a HSA provider". The applicant maintains that it has demonstrated, by its service offerings, mission and diversity, that it is best suited to meet these varying needs.

The applicant emphasizes that Okeechobee County, a largely rural county with a population just over 41,000 in 2018, currently has only one hospice provider that actively serves this area – Hospice of Okeechobee. The applicant notes that geographic and travel considerations will be important to serving this community. CHPC indicates that Martin County currently has a population exceeding 156,000 and that the largest of the three Hospice Service Area 9B counties, St. Lucie County, has more than 300,000 residents in 2018, with St. Lucie County having an age distribution that is the closest in line with the State of Florida. CHPC asserts that it is the applicant that can most effectively provide increased access and competition in the market and ensure that all types of patients and populations in need of hospice care are receiving the services they need.

CHPC utilizes the Agency's "Florida Population Estimates and Projections by AHCA District 2010-2030" published February 2015, to indicate total population estimates by age group from 2018 to 2023 and the corresponding change in total population, for HSA 9B and Florida. The applicant points out that HSA 9B is elderly in general, with 23.6 percent of its residents age 65+ compared to 19.6 percent of the total state population age 65+.

The applicant utilizes Environics Analytics Spotlight 2018 Methodology to indicate total 65+ population growth for HSA 9B by race (2018-2023), the percent change by race and the annual growth rate by race. See the exhibit below.

Age 65+ Population Growth for Hospice Service Area 9B by Race 2018-2023

	2018	2023	Percent Change	Annual Rate of Growth
Other Race	963	1,338	38.94%	6.80%
2 or More Races	1,017	1,380	35.69%	6.29%
African American	8,657	10,781	24.54%	4.49%
Asian	1,131	1,535	35.72%	6.30%
American Indian	169	213	26.04%	4.74%
Pacific Islander	42	60	42.86%	7.39%
Non-White Subtotal	11,979	15,307	27.78%	4.78%
White	121,407	139,859	15.20%	2.87%
Total	**133,386**	**155,166**	**16.33%**	**3.07%**

Source: CON application #10560, page 74, Exhibit 8

CHPC comments that to appropriately address multicultural issues and barriers surrounding access to hospice care, it has dedicated outreach professionals and comprehensive programs which offer African American and Spanish-speaking communities culturally specific hospice education, care and materials.

Again utilizing "Environics Analytics Spotlight 2018 Methodology", CHPC provides an exhibit to indicate ethnicity of population of HSA 9B and the State of Florida (2018-2023), with the corresponding percent change by ethnicity for the same period. The applicant points out that the Hispanic population is expected to have considerable growth in the next five years (13.61 percent) that well outpaces the 4.87 percent projected growth of non-Hispanic residents. CHPC asserts that this increase suggests that any new hospice provider in HSA 9B should be able to provide bilingual programs and culturally concordant programming. See the exhibit below.

Ethnicity of Population of Hospice Service Area 9B 2018-2013

	9B District			Florida		
	2018	2023	Percent Change	2018	2023	Percent Change
Hispanic	90,879	103,252	13.61%	5,364,454	6,149,310	14.63%
Non-Hispanic	423,655	444,268	4.87%	15,742,727	16,379,079	4.04%
Total	**514,534**	**547,520**	**6.41%**	**21,107,181**	**22,528,389**	**6.73%**
Percent Hispanic	**17.7%**	**18.9%**		**25.4%**	**27.3%**	

Source: CON application #10560, page 75, Exhibit 10

The applicant comments that the Hispanic population growth rate is particularly meaningful in St. Lucie and Okeechobee Counties and that Hispanic residents of HSA 9B overall are not getting hospice services at the same rate as non-Hispanic patients. CHPC stresses that it already has extensive outreach programs for Hispanic/Latino communities and will easily bring them into Martin, Okeechobee and St. Lucie Counties.

The applicant utilizes VetPop 2018 from the VA to show that by 2023, the Veteran population is expected to decrease by approximately 6,071 residents (from 40,086 in 2018 to 34,015 by 2023). CHPC notes that this decrease is expected, in part, due to death. See the exhibit below.

Veteran Population for Hospice Service Area 9B

	2018	2023
Veterans 65 and Under	15,069	13,604
Veterans 65+	25,017	20,411
Total	**40,086**	**34,015**
Veterans 85+	6,539	5,288
Service Area Population	511,754	555,009
Percentage of Total Population	7.83%	6.13%

Source: CON application #10560, page 76, Exhibit 12

CHPC comments that approximately 60 percent of the Veterans residing in HSA 9B live in St. Lucie County. The applicant comments that Veterans programs need to be readily available in St. Lucie and Martin Counties, though Okeechobee County will benefit from Veterans programming as well.

The applicant discusses deaths in HSA 9B by age, race and ethnicity. CHPC utilizes FDOH, Florida CHARTS, data to provide the following exhibits:

- Historical death by age in HSA 9B, from 2007 to 2017
- Historical death by age in HSA 9B by county, from 2007 to 2017

Again, using the same source for the same time frames as indicated in the two exhibits discussed above, Cornerstone offers deaths by ethnicity/age and race/age. See the exhibits below.

Deaths by Ethnicity, Hospice Service Area 9B

Ethnicity/Age	2007	2017	Incremental Change	Percent Change
Hispanic Under 65	70	122	52	74.3%
Hispanic 65+	90	190	100	111.1%
Hispanic Total	160	312	152	95.0%
Non-Hispanic Under 65	993	1,130	137	13.8%
Non-Hispanic 65+	3,508	4,298	790	22.5%
Non-Hispanic Total	4,501	5,428	927	20.6%
Unknown Under 65	6	4	-2	-33.3%
Unknown 65+	0	5	5	N/A
Unknown Total	6	9	3	50.0%
All Ethnicities Total	**4,667**	**5,749**	**1,082**	**23.2%**

CON application #10560, page 79, Exhibit 16

Deaths by Race, Hospice Service Area 9B

	2007	2017	Incremental Change	Percent Change
White Under 65	875	1,033	158	18.1%
White 65+	3,350	4,144	794	23.7%
White Total	4,225	5,177	952	22.5%
Black Under 65	182	188	6	3.3%
Black 65+	217	299	82	37.8%
Black Total	399	487	88	22.1%
Other Under 65	12	31	19	158.3%
Other 65+	31	49	18	58.1%
Other Total	43	80	37	86.0%
Unknown under 65	0	4	4	N/A
Unknown 65+	0	1	1	N/A
Unknown Total	0	5	5	N/A
All Races Total	**4,667**	**5,749**	**1,082**	**23.2%**

CON application #10560, page 80, Exhibit 18

CHPC contends that there is not one specific county in HSA 9 that is driving the death by ethnicity totals in the exhibits above and the percentage growth in the number of deaths among African Americans in HSA 9B is approximately equal to that of white residents of the service area. The applicant notes that the percent change in deaths by race and by county for the same time period shows that deaths among African Americans have increased 60 percent in Martin County. CHPC maintains that it utilizes a racially-sensitive outreach program staffed by a dedicated outreach coordinator to facilitate an approach that includes educational efforts, cultural appreciation/outreach and cross-cultural dialogue.

The applicant notes causes of death in HSA 9B. CHPC utilizes FDOH, Florida CHARTS, to show that from 2007 to 2017, the fastest growing cause of death for HSA 9B is respiratory diseases (46.43 percent), though cardiovascular disease is the largest cause of death for HSA 9B (280 cases), respectively. CHPC contends that its DSMP and cancer protocols are uniquely suited to aid in the care for a patient population with high levels of cardiac, respiratory illness and cancer diagnoses. See the exhibit below.

Selected Causes of Death in Hospice Service Area 9B, 2007-2017

	2007	2017	Percent Change
Cancer	1,160	1,309	12.84%
Cardiovascular Diseases	1,538	1,818	18.21%
Respiratory Diseases	420	615	46.43%
Other Causes (Residual)	467	589	26.12%
All Causes	**3,585**	**4,331**	**20.81%**

Source: CON application #10560, page 82, Exhibit 20

CHPC provides information on HSA 9B's three existing hospice providers and their respective office locations. The applicant notes that in the months prior to its submission of CON application #10560, Cornerstone leadership heard repeatedly that HSA 9B was effectively split, such that Hospice of Okeechobee, Inc., has been serving only Okeechobee County and that the remaining two hospices in the area (both under the umbrella of Treasure Health), have been serving only Martin and St. Lucie Counties. The applicant contends that, "Clearly, this service area needs a stable provider that will not only supplement the limited services that are currently offered by the existing providers, but a provider that will bring access and competition to all three service area counties". CHPC stresses that it is the best provider to meet this need.

The applicant asserts that it would complement the existing providers and expand access to the entire HSA. According to CHPC, unlike the existing providers, it will not limit itself to one geographic segment of the HSA. The applicant maintains it will be able to provide enhanced access to western Okeechobee County from its existing Sebring office and that a new physical office will be established in Port St. Lucie to provide access to eastern Okeechobee, Martin and St. Lucie Counties. CHPC provides a diagram of its existing and proposed office locations on page 90 of CON application #10560. The applicant asserts that caregivers and clinicians are able to care for their patients with minimal physical visits to office locations and that all vendors contracted with Cornerstone are set up to provide home delivery of supplies and materials directly to patient residences. The applicant notes that this enables staff to spend more time on patient care and reduce unnecessary time in an office setting.

CHPC discusses trends in hospice utilization in HSA 9B (pages 91 thru 100 of the application) including HSA 9B acute discharges to hospice and discharges to hospice by ethnicity. The applicant maintains, that overall, it is the low admissions among all ages with diagnoses other than cancer driving the need for CON application #10560. CHPC contends that penetration rates for those 65+ with cancer have increased and must be considered by the next provider in HSA 9B. The applicant asserts that it will work to meet the needs of all residents through its extensive outreach staff and programming. CHPC maintains that its chaplaincy programming, community outreach and clinical programming outreach are among the most extensive in the state.

The applicant indicates that the projected utilization of the proposed hospice is based on the following assumptions and calculations:

- Population data for the historical years 2014 through 2017 from Florida CHARTS and AHCA projected population data for 2018 through 2023.
- Historic death rates for HSA 9B for the year 2014 through 2017 was obtained from the Florida CHARTS.
- Death rates per 10,000 residents for 2014 through 2017 were then calculated using the historic death rates and the population figures from the Florida CHARTS.
- The compound annual growth rate (CAGR) for deaths between 2014 and 2017 was then calculated for the diagnosis and age demographics.
- These CAGRs were utilized to obtain the projected death rates for 2018 through 2023.
- With these death rates and the projected population figures, the projected deaths by diagnosis and age for 2018 through 2023 were calculated.
- Historic hospice admissions for 2014 through year ending June 30, 2018 were obtained from AHCA's "Hospice Need Projections".
- Utilizing the historic hospice admissions and the deaths by category and age, the penetration rates for 2014 to 2017 were calculated.
- The 2018 penetration rate of 96.25 percent for the population with cancer under 65 will remain constant for all future projected years until 2023 as it exceeds the Florida average penetration rate (88.0 percent).
- The penetration rate of the population with cancer for those age 65+ increases at a low 0.82 percent per year until it reaches the state penetration rate of 94.5 percent in 2022.
- The penetration rate of the population with all other diagnoses who are under 65 will increase at the cumulative annual growth rate of 6.47 percent for projected years to approach the state's penetration rate of 24.00 percent in 2022.
- The penetration rate of the population with all other diagnoses who are 65+ will increase at a 5.98 percent cumulative annual growth rate to approach the state's penetration rate of 72.1 percent in 2022.
- Utilizing these projected penetration rates along with the projected deaths from 2018 to 2023, the projected hospice admission for these five years was calculated.

- Fiscal year hospice patients in the HSA were then calculated based on the assumed October 1, 2019 start date for CHPC to serve the area.
- The projected 644 incremental patients between 2019 and 2022 provide a significant level of demand for a new hospice without any impact on existing providers.
- It was presumed that in the first year of operation beginning October 1, 2019, CHPC would capture between 60 and 65 percent of the incremental volume for all cohorts except cancer in those under the age of 65. Because this segment is already being served above the state penetration rate in HSA 9B, CHPC expects to capture a smaller fraction of this patient population.
- Based on these projected utilization levels, CHPC projects market share for the first two years of operation of 8.84 and 10.91 percent.
- Based on historical data and the applicant's experience, it was assumed the ALOS for patients in year one was 60.9 days, while the ALOS for patients in year two was 67.8 days.
- Projected ramp up of the proposed project based on the above resulted in an ADC of 60.9 by the end of year one and 89.4 ADC by the end of year two.
- CHPC's market share, ALOS and ADC determinations are very reasonable for a hospice with the depth of experience, community education and outreach programs, quality services and existing relationships it has in the region.

Below is the applicant's assumptions generated in exhibit form.

Projected Cornerstone Patients in Hospice Service Area 9B

Projection Model				
	Actual			
Total District 9B	**YE 6/30/2015**	**YE 6/30/2016**	**YE 6/30/2017**	**YE 6/30/2018**
Cancer Under 65	355	288	355	302
Cancer 65 and Over	1,159	1,097	1,099	998
Non-Cancer Under 65	229	215	161	180
Non-Cancer 65 and Over	2,199	2,291	2,196	2,085
Total	**3,942**	**3,891**	**3,811**	**3,565**

	Projected Years				
Total District 9B	**YE 6/30/2019**	**YE 6/30/2020**	**YE 6/30/2021**	**YE 6/30/2022**	**YE 6/30/2023**
Cancer Under 65	296	290	284	278	273
Cancer 65 and Over	1,015	1,029	1,042	1,053	1,063
Non-Cancer Under 65	197	216	236	259	284
Non-Cancer 65 and Over	2,298	2,527	2,772	3,037	3,324
Total	**3,805**	**4,062**	**4,334**	**4,627**	**4,944**

	Market Patients-Project Years			Incremental Patients		
Project Years	**10/1/19-9/30/20**	**10/1/20-9/30/21**	**10/1/21 9/30/22**	**10/1/19 9/30/20**	**10/1/20-9/30/21**	**10/1/21 9/30/22**
Cancer Under 65	288	283	277	(14)	(13)	(13)
Cancer 65 and Over	1,032	1,045	1,055	34	30	26
Non-Cancer Under 65	221	242	265	41	45	45
Non-Cancer 65 and Over	2,588	2,838	3,109	503	541	582
Total	**4,130283**	**4,407**	**4,706**	**565**	**602**	**644**
AHCA Projected Need January 2021					**(583)**	

Admissions	Projected Market Share			Projected Admissions		
	10/1/19-9/30/20	**10/1/20-9/30/21**	**10/1/21 9/30/22**	**10/1/19-9/30/20**	**10/1/20-9/30/21**	**10/1/21 9/30/22**
Cancer Under 65	2.00%	3.00%	4.00%	6	8	11
Cancer 65 and Over	2.00%	4.00%	5.00%	21	42	53
Non-Cancer Under 65	12.00%	14.00%	15.00%	27	34	40
Non-Cancer 65 and Over	12.00%	14.00%	15.00%	311	397	466
Total District 9B Patients	**8.84%**	**10.91%**	**12.11%**	**365**	**481**	**570**
Incremental Patients Remaining for Existing Providers				**200**	**121**	**74**

Source: CON application #10560, page 104, Exhibit 40

CHPC estimates patients, patient days, ADC and ALOS for the first two years of operation of the proposed project in the exhibit below.

Projected Cornerstone Utilization Overview
Hospice Service Area 9B

	Year One	Year Two
Patients	365	481
Patient Days	22,222	32,622
ADC	60.9	89.4
ALOS	60.9	67.8

Source: CON application #10560, page 104, Exhibit 41

The applicant contends that at this level of utilization, it can operate a hospice that will immediately begin to meet the documented needs of HSA 9B, specific to age, diagnosis and culture. CHPC asserts that its existing presence in Central Florida will enable it to immediately offer quality care, comprehensive programming and significant community outreach.

CHPC offers comments on the impact on existing providers in HSA 9B statin that:

- CHPC will target diagnostic and age cohorts that are currently underserved in HSA 9B
- CHPC's time spent in the community assessing it needs uncovered that inpatients in a variety of facilities are not being adequately or timely served by the existing providers and that the applicant will serve a broader base of patients in SNFs and hospitals than has historically been documented in HSA 9B
- CHPC will not limit itself to one geographic segment of HSA

Hospice of Palm Beach County, Inc. (CON application #10561) states that its sole member/parent (Trustbridge) is a holding company (and sole member) for the following affiliates:

- Hospice of Palm Beach County Foundation, Inc. (HPBC Foundation)
- Hospice by the Sea, Inc. (HBTS)
- Harbor Palliative Care Services, Inc. (HPCS)
- FocusCare Home Health, Inc. (FCHH)

HPBC points out that, collectively, HPBC, HPBC Foundation, HBTS, HPCS and FCHH are referred to as Trustbridge Affiliates (or TA).

The applicant indicates that specific to the Hispanic/Latino community (in its current operations), the community experiences barriers to hospice care and that TrustBridge provides a wide array of presentations, initiatives and partnerships geared to the Latino community, including:

- NW Focal Point Senior Center, "Caminando por la Vida" monthly Spanish support groups
- Latino Center on Aging Advocacy Group lectures

- Lake Worth Mid-County Senior Center lectures (95 percent Latino attendance)
- Partnership with the Hispanic Chamber of Palm Beach County and major sponsorship of the Triunfo Awards, which awards scholarships to underprivileged students
- Faith Based Leaders Summit (African American and Latino pastors)
- "Un Te para Mama" (Tea with Mom) sponsored by Trustbridge and AARP
- Provision of dedicated Hispanic/Latino outreach and education programs and operation of Spanish speaking hospice care teams

HPBC comments that specific to the Haitian/Creole community (in its current operations), this population also experiences barriers to hospice care and further comments that Trustbridge provides the following presentations, initiatives and partnerships geared to the Haitian/Creole community:

- Involvement with the Grace Ministry, a Haitian/Creole church in Broward County
- Involvement in the Peniel Haitian Church in Palm Beach County
- Celebrations of Haitian Culture Heritage Month in Broward and Palm Beach Counties
- Full-time community outreach staff member who speaks Creole and is dedicated to Haitian community education and research

The applicant notes its support of local Jewish communities (in its current operations), indicating that Trustbridge is accredited by the Palm Beach County Board of Rabbis. HPBC indicates that Trustbridge is an active partner in the provision of hospice education, outreach and services to the significant Jewish population in Palm Beach and Broward Counties.

HPBC comments that specific to the LBGTQ community (in its current operations), this population experiences barriers to hospice care and that Trustbridge provides materials, education and outreach to serve this population. HPBC highlights that Trustbridge is an active participant at the Pride Center at Equality Park in Wilton Manors (Broward County).

The applicant indicates it realizes that Veterans have special end-of-life challenges specific to the Veteran experience and that (in its current operations) Trustbridge has particular outreach and programs to Veteran groups and community providers, established valued partnerships with local VA hospitals and has sponsored Veteran patients to participate in Honor Flight (a program which helps transport America's Veterans to Washington, D.C., to visit those memorials dedicated to honor Veterans' service and sacrifices).

HPBC asserts that the provision of care to all sectors of the local community discussed above will reflect the expected provision of care in the proposed project.

The applicant comments that in addition to the Agency's published need for an additional hospice program in HSA 9B, its analysis indicates that additional factors support the need for the proposed project. HPBC notes the following factors to justify approval of the proposed project:

- Population growth and aging of the population in the HSA is driving increased hospice volume
- Current underserved population groups
  - Hospice penetration rates within the African American and Hispanic populations lower than observed within other populations within HSA 9B
  - A large Hispanic population and overall economic weakness in Okeechobee County
  - A large African American population in St. Lucie County
- Underutilization of hospice service by residents dying of non-cancer conditions
- Letters of support

HPBC utilizes the Agency's "Florida Population Estimates and Projections by AHCA District 2010-2030" publication, issued February 2015, to indicate that the HSA 9B total population is expected to increase by 26,266 residents (5.2 percent) and the 65+ population is expected to increase by 11,363 residents (9.6 percent) from 2017 to 2020. HPBC maintains that the strong elderly population growth and the forecast aging of the population is important, as the use of hospice services is directly dependent upon the age of the population. The reviewer collapses each discreet county total into the total service area total and reproduces only the age 65+ population columns. See the table below.

Hospice Service Area 9B Population Age 65+

	2017 Pop Age 65+	2020 Pop Age 65+	2017-2020 Age 65+ Growth
Total Service Area 9B	118,650	130,013	11,363 / 9.6%
Florida	3,946,081	4,339,190	393,109 / 10.0%

Source: CON application #10561, pages 32 and 48

The applicant next utilizes a MedPAC Report to Congress "Medicare Payment Policy" (March 2018) analysis of data to indicate a percent of Medicare decedents by age group who used hospice during 2016. See the table below.

Percent of Medicare Decedents Who Use Hospice Care - 2016

Age of Medicare Decedents	Percent of Medicare Decedents Who Use Hospice
0-64	30.1%
65-74	41.4%
75-84	50.7%
85+	59.1%
All Medicare Beneficiaries – All Ages	49.7%

Source: CON application #10561, pages 33 and 49

Regarding the table above, the reviewer notes the following facts:

- HPCB does not provide a copy of the report or a copy of the referenced table for Agency review
- HPCB does not provide the report page number and/or figure that would correlate to the above table
- The report website (http://www.medpac.gov/docs/default-source/reports/mar18_medpac_entirereport_sec.pdf) indicates that the report is 529 pages
- A cursory review of the report (Chapter 12) does not appear to include the above referenced table
- HPCB does not indicate if the referenced table is applicable to averages that would apply specifically to HSA 9B

HPBC utilizes the U.S. Census/American Community Survey to indicate racial and ethnic characteristics (as a percent in 2017) for populations in each county in HSA 9B and in Florida overall. See the table below.

Hospice Service Area 9B 2017 Racial and Ethnic Profile

County/Area	2017 Pop Percent White	2017 Pop Percent African American	2017 Percent Hispanic (of any race)
Martin	87.7%	5.6%	13.2%
Okeechobee	87.0%	8.4%	25.0%
St. Lucie	73.5%	19.7%	18.1%
Florida	75.7%	16.1%	24.7%

Source: CON application 10561, pages 33 and 49

The applicant points out that according to the above table, in 2017, of the three HSA 9B counties--St. Lucie County had the highest percent of African American residents (19.7 percent) and Okeechobee County had the highest percentage of Hispanic (of any race) residents at 25.0 percent. HPCB emphasizes that the an approved applicant serving HSA 9B must have a focused education and awareness initiative to expand the use of hospice care within Okeechobee and St. Lucie Counties.

HPBC utilizes the previous analysis of data from the MedPAC Report to Congress "Medicare Payment Policy" (March 2018) to indicate a percent of Medicare decedents who use hospice at 42.9 percent (for the Hispanic population) and 38.8 percent (for the African American population) and an all Medicare beneficiaries estimated at 49.7 percent. See the table below.

Percent of Medicare Decedents Who Use Hospice Care - 2016

Race/Ethnicity	Percent of Medicare Decedents Who Use Hospice
White	51.8%
African American	38.8%
Hispanic	42.9%
Asian American	36.0%
North American Native	35.7%
All Medicare Beneficiaries	49.7%

Source: CON application #10561, pages 34 and 50

Regarding the table above, the reviewer is unable to confirm the validity of the above table or if it is relevant to circumstances currently present in HSA 9B.

HPBC utilizes the U.S. Census/American Community Survey to indicate economic/health insurance characteristics (as a percent in 2017) regarding unemployment in the civilian labor force, median household income, civilian uninsured rates, families living in poverty and the population age 65+ living in poverty, for each county in HSA 9B and in Florida overall. See the table below.

Service Area 9B 2017 Economic/Health Insurance Profile

County/Area	2017 Unemployment (Civilian Labor Force)	2017 Median HH Income	2017 Percent Uninsured (Civilians)	2017 Percent Families Living in Poverty	2017 Population Age 65+ Living in Poverty
Martin	6.5%	$55,588	12.3%	6.7%	6.3%
Okeechobee	9.0%	$35,059	18.0%	15.5%	13.1%
St. Lucie	7.6%	$47,132	15.1%	12.2%	10.1%
Total Service Area 9B	7.2%	$50,883	14.9%	11.1%	10.3%

Source: CON application #10561, pages 35 and 50

The applicant notes that the economic weakness in Okeechobee County will require that any hospice provider attempting to serve that county to support a higher than average level of Medicaid and under-funded/ unfunded hospice care in order to expand access to needed hospice services.

The applicant maintains that for the 12 months ending June 30, 2018, non-cancer deaths (for both the under age 65 as well was the age 65+ population) was significantly greater than cancer death for these same

two age cohorts (CON application #10561, pages 35 and 51). HPBC points out that for each of the three existing hospice providers in HSA 9B and for the service area overall, there were more non-cancer age 65+ admissions (2,085) than any other reported admission cohort—with all admissions, all cohorts, totaling 3,565. The applicant notes that it had a higher percentage of non-cancer admits as a percentage of total admits (71 percent), which was greater than any existing HSA 9B provider and greater than the overall Florida average (70 percent), for the same period. According to HPBC, this points to a significant service gap in supporting non-cancer end-of-life patients within HSA 9B.

The applicant concludes that the data indicates that a new hospice in HSA 9B will need to admit more non-traditional/non-cancer patients and that HPBC currently has active programs in support of non-cancer patient hospice services along with active community education/ community awareness programs that will facilitate the expansion of hospice care to these underserved diagnostic categories.

HPBC estimates 200 admissions in year one and 350 admissions in year two for the proposed project.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) asserts that commitment, quality and experience set it apart from its competitors and that the following list summarizes the benefits to HSA 9B residents upon approval of CON application #10562:

- Initial need assessment documents SHPTC is the best applicant based on the following facts:
  - Knowledge of the area, its people and its needs
  - Ability to tailor programs to meet specific needs
  - Commitment to minorities through diversity training and representation
  - Ability to attract and support a strong workforce
- SHPTC will improve access to underserved populations, including:
  - Residents of Okeechobee County by establishing a physical presence and dedicate funding toward initial recruitment and retention
  - Minority populations, including African-Americans and Hispanics
  - Homeless persons, providing funding for a Homeless Program

- SHPTCT will support the workforce and improve quality through educational opportunities through the Center for the Advancement of Palliative Medicine in the Treasure Coast, offering the following services:
  - Establish an African-American Advisory Board and a Hispanic Advisory Board to ensure cultural competence, identify underserved communities and improve access to hospice care
  - Provide training opportunities for nurses and social workers by offering continuing education units for hospice staff within the service area
  - Offer internships for social workers, music therapists, art therapists, bereavement counselors, chaplains and medical assistants within HSA 9B
  - Educate the medical community about the importance of hospice care through development of the "Compassionate Allies" program, resulting in the ability to enroll patients sooner for increased hospice benefit
- SHPCTC will improve quality, filling gaps in coverage through:
  - "Palliative Care" program
  - Resident-centered care
  - Partnerships with the health care community
  - Joint Commission accreditation
  - Services and Advocacy for Gay Elders (SAGE) platinum certification
  - Ability to improve the enrollment process and service through access to the Seasons Call Center which operates 24 hours a day/7 days a week with registered nurses
  - 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 electronic medical records
  - "Open Access" program which provides palliative therapies beyond the scope of service of many hospice programs, such as, but not limited to:
    - Blood transfusions
    - Chemotherapies
    - IV nutrition and medication
    - Ventilator support
  - "Namaste Care" program which improves care for persons with Alzheimer's disease and dementia
  - "No One Dies Alone" policy—providing additional support during the final weeks of life to assure no one dies alone
  - Numerous innovative programs and services to improve care

- SHPCTC will benefit the community through charity
  - Annual contributions to the non-profit Seasons Hospice Foundation, restricted for use in HSA 9B for wish fulfillment (funding of wishes that enhance quality of life), emergency relief (funding basic needs such as food and shelter for the homeless) and Camp Kangaroo (children's grief camp)
  - Seasons does not actively solicit donations and would therefore not compete with existing non-profit hospice programs for fundraising dollars

SHPCTC asserts that its assessment of HSA 9B shows gaps in service where it excels. The applicant notes that its commitment, quality and experience sets it apart from its competitors. SHPTCTC contends that compared to other co-batched applicants, it will fill the widest range of needs, fulfilling numerical need, service/quality gaps and attracting/educating health care professionals. The applicant contends that the proposed education center will change community misconceptions about hospice care, bridging the gaps by engaging the community and its residents.

The applicant indicates that Martin and St. Lucie Counties are one metropolitan statistical area (MSA) and that Okeechobee County is a separate MSA. SHPCTC contends that due to these two different MSAs, residents of HSA 9B do not have a high degree of social or economic interaction with other counties outside of the Port St. Lucie MSA. The applicant maintains that co-batched applicants operating hospice programs in adjacent service areas proposing to extend service into 9B do not necessarily have an advantage over other applicants and any applicant claiming linkage to the HSA 9B service area is diminutive without established relationships and programs targeted to those in need. SHPCTC states having initiated dialogue with providers and community representatives in HSA 9B.

Regarding population growth, SHPCTC utilizes the Florida Legislature Office of Economic and Demographic Research to show population growth within certain cities (as well as unincorporated areas), by county, within HSA 9B, from April 1, 2010 to April 1, 2018. Based on its analysis, the applicant states that St. Lucie County is the largest in terms of population and that Port St. Lucie is the largest city. SHPCTC points out that, "Centrally located within the planning area, Seasons will establish its main office here".

The applicant utilizes the Agency's "Florida Population Estimates and Projections by AHCA District 2010-2030", issued February 2015, to show the HSA 9B population estimated growth by county and for Florida

overall, by age cohort from July 1, 2018 to July 1, 2023. The reviewer notes that the applicant especially discusses the age 65+ population growth estimates. The reviewer reproduces only the five-year population increase estimates and population growth rates from the applicant's Table 1-2. See below.

5-Year Population Increase Estimates and Compound Annual Growth Rates
July 1, 2018 to July 1, 2023
Hospice Service Area 9B and Florida

	5-Year Population Increase				5-Year Population Growth Rate			
County/Area	**0-17**	**18-64**	**65+**	**Total**	**0-17**	**18-64**	**65+**	**Total**
Martin	86	1,066	6,133	7,285	0.3%	1.3%	13.0%	4.6%
Okeechobee	2	440	671	1,113	0.0%	1.8%	8.8%	2.7%
St. Lucie	5,629	18,046	11,011	34,686	8.3%	9.9%	16.2%	10.9%
9B Total	**5,717**	**19,552**	**17,815**	**43,084**	**5.6%**	**6.7%**	**14.5%**	**8.3%**
Florida	206,273	524,268	611,944	1,342,485	4.9%	4.2%	15.0%	6.5%

Source: CON application #10562, page 1-14, Table 1-2 (partial)

The reviewer notes that according to the applicant's table above, St. Lucie County has the largest age 65+ population growth (11,011 residents) and the greatest age 65+ population growth rate (16.2 percent) in HSA 9B.

SHPCTC provides a map of four grouped population cohorts in HSA 9B counties by ZIP Code (CON application #10562, page 1-15, Figure 1-4). The applicant emphasizes that the population within HSA 9B is centered near Port St. Lucie within St. Lucie County. SHPCTC notes its experience in serving both large urban cities and rural areas. The applicant particularly comments on its 24/7 call center, stating that the call center is key to reaching a hospice representative at any time of day or night, any day of the week.

The applicant notes that it builds a hospice program around the needs of a service area, unlike other hospice providers that bring a service package to a community and hopes that it will be a good fit. According to the applicant, "No other co-batched hospice applicant knows Service Area 9B better than Seasons".

SHPCTC asserts that the Agency's published need for a new hospice program in HSA 9B reflects that the greatest hospice service need is among those with a non-cancer diagnosis in the 65+ age cohort. The applicant notes its strong track record of reaching the elderly and non-cancer patients having a variety of illnesses. The applicant indicates that among Seasons' four existing programs in Florida, 2,011 admissions (65.2 percent) were non-cancer among the age 65+ hospice admission population. According to data provided by the applicant for the same period, Seasons combined Florida hospice programs show 88.4 percent

of admissions were for patients age 65+ (all diagnoses including cancer) with 70.2 percent admissions being non-cancer. SHPCTC maintains that it has support from numerous ALFs and SNFs where the elderly reside.

The applicant notes the following are gaps in service and factors contributing to unmet need in HSA 9B:

- Gaps in service identified by residents
  - Lack of palliative care program
  - Lack of 24/7 on call nursing availability during a crisis
  - Lack of staffing
  - Need for patient choice and innovative programs
- Rural and minority populations
  - Okeechobee County
  - African-American population
  - Hispanic population

SHPCTC asserts that it excels at serving vulnerable populations and is equipped with programs to serve a wide range of health needs, benefiting the following groups:

- Vulnerable subpopulations
  - Homeless
  - Veterans
- Disease prevalence
  - Alzheimer's
  - HIV/AIDS
  - Heart disease

Regarding each unmet hospice need in the proposed area, the applicant states having a comprehensive solution and "an alternative to the norm". SHPCTC restates many of its Schedule C conditions.

SHPCTC provides two tables which indicate that of the three HSA 9B counties, Okeechobee County residents particularly have lower than expected penetration rates, relative to the remaining counties in the HSA and relative to Florida overall. The applicant offers a table (CON application #10562, page 1-26, Table 1-7) to indicate that Okeechobee County residents are more likely to die in the hospital than receive hospice care unless they are discharged from Raulerson Hospital within Okeechobee County. The applicant notes that Okeechobee's ratio of total hospice discharges to in-hospital deaths is 1.1, lower than the ratio for Martin County residents, at 1.9 and St. Lucie County residents, at 1.5. According to SHPCTC, this represents a discontinuity of hospice care, with Martin County residents accessing hospice care more readily than either St. Lucie or Okeechobee residents.

The applicant maintains that it will work with all area hospitals to educate physicians, nursing staff and discharge planners of the availability of its program throughout the three-county area, providing continuity of care and improving access.

Regarding staffing, SHPCTC indicates that HSA 9B hospices experience staffing challenges and that through awareness, training and education, it will bring experience in attracting staff to serve in new areas.

The applicant discusses and provides documentation from the website https://data.hrsa.gov/tools/shortage-area/hpsa-find, that all three HSA 9B counties have Health Professional Shortage Area (HPSA) designations. The Agency notes that HPSAs are declared pursuant to rules regulated by the USHHS, Health Resources and Services Administration (HRSA). The reviewer confirms that according to the website shown above, each HSA 9B county has some form of HRSA-issued HPSA. SHPCTC notes that while there is no federal or state designation for hospice shortage, it follows that areas qualifying for a particular shortage will have shortages of other health care workers in the market.

SHPCTC states that solutions to improve hospice access to Okeechobee residents include:

- Establishing a physical presence within Okeechobee
- Innovative recruitment and retention initiatives
- Education and training of health professionals, students and the general public

Seasons provides more narrative descriptions of these stated solutions on pages 1-28 thru 1-32 of CON application #10562.

Regarding the avoidance of inpatient transfers, the applicant states that it strives to keep patients in their homes where they are more comfortable and have their family surrounding them, utilizing continuous care when appropriate under the hospice benefit. The applicant reiterates its “No One Dies Alone” and its “Volunteer Vigil” programs.

Regarding the use of technology and telemedicine, SHPCTC maintains that its staff’s ability to access the medical record electronically and the ability to ask questions of each other via wireless devices means that the patient and their family remain the focus and center of care.

SHPCTC reiterates its plans to establish a palliative care program and “Open Access” program on pages 1-35 thru 1-37 of CON application #10562.

Regarding race and ethnicity in HSA 9B, the applicant utilizes the University of Florida, Bureau of Economic and Business Research, Bulletin 181 (June 2018) to show 2017 and 2020 population estimates by race and ethnicity for HSA 9B and Florida. The reviewer reproduces only the 2020 population estimates. See the table below.

2020 Population Estimates by Race and Ethnicity
Service Area 9B by County and Florida

County/Area	White	African-American	Other	Total	Hispanic
Martin	144,378	9,681	4,359	158,418	24,685
Okeechobee	37,176	3,780	1,051	42,007	11,695
St. Lucie	237,872	68,502	8,621	314,995	62,726
Service Area 9B	**419,426**	**81,963**	**14,031**	**515,420**	**99,106**
Florida	16,854,375	3,863,341	808,831	21,526,547	5,776,546
Percent					
Martin	91.1%	6.1%	2.8%	100.0%	15.6%
Okeechobee	88.5%	9.0%	2.5%	100.0%	27.8%
St. Lucie	75.5%	21.7%	2.7%	100.0%	19.9%
Service Area 9B	**81.4%**	**15.9%**	**2.7%**	**100.0%**	**19.2%**
Florida	78.3%	17.9%	3.8%	100.0%	26.8%

Source: CON application #10562, page 1-39, Table 1-8 (partial)

SHPCTC contends that the numbers in the table above are significant, warranting attention and outreach efforts to assure equality in access. The applicant stresses that need for health services is expected to increase for minorities in the future.

The applicant utilizes the "2017 Annual Hospice Demographics and Outcome Measures Report" from DOEA to indicate, that in 2017, Seasons combined hospice programs served a greater number of African-American, a greater number of Hispanic and a greater number of other-race/other-ethnic groups than the combined existing HSA 9B hospice programs. SHPCTC maintains that admission data shows the existing programs in HSA 9B do not reflect the population they serve.

SHPCTC maintains that penetration rates are low across the board for all races in Okeechobee County, with only 17.4 percent of African Americans receiving hospice prior to death, 26.5 percent of Hispanics receiving hospice care and 42.3 percent of Caucasians receiving hospice care, demonstrating an entire county far below statewide averages, especially for minority populations. In order to address community outreach and diversity training to reach these underserved racial/ethnic groups in the proposed HSA, SHPCTC reiterates its Schedule C Condition #3.a.

The applicant maintains that religious affiliation can affect how persons approach hospice care or how receptive to the program they become. SHPCTC provides a brief description of each of what the applicant considers to be supportive spiritual care efforts:

- Person-to-person support
- Family concerns
- Direct cooperation with local clergy
- Educational support groups
- Written resources

SHPCTC identifies 38 religions represented among its admissions nationally in 2017 (CON application #10562, page 1-45, Figure 1-7). The reviewer notes that of the stated 25,231 admissions the 10 highest denominational affiliations, in descending order are: Catholic, Christian, Baptist, Protestant, Methodist, Jewish, Lutheran, Non-Religious/ Spiritual, Presbyterian and Nondenominational.

Concerning the homeless population, the applicant utilizes Clartitas Population Estimates 2018 and the 2018 "Council of Homeless Annual Report-Table 7: Homeless Point in Time (PIT) Counts", to indicate that the 2018 HSA 9B homeless population was 1,145 persons. SHPCTC emphasizes that HSA 9B has a higher percentage of homeless than the statewide average, with St. Lucie County with the largest number of homeless (784) and the highest percentage (0.25 percent). The applicant reiterates its Schedule C Condition #s 6 and 7. See the table below.

Homeless Point in Time Counts and
Total Population by County
Hospice Service Area 9B and Florida – 2018

County/Area	2018 Total Population	SW Rank	2018 Homeless PIT Counts	SW Rank	Homeless Percent	SW Rank
Martin	160,699	31	311	28	0.19	15
Okeechobee	41,368	45	50	43	0.12	29
St. Lucie	312,467	21	784	11	0.25	12
9B Total	**514,534**		**1,145**		**0.22**	
Florida	21,107,181		29,717		0.14	

Source: CON application #10562, page 1-46, Table 1-13

Regarding the assurance of service to Veterans, SHPCTC states a commitment to serve Veterans, participating in the national "We Honor Veterans" program, partnering with the local VA offices (including the new Ardie R. Copas State Veterans Nursing Home currently under development) to serve terminally ill Veterans with honor and respect.

The applicant utilizes the Agency's "Florida Population Estimates and Projections by AHCA District 2010-2020", issued February 2015 and the US Department of Veterans Affairs to indicate that, as of 2017, HSA 9B

had 41,529 Veterans and of these, 26,211 (or 63.1 percent) were age 65+. SHPCTC indicates that this total Veteran population percent and age 65+ percent is greater than the state average. See the table below.

2017 Population Estimates and Veterans in Hospice Service Area 9B
Percent of Total Population and Age Cohort 65 Years and Older

Area	Total Population	Total VA Population	Percent VA	Population 65+	VA Population 65+	VA Percent 65+
Service Area 9B	**507,241**	**41,529**	**8.2%**	**118,650**	**26,211**	**63.1%**
Florida	20,382,303	1,525,400	7.5%	3,946,081	789,717	51.8%

Source: CON application #10562, page 1-50, Table 1-14 (partial)

SHPCTC discusses the "We Honor Veterans" program, stating that all Seasons hospice programs nationwide participate in the program. The applicant notes that it will contact the local Veterans Services Division and the Department of Veterans' Affairs, Ardie R. Copas State Veterans' Nursing Home in Port St. Lucie, upon opening. SHPCTC includes information about serving Veterans in CON application #10562, Tab 10-Additional Information.

The applicant identifies the leading causes of death (in 2017) among HSA 9B and Florida overall, noting that HSA 9B has proportionately larger numbers of residents dying from eight of the top 10 causes that benefit from hospice care, including higher percentages for the following:

- Heart disease
- Cancer
- Chronic lower respiratory diseases
- Stroke
- Alzheimer's disease
- Diabetes
- Nephritis
- Chronic liver disease/Cirrhosis

SHPCTC notes that it has programs specifically designed for heart disease, cancer, Alzheimer's/related dementias and HIV/AIDS. The applicant references its Schedule C Condition #4. The applicant also discusses suicide prevention and managing the opioid crisis on pages 1-53 thru 1-55 of CON application #10562.

The applicant offers forecasted hospice admissions and patient days for year one (CY 2020) at 208 admissions/11,411 patient days and year two (CY 2021) at 422 admission/25,300 patient days. The reviewer notes that these years are consistent with the applicant's Schedule 10. See the table below.

Forecasted Hospice Admissions for First Two Years in Service Area 9B And the Expected Number of Admissions to Seasons

	Projected Hospice Patients CY 2020			Seasons' Admissions CY 2020 – Year 1 Market Share 5%			Seasons' Patient Days CY 2020 – Year 1 ALOS = 55		
Cause of Death	**0-64**	**65+**	**Total**	**0-64**	**65+**	**Total**	**0-64**	**65+**	**Total**
Cancer	297	978	1,273	15	49	64	810	2,688	3,498
Other	235	2,642	2,877	12	132	144	646	7,267	7,913
Total	**530**	**3,620**	**4,150**	**27**	**181**	**208**	**1,456**	**9,955**	**11,411**
	Projected Hospice Patients CY 2020			**Seasons' Admissions CY 2021 – Year 2 Market Share 10%**			**Seasons' Patient Days CY 2021 – Year 2 ALOS = 60**		
Cause of Death	**0-64**	**65+**	**Total**	**0-64**	**65+**	**Total**	**0-64**	**65+**	**Total**
Cancer	299	993	1,292	30	99	129	1,796	5,960	7,756
Other	239	2,685	2,924	24	269	293	1,433	16,111	17,544
Total	**538**	**3,678**	**4,216**	**54**	**368**	**422**	**3,229**	**22,071**	**25,300**

Source: CON application #10562, page 1-56, Table 1-16 and page 2-33, Table 2-6

SHPCTC contends that its model produces results that reflect a reasonable expectation of what is attainable. The applicant utilizes its own data regarding its recent national and Florida experience to illustrate that its growth in Tampa (achieving 244 admissions in the first year) and in Broward (achieving 833 admissions in the second year) exceeded its respective projections.

The applicant maintains that the proposed service will have no adverse impact in HSA 9B relative to existing hospice programs.

Visiting Nurse Association of Florida, Inc. (CON application #10563) asserts that VNAF is the best candidate because it is an established non-profit health care provider that can improve the patient care continuum locally and across county lines. The applicant asserts that VNAF possesses unique characteristics to develop a first-class operation on an accelerated timeline for the following reasons:

1. Established Service Area Provider: VNAF is the preeminent health care and home care provider serving Martin, Stuart[5] and Okeechobee Counties since 1976. The applicant runs the Visiting Physicians of the Treasure Coast medical group, an advanced illness management program and operates three ALFs in the HSA. Our presence in HSA 9B has a number of significant benefits, including:

[5] The reviewer notes that the City of Stuart is not a county but is a city located in Martin County, Florida.

a. Community Reputation/History: VNAF will benefit from its history, background and sterling in the service area. With name recognition, provider trust, local staff/resources and deep community roots—we are the natural selection for a new hospice provider.
b. Office Locations: VNAF will quickly develop office locations at existing office sites in the City of Stuart and within the city/county of Okeechobee. VNAF will also develop a new office location in St. Lucie County. This will expand the presence, visibility and effectiveness for hospice services for the new program, thereby increasing patient capture and meeting the needs of the community.
c. Internal Patient Referrals: With over 6,500 patient admissions from the service area annually, VNAF's home health agency drives hundreds of direct and indirect admissions to hospice care on an annual basis.
d. External Patient Referrals: In addition to our internal referrals, the leading community health care providers, such as Martin Health System, St. Lucie Medical Center and Hematology Oncology Associates of the Treasure Coast, trust our organization to provide quality, best-in-class care and will be strong partners in ensuring patients will have access to hospice services.
e. Indigent Populations Connections: VNAF already operates a free mobile clinic serving over 3,000 indigent patients that provides care, education and outreach to HSA 9B. We will be able to quickly increase hospice education and service offerings through this clinic.
f. Veteran Population Connections: VNAF has a strong connection to the Veteran community, having provided care to over 860 Veteran patients in 2017 alone.
g. Large/Skilled Workforce: VNAF has a large, skilled workforce to quickly meet labor demands.
    i. Over 700 active RNs, LPNs and HHAs on staff statewide
    ii. Nearly 80 therapy staff and medical social workers on staff statewide
    iii. Physicians and APRNs on staff, including those with hospice care experience
    iv. Administrative leadership with hospice experience

2. Sister Organizational Support: VNAF will receive hospice program development and operational support and guidance from its sister organization in Indian River County, VNA Hospice of the Treasure Coast, which is one of the premiere hospice agencies in the state and nation, scoring above 99 percent on six out of seven care quality metrics tracked by the DOEA. Benefits of their support will include:

a. Program Development: VNA Hospice of the Treasure Coast will provide VNAF with support on best practices, educational materials and key program care design decisions.

b. Coordinated Cross-County Care: Already closely aligned as community partners across the county lines from St. Lucie to Indian River County for home health care, VNAF and VNA Hospice of the Treasure Coast are dedicated to a seamless care continuum for hospice services for patients crossing county borders. While other applicants often claim to coordinate care across neighboring counties, this is most often directed toward their own operations. Instead of using a strategy for increasing internal market share, VNAF will continue its coordination of care with existing providers within and HSA 9B.

3. Completing the Care Continuum: VNAF is seeking to build the care continuum and connect established home health, comfort care, advanced illness management and primary care programs to hospice care. No other applicant or existing program in HSA 9B region can match this vision. As a hospice provider, we will develop our advanced illness management program into a true palliative care program to fill the void left by the current hospice provider in the region. Adding hospice and palliative care to our organization's care continuum is a critical issue and the key reason we are seeking the proposed service.
Navigating the nuance of home health, home care, primary care, palliative care and hospice is always a challenge, especially when communicating with different providers for each service. VNAF is committed to providing a continuum of care that integrates all services. With the approval of VNAF, we will be able to offer a more complete continuum of care for patients in the market. As research demonstrates, this will be a benefit to patients, their families and the area providers by improving patient experiences, patient outcomes, and reducing provider burden.

4. Best Practices in Hospice Operations: VNAF will meet or exceed the performance standards and service offerings of the other applicants. In addition to the support from VNA of the Treasure Coast, the proposed program will have the highest standards of excellence, including:

a. The Joint Commission: VNAF will obtain accreditation through The Joint Commission, ensuring the program not only meets, but exceeds the standards set by CMS and the State of Florida.

b. National Hospice and Palliative Care Organization (NHCPO): VNAF will follow industry best practices through NHPCO and other national and local organizations that provide up to date research and guidance on hospice services.

c. Alternative Therapies: VNAF is committed to providing a full range of alternative therapies that have become industry standard, including aromatherapy, pet therapy, massage therapy and music therapy options.

d. Specialized Outreach Programs: VNAF will build upon the existing mission of Visiting Nurse Association of Florida, Inc., to serve all patients regardless of age, sex, religious affiliation, national origin or disease with a wide range of quality care, regardless of ability to pay, to the residents of HSA 9B. VNAF will operate programs to serve:
   i. African-American patients
   ii. Latino/Hispanic patients
   iii. Jewish patients
   iv. Veterans patients
   v. HIV/AIDS patients
   vi. SNF patients
   vii. ALF patients

5. Non-Profit Mission/For-Profit Efficiencies: VNAF has the mission and resources of a well-funded non-profit organization. Importantly, we also have a for-profit focus on operational efficiencies. We run our business to maximize patient outcomes to ensure we are maximizing our resources in support of our mission. For-profit entities seeking program approval often make assertions in their favor regarding increasing competition, donor resources and business scale to disparage the viability of non-profit applicants. VNAF is not seeking to garner more support from the public to fund the hospice program.

The applicant indicates that in addition to the Agency's numerical fixed need determination of a need for an additional hospice program in HSA 9B, existing hospices in HSA 9B experienced a 9.18 percent decline in admission (3,891 admissions for the 12 months ending June 30, 2016 compared to 3,564 admissions for the 12 months ending June 2018). VNAF compares this decline against the 6.19 percent increase in death from 2015 to 2017 (5,394 deaths in 2015 compared to 5,750 deaths in 2017). The applicant maintains that these problems will become exacerbated without a hospice provider that is able to connect with the community to provide hospice services.

VNAF notes that the HSA 9B's total population will continue to grow for all age cohorts and the highest growth rate for any single age cohort will be among the age 65+ population in St. Lucie County (a growth rate of 3.03 percent). The reviewer reproduces only the five-year growth rate estimate. See the table below.

HSA 9B Total Population Growth

	Five-Year Increase 2020-2025 by Age Cohort				Annual Growth Rate by Age Cohort			
County/Area	**01-14**	**15-64**	**65+**	**Total**	**0-14**	**15-64**	**65+**	**Total**
Martin	510	1,498	6,520	8,528	0.50%	0.33%	2.48%	1.04%
St. Lucie	5,273	20,116	11,741	37,130	1.72%	1.89%	3.03%	2.11%
Okeechobee	60	540	762	1,362	0.15%	0.41%	1.85%	0.64%
District 9B	5,843	22,154	19,023	47,020	1.30%	1.34%	2.75%	1.68%

Source: CON application #10563, page 40 [partial]

The applicant indicates that by 2020, HSA 9B is expected to require hospice for 1,272 patients with cancer deaths and 2,876 patients with non-cancer deaths--total deaths of 4,148. See the table below.

HSA 9B Net Need for Cause of Death and Age

Variable	**Cancer Under 65**	**Cancer 65+**	**Other Under 65**	**Other 65+**	**Total**
Projected Hospice Patients 1/20-12/20	295	977	235	2,641	4,148
Percentage of Total	7.11%	23.55%	5.67%	63.67%	100.00%

Source: CON application #10563, page 41

VNAF ranks causes of death, most frequent to least frequent, among 27 causes in HSA 9B. The reviewer notes that according to the applicant's table, among the top five major/leading causes of death, by rank order, in HSA 9B overall, for CY 2017, are as follows:

- Heart disease or cancer are the first or second leading cause
- All other natural cause is the third leading cause
- Chronic lower respiratory disease is the 4th leading cause
- Stroke or unintentional injury is the 5th leading cause

The applicant contends that, as demonstrated within its services outline, it already has extensive experience in managing complex diseases for a diverse patient population.

VNAF reiterates its "Community Champions" program, bilingual support and being a key community health care connection for the homeless population. The applicant provides the table below to illustrate populations within the counties that comprise HSA 9B. The reviewer excludes the Florida overall totals and percentages. See the table below.

District 9B Population by Group

Group/ Population	Martin County	Percent	St. Lucie County	Percent	Okeechobee County	Percent
Total Population	153,022		297,634		41,140	
African Americans	8,997	6.0%	61,547	21.0%	3,685	8.9%
Hispanics	21,165	14.0%	53,735	18.4%	10,628	26.0%
Homeless	311,	2.0%	784,	2.6%	158	3.8%
Veterans	13,168	8.6%	24,181	8.1%	2,737	6.7%

Source: CON application #10563, page 42 (partial)

VNAF estimates 2020, 2021 and 2022 total hospice admissions in HSA 9B of 4,148 (2020), 4,219 (2021) and 4,289 (2022), based on the following assumptions:

- The death rate would remain constant as applied to the 2020 need projections
- Maintain the death rates by category as documented for 2017
- Apply the statewide use rates for hospice for January 2020

VNAF provides a detailed table to account for the 2020, 2021 and 2022 projected need/volume estimates for HSA 9B. See the table below.

Death Rate 9B: 0.011271

			2020	2021	2022
Population			533,507	542,470	551,583
Projected Deaths			6,013	6,114	6,217
	Under 65	**65+**	**Under 65**	**65+**	**Total**
Resident Deaths in 2017	320	989	936	3,504	5,749
	Cancer		**Non-Cancer**		
Projected Deaths	**Under 65**	**65+**	**Under 65**	**65+**	**Total**
2020	335	1,034	979	3.665	6.013
2021	341	1,051	995	3,727	6,114
2022	346	1,069	1.012	3,789	6,216
Statewide Use Rate	0.88	0.945	0.24	0.721	
	Cancer		**Non-Cancer**		
Projected Need/Volume	**Under 65**	**65+**	**Under 65**	**65+**	
2020	295	977	235	2,642	**4,148**
2021	300	993	239	2,687	**4,219**
2022	304	1,010	243	2,732	**4,289**

Source: CON application #10563, page 43

The applicant projects a conservative estimate of expected market share of around 7.5 percent in the first 12 months of operation and approximately 12 percent in the second 12 months of operation for the proposed hospice. VNAF indicates having considered its "brand presence within the community" and that its current home health and physician services generate a significant amount of hospice patient referrals on an annual basis. The applicant maintains, that taking all these factors into

consideration, and given the declining volume at existing providers over recent years, the applicant expects 310 admissions in year one and 505 admission in year two. See the table below.

VNA Hospice	Patient Admissions	Patient Days
Year One (~7.5% of Hospice Need)	310	15,500
Year Two (~12% of Hospice Need)	505	25,250

Source: CON application #10563, page 43

VNAF anticipates no negative impact upon the viability and ongoing operations of the current HSA 9B providers as the proposed services will "serve to close the gap between need and service provision within the community today". Based on the applicant's estimates, the year one VNAF Hospice admissions of 310 in year one and 505 in year two, 3,838 admissions will remain for existing HSA 9B providers in year one and 3,714 in year two, repectively.

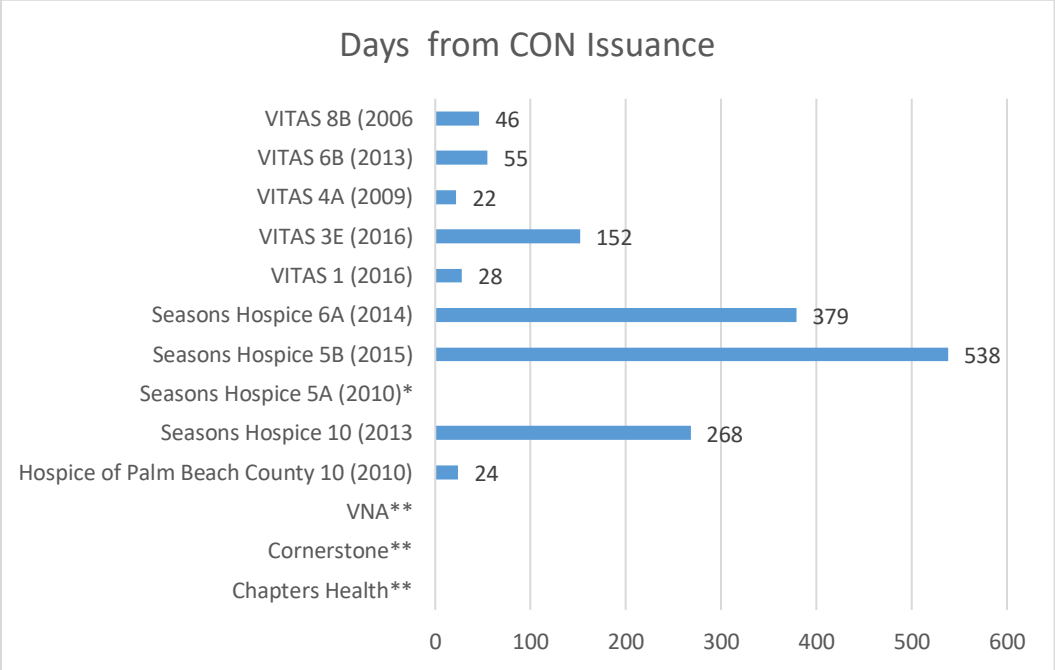
VITAS Corporation of Florida (CON application #10564) presents a summarization of proposed special programs tailored to meet the needs in HSA 9B (pages 3 thru 5 of the application). The reviewer notes that these stated needs and solutions are reiterations of portions of the applicant's Schedule C conditions.

VITAS presents arguments as to why it is the right choice for HSA 9B. Per the applicant, to succeed in a market with three well-established providers, the hospice approved by the Agency to enter HSA 9B must not only provide high quality care but also quickly establish itself as a trustworthy provider. According to VITAS, doing so requires experienced staff, developing relationships with physicians and community organizations, and negotiating contracts with hospitals, SNFs and ALFs. The applicant contends that it has the resources, the Florida experience and the national credibility to achieve success as a hospice provider in HSA 9B.

The applicant notes that it will quickly start the proposed program and has repeatedly shown the Agency that it can quickly establish a hospice program, increase an HSA use rate, meet all the conditions of its application and not adversely affect existing hospice providers . VITAS comments that it is the applicant that the Agency can count on to meet the specific needs in HSA 9B.

VITAS provides the following chart to compare the time from final Agency approval to licensure for VITAS and the competing (co-batched) applicants. The reviewer notes that according to the applicant's graph below, of the five VITAS startups referenced, the most days from CON issuance to licensure was 152 days for VITAS 3E (2016), the fewest days

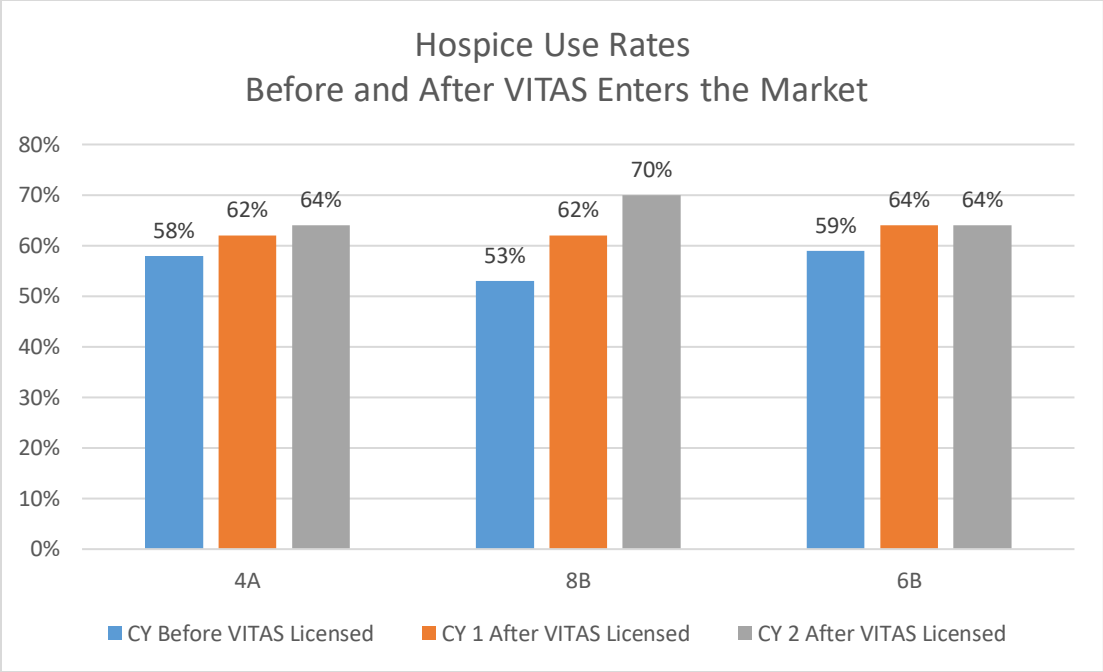
was 22 days for VITAS 4A (2009) and the median number of days was 46 days for VITAS 8B (2006). The reviewer does confirm that VITAS expeditiously licenses new service areas when a CON has been issued. See the chart below.



* Preliminary decision issued 8/17/18
** No hospice startups since 2008
Source: CON application #10564, page 23

The applicant maintains that adding a hospice in a service area has two public benefits: increasing the use of hospice services and increasing consumer choice.

Regarding hospice use rates before and after VITAS enters the market, the applicant provides the following graph to indicate the hospice use rates in HSAs 4A, 8B and 6B before VITAS was licensed, one year after VITAS was licensed and two years after VITAS was licensed. See the graph below.



Source: CON application #10564, pages 24 and 101

The applicant produces a chart to indicate that hospice admissions as a percent of deaths in HSA 9B decreased by over 10 percent from 2009 to 2017. VITAS maintains that it studied the needs of HSA 9B to determine how to design hospice outreach and clinical programming at the end-of-life. The applicant briefly describes the special programs that VITAS proposes to provide to meet HSA 9B's hospice needs.

The reviewer notes that VITAS offers programs and targets the following populations as being in need, with each targeted group being briefly discussed below:

- Residents with chronic lower respiratory disease diagnosis
- Residents with cardiac disease diagnosis
- An overall substantially lower hospice ALOS
- Homeless residents
- Food-insecure residents
- Okeechobee County residents
  - Lower education attainment
  - Higher percentage of residents with household incomes under $35,000
- African American residents and particularly the age 65+ African American population in St. Lucie County
- Veterans
- Hospice representation in the Treasure Coast Health Coalition
- ALF outreach

- Education grants for area colleges/universities/training facilities for future health care workers focused on end-of-life and hospice care

VITAS notes that the percent of hospice beneficiaries with a chronic lower respiratory disease diagnosis was 10.8 percent in HSA 9B, compared to a Florida average of 13.0 percent and that overall, the percent of residents deaths (age 65+) was 8.8 percent, compared to a Florida average of 7.0 percent. See the table below.

Percent of Hospice Patients and Resident Deaths with a Chronic Lower Respiratory Disease

	Martin	Okeechobee	St. Lucie	9B	Florida
Percent of Hospice Beneficiaries with Diagnosis	13.2%	6.1%	9.7%	10.8%	13.0%
Percent of Resident Deaths, 65+	9.7%	4.7%	8.8%	8.8%	7.0%

Source: CON application #10564, pages 31 and 79

The applicant conditions to provide the VITAS "Pulmonary Care" program in Schedule C Condition #1 in the application and references its Tab 2-VITAS Materials on COPD. VITAS discusses common issues for pulmonary hospice patients and how VITAS addresses them (page 32 of the application). The applicant notes that its approach to pulmonary care in HSA 9B includes six components:

- Condition on staff training and education on unique issues for pulmonary patients
- Condition on employing a respiratory therapist
- Condition on health care provider education
- Condition on health care provider input
- Condition on community education
- Providing caregivers with exacerbation training and access to the Telecare program

VITAS utilizes "Excel Health, 2017 Q2-2018 Q1" to indicate that for each county in HSA 9B, patients who were treated by a cardiologist and who ultimately received hospice care had significantly shorter ALOSs. The reviewer notes that according to the applicant's table, no HSA 9B county with residents having a cardiac diagnosis had a hospice ALOS greater than 16.5 days compared to a national ALOS of 79 days. See the table below.

Average Length of Hospice Stay for Medicare Fee for Service Patients Discharged by Cardiologists

	ALOS (in days)	ALOS as Percent of National Average
Martin County	16.5	20.9%
Okeechobee County	8.6	10.9%
St. Lucie County	14.2	18.0%
National Average	79	100%

Source: CON application #10564, page 35

The applicant contends that Medicare Fee for Service (FFS) patients' hospital readmission rates are also higher than the state average for all but one hospital in HSA 9B. VITAS asserts that these metrics can be improved by targeted diagnosis outreach to area practitioners, improved are for cardiac patients and community education through the VITAS Cardiac Care program.

VITAS conditions to provide the VITAS Cardiac Care program in Schedule C Condition #2 in the application and references its Tab 3-Cardiac Resource Binder. The reviewer notes that the applicant's Tab 3 includes the VITAS Cardiac Program Resource Manual, as well as other cardiac materials. The applicant indicates that the VITAS Cardiac Program Resource Manual is being revised and will be used in HSA 9B. The applicant asserts that its care plans allocate the staffing necessary to admit all appropriate cardiac patients even if they have more complex care needs. The reviewer notes that the applicant offers a brief listing of eight more complex care needs (page 38 of the application). VITAS highlights how it addresses cardiac patients' caregivers' needs and offers a brief explanation of five modules that it utilizes:

- Caregiver education and training
- Help with difficult decisions
- Nurses available by phone 24/7
- Respite care
- Emotional and spiritual assistance

The applicant indicates that part of its Tab 3 (Cardiac Program Resource Manual) includes materials for caregivers, "What I Need to Know About":

- Implanted defibrillators
- Pacemakers
- Heart failure
- Low-sodium diets
- Energy-saving techniques

VITAS points out that when the needs of patients and caregivers are not met through standard hospice procedures and the issues go beyond those that can be resolved using Telecare, intensive "Continuous Care" is

available for appropriate patients. The applicant referenced CON application #10564, Tab 41-Continuous Care Information. The reviewer notes that within this applicant tab, among other materials, is written material on:

- Intensive comfort keeps patients comfortable at home
- Intensive care presentation

The applicant discusses additional steps and processes to address the hospice needs of patients with a cardiac diagnosis, including:

- Staff training
- Steps to cardiac competency for VITAS chaplains and social workers
- Provider input
- Health care provider and community education

Regarding the homeless population and rates of the homeless in HSA 9B, the applicant utilizes the Florida Council on Homelessness 2018 Annual Report (Appendix II, Table 7) and CHARTS population estimates to indicate that in 2017, the homeless rate (per 1,000) was higher in every HSA 9B county than the state overall rate (1.6) and in 2018, the homeless rate (per 1,000) was higher in two of the three counties in HSA 9B and for the subdistrict (2.3) than the state (1.4). See the table below.

Estimated Homelessness Rate in Subdistrict 9B and Florida

	2017			2018		
County/Area	**Homeless Persons**	**Population**	**Rate per 1,000**	**Homeless Persons**	**Population***	**Rate per 1,000**
Martin	498	152,333	3.3	311	154,085	2.0
Okeechobee	73	41,469	1.8	50	41,710	1.2
St. Lucie	642	299,962	2.1	784	306,505	2.6
Subdistrict 9B	**1,213**	**493,764**	**2.5**	**1,145**	**502,300**	**2.3**
Florida	**32,109**	**20,555,728**	**1.6**	**29,717**	**20,879,572**	**1.4**

Source: CON application #10564, pages 43 and 90

VITAS maintains that it will offer its full range of services to shelter residents and their caregivers. The applicant notes that tailoring hospice care to the patient's circumstances may include:

- Visits from a social worker to help the patient learn what benefits they have and to connect the patient with funding and area resources
- Grief support by VITAS chaplains and social workers for other residents and shelter staff
- Education of shelters on who to call if a hospice-enrolled resident has an exacerbation or needs immediate help
- Coordination with shelter staff to ensure safe secure storage of a patient's medications

VITAS discusses additional steps and processes to address the hospice needs of the homeless in the area:

- Providing advance care planning for shelter residents
- Providing housing assistance

Regarding food insecurity in HSA 9B, the applicant utilizes the "Feeding America Map the Meal Gap 2018" to indicate that two of the three counties in the HSA (Okeechobee and St. Lucie) have a food insecurity rate higher than the state overall rate of 13.9 percent and that these same two counties have a "below 200 percent poverty" percentage higher than the state overall percentage of 72. See the table below.

Subdistrict 9B and Florida Residents' Rate of Food Insecurity

County/Area	Population	Food Insecurity Rate	Estimated Food Insecure Individuals (rounded)	Percent Pop. Below 200% Poverty
Martin	153,592	12.2%	18,740	63%
Okeechobee	39,420	15.0%	5,900	85%
St. Lucie	293,136	15.7%	46,020	76%
Florida	**20,612,439**	**13.9%**	**2,871,650**	**72%**

Source: CON application #10564, page 45

The applicant indicates that people with food insecurity generally have a poorer health status than food-secure individuals, across all health indicators and demographic groups. VITAS stresses that it will address the hospice needs of area residents experiencing food insecurity, VITAS offers discussion regarding the following:

- Partnerships with area food and health care assistance programs, including:
  - HANDS (Health Action Network of St. Lucie County)
  - Stuart Volunteers in Medicine

Regarding targeted outreach and hospice education to increase utilization in Okeechobee County, the applicant indicates that in 2016, of all the counties in HSA 9B, Okeechobee County had the lowest Medicare hospice use rate (53 percent), compared to the service area (68 percent) and Florida (66 percent). See the table below.

Medicare Hospice Use Rates, Subdistrict 9B and Florida, 2016

County/Area	Beneficiary Hospice Admissions	Beneficiary Deaths	Use Rate
Martin	4,405	5,994	73%
Okeechobee	689	1,289	53%
St. Lucie	5,950	9,053	66%
Subdistrict 9B	**11,044**	**16,336**	**68%**
Florida	**367,568**	**554,086**	**66%**

Source: CON application #10564, pages 46 and 83

The applicant emphasizes CON application #10564, Tab 43-Continuing Education Offerings. VITAS discusses additional steps and processes to address the hospice needs of Okeechobee County residents (page 47 thru 49 of the application):

- Providing a hospice office and representative in Okeechobee County
- Providing a Hospice Education and Low Literacy Outreach (HELLO) Program in Okeechobee County

VITAS provides additional tables to indicate that compared to any other county in HSA 9B and compared to the state, residents of Okeechobee County have

- A lower percentage of high school or higher graduation
- A lower percentage of residents with a bachelor or higher degree
- A higher percentage of age 65-74 households with an income less than $35,000 (in 2018)
- A higher percentage of age 75+ households with an income less than $35,000 (in 2018)

VITAS contends that the HELLO Program will address the lower education and lower income discrepancies in Okeechobee County.

Regarding facilitating end-of-life discussions and increasing hospice use among African American residents, VITAS utilizes the Medicare Standard Analytical File 2016/Denominator File Analysis, to indicate hospice use rates among the African American population in each HSA 9B county, HSA 9B and the state average in 2016. See the table below.

Hospice Use Rate Among African American Medicare Beneficiaries

County/Area	2016
Martin	67%
Okeechobee	47%
St. Lucie	50%
Subdistrict 9B	**52%**
Florida	**55%**

Source: CON application #10564, pages 49 and 86

The reviewer notes that according to the applicant's table above, in 2016, African American residents in Okeechobee and St. Lucie Counties had lower hospice use rates than HSA 9B and lower hospice use rates than that of Florida.

The applicant provides a table to indicate that of all three counties in HSA 9B, St. Lucie County has a higher percentage of age 65+ population that is African American (10.6 percent), compared to the HSA 9B average of 6.9 percent and a statewide average of 8.6 percent. The applicant emphasizes the VITAS' "Bridging the Gap" program (Tab 47 of the application) to meet the needs of the diverse population in HSA 9B.

Regarding Veterans and military families, VITAS states that one in every five elderly resident in HSA 9B is a Veteran--approximately 25,017 Veteran residents or 20 percent of HSA 9B's age 65+ population. The reviewer reproduces only the hospice service area totals/percentage and the state total/percentage. See the table below.

Veterans 65 and Older, 2018

Area	Male	Female	Total	As Percent of 65+ Pop.
Subdistrict 9B	24,166	851	25,017	20%
Florida	741,364	29,184	770,547	19%

Source: CON application #10564, page 50

VITAS highlights its Tab 32-VITAS Commitment to Veterans.
The reviewer notes that the applicant conditions for a Veterans program (CON application #10564, Schedule C Condition #10).

The applicant indicates that it will not hurt existing hospice providers in Subdistrict 9B, in that VITAS will grow its hospice by meeting the unmet need and increasing the hospice use rate.

2. Agency Rule Criteria and Preferences

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

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

Each co-batched applicant is responding to published need for an additional hospice program for the January 2020 planning horizon.

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

Chapters Health Hospice – 9B, Inc. (CON application #10559) states having determined through its investigation of hospice service and delivery in HSA 9B that a true open access model of hospice care (featuring a full continuum of aggressive palliative care services and concurrent care services) does not exist at present in HSA 9B.

CHH maintains that it identified gaps in existing HSA 9B hospice programming which it will address utilizing CHS' proven programs to provide cost-effective, high quality, patient-centered, coordinated care (true "open access" care) in the HSA. The applicant indicates that it will also offer special advanced illness programs for CHF, COPD and hemodialysis as part of end-of-life care.

The applicant restates the special and unique hospice needs of HSA 9B, particularly for the Hispanic and African American population and the need to serve these populations/communities more vigorously.

The applicant maintains that as an affiliate of CHS, CHH has a mission of service to the indigent and low-income populations regardless of race, ethnicity, religious affiliation or ability to pay. CHH asserts that it will make a concerted effort to reach out to all segments of HSA 9B's population in need of care.

The reviewer notes the applicant's "Open Access and Continuum of Care Enhancements "(CON application #10559, Tab 7) written materials, which include:

- "CHF Patient Handbook"
- "COPD Patient Handbook"
- "Reducing Hospitalizations for CHF Patients"
- "Reducing Hospitalizations for COPD Patients"
- "Improving the Quality of Life for Hospice Patients"
- "Knowing When to Refer Dementia Patients" (to hospice)
- "Knowing When to Refer Stroke Patients" (to hospice)
- "Helping Patients with Advance Life Care Planning" (in English and Spanish)
- "Honoring Patients Wishes for End-of-Life"

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) contends that there is significant need in HSA 9B for the provision of hospice services to those with a diagnosis other than cancer in both age groups. CHPC asserts that penetration rates indicate that those 65+ with a cancer diagnosis are also underserved in HSA 9B. The applicant maintains that Hispanics, African Americans and Veterans need outreach, education and tailored services in the community to increase access and enhance care.

The applicant asserts that it will establish an office with three community outreach professionals dedicated to HSA 9B. The reviewer notes that no FTEs for "community outreach professionals" are included in the applicant's Schedule 6A, though the applicant does include 3.0 FTEs for "Other: Sales Team".

Regarding outreach to the Hispanic population in HSA 9B, CHPC references three outreach programs:

- Tertulia Con Café: An educational outreach program, a social gathering program, a community group of faith-based leaders, health industry professionals, agencies or service providers, meeting in an informal and friendly environment, to talk and learn about CHPC services/programs that it provides to its communities on behalf of terminally ill patients and families.
- ENLAES (Encouraging Latino American Communities to Enhance their Salud): A program where health care professionals serving the Hispanic community come together once a month. The group was launched because there was a lack of resources for the Hispanic community.
- Hispanic Clergy Meetings: Quarterly Hispanic clergy meetings to gather feedback and assess communities' needs. These leaders are a key resource in understanding the communities and determining the best way to reach and care for residents.

Regarding outreach to the African American population in HSA 9B, the applicant references that one component of increasing access to hospice services will involve outreach, education and care for the African American community. CHPC contends that in its existing service areas, African Americans compose almost one-quarter of its total employees, much higher than the composition of African Americans in HSA 9B and that therefore, this underutilization of minority health care professionals is not a problem that Cornerstone patients will face. The applicant maintains that it will develop relationships with access points in the African American community, most notably churches and civic organizations in Okeechobee, Martin and St. Lucie Counties.

Regarding outreach to the Veteran population in HSA 9B, Cornerstone references services and programs to area Veterans.

Hospice of Palm Beach County, Inc. (CON application #10561) reiterates the following HSA 9B populations with significant service gaps/unmet hospice needs:

- Patients dying from non-cancer causes
- The large Hispanic population in Okeechobee County

- Economic weakness/financial distress in Okeechobee County
- The large African American population in St. Lucie County

The applicant reiterates a focus on the development of community/physician education and outreach programs and materials to enhance access to hospice care for the Hispanic and African American populations within HSA 9B. HPBC notes its Schedule C Condition #3.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) reiterates that its initial need assessment indicates that the following populations are in need:

- Residents of Okeechobee County
- African-American population
- Hispanic population
- Patients in need of palliative care
- Homeless population

In addition, Seasons restates its Schedule C Conditions #1, 2, 3.a, 4 and 6, and plan to provide the "Namaste" program.

Visiting Nurse Association of Florida, Inc. (CON application #10563) reiterates a commitment to serve all medically appropriate patients, regardless of age, race/ethnicity or ability to pay. VNAF contends that, "Better than any other applicant, VNAF understands that the commitment to serving populations with unmet needs is critical to hospice care delivery in this community".

VNAF emphasizes its commitment to serve the entire community and referenced its letters of support. The applicant assert there is unmet need for hospice in HSA 9B for the following populations:

- African-American population
- Homeless population
- Latino/Hispanic communities
- Jewish community
- Veterans

In addition to the above populations, the applicant states plans to address unmet needs related to palliative care and patients without primary caregivers.

VNA Hospice reiterates its Schedule C Conditions #2 and 3.

VITAS Healthcare Corporation of Florida (CON application #10564) states that patients with pulmonary diseases, residents of Okeechobee County and African American residents near the end-of-life in HSA 9B have unmet hospice needs. VITAS has conditioned CON application #10564 on providing special programs for each of the identified populations.

VITAS maintains there is need for improved care for patients with COPD, pulmonary diseases and emphasizes the percentage of HSA 9B resident deaths with chronic lower respiratory disease. The applicant notes its approach to pulmonary care in Subdistrict 9B on pages 80 thru 83 of CON application #10564.

The applicant discusses targeted programs for Okeechobee County residents on pages 83 thru 86 of CON application #10564. VITAS comments that by providing hospice outreach it will increase awareness of end-of-life issues and the availability of hospice care. The applicant points out that content will focus not just on hospice care but also on issues relevant to all elderly residents. VITAS will disseminate information in a number of forums, including:

- Health fairs
- Educational events centered on dispelling hospice myths
- VITAS-led book club to discuss books on end-of-life issues
- Caregiver support groups

VITAS notes relatively low hospice use rates among the African American population in HSA 9B, particularly in Okeechobee and St. Lucie Counties. The applicant notes that it will establish a "Bridging the Gap" program in HSA 9B if approved.

The applicant indicates having developed programs to reach the following area subpopulations:

- Patients with cardiac diagnosis
- Residents experiencing homelessness, food insecurity and limited access to health care
- Veterans
- Residents in need of palliative care
- Patients with Alzheimer's and dementia

VITAS reiterates having educational materials in Spanish and lists 13 culturally diverse groups and 11 spiritual/religious groups for which VITAS has specific programming (page 88 of CON application #10564).

(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.

Chapters Health Hospice – 9B, Inc. (CON application #10559) states that it will execute agreements with hospitals and SNFs throughout HSA 9B to ensure general inpatient and respite services are convenient/available to its patients. The applicant references the Inpatient Care Documentation Materials (CON application #10559, Tab 5). The reviewer notes that this tab includes the following written materials:

- CHS Hospital General Inpatient Network
- Sample agreement for inpatient services
- Sample agreement for SNF respite care and inpatient services

The applicant references its "Care Planning and Interdisciplinary Group" (CON application #10559, Tab 12). The reviewer notes that this tab includes, among other written materials, the following:

- CHS Policy and Procedures Manual
  - Policy: Level of Care: General Inpatient (effective 01/26/2016)
  - Policy: Level of Care: Inpatient Respite Care (effective 02/02/2016)
  - Policy: Hospice Care for Nursing Home Facility Residents (effective date 06/05/2015)
  - Guideline: Coordination of Care in ALF (effective date 02/11/2016)

CHH maintains that it will establish and operate in the HSA 9B with similar agreements it already has in other service areas where CHS operates. The reviewer confirms that a letter of support from Sue Riddell, MS, RN, NHA, Administrator, Stuart Rehabilitation and Healthcare, indicates that if the proposed project is approved, her SNF would be willing to enter into negotiations for an appropriate contractual agreement in order that hospice services may be provided to patients in need of inpatient level care and respite care.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) states plans to enter into a contractual agreement with the SNF, Emerald Health Care, for the provision of general inpatient care. The applicant again references the letter of interest

for GIP care from Emerald Health Care, dated November 7, 2018. The applicant's Attachment 2 includes sample GIP agreements.

The reviewer notes a letter of support dated December 5, 2018, by Timothy Kimes, Administrator, Martin Nursing and Rehabilitation, located in Stuart (Martin County), Florida, noting that his SNF would be willing to enter into negotiations for patients in need of inpatient hospice care.

Hospice of Palm Beach County, Inc. (CON application #10561) proposes to provide inpatient care through contractual arrangements with existing health care facilities, including existing acute care hospitals and SNFs located in Martin, Okeechobee and St. Lucie Counties. The reviewer confirms that the applicant references letters of support (both dated December 17, 2018) from the following two providers (both facilities located in St. Lucie County): Eric S. Goldman, Chief Executive Officer, Lawnwood Regional Medical Center and Heart Institute and Marty Hopek, Administrator, Abbie Jean Russell Care Center. The applicant states and the reviewer confirms that Lawnwood Regional Medical Center is the largest acute care hospital in HSA 9B.

HPBC indicates that negotiations for additional contracts with other hospitals and SNFs are ongoing. The applicant references sample inpatient care agreements included in CON application #10561, Appendix 9. The reviewer notes that this appendix includes the following written materials:

- Sample Trustbridge hospice services agreement
- Sample Trustbridge SNF services agreement

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) proposes contractual agreements within SNFs pursuant to this project. The applicant states that the following SNFs have shown interest in providing general inpatient support:

- Okeechobee Health Care Facility
- Life Care Center of Port St. Lucie
- Stuart Rehabilitation and Healthcare
- Ft. Pierce Healthcare

The reviewer confirms this is shown in the applicant's letters of support.

SHPCTC states that to provide general inpatient care close to patient's homes, it intends further outreach to SNFs and hospitals to secure coverage for the service. The reviewer notes that sample inpatient hospice agreements are not included within CON application #10562.

Visiting Nurse Association of Florida, Inc. (CON application #10563) states that the applicant will provide inpatient hospice care through contractual arrangements with existing health care facilities. The applicant contends that while the majority of patients will be provided care within the comfort of their home, VNAF will have ready and convenient access to inpatient care by collaborating with local providers with existing inpatient beds to deliver care.

VNAF maintains it has existing relationships with most area providers for inpatient hospice care through current service offerings for personal, home health and home care. The applicant notes working with area medical systems, such as Martin Health System, to ensure inpatient access to hospice care, when needed.

The reviewer notes none of the applicant's letters of support from SNFs or acute care hospitals commit to entering into negotiations for a contractual agreement with VNAF to provide inpatient beds for hospice care, when needed/upon request.

VITAS Healthcare Corporation of Florida (CON application #10564) states plans to partner with hospital and SNFs to provide inpatient or respite care. VITAS notes its Tab 10-letters of support. The applicant indicates that it will pursue inpatient contracts with these and other area providers. The reviewer notes that senior executives from the following facilities have agreed to enter into negotiations for contractual agreements with VITAS for inpatient services should CON #10564 be approved:

- Fort Pierce Health Care
- The Gardens of Port St. Lucie
- Martin Nursing and Rehabilitation
- Stuart Rehabilitation and Healthcare
- Tiffany Hall Nursing and Rehabilitation Center

The reviewer notes the applicant's Tab 17 contains standard agreements for SNFs, inpatient and inpatient respite services as well as examples of draft inpatient contractual agreements.

VITAS states having agreements with 303 facilities for general inpatient and inpatient respite care in Florida in the counties it serves, and that it will make similar agreements with HSA 9B providers.

(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

Chapters Health Hospice – 9B, Inc. (CON application #10559) states that CHS affiliates currently serve patients without primary care givers at home, the homeless and patients with AIDS and will continue to do so in HSA 9B. CHH notes that it will have a caregiver program designed specifically to address circumstances in which a patient has no or inadequate caregiver services available.

CHH comments that resources that may have been previously undesirable by homeless persons become, in some instances due to their changed circumstances, acceptable options. The applicant comments that these may include local VA housing and SNFs for Veterans, halfway housing, emergency homeless shelters, supportive housing, faith community resources and homeless initiatives.

The applicant stresses that patients with an HIV or AIDS diagnosis are served with the same attention to individual needs and circumstances as its patients with other diagnoses.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) states a deep commitment to those populations that are traditionally underserved—including minorities with limited health care access, patients without ample caregiver support and HIV, to name a few. CHPC maintains that education programs are tailored to alleviate misconceptions specific to the culture at hand. The applicant comments that this same education is extended to soup kitchens, shelters, areas of refuge or resources such as the Salvation Army, health departments or area coalitions.

CHPC indicates partnering in its current service areas with multicultural centers, LGBT groups, US Conference on AIDS, as well as immunology research and care clinics. The applicant states that it educates on accessibility and the benefits of its interdisciplinary teams involvement in care which results in a higher quality of life with better symptom management. The applicant maintains that hospice care is about the patient, their wishes and their family unit.

Hospice of Palm Beach County, Inc. (CON application #10561) states that it currently serves and commits to continue to serve patients who do not have primary caregivers at home, are homeless and/or have AIDS. HPBC maintains that patients without adequate caregiver support receive increased support from HPBC staff and volunteers. The applicant notes that patients without adequate caregiver support will have a plan of care established that may include a mix of support from HPBC and the patient's network of friends, family, neighbors and other members of the community to help assist them and allow them to remain in their home.

HPBC points out that if too few qualified caregivers are available, or if 24-hour caregiving is required, qualified sitter services may be recommended to the patient/family. The applicant notes that alternatives such as placement in an ALF or SNF may be appropriate, in some cases, and would be arranged by HPBC through established relationships with ALFs and SNFs in the area.

Regarding homeless persons, HPBC indicates the availability of temporary residential placement at one of the area shelters, or in an ALF or SNF, as appropriate. HPBC emphasizes that a major cause of a homeless situation relates to a homeless patient's lack of financial resources—but that the applicant provides hospice care to all patients, regardless of ability to pay, and that even in the most difficult situations, a workable housing solution is provided for every patient.

Regarding HIV/AIDS patients in hospice, HPBC indicates that it currently treats and commits to continue to treat this patient population.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) states that in addition to the homeless commitment previously discussed (see the applicant's Schedule C Condition #6) it will make provisions to serve persons without a primary caregiver in recognition of its mandate "No One Dies Alone" (see the applicant's Schedule C Condition #7).

SHPCTC maintains that the hospice team leader identifies and directs the safe and effective provision of hospice care in situations where the terminally ill patient requires assistance with self-care and skilled services in a location in accordance with the patient's wishes.

SHPCTC maintains that it is committed to provide palliative and end-of-life care and that persons with HIV/AIDS would be among those persons for which the hospice has programs and services that meet their needs. The reviewer notes the applicant's Schedule C Conditions #4 and 6.

Visiting Nurse Association of Florida, Inc. (CON application #10563) maintains that it is already a leading area provider to those without primary caregivers at home, the homeless and patients with AIDS. The applicant indicates that it offers a full range of personal and companionship care services by the hour, by the shift or around the clock. VNAF services include care management, personal assistance, companionship care, light housekeeping, errands/transportation, meal prep and live-in care. The applicant states being uniquely positioned to have the scale and community presence to understand the needs of these patients. VNAF reiterates having access to available beds at its three ALFs in the service area.

VNAF reiterates that it is a regional leader in services to the homeless and that through its free mobile clinic (Florence Nightingale Express) it has served over 3,000 indigent, homeless and migrant patients to date. VNAF points out that the VNA Foundation can assist with funds to enable free care to the homeless/disadvantaged population.

The applicant emphasizes that as an existing area health care provider in all three counties, it is already providing care and health care access to those without primary caregivers, the homeless and patients with HIV/AIDS. VNAF particularly emphasizes that project approval as a new hospice program will "enable the development of a stronger local health care system by aligning the care continuum of VNA". VNAF reiterates its Schedule C Conditions #2 and 3.

VITAS Healthcare Corporation of Florida (CON application #10564) plans to serve all residents using all resources as necessary to provide a safe and comfortable environment to enable patients to remain in the least restrictive and most emotionally supportive environment possible. The applicant contends that

terminally-ill patients with no at-home support will receive increased attention from the hospice staff and that every effort will be made to develop a caregiver network from among neighbors, nearby relatives and friends, faith community members and hospice volunteers to provide guidance, assistance and companionship to the patient within their home.

For patients without primary caregivers at home, the applicant states that if a patient lives alone and can care for himself/herself for the most part, but does not have family or friends who live nearby, VITAS will assist the patient in developing a network to help the patient or will recommend that qualified adult sitter services be obtained, should that option not pose a financial hardship. VITAS maintains that when a patient and their family members do not have reliable access to communication, it will provide them with cell phones for 24-hour access and communication so that ongoing needs are met. The applicant indicates that, when appropriate, VITAS will provide continuous home care to allow the patient to remain in his or her home.

VITAS reiterates the population counts and rates of homelessness in HSA 9B and that the homeless population has higher rates of poverty and food insecurity. The applicant restates the following services to the homeless population:

- Providing advance care planning for shelter residents
- Providing housing assistance

Regarding patients with HIV and AIDS, the applicant states there have not been a large number of deaths attributable to HIV in HSA 9B in recent years – 18 in 2016 and 12 in 2017. However, VITAS points out being committed to serving those with HIV, "and has had conversations with the Director of Nursing at an area SNF about special needs for their patients with HIV". The applicant comments that, if approved, it will bring to HSA 9B the educational programs it has developed for health care professionals about HIV/AIDS, including symptoms of AIDS and the medications used to treat the disease. VITAS points to and the reviewer confirms VITAS publications in CON application #10564-Tab 14/Diagnosis-Specific Training Materials:

- Diabetes
- HIV and AIDS
- Clinical appropriateness-oncology

(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.

HSA 9B is comprised of three counties: Martin, Okeechobee and St. Lucie. Therefore, this Agency preference is applicable in this co-batched review.

Chapters Health Hospice – 9B, Inc. (CON application #10559) reiterates that St. Lucie County and Okeechobee County are particularly underserved in terms of both penetration rates (especially for a non-cancer diagnosis) and ALOS by hospice patients, with African Americans and Hispanics of the HSA utilizing hospice services at a much lower than average rate. CHH indicates plans to locate its initial office in or near the City of Port St. Lucie, in St. Lucie County. The applicant comments that Okeechobee County is relative small, geographically sparse and already has a hospice location there but restates its willingness to assist Hospice of Okeechobee in improving access to hospice services and reiterates its Schedule C Condition #4.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) contends that each of the HSA 9B counties is effectively served by only one provider and therefore underserved, both quantitatively and functionally. CHPC reiterates that the applicant's existing office in Sebring (Highlands County) will be used to serve neighboring Okeechobee County along with establishing a new office in Port St. Lucie to ensure that all parts of the HSA are covered. The applicant maintains that it structures its operations so that clinicians and caregivers rarely need to visit a physical office to provide care to their patients. CHPC reiterates that all vendors contracted with the applicant ship equipment, supplies and many pharmaceuticals directly to the patient - eliminating frequent trips to the office and enabling clinicians to dedicate more time to patient care.

Hospice of Palm Beach County, Inc. (CON application #10561) reiterates the use of the following information among the three HSA 9B counties, in responding to this Agency preference: economic profile data and race/ethnicity data. HPBC states that based on this information, Okeechobee County is the most underserved county and St. Lucie is the second most underserved. HPBC reiterates establishing a physical presence in Okeechobee County and St. Lucie County in the first year of operation and a physical presence in Martin County during the second year of

operation. The reviewer notes that this commitment is confirmed in the applicant's Schedule C Condition #11.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) indicates that the proposed main office will be located centrally within HSA 9B in the City of Port St. Lucie. SHPCTC reiterates that it commits to establishing a physical presence in Okeechobee County (see the applicant's Schedule C Condition #1).

Visiting Nurse Association of Florida, Inc. (CON application #10563) reiterates that its Schedule C Condition #7 demonstrates a real "boots-on-the-ground" presence that no other applicant can offer today. VNAF indicates that clearly it would be a preferred candidate with its commitment to quickly and definitively establish a physical presence within the three counties in need of additional hospice services.

VITAS Healthcare Corporation of Florida (CON application #10564) reiterates that Okeechobee County has the lowest hospice use rate of any of the three counties in HSA 9B and notes that its outreach content will focus not just on hospice care, but on issues relevant to all elderly residents. The applicant against states that some content includes:

- Health fairs
- Educational events centered on dispelling hospice myths
- VITAS-led book club to discuss books on end-of-life issues
- Caregiver support groups

VITAS restates the following services/programs planned for the service area:

- Hospice office and representative in Okeechobee County
- Providing HELLO program in Okeechobee 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.

Chapters Health Hospice – 9B, Inc. (CON application #10559) states that it provides a variety of services that are not specifically covered by private insurance, Medicaid or Medicare in its existing hospice affiliates and will do so in the proposed program. CHH indicates that services provided with no direct reimbursement or payment include:

- Extensive bereavement services for adults and children
- Caregiver services that permit patients to remain in their homes

- Pet therapy
- Education programs for medical, nursing, social work and HIM (health information manament) students from a variety of colleges and universities, including the University of South Florida
- Medical fellowships
- Ongoing community education

The applicant asserts that CHS' expenditures for these programs exceeded $2.0 million in 2016 and $2.6 million in 2017.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) states that it currently provides services that are not covered by private insurance, Medicaid or Medicare and will continue to do so in the proposed program. These services are stated to include:

- Bereavement and grief support programs that are available to all service area residents, regardless of any relationship to CHPC patients
- Volunteers to provide respite for caregivers at home, assistance with errands and light housekeeping tasks
- Charity care patients for whom CHPC 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 communication
- Extensive and abundant employee programs

Cornerstone's seven specialized programs previously discussed in item E.1.a of this report are restated.

Hospice of Palm Beach County, Inc. (CON application #10561) states it currently provides a broad range of services that are not covered by private insurance, Medicaid or Medicare and will continue to do so in the proposed project. These stated non-covered services and programs are:

- Charity care to patients with no insurance coverage or financial resources to pay for care. HPBC provided over $1.1 million in charity care (at cost) during 2017.

- Complex palliative care and extraordinary comfort measures, including chemotherapy, radiation therapy, intravenous medications, blood transfusions and other disease altering but non-curative interventions that improve quality of life and comfort. HPBC indicates being among only four percent of hospices nation-wide that provide this level and type of unreimbursed care serving 807 such patients during 2017.
- Bereavement and grief support programs free of charge and available to all service area residents, regardless of any relationship to HPBC's patients.
- Music, art and pet visitor therapies (over 8,000 music therapy visits during 2017).
- Supportive counseling or consultation with patients or families addressing issues of serious illness, even if they do not qualify for hospice benefit.
- "Helping Hands" program: Non-health related services such as in-home custodial care, minor purchases to foster quality of life and maintenance at home, such as telephone services or a wheelchair ramp.
- Medical and nursing education programs, including the "Fellowship in Hospice and Palliative Medicine" rotation in and Trustbridge's nursing residency program
- Music therapy intern program
- Services to persons who have exhausted their insurance benefit
- Service to Veterans
- Veteran recognition events
- Services to citizens of other countries residing in the service area, even if they have no hospice coverage

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) comments that in addition to core services, it provides the following services to all patients:

- Call center
- Music therapy
- Leaving a legacy
- Namaste care
- Cardiac care program
- CareFlash
- Open access
- Pharmacy consultation
- "We Honor Veterans" program

- "Palliative Care" program
- Physician advisory boards
- Bereavement program
- Pediatric program – Kangaroo Kids

Visiting Nurse Association of Florida, Inc. (CON application #10563) comments that it will provide numerous services that are not specifically covered by private insurance, Medicaid, or Medicare. VNAF lists 11 services stated to be covered in the Medicare Hospice Benefit or MHB (page 57 of the application). The applicant notes what is not covered through the MHB, including:

- Anything aimed at curing a patient's terminal illness
- Cost of room and board
- Emergency room (often not covered)
- Ambulance services (often not covered)

VNAF commits to help its patients cover the costs of required services that fall outside of the MHB. The applicant maintains that it currently provides over $450,000 in free care annually. VNAF support for patients and their families may entail the following:

- Room and board assistance
- Home health care
- Therapies not covered by hospice medical need determinations
- Other key support

The reviewer notes that in response to this Agency rule criterion and preference, VNAF does not specifically state what the "other key support" for patients and their families entails.

VITAS Healthcare Corporation of Florida (CON application #10564) states that the following non-covered services are conditioned on this application and will be provided:

- Cardiac care program
- Palliative radiation and chemotherapy
- "We Honor Veterans"
- "Lavender Touch Experience"
- Musical memories
- Paw pals
- Music therapy
- Massage therapy
- Children's bereavement services

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.

Chapters Health Hospice – 9B, Inc. (CON application #10559) provides the following proposed staffing model for the first two years of operations on Schedule 6A of the application.

Chapters Health Hospice – 9B, Inc.
CON application #10559

Position	Year One Ending 2019	Year Two Ending 2020
HHA	2.22	6.71
LPN	0.52	1.56
RN	2.19	6.61
Patient Access Admissions RN	1.08	4.63
12 hour weekend Pt Access RN	0.60	0.60
On Call RNs	0.54	1.62
Chaplain	0.44	1.32
Social Worker	1.03	3.09
Executive Director	0.50	1.00
Clinical Administrator	0.50	1.00
Director Professional Relations	0.00	1.00
Business Unit Director	0.25	1.00
Manager	1.10	1.10
Professional Relations reps	2.00	3.00
Volunteer Coordinator	0.50	0.50
Bereavement Specialist	0.28	0.55
Team Clerk	0.55	1.10
Medical Records/HIM	0.50	0.50
Coder	0.50	0.50
Department Secretary	0.60	1.10
Staff Physician	1	1
ARNP	---	1
Total	**14.67**	**33.76**

Source: CON application #10559, Schedule 6A

The reviewer notes that the applicant's Schedule 6A year one and year two are not consistent with the applicant's Schedule 10 year one and year two, in that the Schedule 10 indicates issuance of license in June 2019 and initiation of service in July 2019, which the Schedule 6A indicates a year one "ending 2019" and a year two "ending 2020".

CHH maintains that during 2017, more than 1,600 volunteers provided a range of services to existing hospice affiliates, including patient and family support, bereavement support, administration and fundraising.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) provides the following proposed staffing model for the first two years of operations on Schedule 6A of the application. The reviewer notes that the FTEs in the schedule below are the FTE staff added (incremental increases), pursuant to the proposed project.

Cornerstone Hospice and Palliative Care, Inc.
CON application #10560

Position	Year One Ending 9/30/2020	Year Two Ending 9/30/2021
Other: Sales Team	3.0	3.0
Medical Director	1.0	1.0
RNs	5.4	7.8
LPN	2.0	2.0
Nurses' Aides	4.3	5.9
Chaplain	1.0	1.3
Social Worker/Bereavement	1.8	2.5
Total	**18.5**	**23.5**

Source: CON application #10560, Schedule 6A

CHPC 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 28 of CON application #10560, CHPC states the provision of a variety of programs and volunteer opportunities, as follows:

- 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
- Bereavement
- Virgil care
- "Bear in Mind" program

The applicant also references the "Cornerstone Volunteer Literature" (Attachment 11 of the application).

Hospice of Palm Beach County, Inc. (CON application #10561) provides the following proposed staffing model for the first two years of operations on Schedule 6A of the application. The reviewer notes that the FTEs in the schedule below are the FTE staff added (incremental increases), pursuant to the proposed project.

Hospice of Palm Beach County, Inc.
CON application #10561
Year One (No Date Given)
Year Two (No Date Given)

Position	Year One	Year Two
Administration		
Administrator	1.0	1.0
Medical Records Clerk	0.5	1.0
Physicians		
Associate Medical Director	0.5	0.5
Hospice Home Care		
Nursing		
RNs	2.0	3.0
Hospice Aides	3.0	3.0
On-Call Nurse	1.0	2.0
Continuous Care	1.0	2.0
Social Services		
Manager	--	1.0
Integrative Therapist	0.0	0.0
Music Therapist	0.5	1.0
Social workers	1.0	2.0
Bereavement counselors	0.5	1.0
Spiritual Care		1.5
Chaplain	1.0	
Other		
Secretary	--	1.0
Total	**12.0**	**20.0**
Other		
Driver	1.0	1.0
Courier	1.0	1.0
Admissions	2.0	2.0
Business Development	1.0	2.0
Total	**5.0**	**6.0**
Grand Total	**17.0**	**26.0**

Source: CON application #10561, Schedule 6A

Notes to the applicant's Schedule 6A indicate that HPBC will provide certain support and billing services from its Palm Beach County offices.

HPBC indicates that Trustbridge currently has 850 volunteers supporting the organization's activities, with additional volunteer support expected with the proposed project. The applicant references and the reviewer confirms the Trustbridge Volunteer Services (CON application #10561, Appendix 8). The reviewer notes that this appendix includes the following:

- Trustbridge Volunteer Service Overview 2018
- Trustbridge's Who's Who and What We Do
- 12 separately identified Trustbridge volunteer policies and procedures

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) provides the following staffing model for the first two years of operations on Schedule 6A of CON application #10562. See the table below.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC
CON application #10562

Position	Year One Ending 12/31/2020	Year Two Ending 12/31/2021
Administration		
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
Educations/Quality Manager	1.0	1.0
Team Director	1.0	1.0
Total	**8.0**	**9.0**
Physicians		
Physician Team Support	0.2	0.4
Total	**0.2**	**0.4**
Nursing		
RN	2.4	5.5
LPN	1.2	2.5
Hospice Aide	2.5	6.0
Total	**6.1**	**14.0**
Social Services		
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	**5.0**	**6.0**
Grand Total	**19.3**	**29.4**

Source: CON application #10562, Schedule 6A

Notes to the applicant's Schedule 6A state that contracted positions include the medical director (included in the Schedule 6A) and positions associated with rehabilitative and palliative therapy services (not included in Schedule 6A).

Concerning volunteers, 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.

SHPCTC provides a narrative description of the following volunteer services/programs:

- Direct patient care volunteer
  - Volunteer vigil program
  - Spiritual presence
  - Circle of care volunteers
  - Loyal friends pet team
- Indirect patient care volunteer

Visiting Nurse Association of Florida, Inc. (CON application #10563) provides the following proposed staffing model for the first two years of operations on Schedule 6A of the application. The reviewer notes that the FTEs in the schedule below are the FTE staff added (incremental increases), pursuant to the proposed project.

Visiting Nurse Association of Florida, Inc.
CON application #10563

Position	Year One Ending 7/2020	Year Two Ending 7/2021
Administration		
Business Operations Manager	1.0	1.0
Business Development Staff	2.0	2.0
Educations/Quality Manager	1.0	1.0
Administrative Support	1.0	1.0
Other	2.0	2.0
Physicians		
Program Director	1.0	1.0
Physicians	1.0	1.5
Nurse Practitioner	0.5	0.5
Nursing		
RN	3.5	6.0
LPN	2.0	3.0
Nurses' Aides	3.5	7.0
Admissions Nurse	1.0	2
Ancillary		
Music Therapist	1.0	1.0
Dietary		
Registered Dietician	0.3	0.3
Social Services		
Medical Social Worker	1.8	3.0
Volunteer Coordinator	1.0	1.0
Bereavement Coordinator	1.0	1.0
Chaplain	1.0	1.0
Grand Total	**25.60**	**35.80**

Source: CON application #10563, Schedule 6A

Notes to the applicant's Schedule 6A indicate that VNAF will contract for speech, occupational, respiratory and physical therapists, as well as inpatient general and inpatient respite care. The applicant states that it will always maintain administrative, clinical and legal responsibility and oversight for the care provided by contracted individuals. VNAF lists 10 administrative functions that may be procured in whole or in part from related or outside organizations on page 73 of CON application #10563.

The applicant states that volunteers participate in appropriate activities geared to patient/family interests and that volunteers may:

- Stay with patients during brief absence of the patient's primary caregiver
- Assist with meal preparation and serving
- Help to maintain home-like atmosphere by performing light housekeeping and cleaning chores
- Assist patients with general comfort measures

- Telephone family during times of stress or change in patient's care
- Provide diversional activities such as reading or writing letters

VNAF indicates that volunteers will be encouraged to continue visiting when his/her patient is transferred from home to an inpatient facility. The applicant notes that volunteers are encouraged to attend the funeral/memorial service, telephone and/or send cards following the patient's death and that volunteers may request reassignment as a bereavement volunteer to provide support for grieving family members.

The following volunteers are also briefly discussed:
- Pet therapy volunteers
- Alternative therapy volunteers
- Office volunteers

VITAS Healthcare Corporation of Florida (CON application #10564) provides the following proposed staffing model for the first two years of operations on Schedule 6A of the application.

VITAS Healthcare Corporation of Florida
CON application #10564

Position	Year One Ending 3/31/2020	Year Two Ending 3/31/2021
Administration		
General Manger	1.00	1.0
Team Director/PCA	1.83	3.0
Admissions Director/Admissions Nurse/Hospice Reps/Community Liaison Coordinator	10.00	11.00
Business Manager	1.00	1.00
Receptionist/Secretary/Courier	3.50	5.00
PC Secretary	1.17	2.00
CC Manager/Coordinator/Clerk	1.30	1.90
Physicians		
Medical Director	1.00	1.00
Team Physician	0.35	0.52
Nursing		
RNs (HC/IP/CC)	4.53	12.31
LPNs	0.98	7.56
Nurses' Aides (HC & CC)	4.89	16.66
On-Call/NP	2.50	3.25
Ancillary		
Respiratory Therapist	0.74	1.00
Physical/Occupational Therapist	0.40	0.50
Music/Pet Therapist	1.30	2.00
Dietary		
Dietician	0.50	0.50
Social Services		
Social Worker	1.17	2.25
Volunteer Bereavement Manager	1.00	1.00
Chaplain	1.17	2.25
Performance Improvement Specialist	1.00	1.00
Grand Total	**41.3**	**76.7**

Source: CON application #10564, Schedule 6A

Notes to the applicant's Schedule 6A indicate that in addition to the core services offered by the applicant's interdisciplinary team, VITAS will provide respiratory therapy and physical/occupational therapy. These notes indicate that VITAS will also provide both pet and music therapy through staff (including volunteers). Finally, the notes state that Schedule 6A reflects new positions to be added for this proposed hospice program to demonstrate viability as a standalone service provider.

(b) Expected sources of patient referrals.

Chapters Health Hospice – 9B, Inc. (CON application #10559) provides the following expected referral sources for the proposed program.

Referral Source	Percent of Admissions
Physician	15%
Patient, Family, Friend or other	12%
Long-term Care Facilities	11%
Hospitals	61%

Source: CON application #10559, page 55

The reviewer notes that the percent of admission arithmetically totals 99.0 percent.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) provides the following sources for hospice referral:

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

CHPC points out that patients and families may refer themselves with the support and direction of an attending physician. The applicant states that outreach and initial marketing activities will further inform the community of its presence as a hospice provider in the area.

The reviewer confirms that the applicant references the Community Meeting Log (Attachment 27 of the application).

CHPC notes that the following providers and community organizations visited were as follows:

- AARP of St. Pete
- Tiffany Hall Nursing and Rehabilitation
- MOC Association of Critical Care Nursing
- Central Florida Black Nurses Association
- Florida Senior Living Association
- Jewish Pavilion
- Martin Medical Center
- Emerald Health Care

Hospice of Palm Beach County, Inc. (CON application #10561) states that the following sources are expected to generate patient volume at the proposed project:

- Physicians
- Hospitals and hospital discharge planners
- Social workers
- SNFs
- ALFs
- Home health agencies
- Managed care organizations
- Community health care programs
- Community social service agencies
- Churches/faith communities
- Veterans groups
- Families with prior interactions with HPBC or Trustbridge

HPBC states that patients and families may also refer themselves with the support and direction of an attending physician. The applicant emphasizes having written patient materials/brochures in English/Spanish and Creole. HPBC references and the reviewer confirms the Trustbridge Patient Materials are provided in multiple languages (CON application #10561, Appendix 12). The reviewer confirms that this appendix has extensive Trustbridge booklets, pamphlets, handbooks and related materials regarding its hospice services.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) anticipates referrals from the following:

- SNFs
- Hospitals
- ALFs
- Health Maintenance Organizations (HMOs)
- Physicians
- Dialysis centers
- Social workers
- Home Health Organizations
- Churches
- Funeral directors
- Social services organizations
- Families
- Individuals

Visiting Nurse Association of Florida, Inc. (CON application #10563) anticipates patient referrals from a variety of sources, including:

- Area physicians
- Hospitals
- SNFs
- ALFs (including the three Grand Oaks facilities operated by VNAF)
- Home health agencies (including the Visiting Nurses of Florida, Inc.)
- Family members
- Friends of patients
- Patients themselves
- Faith communities
- Insurers
- Community health centers and organizations

VITAS Healthcare Corporation of Florida (CON application #10564) states that anticipated hospice referrals will come from area physicians, hospitals, clergy, social service agencies, disease advocacy groups, SNFs, homeless advocates, and other 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.

Chapters Health Hospice – 9B, Inc. (CON application #10559) provides the following projected number of admissions by payer source for the first two years of operations. For convenience, the reviewer includes a totals column and verifies that the totals are arithmetically correct. See the table below:

Chapters Health Hospice – 9B, Inc.
Year One and Year Two – Admissions by Payer

Admission Type	Admits Year One	Admits Year Two
Medicare	175	471
Medicaid	13	35
Private Ins	10	26
Indigent/Self-Pay	1	2
Total	**199**	**534**

Source: CON application #10559, page 56

Chapters points out that the proportion of admissions by payer presented in the above table does not match that of patient days presented in the financial Schedules 7 and 8 because ALOS vary among payer groups. The reviewer notes that the totals in the above table do not agree with the applicant's projected number of admissions by type of terminal illness (see item E.2.b.(1)(d) of this report).

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) provides the following projected number of admissions by payer source for the first two years of operations:

Cornerstone Hospice and Palliative Care, Inc.
Year One and Year Two - Admissions by Payer

Payer	Year One	Year Two	Percent of Days
Medicare	332	439	91.0%
Medicaid	10	13	2.7%
Insurance	12	15	3.3%
Private Pay	11	14	3.0%
Total	**365**	**481**	**100.0%**

Source: CON application #10560, page 126, Exhibit 45

The reviewer notes that the totals shown in the exhibit above are arithmetically correct.

Hospice of Palm Beach County, Inc. (CON application #10561) provides the following projected number of patient days (not admissions by payer source as required) for the first two years of operations, with both year one and year two ending June 2020, according to the applicant's table below:

Hospice of Palm Beach County, Inc.
Year One and Year Two – Patient Days by Payer

Period	Medicare	Medicaid	Commercial Insurance	Self-Pay Charity	Total
Year One (12 mos ending June 2020	11,301	375	262	62	12,000
Year Two (12 mos ending June 2020	19,777	657	459	107	21,000
Percent of Total	**94.2%**	**3.1%**	**2.2%**	**0.5%**	**100.0%**

Source: CON application #10561, page 79

The reviewer notes that according to the applicant's Schedule 10, initiation of service is anticipated to commence in July 2019, which is consistent with the applicant's above table.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) provides the following projected number of admissions and patient days by payer source for the first two years of operations:

Seasons Hospice & Palliative Care of the Treasure Coast, LLC
Year One and Year Two - Admissions and Patient Days by Payer

Payer	Year One Admits	Year One Days	Year Two Admits	Year Two Days	Percent Days
Medicare	191	10,498	388	23,276	92.0%
Medicaid	6	342	13	759	3.0%
Insurance	6	342	13	759	3.0%
Self-Pay	**4**	**228**	**8**	**506**	**2.0%**
Total	**208**	**11,411**	**422**	**25,300**	**100.0%**

Source: CON application #10562, page 2-32, Table 2-4

According to SHPCTC, medically indigent days are included as part of the self-pay days and account for 1.0 percent.

Visiting Nurse Association of Florida, Inc. (CON application #10563) provides the following projected number of admissions by payer source for the first two years of operations.

Visiting Nurse Association of Florida, Inc.
Year One and Year Two – Admissions by Payer

Admission Type	Year One	Year Two
Medicare	267	434
Medicaid	31	51
Commercial	6	10
Self-Pay	0	0
Indigent	6	10
Total Admissions	**310**	**505**

Source: CON application #10563, page 71

The reviewer notes that the totals shown in the table above are arithmetically correct.

VITAS Healthcare Corporation of Florida (CON application #10564) provides the following projected number of admissions by payer source for the first two years of operations.

VITAS Healthcare Corporation of Florida
Year One and Year Two – Admissions by Payer

Admission Type	Year One	Year Two
Medicare	213	419
Medicaid	42	83
Indigent	5	7
Private Insurance/Self-pay/Other	5	9
Total Admissions	**265**	**518**

Source: CON application #10564, page 102

The reviewer notes that the totals shown in the table above are arithmetically correct.

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

Chapters Health Hospice – 9B, Inc. (CON application #10559) provides the following projected number of admissions by terminal illness for the first two years of operations. For convenience, the reviewer includes a totals column. See the table below:

Chapters Health Hospice – 9B, Inc.
Year One and Year Two – Admissions by Terminal Illness

Admission Type	Admits Yr One	Admits Yr Two
Cancer	43	129
Non-Cancer	96	287
Total	**139**	**416**

Source: CON application #10559, page 56

The reviewer notes that the totals shown in the exhibit above are arithmetically correct.

The reviewer notes that the totals in the above table do not agree with the applicant's projected number of admissions by payer type (see item E.2.b.(1)(c) of this report).

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) provides the following projected number of admissions by terminal illness and corresponding age cohort for the first two years of operations (for convenience, the reviewer includes cancer totals and non-cancer totals for each year):

Cornerstone Hospice and Palliative Care, Inc.
Year One and Year Two - Admissions by
Terminal Illness and Age Cohort

Illness Category/Age	Year One	Year Two
Cancer Under 65	6	8
Cancer 65 and Over	21	42
Total Cancer Only	*27*	*50*
Non-Cancer Under 65	27	34
Non-Cancer 65 and Over	311	397
Total Non-Cancer Only	*338*	*431*
Total Cornerstone 9B Patients	**365**	**481**

Source: CON application #10560, page 127, Exhibit 46

The reviewer notes that the totals shown in the exhibit above are arithmetically correct.

Hospice of Palm Beach County, Inc. (CON application #10561) provides the following projected number of admissions by terminal illness and corresponding age cohort for the first two years of operations:

Hospice of Palm Beach County, Inc.
Year One and Year Two - Admissions by Terminal Illness and Age Cohort

	Year One Hospice Admissions			Year Two Hospice Admissions		
	Under 65	**65+**	**Total**	**Under 65**	**65+**	**Total**
Cancer	12	47	59	22	81	103
Other	10	131	141	18	229	247
Total	**22**	**178**	**200**	**49***	**310**	**350****

Source: CON application #10561, page 79
NOTE: * The reviewer notes that this total is arithmetically 40.
** The reviewer notes that this total is arithmetically 359.

According to HPBC, the estimated profile in the above table is based on HPBC's existing operations in Palm Beach and Broward Counties, with a conscious higher percentages of patient volume forecasted for non-cancer patients (pursuant to expectations regarding HSA 9B).

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) provides the following projected number of admissions by specific disease category for the first two years of operations. SHPCTC states that this estimate is drawn from data from the World Health Organization and reflects reported deaths by state and county as reported to the Centers for Disease Control. See the table below:

Seasons Hospice & Palliative Care of the Treasure Coast, LLC
Year One and Year Two - Admissions by Disease Category

Disease	Year One Admits	Year Two Admits
Heart Disease	70	142
Cancer	69	140
Lung Disease	19	38
Stroke	15	30
Alzheimer's	10	21
Diabetes	8	15
Liver Disease	5	10
Nephritis/Kidney	5	10
Hypertension/Renal	3	6
Parkinson's	4	8
Total	**208**	**422**

Source: CON application #10562, page 2-32, Table 2-5

The reviewer notes that the totals shown in the table above are arithmetically correct for year one, however, the total for year two is 420, based on the applicant's total for each discreet disease diagnosis. The reviewer notes that 422

admissions for year two is consistent with the applicant's remaining estimates for year two admission totals.

SHPCTC states that estimates by disease category use the hospice-appropriate category from the top 15 causes of death for each of the counties applied to the total population. The applicant maintains that applying the resulting percentages to the hospice's first and second year admissions yields the expected number of admissions within each disease category.

The applicant emphasizes that it plans to serve all persons, regardless of disease type with a terminal prognosis of a year or less.

Visiting Nurse Association of Florida, Inc. (CON application #10563) provides the following projected number of admissions by terminal illness and corresponding age cohort for the first two years of operations (for convenience, the reviewer includes cancer totals and non-cancer totals for each year):

Visiting Nurses Association of Florida, Inc.
Year One and Year Two - Admissions by
Terminal Illness and Age Cohort

Illness Category/Age	Year One	Year Two
Cancer Under 65	12	20
Cancer 65+	87	141
Total Cancer Only	*99*	*161*
Non-Cancer Under 65	26	43
Non-Cancer 65+	185	301
Total Non-Cancer Only	*211*	*344*
Total Admissions	**310**	**505**

Source: CON application #10563, page 72

The reviewer notes that the totals shown in the table above are arithmetically correct.

VITAS Healthcare Corporation of Florida (CON application #10564) provides the following projected number of admissions by terminal illness for the first two years of operations.

VITAS Healthcare Corporation
Year One and Year Two - Admissions by Terminal Illness

Disease	Year One Admissions	Year Two Admissions
Cancer	73	142
HIV/AIDS	1	2
Respiratory	30	59
Cardiac	47	91
Neurological	25	49
Cerebro	69	135
Other	20	40
Total	**265**	**518**

Source: CON application #10564, page 103

The reviewer notes that the totals shown in the table above are arithmetically correct.

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

Chapters Health Hospice – 9B, Inc. (CON application #10559) provides the following projected number of admissions by two age groups, under 65 and 65+, for the first two years of operations. For convenience, the reviewer includes a totals column and verifies that the totals are arithmetically correct. See the table below:

Chapters Health Hospice – 9B, Inc.
Year One and Year Two – Admissions by Age Group

Admission Type	Admits Yr One	Admits Yr Two
Under 65	23	69
65+	116	347
Total	**139**	**416**

Source: CON application #10559, page 56

The reviewer notes that the totals in the above table do not agree with the applicant's projected number of admissions by payer type (see item E.2.b.(1)(c) of this report).

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) states that the exhibit provided in response to the previous criterion summarizes the projected admissions by age, category and disease. The applicant responds to this particular general provision and review criterion in narrative form. However, the reviewer generates the exhibit below to account for the applicant's response:

Cornerstone Hospice and Palliative Care, Inc.
Year One and Year Two Admissions by Age Group

Age Group	Year One	Year Two
Under 65	33	42
65 and Over	332	439
Total Cornerstone 9B Patients	**365**	**481**

Source: CON application #10560, page 127

Hospice of Palm Beach County, Inc. (CON application #10561) provides the following projected number admissions by age cohort and by terminal illness for the first two years of operations:

Hospice of Palm Beach County, Inc.
Year One and Year Two – Admissions By
Age Cohort and Terminal Illness

	Year One Hospice Admissions			Year Two Hospice Admissions		
	Under 65	65+	Total	Under 65	65+	Total
Cancer	12	47	59	22	81	103
Other	10	131	141	18	229	247
Total	**22**	**178**	**200**	**49***	**310**	**350****

Source: CON application #10561, page 80
NOTE: * The reviewer notes that this total is arithmetically 40.
** The reviewer notes that this total is arithmetically 359.

According to HPBC, the estimated profile in the above table is based on existing operations in Palm Beach and Broward Counties, with a conscious higher percentages of patient volume forecasted for non-cancer patients, pursuant to expectations for HSA 9B.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) provides the table below in response to this Agency rule criterion and preference.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC
Forecasted Number of Admissions Under and Over Age 65 for First Two Years

	Projected Hospice Patients CY 2020			Seasons' Admissions CY 2020 – Year One Market Share 5%			Seasons' Patient Days CY 2020 – Year One ALOS = 55		
Cause of Death	0-64	65+	Total	0-64	65+	Total	0-64	65+	Total
Cancer	297	978	1,273	15	49	64	810	2,688	3,498
Other	235	2,642	2,877	12	132	144	646	7,267	7,913
Total	**530**	**3,620**	**4,150**	**27**	**181**	**208**	**1,456**	**9,955**	**11,411**
	Projected Hospice Patients CY 2020			**Seasons' Admissions CY 2021 – Year Two Market Share 10%**			**Seasons' Patient Days CY 2021 – Year Two ALOS = 60**		
Cause of Death	**0-64**	**65+**	**Total**	**0-64**	**65+**	**Total**	**0-64**	**65+**	**Total**
Cancer	299	993	1,292	30	99	129	1,796	5,960	7,756
Other	239	2,685	2,924	24	269	293	1,433	16,111	17,544
Total	**538**	**3,678**	**4,216**	**54**	**368**	**422**	**3,229**	**22,071**	**25,300**

Source: CON application #10562, page 1-56, Table 1-16 and page 2-33, Table 2-6

The reviewer notes that the admission totals shown in the table above are arithmetically correct.

Visiting Nurse Association of Florida, Inc. (CON application #10563) provides the following projected number of admissions by two age groups, under 65 and 65+, for the first two years of operations.

Visiting Nurse Association of Florida, Inc.
Year One and Year Two Admissions by Age Group

Age Group	Year One	Year Two
Under 65	38	63
65+	272	442
Total Cornerstone 9B Patients	**310**	**505**

Source: CON application #10563, page 72

The reviewer notes that the totals shown in the table above are arithmetically correct.

VITAS Healthcare Corporation of Florida (CON application #10564) provides the following table to account for the projected number of admissions by age:

VITAS Healthcare Corporation of Florida
Year One and Year Two Admissions by Age Group

Age Group	Year One Admissions	Year Two Admissions
Under 65	34	67
Over 65	231	451
Total	**265**	**518**

Source: CON application #10564, page 104

The reviewer notes that the totals shown in the table above are arithmetically correct.

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

Chapters Health Hospice – 9B, Inc. (CON application #10559) states that the following core services will be delivered directly by the applicant and will be consistent with those offered by CHS:

- Case management
- Hospice home care
- Bereavement services
- Physician services

- Nursing services
- Social services
- Dietary counseling
- Spiritual counseling/chaplains
- Veterans services
- Pediatric services
- Patient and family education/support
- Volunteer services
- Hospice inpatient care

CHH states that the following patient care services will be provided:

- Evening and weekend care
- HospiceHelp24
- Home health care (for unrelated diagnosis)
- Infusion
- Pharmacy
- DME/medical supplies
- Therapy services
- Infection control
- Integrative therapies
- Professional/community outreach and education
- Patient/family surveys
- Palliative care

In addition, CHH lists 26 specific administrative services that will be integrated rather than duplicated because of the applicant's affiliation with CHS pages 57-58 of CON application #10559.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) states that it will provide all of its core services directly by hospice staff and volunteers, including:

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

- Patient transportation services
- Infusion therapy

Cornerstone states that the following additional services may be provided through contractual agreement:

- Physical, occupational, and speech/language therapy (Anchor Home Health)
- Respiratory therapy
- Radiation therapy/chemotherapy (Lincare)
- Laboratory services and diagnostic tests (Quest Diagnostics)
- Mobile radiology services (MobilexUSA)
- Social Work Advantage, Inc.
- Health Care Proxy Services
- Interpretation services for the deaf and hearing impaired (ASL Services)
- Foreign language interpreters

Hospice of Palm Beach County, Inc. (CON application #10561) states the provision of all of its core services directly by hospice staff and volunteers, including:

- Routine home care
- Continuous care
- Respite care
- Hospice inpatient care
- Nursing services
- Hospice aide services
- Volunteer services
- Pediatric services
- Veterans services
- Case management
- Social work services
- Pastoral and counseling services
- Dietary/nutrition counseling
- Bereavement counseling services
- Pharmacy services (Trustbridge in-house service)
- Infusion services
- Supplies and durable medical equipment (Trustbridge in-house service)
- Homemaker and chore services

- Physician services
- Quality management and reporting
- Infection control
- Staff education and training
- Community outreach and education

HPBC notes that the following services will be provided through contractual arrangements

- Physical, occupational and speech therapy
- Patient transportation services

The applicant indicates that other services that are needed on an occasional basis—such as daycare, handyman services, alternative therapies, or funeral ceremonies—may be provided directly, if the requisite skills are available among HPBC staff or volunteers, or they may be purchased on an as needed basis from external providers.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) maintains that employees deliver the bulk of all hospice services with assistance of volunteers who augment and enhance service lines. SHPCTC indicates that the majority of contracts are for physical, respiratory, speech and occupational therapies. The applicant notes that other allied personnel include art therapists, massage therapists, acupuncturists and other palliative care options.

SHPCTC comments that the hospice retains professional, financial and administrative responsibility for contracted services. The applicant ensures that employees provide the core services. SHPCTC indicates that sometimes contract staff supplement employees in order to meet the needs of patients during periods of peak patient loads or under unforeseen circumstances. The applicant provides further discussion regarding services provided by the SHPCTC and those provided under contract. The applicant indicates company-specific contractual rules on pages 2-34 thru 2-36 of CON application #10562.

Visiting Nurse Association of Florida, Inc. (CON application #10563) offers a brief description of each of the following service offerings:

- Nursing care services
  - Advanced illness care management
  - Alzheimer's care
  - Cancer care
  - Stroke program
  - Post-surgery care
  - Would care
  - Rehabilitation
  - Fall prevention
  - Joint replacement program
  - Cardiac care
  - Health failure program
  - Medication management
  - Chronic disease management
  - Lung disease (including COPD)
  - Diabetes program

The applicant lists seven home health services, seven personal and companion care services, operation of three ALFs and maintenance of a visiting physician program (Visiting Physicians of the Treasure Coast), on pages 21-22 of CON application #10563.

VNAF maintains that it will provide required core services of routine care, respite care, inpatient care and continuous care directly through staff, including:

- Physician services/medical director
- Nursing services
- Home care aides
- Medical social services
- Bereavement counseling services
- Dietary counseling services
- Spiritual counseling services
- Pharmacy services
- Durable medical equipment/medical supplies
- Volunteer services
- Infection control
- Quality measurement and reporting
- Music therapy
- Community outreach and education

The applicant states that it will contract for speech, occupational, respiratory and physical therapies, as well as inpatient general and inpatient respite care. VNAF notes that the vast majority of contracted provider services will be through affiliated entities. VNAF lists 10 administrative functions that may be procured in whole or in part from related or outside organizations on page 73 of CON application #10563.

VITAS Healthcare Corporation of Florida (CON application #10564) 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 visits and music therapy –with VITAS having a licensed music therapist.

(g) Proposed arrangements for providing inpatient care.

Chapters Health Hospice – 9B, Inc. (CON application #10559) notes CHS' experience in establishing contractual arrangements for the provision of expected inpatient hospice care. CHH asserts that the proposed hospice program will establish and operate under similar agreements in Martin, St. Lucie and Okeechobee Counties. The applicant restates that it will establish all necessary agreements with hospitals and SNFs prior to initiation of services in HSA 9B. CHH expects to provide virtually all of inpatient hospice care through such agreements. As previously mentioned, a letter of support from Sue Riddell, MS, RN, NHA, Administrator, Stuart Rehabilitation and Healthcare, indicates her SNF would be willing to enter into negotiations for an appropriate contractual agreement in order that hospice services may be provided to patients in need of inpatient level care and respite care.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) states that it will provide inpatient care through contractual arrangements with hospitals and SNFs. CHPC 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.

CHPC reiterates plans to enter into a contractual agreement with two SNFs--Emerald Health Care (St. Lucie County) and Martin Nursing and Rehabilitation (Martin County) should the proposed program be approved.

Hospice of Palm Beach County, Inc. (CON application #10561) proposes to provide inpatient care through contractual arrangements with existing health care facilities, including existing acute care hospitals and SNFs located in Martin, Okeechobee and St. Lucie Counties. The reviewer confirms that the applicant references letters of support from the following two providers (both facilities located in St. Lucie County): Eric S. Goldman, Chief Executive Officer, Lawnwood Regional Medical Center and Heart Institute and Marty Hopek, Administrator, Abbie Jean Russell Care Center.

HPBC indicates that negotiations for additional contracts with other hospitals and nursing homes are ongoing. The applicant references the sample inpatient care agreements (CON application #10561, Appendix 9).

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) proposes contractual agreements within SNFs and notes the following SNFs have shown interest in providing general inpatient support:

- Okeechobee Health Care Facility
- Life Care Center of Port St. Lucie
- Stuart Rehabilitation and Healthcare
- Ft. Pierce Healthcare

The reviewer confirms that this stated interest is shown in letters of support (see item B of this report).

SHPCTC intends to provide general inpatient care close to patient's homes and will continue outreach to SNFs and hospitals to secure coverage for the service.

Visiting Nurse Association of Florida, Inc. (CON application #10563) states that it is not seeking to development an inpatient facility at this time but will instead

execute contracts with existing resources within HSA 9B for the most efficient use of community resources for the provision on inpatient care.

The reviewer notes none of the applicant's letters of support from SNFs or acute care hospitals commit to entering into negotiations for a contractual agreement with VNAF to provide inpatient beds for hospice care, when needed/upon request.

VITAS Healthcare Corporation of Florida (CON application #10564) states that the applicant seeks only to establish a new hospice program. The applicant indicates that it will establish inpatient agreements with existing hospitals and SNFs. VITAS provides sample inpatient agreements in CON application #10564 Tab 17. The reviewer notes that senior executives from the following facilities agree to enter into negotiations for contractual agreements with VITAS, for inpatient services, should the VITAS proposal be approved:

- Fort Pierce Health Care
- The Gardens of Port St. Lucie
- Martin Nursing and Rehabilitation
- Stuart Rehabilitation and Healthcare
- Tiffany Hall Nursing and Rehabilitation Center

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

Chapters Health Hospice – 9B, Inc. (CON application #10559) states that it does not propose to build a freestanding inpatient hospice facility in HSA 9B, or in the foreseeable future, so it has no expectation of locating any beds in such facility to provide inpatient care.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) states that this criterion is not applicable as it proposes to contract for inpatient beds with existing providers in HSA 9B.

Hospice of Palm Beach County, Inc. (CON application #10561) states that this is not applicable as the applicant proposes to contract for inpatient beds with existing hospitals and SNFs in HSA 9B.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) states that during the first two years of operation, it has no plans to construct or to operate a freestanding inpatient hospice facility.

Visiting Nurse Association of Florida, Inc. (CON application #10563) points out that as previously stated, the applicant is not requesting any new inpatient beds at this time.

VITAS Healthcare Corporation of Florida (CON application #10564) restates the intent to establish inpatient agreements with the subdistrict and notes that the total number of inpatient bed 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 indicates 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.

Chapters Health Hospice – 9B, Inc. (CON application #10559) maintains that patients are admitted to an inpatient bed according to the guidelines set forth in the Federal Medicare Guidelines for hospice inpatient care. CHH notes that in addition to the general admission criteria, admission to a general inpatient bed will be based on one of more of the following acute care admission criteria:

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

The applicant notes that, "Family members may stay overnight with the patient, and almost all of the rooms under contract with any Chapters affiliate will be private".

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) 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 of 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

Hospice of Palm Beach County, Inc. (CON application #10561) states that it is the applicant's intent to provide hospice care in the most appropriate setting for each patient's needs—whether in a home setting or in an inpatient setting. The applicant identifies admission to a general inpatient bed is based on one of 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

HPBC indicates that this same approach for admitting patients to an inpatient bed will be used in the proposed project.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) states that it will provide the inpatient level of care 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 its hospice patients for the following:

- Pain control
- Symptom management
- Respite purposes

SHPCTC provides a description of its eight-step protocol for admission to an inpatient bed on pages 2-37 thru 2-39 of CON application #10562.

Visiting Nurse Association of Florida, Inc. (CON application #10563) states that in keeping with CMS, state and national guidelines, inpatient care may be initiated when the VNAF interdisciplinary group determines that the patient's pain and symptoms cannot be effectively managed in the patient's home or other residential setting. VNAF maintains that it is the interdisciplinary team's clinical skills and judgement that determine when and if general inpatient care is appropriate. The applicant provides the following examples of patient status triggers that may lead to the change to a general inpatient level of care:

- Pain or symptom crisis not managed by changes in treatment in the current setting or that requires frequent medication adjustments and monitoring
- Intractable nausea/vomiting
- Advanced open wounds requiring changes in treatment and close monitoring
- Unmanageable respiratory distress
- Delirium with behavior issues
- Sudden decline necessitating intensive nursing intervention
- Imminent death – only if skilled nursing needs are present

VNAF offers some examples of when general inpatient care is appropriate for respite care:

- The caregiver is physically and emotionally exhausted from caring 24/7 for the patient and requires a break
- The caregiver would like to attend a family event, such as a wedding, graduation or other event

- The caregiver is ill and needs a break from patient care to recover

VITAS Healthcare Corporation of Florida (CON application #10564) indicates that it 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 maintains that patients will be admitted if they are experiencing pain or symptoms that cannot be managed adequately at home. The applicant indicates that this is often a temporary situation for which inpatient care is recommended to adjust the patient's medications and reassess/regulate services provided. The applicant points out that once stabilized, the patient can be discharged home.

VITAS comments that due to its "Comfort Care" services, medically appropriate patients can often avoid being admitted to inpatient units, allowing these patients to remain at home in their final days as opposed to dying in a hospital.

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

Chapters Health Hospice – 9B, Inc. (CON application #10559) indicates that this issue was discussed in response to item E.2.a (3) of this report. See item E.2.a (3) of this report for the applicant response to this criterion/preference.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) cites a historical record of providing care to patients without caregivers. CHPC 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/alternative place where the patient's safety can be secured.

Hospice of Palm Beach County, Inc. (CON application #10561) maintains that patients without adequate caregiver support receive increased support from staff and volunteers.

HPBC maintains that patients without adequate caregiver support have a plan of care established that may include a mix of support from the hospice and the patient's network of friends, family, neighbors, and other members of the community to help assist them and allow them to remain in their home.

HPBC points out that if too few qualified caregivers are available, or if 24-hour caregiving is required, qualified sitter services may be recommended to the patient/family. The applicant notes that sometimes placement in an ALF or SNF may be appropriate and would be arranged by HPBC through established relationships in the area.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) expects that some residents will not have a designated person who can function as the primary caregiver. SHPCTC maintains that the hospice team leader identifies and directs the safe and effective provision of hospice care in situations where the terminally ill patient requires assistance with self-care and skilled services. The applicant indicates that care will be provided in a location in accordance with the patient's wishes. SHPCTC details a five-step process for the provision of serving persons without primary caregivers at home on pages 2-39 and 2-40 of CON application #10562.

Visiting Nurse Association of Florida, Inc. (CON application #10563) intends to make every effort to support patients to remain in the most supportive environment possible during their hospice care. The applicant states that as a home health and home care provider, VNAF understands the challenges faced by patients without a caregiver at home. VNAF indicates that every patient admitted for hospice care will have a detailed plan of care that accounts for the status of their primary caregiver. The applicant comments that, as needed and subject to patient choice, VNAF may place patients within an ALF or SNF as their plan of care dictates when no patient caregiver is available.

VITAS Healthcare Corporation of Florida (CON application #10564) indicates that if a patient lives alone and can care for him or herself, but does not have family or friends who live nearby, VITAS will assist the patient in developing a network to help the patient or will recommend

that qualified adult sitter services be obtained, should that option not pose a financial hardship. The applicant notes that when a patient and their family members do not have reliable access to communication, VITAS will provide them with cell phones for 24-hour access and communication so that ongoing needs are met. VITAS indicates that, when appropriate, it will provide continuous home care to allow the patient to remain in his or her home.

(k) Arrangements for the provision of bereavement services.

Chapters Health Hospice – 9B, Inc. (CON application #10559) states that it will utilize CHS' proven policies and procedures for provision of bereavement services, and will offer similar bereavement services in the proposed program. The applicant references bereavement materials contained in CON application #10559, Tab 14. The reviewer notes that this tab includes the following:

- CHS Policy and Procedures Manual
  - Policy: Bereavement Services (effective 05/26/2014)
  - Policy: Bereavement Risk Assessment (effective 05/26/2014)
  - Policy: Bereavement Care Planning (effective 05/26/2014)

CHH notes its practice to routinely evaluate family members for services related to grief/bereavement. The applicant indicates that all services provided are offered to children and adult family members who receive a monthly mailing with information about support group availability, children's camps, special memorial services and other information to assist with the grief and bereavement process. CHH comments that services are provided for 12 months after the patient's death, however family members may request services at any time after the death of the patient. The applicant states that survivors are categorized for bereavement risk based on the following:

- High Risk – requiring intense intervention from a bereavement counselor upon the death of the patient
- Medium Risk – requiring less intense intervention from a bereavement counselor after the death of the patient but could benefit from continued psychosocial support
- Low Risk – requiring minimal support after the death of the patient due to have a strong support system who may have had extended anticipatory grieving prior to the death

CHH emphasizes that a family member may request individual counseling or support group services, regardless of risk level, at any time after the patient's death. The applicant discusses the recognition of the special needs of grieving children and annual children's camps (for those ages 6 to 17).

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) 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/support, educational and 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.

CHPC maintains that counseling is not time-limited 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' loved ones are contacted by phone within five days of a death and offered condolences and information about bereavement services and again contacted by phone three to four weeks after the death to evaluate how individuals are coping with their loss. CHPC notes that bereavement mailings with contact information are also provided to educate loved ones about the grieving process and emotional support at one, three, six, nine and twelve months following the death.

CHPC 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. CHPC notes that additional day camps are under development at this time.

Hospice of Palm Beach County, Inc. (CON application #10561) states that it currently has extensive policies, procedures, services and programs in place for the provision of bereavement services and will provide a similar range of

services as part of the proposed project. HPBC discusses six instances upon which a hospice bereavement assessment is performed and the delivery of hospice services to families and affected parties at the following time intervals after a hospice patient death: one, three, six and nine months, within the one year anniversary of the death and the provision of additional extended periods beyond the 13 month requirement when indicated and requested by the family or affected party. The applicant stresses that hospice families that are interested are referred to the Bereavement Center after initial follow-up contact by the hospice team or social worker and that high-risk referrals are called in to the Bereavement Center immediately.

Services provided through the HPBC Bereavement Center are as follows:

- Individual and family grief support
- Anticipatory grief support for children and teens
- Grief support groups
- "The Nature of Grief" workshop series
- School based support groups
- Memorial services
- Coping with the holidays program
- Children's camp programs – Camps Good Grief, Stingray and Seashore
- Pet loss group
- Community outreach
- Resource materials
- Referrals to additional resources and support systems

HPBC indicates that counseling and bereavement services will be provided at various locations throughout HSA 9B.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) 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. SHPCTC indicates that bereavement will be extended to the patient and family before and following the patient's death in order to manage the effects of the natural grief process. The applicant itemizes and describes its 10-step bereavement process on pages 2-40 and 2-41 of CON application #10563.

Visiting Nurse Association of Florida, Inc. (CON application #10563) maintains that it will offer a full complement of bereavement services to hospice patients and their families. The applicant stresses that it will be the responsibility of a qualified professional with experience or education in grief or loss counseling to coordinate and execute the hospice bereavement program and activities. VNAF indicates that bereavement risk assessments will be completed by an interdisciplinary team member after a patient's death. The applicant notes that the bereavement counselor may move the bereaved person's risk assessment to a lower or higher level of risk, based upon additional assessment information gained during ongoing contact with the bereaved. VNAF states that bereavement counseling may include but is not limited to:

- Mailings/phone calls
- Educational offerings
- Individual and group counseling
- Referral to community resources
- Crisis intervention counseling
- Grief support groups
- Memorial services

VNAF notes that bereavement counseling extends to residents of a SNF or ALF when appropriate and identified in the bereavement plan of care.

The applicant indicates that bereavement support is provided, available and offered to bereaved persons for at least one year after the patient's death. VNAF states that when its bereavement services are unable to meet bereavement needs, the applicant will refer family members to other counseling services or community agencies as needed. The applicant notes that it will be partnering with both the VNA of the Treasure Coast and local community members and volunteers to design bereavement materials and a program. The reviewer notes that the applicant offers no sample bereavement policies, procedures and/or materials for Agency review.

VITAS Healthcare Corporation of Florida (CON application #10564) maintains that staff and volunteers provide grief support and bereavement services to survivors as needed and requested. VITAS indicates that bereavement services will be available upon admission until a year after

the death of a patient (longer if needed). The applicant asserts that bereavement support is available 24 hours a day, seven days a week with trained staff members on-call and accessible through a toll-free number. VITAS bullets brief descriptions of the following bereavement/support services on pages 106 and 107 of CON application #10564:

- Support groups
- Memorial services
- Bereavement calls/visits (by staff and volunteers)
- Resources and referral services
- Bereavement letters
- Quarterly bereavement newsletters

VITAS offers a brief narrative description of the following seven components of the VITAS bereavement program:

- 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 offers discussion of the development of holiday programming, instituted quality measures and staff/volunteer bereavement support.

(l) Proposed community education activities concerning hospice programs.

Chapters Health Hospice – 9B, Inc. (CON application #10559) states that CHS' existing hospice affiliates are skilled and experienced in delivering a community education program which will be extended, quickly and efficiently, in HSA 9B. The applicant references its community outreach and education materials in CON application #10559, Tab 15. CHH indicates that in additional to executive and medical staff offerings (speeches to both large and small audiences), CHS affiliates have a number of presentations, seminars and educational units that are presented in a wide variety of locations and venues throughout the areas that they serve. CHH notes that recent presentations have included:

- Benefits of collaborative effort for patients in the ALF
- Educational socials in ALFs and SNFs discussing benefits of hospice

- ALF staff educational seminar: Hospice 101- "How to recognize a terminally ill patient"
- "Aging Gracefully" presented by the spiritual support team
- Veterans pinning ceremony
- Educational presentations in physician offices regarding benefits of hospice, coordination of care, advance directives and other topics

The applicant indicates that for the proposed service there will initially be three professional relations representatives and a fourth in year two. The reviewer notes that that in CON application #10559, Schedule 6A, the applicant indicates that professional relations representatives total 2.0 FTEs in year one and 3.0 FTE in year two.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) states that proposed educational services will target members of Latino, Hispanic, African American and Jewish communities in addition to the HSA 9B 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. The applicant references documentation and stories regarding community outreach in Attachment 16 of CON application #10560.

The applicant notes that many members of the Martin, Okeechobee and St. Lucie communities indicated awareness of CHPC and its community impact in its existing service areas. CHPC intends to tailor its outreach and programming to meet the dedicated needs of HSA 9B.

Hospice of Palm Beach County, Inc. (CON application #10561) states that HPBC currently has very active and effective community outreach and education programs in Palm Beach and Broward Counties. The applicant stresses that these effective community outreach education programs and materials will be used in support of the proposed program. HPBC contends that in the past year, Trustbridge staff presented 1,500 external education CEU presentations for health care providers and 400 community outreach

presentations. According to the applicant, group presentations presented by HPBC community relations representatives were made to the following groups/organizations:

- Senior centers
- Businesses
- Health fairs
- Churches/synagogues
- Schools
- Chambers of commerce
- Community centers
- Libraries
- Hospitals
- Physician groups
- Town halls
- Neighborhood groups
- Sororities
- SNFs
- Civic groups
- Non-profit organizations

HPBC emphasizes targeting groups historically underserved in hospice services – Hispanic, Haitian and African American subgroups. The applicant states that community outreach to these traditionally underserved communities/populations will be extended into the HSA 9B population.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) states that the "Circle of Care" program will ensure that widespread community outreach will occur to every municipality. SHPCTC maintains that printed material, commercial spots, articles in newspapers/magazines, testimonials in person at service clubs, women's clubs, churches, synagogues, schools, community colleges and universities – 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 2-41 thru 2-43 of CON application #10562.

Visiting Nurse Association of Florida, Inc. (CON application #10563) states that it already provides educational sessions to the community HSA 9B and will build on this existing infrastructure to offer the community

additional educational opportunities/resources regarding hospice care. VNAF states that it will design specific education opportunities to reach minority communities. The applicant again reiterates its "Community Champions" program—a structure modeled upon the program used by the VNA of Indian River community's hospice program. VNAF reiterates having worked with Martin Health System and St. Lucie Medical Center to design and execute beneficial programming for the community and will work with such partners again regarding community education activities.

VITAS Healthcare Corporation of Florida (CON application #10564) states that it will provide community education through these programs:

- Three hospice offices in the subdistrict, including one in Okeechobee County
- A hospice representative committed to providing hospice outreach and education in Okeechobee County
- Advanced care planning for residents of homeless shelters
- "Ask-the-Doctor" events focused on cardiac and pulmonary diagnoses
- Partnership with HANDS of St. Lucie to provide disease-specific and end-of-life education and outreach
- HELLO program in Okeechobee County
- "Bridging the Gap" discussion and "toolkit"

The applicant details historical outreach activities provided in HSA 3E (pages 111 thru 114 of the application). VITAS provides educational brochures/materials for families considering or already in hospice care in the following CON application #10564 tabs: 6, 11, 12, 19, 23, 25, 31, 32, 41 and 42.

(m) Fundraising activities.

Chapters Health Hospice – 9B, Inc. (CON application #10559) indicates that the Chapters Health Foundation (CHF) conducts a wide variety to fundraising activities throughout the communities that it serves. CHH states that activities are based on the unique giving capacities and opportunities found within each of the communities CHS serves. The applicant references its materials regarding fundraising in CON application #10559, Tab 13. The reviewer notes that this tab includes the following:

- Chapters Health System Policy and Procedures Manual
  - Policy: Charitable Donation Acceptance (effective 08/20/2018)

CHH lists 10 events and five activities found throughout the CHF's operating territory on page 64 of CON application #10559.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) indicates that it will partner with the 501(c)(3) 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 defray the continually rising costs of medical expenses to patients and families.

Hospice of Palm Beach County, Inc. (CON application #10561) states being supported by an active and effective fundraising organization—THF. HPBC indicates that THF and its fundraising success provides HPBC and its other Trustbridge affiliates the resources necessary to be able to bring comprehensive hospice services to all members of its community – especially those with limited financial resources.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) comments 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 Seasons Hospice Foundation focuses on developing community relationships that produce and encourage donations. SHPCTC 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.

Visiting Nurse Association of Florida, Inc. (CON application #10563) points to its charitable arm, the Visiting Nurse Foundation, as the focal point and coordinator of the fundraising efforts. VNAF comments that the Visiting Nurse Foundation will serve a role similar to the

one it already employs for the organization's existing patient services and will provide funding for indigent and charity care. The applicant discusses how the Visiting Nurse Foundation is funded.

According to the applicant, the Visiting Nurse Foundation will continue to provide its existing support to the community, which includes but is not limited to:

- Operating the Florence Nightingale Express, a mobile medical clinic
- Providing support for free care to indigent populations
- Assisting with handicap accessible remodeling projects
- Paying outstanding utility bills
- Providing scholarships to high school seniors interested in pursuing nursing as a career
- Donating Thanksgiving and Christmas dinners to underprivileged families "and much more"

VITAS Healthcare Corporation of Florida (CON application #10564) states that it will not solicit charitable contributions from patients, family or friends relating to its services in HSA 9B, nor will it engage in fundraising events for its program. VITAS contends that 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, assuring 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.

Chapters Health Hospice – 9B, Inc. (CON application #10559) does not respond directly to this criterion. The reviewer notes that all CHS affiliates currently submit utilization reports.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) commits to providing semi-annual utilization reports as specified under the rule provision.

Hospice of Palm Beach County, Inc. (CON application #10561) does not respond to this criterion/preference. The reviewer notes that all Trustbridge affiliates currently submit utilization reports.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) states that Seasons has a record in Florida as well as other states showing conformity with the requirements for reporting services to the Agency and the DOEA, pursuant to requirements in statute and rule.

Visiting Nurse Association of Florida, Inc. (CON application #10563) states that VNAF will file its semi-annual utilization reports for all required data elements in conformity with this criterion.

VITAS Healthcare Corporation of Florida (CON application #10564) states that VITAS will comply with all reporting requirements as it does for its existing hospice services in Florida.

3. Statutory Review Criteria

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

Need for an additional hospice program is evidenced by the availability, accessibility and extent to utilization of existing health care facilities and health services in the proposed service area. The co-batched applicants are responding to published need of one hospice program in HSA 9B.

The following chart illustrates hospice admissions for the past five years, ending June 30, 2018. As shown below, admissions decreased from 3,622 as of June 30, 2014 to 3,565 as of June 30, 2018. In the five year period, the highest admission occurred in the 12-month period ending June 30, 2015 (3,942 admissions) and the lowest admission occurred in the 12-month period ending June 30, 2018 (3,565 admissions).

Hospice Admissions for Hospice Service Area 9B June 30, 2014 – June 30, 2018	
June 30, 2014 through June 30, 2018	**Admissions**
June 2018	3,565
June 2017	3,811
June 2016	3,891
June 2015	3,942
June 2014	3,622

Source: Agency for Health Care Administration Florida Need Projections for Hospice Programs, issued October 2014-October 2018

As previously stated in item E.1.a of this report, HSA 9B is currently served by the following providers:

- Hospice of Martin and St. Lucie, Inc.
- Hospice of Okeechobee, Inc.
- Hospice of the Treasure Coast, Inc.

Chapters Health Hospice – 9B, Inc. (CON application #10559) maintains that there is need for a new hospice provider with a commitment to serving all of HSA 9B—including, but not limited to patients with life-limiting illnesses who still wish to receive curative treatments, persons with end-stage heart disease and/or end-stage respiratory disease, lower-income patients and the African-American and Hispanic communities. CHH presents the following reasons why it is ideally suited to meet the published hospice program need identified for HSA 9B:

- CHS has been successfully operating for 35 years and operates as a licensed hospice provider in HSAs 3C, 3D, 5A, 6A and 6B.
- Between January 2018 and January 2020, the population of HSA 9B is projected to increase by over 17,000 persons—a growth rate of 3.4 percent.
- Projected growth among both the African American and Hispanic populations of HSA 9B are expected to exceed statewide averages over the 2017-2020 time period.
- Both African-American and Hispanic residents of HSA 9B are underutilizing hospice services. CHH intends to address these apparent gaps in service by hiring an individual that will focus on outreach to minority communities (as well as Veterans' groups) and will maintain this position for the first three years of operation.
- CHH will include bilingual (English-Spanish) language capacity in HSA 9B.
- An analysis of comparative penetration rates reveals that HSA 9B is underserved relative to hospice care, especially in Okeechobee County. This underservice or lack of access is most pronounced among persons with non-cancer diagnoses. Heart disease and "not cancer" is the leading cause of death among Service Area 9B

residents. CHH is very experienced in caring for seriously ill non-cancer patients, many of whom are dealing with medically-complex chronic conditions such as CHF, COPD and/or end-stage renal disease.
- CHH identifies many special needs of the residents of HSA 9B, including needs for more "Open Access" and other forms of concurrent care.
- The applicant is currently an active provider of end-of-life care to the Veterans' population.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) states that it is responding to published need and its proposal seeks to address the entirety of the needs of the terminally ill population regardless of age, race, gender, disability or income level. CHPC indicates that specific groups that will be targeted include the Hispanic and African American populations, patients with respiratory diagnoses, Veterans and residents of all ages with a life-limiting diagnosis outside of cancer.

CHPC reiterates from its Executive Summary reasons that it is best suited and will best meet the hospice need identified for HSA 9B. For convenience, these reasons are restated below:
- As an existing Joint Commission accredited hospice agency serving adjacent hospice service areas, CHPC proposes to expand its existing license to serve HSA 9B.
- 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.
- Through its existing hospice offices in neighboring Polk and Highlands Counties, CHPC already has relationships with hospitals, physicians, ALFs, SNFs and other health care providers in HSA 9B that will lend itself to natural referral relationships upon approval to serve this region and has developed new relationships in preparation of CON application #10560.
- CHPC's staff has already spent a tremendous amount of time in HSA 9B, meeting with health care providers, referral sources, community leaders, and other individuals to learn about the hospice needs in the service area and how to quickly and efficiently begin addressing these needs. Staff has met and/or talked with 147 individuals and organizations and received 67 letters of support for its proposed expansion into Service Area 9B.
- CHPC has identified both clinical and programmatic needs within HSA 9B including enhanced outreach and access to Veterans, Hispanic, African American, LGBTQ, and Jewish patients.

- CHPC will establish an office presence in St. Lucie County and has already identified a proposed location.
- CHPC is well known for its level of care among the highest skilled care in the industry.
- CHPC is also known for its compassion in going above and beyond with exceptional and unique services.
- CHPC's "Chaplain Services/Spiritual Care" program exceeds most hospice providers with 50 hours of training per chaplain.
- CHPC has identified nine 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 HSA 9B patients and families.
- CHPC will benefit from operating in an adjacent service area and will, additionally, begin recruitment efforts, community education and the building of new infrastructure immediately upon approval.

Hospice of Palm Beach County, Inc. (CON application #10561) states that need for the proposed project is evidenced by availability, quality of care, efficiency, accessibility and extent of utilization of existing health services in the service area.

HPBC comments that in addition to the published need for an additional hospice program in HSA 9B, HPBC analysis indicates that additional service area factors support the need for the proposed project. The applicant contends that the following service area factors justify approval of the proposed project:

- Population growth and aging of the population in the service area driving increased hospice volume
- Underserved population groups which will have enhanced access to care
  - Hospice penetration rates within the African American and Hispanic populations lower than observed within other populations in HSA 9B
  - A high percent of Hispanic population and overall economic weakness in Okeechobee County
  - A high percent of African American population in St. Lucie County
- Underutilization of hospice service by residents dying of non-cancer conditions
- Letters of support

The applicant contends that it will focus its resources particularly toward the populations and underserviced groups identified above. HPBC discusses the Health Care Access Criteria on pages 88-90 of CON application #10561.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) asserts that its assessment of HSA 9B shows gaps in service where the applicant excels. SHPCTC asserts that its commitment, quality and experience set it apart from its competitors.

SHPCTC contends that compared to other co-batched applicants, it would fill the widest range of needs, service/quality gaps, attracting/ educating health care professionals and through the proposed education center will change community misconceptions about hospice care—bridging gaps by engaging the community and its residents.

The applicant contends that the existing HSA 9B providers are local, not-for-profit entities lacking resources and innovative spirit necessary to meet the growing demands of the service area, SHPCTC maintains that it is part of a national, family-owned enterprise, having the resources available enter new markets using innovative programs, quality service and having the ability to match service delivery to the need of each community.

SHPCTC reiterates that establishing a Center for the Advancement of Palliative Medicine in the Treasure Coast, including continuing education, internship programs and minority advisory boards, ensures palliative care to the most needy throughout the service area and will additionally increase availability of hospice care throughout the service area.

The applicant restates some of its Schedule C conditions, including its "Compassionate Allies Program" and its "Circle of Care" volunteers on pages 3-3 and 3-4 of CON application #10561.

Regarding quality, SHPCTC states that it provides patient-centered care and restates its 24/7 call centers and electronic medical records. The applicant contends that it provides innovative services that will raise the bar of care and will train and equip staff/volunteers to recognize patients' needs in order to "answer the phone before it rings".

The applicant responds to access in three ways: financial access, geographic access and access to services not available in HSA 9B. Regarding financial access, SHPCTC reiterates the Center for the Advancement of Palliative Medicine in the Treasure Coast and the planned program for the homeless. Regarding geographic access, SHPCTC reiterates plans to have a main office in Port St. Lucie (St. Lucie County) and establishing a physical presence in Okeechobee County within the first year. SHPCTC maintains that, both locations, together, improve access to residents throughout the service area, including those

in Okeechobee, Indiantown and rural areas. As for access to services not available in HSA 9B, other than presenting an electronic medical record and a 24/7 call center (previously discussed), the applicant reiterates:

- Namaste Care
- We Honor Veterans
- Seasons Jewish Program
- Open Access
- Department of Diversity

SHPCTC contends that the proposed project would benefit residents 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
- Education and research opportunities for service area residents

Regarding extent of utilization, SHPCTC states that existing hospices in HSA 9B, "have little or no market expansion and have failed to expand internally to meet the needs of the growing population".

The applicant states that over the five-year period 2013 thru 2017, nationally, Seasons rose from 16,945 admissions (in 2013) to 25,231 admissions (in 2017), with admission increases for each of the years 2014 thru 2017. SHPCTC maintains that this reflects a pattern of consistent growth in a variety of states and competitive markets, demonstrating the success of its programs and services. SHPCTC asserts that it has the ability to hire, train and equip a viable hospice team to improve service throughout the planning area. The applicant notes that Seasons' proven programs and services increase enrollments and identify terminally ill patients sooner in the course of care, thereby increasing the penetration rate and the quality of care.

SHPCTC discusses its conformity with the Health Care Access Criteria on pages 3-16 thru 3-20 of CON application #10562.

Visiting Nurse Association of Florida, Inc. (CON application #10563) reiterates the Agency's numerical hospice need determination for HSA 9B and the 9.18 percent decline in hospice admissions at existing hospices in the area over the three-year period ending June 30, 2018.

VNAF asserts that it is the best candidate for HSA 9B because it is an established non-profit health care provider that can improve the patient care continuum locally and across county lines with a commitment to

best practices. The applicant maintains that it possesses unique characteristics which support a first-class operation on an accelerated timeline for the following reasons:

- VNAF is an established service area provider.
- VNAF will benefit from its history, background and sterling reputation in the service area.
- VNAF will quickly develop office locations at its existing office sites in the City of Stuart and within the city/county of Okeechobee. VNAF will also develop a new office location in St. Lucie County.
- VNAF's home health agency drives hundreds of direct and indirect admissions to hospice care on an annual basis.
- VNAF affiliates provide quality, best-in-class care and will be strong partners in ensuring patients will have access to hospice services.
- VNAF already operates a free mobile clinic serving over 3,000 indigent patients that provides care, education and outreach to HSA 9B.
- VNAF has a strong connection to the Veteran community—providing care to over 860 veteran patients in 2017 alone.
- VNAF has a large, skilled workforce to quickly meet labor demands.
  - Over 700 active RNs, LPNs and HHAs on staff statewide
  - Nearly 80 therapy staff and medical social workers on staff statewide
  - Physicians and APRNs on staff, including those with hospice care experience
  - Administrative leadership with hospice experience
- VNAF will receive hospice program development and operational support and guidance from its sister organization in Indian River County, VNA Hospice of the Treasure Coast. Benefits of their support will include:
  - Support on best practices
  - Educational materials
  - Key program care design decisions
- VNAF is dedicated to a seamless care continuum for hospice services for patients crossing county borders.
- VNAF will connect its established home health, home care, advanced illness management program and primary care program to the proposed hospice care program. With the approval of the proposed service, VNAF will be able to offer a more complete continuum of care for patients in HSA 9B--benefitting patients, families and the area providers by improving patient experiences, patient outcomes, and reducing provider burden.
- VNAF will meet or exceed the performance standards and service offerings of the other applicants. VNAF will operate a program in keeping with the highest standards of excellence, including:
  - The Joint Commission
  - NHCPO

  - Alternative Therapies: VNAF is committed to providing a full range of alternative therapies including:
    - Aromatherapy
    - Pet therapy
    - Massage therapy
    - Music therapy
  - Specialized Outreach Programs: VNAF will operate programs to serve:
    - African-American patients
    - Latino/Hispanic patients
    - Jewish patients
    - Veterans patients
    - HIV/AIDS patients
    - SNF patients
    - ALF patients
- VNAF has the mission and resources of a well-funded non-profit organization and a for-profit focus on operational efficiencies.

VITAS Healthcare Corporation of Florida (CON application #10564) states that the current operational hospice providers in HSA 9B are well-established and can continue operations with an additional provider. VITAS indicates that according to the Agency's Need Projections for Hospice Programs publications and CHARTS Death Data (all ages) from 2009 to 2017, the hospice use rates in HSA Area 9B, decreased by over 10 percent. The applicant maintains that this low hospice use rate indicates a lack of availability and accessibility of hospice services in HSA 9B. VITAS notes that low hospice use rates also illustrate a need for more and better outreach, education of the public and referral sources. VITAS contends that the proposal will increase the hospice use rate through improved outreach while increasing choice for patients and families.

The applicant indicates it has a history of improving the hospice use rate in Florida subdistricts after it enters the market and that competition should increase the responsiveness of existing hospices to patients, families and referral sources. VITAS asserts having the financial, clinical and management resources to quickly succeed in a market with strong, established competitors.

The reviewer notes that VITAS proposed programs that target the following populations as being in need of new/enhanced hospice services:

- Residents with chronic lower respiratory disease diagnosis
- Residents with cardiac disease diagnosis
- An overall substantially lower hospice service average ALOS

- Homeless residents
- Food-insecure residents
- Okeechobee County residents
  - Lower education attainment
  - Higher percentage of residents with household incomes under $35,000
- African American residents and particularly the age 65+ African American population in St. Lucie County
- Veterans
- VITAS/hospice representation in the Treasure Coast Health Coalition
- ALF outreach
- Education grants for area colleges/universities/training facilities for future health care workers focused on end-of-life and hospice care

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 minutes. The applicant states that patients will be admitted 24 hours a day, seven days a week. VITAS contends that its hospice referral app provides health care providers 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 describes technological resources available to staff which include:

- VITAS hospice admission eligibility app
- "VITAS Mobile Connect"
- SigmaCare
- "VITAS Admission Suite"

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 contends that in Florida, it provided over six million in charity care to hospice patients YTD November 2018.

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 DOEA updated its statewide 2016 Hospice Demographic and Outcome Measures Report, is available on the DOEA's website at: http://elderaffairs.state.fl.us/doea/Evaluation/2017_Hospice_Report. According to page one of this DOEA report (Executive Summary), as of

2015, hospices no longer used the NHPCO due to the implementation of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The CAHPS survey asks consumers and patients to evaluate their experiences with hospice, but does not include two outcome measures that DOEA had been tracking, namely: the percentage of patients/families who indicated the patient received the right amount of medicine for their pain (Outcome Measure 2 or OM2) and the percentage of patients/families who recommended hospice services to others based on the care the patient received (OM2A). The report results are shown as percentages for OM1.

OM1 measures the percentage of patients who had severe pain (seven or higher on the 0-to-10 scale) at admission and whose pain was reduced to a level of five or less by the end of the fourth day of care in the hospice program. Each co-batched applicant with existing hospice programs (or parent/affiliate with an existing hospice program) that participated in the 2017 DOEA report is listed in the table below, with each participating provider's OM1 percentage and number of patients.

DOEA Hospice Demographic and Outcome Measures CY 2016

Hospice Name/City	OM1	Number of Patients
LifePath Hospice* / Temple Terrace	87%	6,123
Good Shepherd Hospice* / Temple Terrace	84%	3,194
HPH Hospice* / Temple Terrace	81%	3,464
Cornerstone Hospice & Palliative Care, Inc. / Tavares	92%	8,603
Hospice by the Sea, Inc.** / Boca Raton	86%	3,346
Hospice of Palm Beach County, Inc. / West Palm Beach	86%	6,867
Seasons Hospice and Palliative Care of Broward Florida, LLC / Dania Beach	61%	756
Seasons Hospice and Palliative Care of Southern Florida / Miami	86%	1,884
VNA Hospice of Indian River County, Inc. / Vero Beach	88%	1,336
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	87%	7,070
Totals and averages	88%	65,200

Source: DOEA, Hospice Demographics and Outcomes Measures 2017 Report, October 2017, pages 6 thru 8, Exhibit 5

NOTE: * This is an affiliate of Chapters Health System

** This is an affiliate of Hospice of Palm Beach County, Inc.

The DOEA's report for CY 2016 indicates that pain measure results OM1 may vary by hospice, as some hospices start reporting pain on the day of admission while others start on the first day of care received. In addition, when multiple pain scores were reported on the fourth day, the score selected varied. Some hospices use the first pain score reported, some use the lowest pain score reported, and others use the highest pain score reported.

Chapters Health Hospice – 9B, Inc. (CON application #10559) is a nearly formed/development stage entity and has no operating history. However, the applicant indicates that CHS (parent) has a strong history of providing high quality, compassionate care within its existing Florida hospice operations. CHH maintains that all CHS affiliates comply, and the proposed program will comply, with all standards for program licensure described in Chapter 400, Part IV, Florida Statutes and Chapter 58A-2, Florida Administrative Code. The applicant notes that CCH is a provider of Medicare and Medicaid benefits and meets all applicable Medicare conditions of participation.

The applicant references its "Joint Commission, Quality Documentation, Charity Care Policy" in CON application #10559, Tab 6. The reviewer notes that this tab includes the following:

- CHS "Organization Structure"
- CHS "Policy and Procedures Manual"
  - A 13-page listing of named policies, procedures, guidelines, department specific actions and protocols, approximately 683 named policies in all)
  - Quality Assurance and Performance Improvement (QAPI), effective 09/29/2014
  - "QAPI – Program Scope and Activities" policy, effective 09/29/2014
  - Bereavement Services, effective 05/26/2014
  - "Bereavement Risk Assessment" policy, effective 05/26/2014
  - "Bereavement Care Planning" policy, effective 05/26/2014
- Comprehensive accreditation for home care
- Joint Commission accreditations for CHS existing Florida hospice programs

The applicant maintains that a QAPI will be implemented at the proposed hospice. CHH asserts that it will be part of an organization that provides comprehensive and integrated post-acute care services through its hospice, palliative care, home health, pharmacy and staffing affiliates.

The applicant contends that CHS offers experience in and the ability to:

- Provide an integrated, seamless transition of care for patients receiving home care services to transition to hospice care without any disruption in services or providers
- Ensure high quality of care is provided by staff members, and that staff with specialized skills and experience are available as needed
- Ensure that the patient is cared for in the most appropriate setting
- Ensure timely delivery and 24/7/365 availability of pharmacy and durable medical equipment needed by patients with no delays for patients being discharged from the acute care setting

- Cost-effectively manage the health care of its patients by managing key and often costly components of care such as drug and equipment costs

The applicant asserts that the new proposed program will benefit from efficiencies gained from the corporate structure of CHS including the implementation of electronic medical records. The applicant asserts that CHS' ability to fund its programs and services from operations is unique among not-for-profit hospice providers and that the approval of CCH would offer HSA 9B residents a sophisticated, mature corporate infrastructure necessary to implement new hospice programs at low costs with a non-profit organization's focus specifically on the local communities' needs.

The applicant reiterates the CHS' practice and philosophy of "Open Access" and indicates that it will support the continuation of palliative therapies such as:

- Radiation and chemotherapy, which can assist in decreasing pain and symptoms associated with cancer diagnosis
- Blood transfusions, which can boost patients' blood volumes to help stave off fatigue and shortness of breath
- Artificial nutrition or hydration, which is helpful to patients with esophageal or colon cancer who cannot tolerate adequate nutrition by mouth for sustenance
- Cardiac infusions, which can help maintain cardiac function and treat shortness of breath, fatigue and weakness

CCH comments that all hospice care is palliative but not all palliative care is hospice. The applicant points out that its comprehensive, coordinated patient and family centered plan of care includes:

- Expanded disease education and informed decision making
- Assistance with advance directives, care planning and complicated treatment choices
- Emotional and spiritual assistance
- Help with community services

The applicant maintains that like other CHS affiliates, CCH will meet all requirements regarding:

- Governing body
- Administrative officer
- Administrative policies and procedures
- Outcome measures
- National initiatives

The applicant indicates that CCH will include residents of HSA 9B on the board of directors of its parent company.

CCH states that it will report outcome measures to the State of Florida's DOEA, the NHPCO and the US DHHS CMS. The applicant maintains that CHS is actively involved with NHPCO, with representation from CHS serving as members of NHPCO's Regulatory and Public Policy Committees. The applicant states that CHS chief medical officer is on the National Hospice Medical Director Certification Board of Directors. CCH asserts that care delivered by CHS affiliates is planned, designed, delivered and monitored through the Interdisciplinary Group (IDG). The applicant notes that members of the Chapters IDG include:

- A doctor of medicine or osteopathy
- An RN
- A social services specialist
- A pastoral or other counselor

The applicant lists five other CHS IDG potential members, depending upon patient circumstances and wishes and also lists six Chapters IDG responsibilities/tasks/patient care services on page 75 of CON application #10559. CCH highlights medical expertise among six CHS physicians on pages 75 thru 78 of CON application #10559. The applicant states that CHS is a founding sponsor of the Center for Hospice, Palliative Care and End-of-life Studies (the Center) at the University of South Florida (USF). CHS indicates having become a major teaching site for the Center and USF, providing clinical rotations for three to four hospice and palliative medicine fellows each year.

The applicant provides a 1983 to 2018 timeline of stated highlights, milestones and key events in the history of CHS formation and development of its current status on pages 81 thru 83 of CON application #10559.

As previously stated in item C of this report, CHS serves the following Florida HSAs: 3C, 3D, 5A, 6A and 6B. These programs include:

- Good Shepherd Hospice
- HPH Hospice
- LifePath Hospice

Agency records indicate that, statewide, as of the three-year period ending December 17, 2018, CHS had a total of five substantiated complaints. Each substantiated complaint can encompass multiple complaint categories. Below is a table to depict the substantiated complaints by the applicable complaint category.

Chapters Substantiated Complaint History by Category
Three Year Period Ending December 17, 2018

Complaint Category	Number Substantiated
Administration/Personnel	1
Admission, Transfer & Discharge Rights	1
Nursing Services	1
Quality of Care/Treatment	1
Resident/Patient/Client Assessment	1

Source: Agency for Health Care Administration Complaint Records

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) attests to a long and distinguished history of providing quality care to its patients and its ability to deliver quality care. The applicant states that it is accredited by the Joint Commission and has received numerous recent awards for patient/staff satisfaction, programming and outreach. CHPC 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 CON application #10560 is approved, the proposed expansion into HSA 9B will provide high quality hospice services by an organization that is already recognized for its excellence in care delivery. Awards and distinctions assigned to CHPC are discussed on page 56 and 57 of CON application #10560.

CHPC notes its membership in the National Partnership for Hospice Innovation (NPHI) and Florida Hospice and Palliative Care Association (FHPCA). The applicant states that the NPHI is a collaborative effort among 50 not-for-profit hospice organizations across the United States which provides leadership, policy analysis and advocacy efforts along with quality tracking/reporting for its members. CHPC maintains 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 the proposed program in HSA 9B. CHPC 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 HSA 9B in 2018 in five of seven categories. The applicant 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 the existing hospice providers in HSA 9B. See the table below.

2017 Hospice Demographics and Outcomes Measures

Provider	OM 1	OM 2	OM 3	OM 4	OM 5	OM 6	OM 7	AVG
The Hospice of Martin & St. Lucie, Inc.	89.6	69.1	89.9	62.6	97.4	95.6	99.2	86.20
Hospice of Okeechobee, Incorporated	97	91.1	95.5	76.9	99.5	97.2	97.4	93.51
Hospice of the Treasure Coast, Incorporated	94.5	91.1	99.1	54	99.8	99.8	95	90.47
Cornerstone Hospice and Palliative Care	99.9	99.9	97.1	52	99.7	98.8	95.5	91.84

Source: CON application #10560, page 55, Exhibit 3 from the 2016 DOEA Report on Hospice Demographics and Outcome Measures (most recent available)

The applicant states that it has developed, implemented and maintained an effective data-driven QAPI program that reflects the complexity of the organization and its services. CHPC maintains 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 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. CHPC indicates that its executive staff and board of directors are responsible for the QAPI program which is overseen by the compliance department. The reviewer confirms that the applicant references the "Information and Policies Regarding QAPI, Risk Management and Compliance" contained in Attachment 22 of CON application #10560.

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. CHPC indicates that it provides hospice services in seven other counties throughout central Florida and anticipates offering services throughout the entirety of HSA 9B.

CHPC states that as an existing hospice provider, it is currently fully licensed and in good standing with CMS and operates in full compliance with all federal, state and local statutes, regulations and ordinances. The applicant notes that operating policies, procedures, practices and protocols are in place as part of an extensive QAPI program. CHPC

states that these documents and practices will be utilized to initiate services in the program expansion proposed. The applicant expresses confidence in its ability to implement its existing high-quality hospice program throughout all of HSA 9B.

The applicant maintains that its mission 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.

CHPC stresses that each patient/family has special needs and requirements, making each care program unique. The applicant states that it is Joint Commission accredited, which 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 interdisciplinary team member (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
- 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

The applicant provides a description of its IDT 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 IDT 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

As previously stated in item C of this report, CHPC serves the following Florida HSAs: 3E, 6B and 7B.

Agency records indicate that, statewide, as of the three-year period ending December 17, 2018, CHPC had a total of one substantiated complaint. Each substantiated complaint can encompass multiple complaint categories. Below is a table to depict the substantiated complaint by the applicable complaint category.

CHPC Substantiated Complaint History by Category
Three-Year Period Ending December 17, 2018

Complaint Category	Number Substantiated
Quality of Care/Treatment	1

Source: Agency for Health Care Administration Complaint Records

Hospice of Palm Beach County, Inc. (CON application #10561) maintains that Trustbridge's philosophy is founded upon compassion and the belief that all people facing the end-of-life and their families deserve outstanding, quality care. The applicant offers the Trustbridge Hospice/Palliative Care/Home Health:

- Vision
  - To provide an unmatched health care experience for families in their time of need
- Mission
  - To provides families with access to compassionate, expert and professional health care services in their time of need, throughout their lifespan

- Values
  - Excellence
  - Integrity
  - Teamwork
  - Compassion
  - Accountability
  - Price

The applicant provides the most recent HPBC Joint Commission Home Care Program Accreditation Program certification, issued July 14, 2018 and hospice Agency licensure, effective 9/25/2017-5/31/2019. The applicant discusses other state and national hospice organization affiliations and memberships on page 31 of CON application #10561.

HPBC states that for 40 years, it has cared for patients and families in Palm Beach County regardless of their ability to pay caring for more than 200,000 families in Palm Beach County. The applicant provides a chronological listing of details and information describing its community-based history and development.

The applicant states that Trustbridge professionals are skilled in pain and symptom management, providing comfort and care to the patient and the entire family. Benefits include:

- Provision of hospice care to people of all ages, medical conditions, traditions and economic levels, including those without insurance or the ability to pay for their care
- 24-hour support for patients and their family caregivers
- Expert clinical care and symptom management to provide optimal comfort, relieving the pain, symptoms, stress and discomfort of serious illness
- Medication, equipment and supplies – everything related to the hospice diagnosis – delivered to the patient's bedside
- Emotional and spiritual support for the whole family respecting all spiritual traditions and levels of belief, with Trustbridge chaplains and rabbis helping patients and family members considering questions of life, death and loss
- Guidance in making complex care decisions and locating essential community resources
- Provision of complex case management/special comfort measures – with Trustbridge among only four percent of hospices nationwide that provide open access to non-curative treatments such as radiation, chemotherapy, intravenous medications and transfusions when patients need them for comfort
- Music therapy to reduce pain, anxiety and other symptoms
- Pet therapy to provide comfort and an emotional boost

- Caregiver support services including the provision of information, hands-on training and 24-hour support that caregivers need as they care for their loved ones
- Extensive grief support programs for children, teens and adults
- Volunteer support to provide additional help for families

The applicant points out that complex case management treatments provided at Trustbridge have included:

- Chemotherapy
- Blood transfusions
- Radiation
- IV medications
- IV hydration
- Blood tests
- Diagnostics
- Expert symptom management

The applicant indicates that comfort care treatments provided at Trustbridge have included:

- Specialty ventilator support
- Nebulizer treatments
- PEG Tubes
- Kidney stents
- Biliary stents
- Denver catheters

The applicant emphasizes that these services, typically not reimbursed by Medicare or other insurers, are provided at no cost to the patient, with the Trustbridge Foundation providing the ultimate financial support to ensure that all patients have access to all of the support services needed to provide the best care possible. According to the applicant, 807 patients received these special comfort measures to ease their symptoms in CY 2017.

HPBC asserts that these existing and proven hospice services will be used as the basis for establishing a similar array of programs and services (including the provision of complex case management and comfort care treatments), to support the proposed project.

The applicant offers a brief narrative description of the following Trustbridge team members that are stated to be providing patient and family care and support on pages 14 and 15 of CON application #10561:

- Nurses
- Certified nursing assistants

- Clinical social workers
- Physicians
- Pharmacists (unique to Trustbridge, Trustbridge pharmacists oversee the dispensing of medications from Trustbridge's own pharmacy, thus eliminating the risk of drug to drug interactions)
- Nutritionists/dieticians
- Spiritual care chaplains
- Music therapists
- Pet therapists
- Volunteers
- Grief counselors

The applicant maintains that Trustbridge is unique in its participation as an operational partner and sponsor of a local Hospice and Palliative Medicine Fellowship program. HBPC notes that Trustbridge provides over $350,000 per year in financial support, as well as providing space, staff and professional support and is an integral partner in the ACGME accredited University of Miami/JFK Medical Center Palm Beach Regional Graduate Medical Education Consortium Hospice and Palliative Medicine Fellowship Program. The reviewer confirms this through the website: http://www.hospicefellowship.org/. The applicant indicates that the director of this consortium is Trustbridge's own Richard Levene, DO, FAAFP, FAAHPM, Program Director, Trustbridge Medical Education, Fellowship Department. The reviewer confirms this through the website: https://www.trustbridge.com/richard-s-levene-do-faafp-faahpm.

The applicant states that Trustbridge offers a cutting-edge residency program to qualified RN graduates, inexperienced RNs or RNs returning to practice. The applicant indicates that Trustbridge is unique in sponsoring and operating a variety of internships for students pursuing degrees in:

- Social work
- Divinity/pastoral education
- Music therapy

HPBC asserts that these same staff resources described above will be provided in support of the patients and families pursuant to the proposed project. The applicant provides a list of 19 support functions that the applicant contends that Trustbridge has established for a fully developed corporate infrastructure, ensuring the efficient management, operation and control of all hospice services on page 18 of CON application #10561. HPBC comments that corporate-side support services and functions, already in-place in Palm Beach and Broward Counties, will be used to support the proposed project.

The applicant maintains that Trustbridge provides a broad array of services of existing services and resources discussed above to all sectors of the local communities – regardless of age, race/ethnicity, religion, sexual preference, medical condition or ability to pay. The applicant includes a list of seven grief support programs and services for children and teens. HPBC indicates that these same treatment approaches will be implemented in the proposed project.

The applicant provides the Trustbridge QAPI Plan (CON application #10561, Appendix 10). The reviewer notes that this appendix includes the following materials:

- QAPI Plan (revised April 2018)
  - Appendix A - Quality Indicators FY 2018
  - Appendix B – Infection Prevention and Control Plan 2018/2019

HPBC discusses the existing and operational Agency-approved Quality Assurance and Utilization Review (QAUR) as well as QAPI committees and plans. The applicant asserts that these same QAUR/QAPI/QAPI committees and plans will be implemented in the proposed project.

Trustbridge serves the following Florida HSAs: 9C and 10. Their existing Florida hospice programs include:

- Hospice by the Sea, Inc.
- Hospice of Palm Beach County, Inc.

Agency records indicate that, statewide, as of the three-year period ending December 17, 2018, Trustbridge hospice affiliates had a total of four substantiated complaints. Each substantiated complaint can encompass multiple complaint categories. Below is a table to depict the substantiated complaints by the applicable complaint category.

Trustbridge, Inc., Substantiated Complaint History by Category
Three-Year Period Ending December 17, 2018

Complaint Category	Number Substantiated
Admission, Transfer & Discharge Rights	2
Administration/Personnel	1
Nursing Services	1
Quality of Care/Treatment	1
Resident/Patient/Client Rights	1

Source: Agency for Health Care Administration Complaint Records

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) identifies as a new development stage entity formed for the purpose of establishing a hospice program in HSA 9B. The applicant describes its capacity to provide quality care as a summation of historical accreditation and certification activities.

SHPCTC states that the mission of Seasons Hospice is: Honoring Life ~ Offering Hope. The applicant indicates that the vision of making the mission a reality is based on these principals:

- 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
- Strive for excellence beyond accepted standards
- Increase the community's awareness of hospice as part of the continuum of care

The applicant points out that the company's core values consist 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, SHPCTC states that these core values are used to show expected behaviors of staff and volunteers for the best end-of-life experience for every patient and family, each time. The applicant states that patient and family needs drive a "can do" culture at Seasons and that it is committed to the fundamental principal of patients dying at home – for patients who are homeless this principal extends to a specialized care setting.

SHPCTC provides a list of 15 achievements over the past 21 years on pages 1-3 and 1-4 of CON application #10562. The reviewer notes that one of these 15 stated achievements is that Seasons is the largest hospice employer of board-certified music therapists in the country. SHPCTC asserts that it brings the following advantages of quality and experience to the proposed hospice program in HSA 9B:

- National and Florida experience with the ability to quickly grow new programs
- Privately held family company capable of quickly shifting to changing needs
- Central management with proven policies, procedures and training
- Joint Commission accreditation
- Proven ability to improve hospice services by increasing admissions for underserved populations
- Proven ability to improve the quality of hospice care available to the area with exceptional programs and services

The applicant offers a brief description of each of the following programs that it states improve quality of life and are available to all Seasons' hospice patients and families, including:

- Homeless program
- "No One Dies Alone"
- Palliative care
- Advisory boards
- Jewish hospice services
- Music therapy
- Music companion
- "Leaving a Legacy" program
- "Namaste Care"
- Massage therapy
- Spiritual presence
- Loyal friends pet team
- CareFlash (stated to be an existing online care support community, for patients and families that affords loved ones opportunities to communicate in a safe, secure manner – the bereaved continue to use CareFlash as memorials and tributes to their loved one transcendent of the death)
- "Open Access" services
- "Cardiac Care" program
- "We Honor Veterans" program
- "Friendly Visitor Bereavement" program

SHPCTC 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 #10562.

In description of its QAPI, the applicant states that the Patient Protection and Affordable Care Act (ACA) mandates that initiation of a quality reporting program for hospices and CMS determines the quality measures that hospices must utilize and the processes hospices must use to submit data for these measures.

SHPCTC 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 asserts that it will have the required policies and procedures to assure the highest quality of care. SHPCTC references Season's expertise and knowledge required to implement the hospice program in HSA 9B.

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. SHPCTC 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 a member of the senior leadership team calls to access key quality indicators regarding the overall care patients are receiving, volunteers call home patients each Thursday to ensure that patients are receiving needed care. SHPCTC comments that 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 points out that data is analyzed across all geographic levels in order to allow insights into the quality of care in real time. SHPCTC 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.

SHPCTC maintains that its commitment to improving end-of-life care is facilitated through the following activities:

- CEU
- Internship programs
- Research studies
- "Compassionate Allies" program

SHPCTC offers the following exhibits:

- Exhibit 4-1: "Proposed Quality Procedures"
- Exhibit 4-2: "Seasons Healthcare Management's Credentials for Continuing Education Units"
- Exhibit 4-3: Sample internship notices for Seasons Hospice

As previously stated in item C of this report, Seasons serves the following Florida HSAs: 5B, 6A, 10 and 11. These programs include:

- Seasons Hospice and Palliative Care of Pinellas County, LLC
- Seasons Hospice and Palliative Care of Tampa, LLC
- Seasons Hospice and Palliative Care of Broward Florida, Inc.
- Seasons Hospice and Palliative Care of Southern Florida, Inc.

Agency records indicate that, statewide, as of the three-year period ending December 17, 2018, Seasons hospice affiliates had a total of zero substantiated complaints.

Visiting Nurse Association of Florida, Inc. (CON application #10563) states the following mission:

- To serve all patients regardless of age, sex, religious affiliation, national origin or disease process with a wide range of quality care, regardless of ability to pay, as funds allow. Service is provided in accordance with professional quality standards in the spirit of community service and compassion.
- To promote community health and assist patients in improving their quality of life.
- To improve the quality of life for patients in the communities we manage through a commitment to assist in navigating progressions through the health care spectrum. Our mission creates value to residents, families, staff and financial partners within senior living communities by:
  - Utilizing the expertise of a highly skilled nursing staff
  - Overseeing operations, human resources, finances, marketing strategies and compliance
  - Innovating solutions with the experience of a pioneering organization

The applicant states the following as "Key Facts":
- VNAF has 42 years of service in the community and currently providing services in all the areas in HSA 9B.
- VNAF has provided care to more than 75,000 patients through home health and home care agencies in the last 15 years.
- VNAF had 6,500 home health admissions in Martin, St. Lucie and Okeechobee in 2017.
- VNAF provided free care to the community totaling $453,710 in 2017.
- VNAF provided care to 860 Veterans in 2017 through its home health agency.
- VNAF has over 700 active staff composed of RNs, LPNs, and home health aides,
- VNAF has nearly 80 medical social workers and therapy (PT/OT/ST) personnel.

VNAF laid out five key standards that have helped the organization to rank as one of the most highly rated agency in the nation:
1. We focus on patient-centered care
2. We use a collaborative care approach
3. We invest in our employees
4. We pride ourselves on customer service
5. We only hire experienced professionals

The applicant maintains that it presently complies and describes how its HSA 9B program will comply with the standards for program licensure, as described in Chapter 400, Part IV, Florida Statutes and Chapter 58A-

2, Florida Administrative Code, on pages 45-48 of CON application #10563.

VNAF notes that it has more than four decades of experience in providing high-quality care to the residents HSA 9B. The applicant states that it has been recognized as a top home health agency by HomeCare Elite—an annual recognition of the top performing Medicare-certified home health agencies in the United States. VNAF contends that this market-leading recognition program, from ABILITY® Network and DecisionHealth, names the top 25 percent of home care providers in key home health quality and performance measures.

Regarding CMS quality star ratings and Medicare Home Health Compare, VNAF provides tables to indicate that it has a four-of-five star rating for "Quality of Patient Care" and a four-of-five star rating for "Patient Survey Summary" (10/24/18). The applicant also supplies the following historical CMS quality star ratings (from 1/26/17 to 7/25/18), indicating star ratings from 4.0 to 4.5. See the table below.

Historical Quality of Patient Care Star Ratings

CMS Reporting Date	VNA of Florida Star Rating
7/25/18	4.5
4/11/18	4.5
1/24/18	4.5
10/24/17	4.5
7/12/17	4.0
4/12/17	4.0
1/26/17	4.0

Source: CON application #10563, pages 24 and 80

As previously stated in item C of this report, VNAF serves the following Florida HSA: 9A. Agency records indicate that, statewide, as of the three-year period ending December 17, 2018, VNAF hospice affiliates had a total of zero substantiated complaints.

VITAS Healthcare Corporation of Florida (CON application #10564) states on page five of the application that nationwide, as of September 2018, VITAS Healthcare had:

- 68,516 patients served
- ADC of 17,606 patients
- 47 hospice programs in 14 states and DC
- 12,145 employees including 4,738 nurses
- 2,970 volunteers providing 244,064 volunteer hours

The applicant states the following VITAS Florida overview for 2017:

- 33,822 patients served
- 2.98 million days of care

- 3.9 percent of patient days as continuous care
- ADC of 8,158
- 4,906 employees, 2,036 nurses[6]
- 134 interdisciplinary teams
- 897 active volunteers
- 140,016 volunteer hours
- 24-hour clinical staff through the Telecare Program
- $6.29 million in charity care

VITAS Healthcare states having the following values:

- Patients and families come first
- We take care of each other
- I'll do my best today and do even better tomorrow
- I am proud to make a difference

The applicant contends that it is 100 percent focused on hospice and palliative care. VITAS maintains that without other service lines competing for its attention, VITAS is able to provide programs that exceed state and federal requirements.

The applicant states that it has a long history of providing quality of care in Florida and across the country and complies with the Conditions of Participation for hospice providers under the Health Insurance for the Aged and Disabled Program (Title XVIII of the Social Security Act) and the Medicaid Program. According to the applicant, many VITAS hospice programs are accredited by the Joint Commission. The applicant includes its existing hospice licenses (CON application #10564, Tab 4), as well as a bulleted list of corporate and program awards from 2010 thru 2018 (CON application #10564, Tab 9). VITAS discusses its QAUR, its QAPI process and its Schedule C conditions. The applicant maintains that the VITAS program in HSA 9B, like all other VITAS Healthcare programs, will adhere to the same policies, procedures and standards for the VITAS Healthcare programs externally accredited by The Joint Commission and CHAP.

VITAS indicates having licensed hospices in operation for 40 years and lists 14 factors that meet patient and family needs (pages 121 and 122 of the application). The applicant indicates that VITAS' HSA 9B governing body will implement a quality assurance program consistent with its existing programs in Florida.

[6] The reviewer notes that according to page 122 of the application, VITAS has more than 2,256 nurses in Florida.

Regarding pain management strategies, the reviewer notes the extensive VITAS-generated pain management learning/reference modules in CON application #10564, Tab 29:

- Introduction to Pain Management
- Pain Management: Categories of Pain
- Pain Management: Assessment and Documentation
- Pain Management: Pain Palliation
- Pain Management: Pharmacologic Concepts

The applicant contends that recognizing the importance of providing culturally relevant care, VITAS will build a diverse and highly skilled work force. VITAS notes that as an affirmative action employer, it participates in diversity recruitment efforts as part of its rigorous recruitment strategy. The applicant states that it complies with the Equal Employment Opportunity Commission and provides equal employment opportunity without regard to race, color, religion, national origin, non-job-related disability, Vietnam-era and disabled veteran status, sexual orientation, age or gender. The applicant briefly discusses its pre-employment process, its competitive benefits package and its management tool (VITAS CARES--Coach, Assist, Recognize, Engage and Satisfy). The reviewer notes that the applicant provides "Continuous Education Offerings" in Tab 43 of CON application #10564. The reviewer indicates that this tab includes two different publications:

- "Educate Physicians about Hospice with Accredited Certified CMS Programs"
- "Presentations for VITAS Continuing Education Credit"

VITAS maintains that it will assess every patient within 24 hours of admission to any of its programs and that the IDT visits patients in their place of residence.

The applicant asserts that VITAS focuses on continuously enhancing its education training and development planning process by promoting a positive learning environment for employees enabling them to deliver the best and most effective care for patients and families and resulting in greater employee satisfaction.

VITAS provides a listing of annual live training modules, as well as a brief description of self-study formatted trainings/modules, with each module addressing a different patient care topic. The applicant indicates that at the end of each module there is a quiz and a grade of 80 percent or better must be obtained to receive continuing education credit.

As previously stated in item C of this report, VITAS serves the following Florida HSAs: 1, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9C, 10 and 11.

Agency records indicate that, statewide, as of the three-year period ending December 17, 2018, VITAS hospice affiliates had a total of 22 substantiated complaints. Each substantiated complaint can encompass multiple complaint categories. Below is a table to depict the substantiated complaints by the applicable complaint category.

VITAS Substantiated Complaint History by Category
Three-Year Period Ending December 17, 2018

Complaint Category	Number Substantiated
Quality of Care/Treatment	13
Resident/Patient/Client Rights	5
Administration/Personnel	4
Nursing Services	4
Resident/Patient/Client Assessment	3
Admission, Transfer & Discharge Rights	1
Physical Environment	1
Physician Services	1
State Licensure	1

Source: Agency for Health Care Administration Complaint Records

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

Analysis:
The purpose of our analysis for this section is to determine if the applicant has access to the funds necessary to fund this and all capital projects. Our review includes an analysis of the short and long-term position of the applicant, parent, or other related parties who will fund the project. The analysis of the short and long-term position is intended to provide some level of objective assurance on the likelihood that funding will be available. The stronger the short-term position, the more likely cash on hand or cash flows could be used to fund the project. The stronger the long-term position, the more likely that debt financing could 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.

Chapters Health Hospice – 9B, Inc. (CON application #10559):
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.

10559 - Chapters Health System, Inc.		
	Dec-17	**Dec-16**
Current Assets	$48,223,454	$42,719,227
Total Assets	$228,923,030	$194,849,127
Current Liabilities	$28,835,776	$26,757,439
Total Liabilities	$65,789,151	$49,755,530
Net Assets	$163,133,879	$145,093,597
Total Revenues	$161,188,234	$152,634,573
Excess of Revenues Over Expenses	$5,662,390	($3,175,546)
Cash Flow from Operations	$3,535,458	$4,962,365
Short-Term Analysis		
Current Ratio (CA/CL)	1.7	1.6
Cash Flow to Current Liabilities (CFO/CL)	12.26%	18.55%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	22.7%	15.9%
Total Margin (ER/TR)	3.51%	-2.08%
Measure of Available Funding		
Working Capital	$19,387,678	$15,961,788

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 only capital project is this project of $320,641. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. With $13.4 million in cash and cash equivalents, the applicant has sufficient resources to fund this project.

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

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560): 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.

10560 - 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

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 $2,984,485, which includes this project of $260,710, 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.

Hospice of Palm Beach County, Inc. (CON application #10561):
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.

10561 - Trustbridge, Inc. & Affiliates		
	Dec-17	**Dec-16**
Current Assets	$24,963,907	$25,961,081
Total Assets	$205,519,793	$188,120,235
Current Liabilities	$24,434,437	$34,289,129
Total Liabilities	$48,653,192	$44,005,129
Net Assets	$156,866,601	$144,115,106
Total Revenues	$144,533,214	$146,019,297
Excess of Revenues Over Expenses	($3,041,488)	$2,082,330
Cash Flow from Operations	$6,525,918	$8,874,417
Short-Term Analysis		
Current Ratio (CA/CL)	1.0	0.8
Cash Flow to Current Liabilities (CFO/CL)	26.71%	25.88%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	15.4%	6.7%
Total Margin (ER/TR)	-2.10%	1.43%
Measure of Available Funding		
Working Capital	$529,470	($8,328,048)

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 $2,754,789, which includes this project of $685,389, and other capitalization. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by related company financing. With $7.9 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.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC/ CON application #10562: 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.

10562 - Seasons Hospice & Palliative Care of the Treasure Coast	
	Oct-18
Current Assets	$1,500,000
Total Assets	$1,500,000
Current Liabilities	$0
Total Liabilities	$0
Net Assets	$1,500,000
Total Revenues	$0
Excess of Revenues Over Expenses	$0
Cash Flow from Operations	$0
Short-Term Analysis	
Current Ratio (CA/CL)	N/A
Cash Flow to Current Liabilities (CFO/CL)	#DIV/0!
Long-Term Analysis	
Long-Term Debt to Net Assets (TL-CL/NA)	0.0%
Total Margin (ER/TR)	#DIV/0!
Measure of Available Funding	
Working Capital	$1,500,000

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 only capital project is this project of $781,552. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. With $1.5 million in cash, the applicant has sufficient resources to fund this project.

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

Visiting Nurse Association of Florida, Inc. (CON application #10563):
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.

10563 - Visiting Nurse Association of Florida		
	Sep-17	**Sep-16**
Current Assets	$7,867,039	$8,000,947
Total Assets	$19,251,033	$19,046,396
Current Liabilities	$7,461,753	$7,251,795
Total Liabilities	$10,712,026	$10,555,585
Net Assets	$8,539,007	$8,490,811
Total Revenues	$20,171,094	$20,436,457
Excess of Revenues Over Expenses	$48,196	$17,638
Cash Flow from Operations	($313,672)	$562,273
Short-Term Analysis		
Current Ratio (CA/CL)	1.1	1.1
Cash Flow to Current Liabilities (CFO/CL)	-4.20%	7.75%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	38.1%	38.9%
Total Margin (ER/TR)	0.24%	0.09%
Measure of Available Funding		
Working Capital	$405,286	$749,152

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 $3,789,875, which includes this project of $539,602, and maturities on long-term debt. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. With only $179,447 in cash and cash equivalents, and $405,286 in working capital, the applicant may have difficulties funding this project based on

the 2017 audited financial statements. The applicant provided a bank statement showing a balance of $588,979.58 as of 12/18/2018. While this amount may be sufficient to fund the project, staff notes that this is the operating account of the applicant. Using the funds in the operating account for the project could possibly hinder the operations of the applicant. Furthermore, no funding for the other capital projects was provided by the applicant.

Conclusion:
Funding for this project and the entire capital project may be in question.

VITAS Healthcare Corporation of Florida (CON application #10564):
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.

10564 - VITAS Healthcare Corp. 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	$57,649,650	$83,784,672
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)	10.62%	16.07%
Measure of Available Funding		
Working Capital	$10,700,220	$18,224,117

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 $9,533,640, which includes this project of $1,023,640, and capital expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by operating cash flows. 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 co-batched projects is tied to expected profitability. Profitability for hospice is driven by two factors, volume of patients and length of stay/condition of the patient. A new hospice program in a service area with published need is more likely than not to be financial feasible since patient volume and mix is presumed to be available in sufficient amounts to sustain a new program. The focus of our review will be on the reasonableness of projections, specifically the revenue.

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

Chapters Health Hospice – 9B, Inc. (CON application #10559)

HOSPICE REVENUE (Year 2) TABLE 1

CON 10559

Chapters Health Hospice 9B, Inc.

County: **St. Lucie**

Year Two: **Jun-21**

CON 10559	Chapters Health Hospice 9B, Inc.				
St. Lucie Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	$134.84	0.9149	$123.37	$61.41	$184.78
Routine Home Care 61+ days	$105.96	0.9149	$96.94	$48.25	$145.19
Continuous Home Care	$685.30	0.9149	$626.98	$312.08	$939.06
Inpatient Respite	$95.27	0.9149	$87.16	$80.74	$167.90
General Inpatient	$485.24	0.9149	$443.95	$272.83	$716.78

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	1.089	$201.14	$5,764,903		28,661
Routine Home Care 61+ days	1.089	$158.05	$0		0
Continuous Home Care	1.089	$1,022.24	$105,312	24	103
Inpatient Respite	1.089	$182.77	$12,876		70
General Inpatient	1.089	$780.27	$1,057,169		1,355
		Total	**$6,940,260**		**30,189**
			Days from Schedule 7		34,261
			Difference		**4,072**
			Percentage Difference		**11.88%**

The applicant's projected patient days are 11.88 percent or 4,072 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 a loss of $595,214 in year one to a profit of $704,467 in year two.

Conclusion:
This project appears to be financially feasible, although patient days, and thus revenue, may be overstated.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560)

HOSPICE REVENUE (Year 2) TABLE 1

CON 10560

Cornerstone Hospice & Palliative Care

County: **St. Lucie**

Year Two: **Sep-21**

CON 10560	Cornerstone Hospice & Palliative Care				
St. Lucie **Base Rate Calculation**	**Wage Component**	**Wage Index**	**Adjusted Wage Amount**	**Unadjusted Component**	**Payment Rate**
Routine Home Care 1-60 days	$134.84	0.9149	$123.37	$61.41	$184.78
Routine Home Care 61+ days	$105.96	0.8146	$86.32	$48.25	$134.57
Continuous Home Care	$685.30	0.9149	$626.98	$312.08	$939.06
Inpatient Respite	$95.27	0.9149	$87.16	$80.74	$167.90
General Inpatient	$485.24	0.9149	$443.95	$272.83	$716.78

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	1.097	$202.77	$5,841,117		28,806
Routine Home Care 61+ days	1.097	$147.67	$0		0
Continuous Home Care	1.097	$1,030.54	$93,738	24	91
Inpatient Respite	1.097	$184.26	$44,693		243
General Inpatient	1.097	$786.60	$851,449		1,082
		Total	**$6,830,997**		**30,222**
			Days from Schedule 7		32,622
			Difference		**2,400**
			Percentage Difference		**7.36%**

The applicant's projected patient days are 7.36 percent or 2,400 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. Physician revenue was also included in routine care 1-60 days. Operating profits from this project are expected to increase from $2,075,887 in year one to $3,410,227 in year two.

Conclusion:
This project appears to be financially feasible.

Hospice of Palm Beach County, Inc. (CON application #10561)

HOSPICE REVENUE (Year 2) TABLE 1
CON 10561
Hospice of Palm Beach County, Inc.
County: **St. Lucie**
Year Two: **Jun-21**

CON 10561	Hospice of Palm Beach County, Inc.				
St. Lucie **Base Rate Calculation**	**Wage Component**	**Wage Index**	**Adjusted Wage Amount**	**Unadjusted Component**	**Payment Rate**
Routine Home Care 1-60 days	$134.84	0.9149	$123.37	$61.41	$184.78
Routine Home Care 61+ days	$105.96	0.9149	$96.94	$48.25	$145.19
Continuous Home Care	$685.30	0.9149	$626.98	$312.08	$939.06
Inpatient Respite	$95.27	0.9149	$87.16	$80.74	$167.90
General Inpatient	$485.24	0.9149	$443.95	$272.83	$716.78

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	1.089	$201.14	$3,319,651		16,504
Routine Home Care 61+ days	1.089	$158.05	$0		0
Continuous Home Care	1.089	$1,022.24	$232,742	24	228
Inpatient Respite	1.089	$182.77	$11,911		65
General Inpatient	1.089	$780.27	$758,294		972
		Total	**$4,322,598**		**17,769**
			Days from Schedule 7		21,000
			Difference		**3,231**
			Percentage Difference		**15.39%**

The applicant's projected patient days are 15.39 percent or 3,231 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. Physician revenue was also included in routine care 1-60 days. Operating profits from this project are expected to increase from $211,222 in year one to $420,493 in year two.

Conclusion:
This project appears to be financially feasible, although patient days, and thus revenue, may be overstated.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562)

HOSPICE REVENUE (Year 2) TABLE 1

CON 10562

Seasons Hospice & Palliative Care of the Treasure Coast, LLC

County: **St. Lucie**

Year Two: **Dec-21**

CON 10562	Seasons Hospice & Palliative Care of the Treasure Coast, LLC				
St. Lucie Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	$134.84	0.9149	$123.37	$61.41	$184.78
Routine Home Care 61+ days	$105.96	0.9149	$96.94	$48.25	$145.19
Continuous Home Care	$685.30	0.9149	$626.98	$312.08	$939.06
Inpatient Respite	$95.27	0.9149	$87.16	$80.74	$167.90
General Inpatient	$485.24	0.9149	$443.95	$272.83	$716.78

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	1.106	$204.41	$4,626,835		22,635
Routine Home Care 61+ days	1.106	$160.62	$0		0
Continuous Home Care	1.106	$1,038.83	$502,873	24	484
Inpatient Respite	1.106	$185.74	$22,736		122
General Inpatient	1.106	$792.93	$765,009		965
		Total	**$5,917,453**		**24,207**
			Days from Schedule 7		25,300
			Difference		**1,093**
			Percentage Difference		**4.32%**

The applicant's projected patient days are 4.32 percent or 1,093 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 a loss of $501,737 in year one to a profit of $216,073 in year two.

Conclusion:
This project appears to be financially feasible.

Visiting Nurse Association of Florida, Inc. (CON application #10563)

HOSPICE REVENUE (Year 2) TABLE 1
CON 10563
Visiting Nurse Association of Florida
County: **St. Lucie**
Year Two: **Jul-21**

CON 10563	Visiting Nurse Association of Florida				
St. Lucie **Base Rate Calculation**	**Wage Component**	**Wage Index**	**Adjusted Wage Amount**	**Unadjusted Component**	**Payment Rate**
Routine Home Care 1-60 days	$134.84	0.9149	$123.37	$61.41	$184.78
Routine Home Care 61+ days	$105.96	0.9149	$96.94	$48.25	$145.19
Continuous Home Care	$685.30	0.9149	$626.98	$312.08	$939.06
Inpatient Respite	$95.27	0.9149	$87.16	$80.74	$167.90
General Inpatient	$485.24	0.9149	$443.95	$272.83	$716.78

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	1.092	$201.69	$3,391,215		16,814
Routine Home Care 61+ days	1.092	$158.48	$888,217		5,605
Continuous Home Care	1.092	$1,025.00	$580,504	24	566
Inpatient Respite	1.092	$183.27	$43,477		237
General Inpatient	1.092	$782.38	$184,636		236
		Total	**$5,088,049**		**23,458**
			Days from Schedule 7		25,250
			Difference		**1,792**
			Percentage Difference		**7.10%**

The applicant's projected patient days are 7.1 percent or 1,792 days more than the calculated patient days. Operating profits from this project are expected to increase from a loss of $512,405 in year one to a profit of $787,045 in year two.

Conclusion:
This project appears to be financially feasible.

VITAS Healthcare Corporation of Florida (CON application #10564)

HOSPICE REVENUE (Year 2) TABLE 1

CON 10564

VITAS Healthcare Corporation of Florida

County: **St. Lucie**

Year Two: **Mar-21**

CON 10564	VITAS Healthcare Corporation of Florida				
St. Lucie **Base Rate Calculation**	**Wage Component**	**Wage Index**	**Adjusted Wage Amount**	**Unadjusted Component**	**Payment Rate**
Routine Home Care 1-60 days	$134.84	0.9149	$123.37	$61.41	$184.78
Routine Home Care 61+ days	$105.96	0.9149	$96.94	$48.25	$145.19
Continuous Home Care	$685.30	0.9149	$626.98	$312.08	$939.06
Inpatient Respite	$95.27	0.9149	$87.16	$80.74	$167.90
General Inpatient	$485.24	0.9149	$443.95	$272.83	$716.78

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	1.080	$199.51	$2,174,601		10,900
Routine Home Care 61+ days	1.080	$156.77	$5,474,747		34,922
Continuous Home Care	1.080	$1,013.94	$686,404	24	677
Inpatient Respite	1.080	$181.29	$0		0
General Inpatient	1.080	$773.93	$242,879		314
		Total	**$8,578,631**		**46,813**
			Days from Schedule 7		42,170
			Difference		**-4,643**
			Percentage Difference		**-11.01%**

The applicant's projected patient days are 11.01 percent or 4,643 days less than the calculated patient days. The applicant did not separate service intensity adjustment and Medicaid R&B recovery, so all revenue was included in routine over 60 days. If any revenue is for under 60 days, the percentage difference gets smaller. Operating profits from this project are expected to increase from a loss of $1,564,743 in year one to a profit of $20,151 in year two.

Conclusion:
This project appears to be financially feasible, although patient days, and thus revenue, may be understated.

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

As previously stated in this report, **each** co-batched applicant is proposing a new hospice program to be located in Hospice Service Area 9B, which currently has three existing hospice programs.

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:
Strictly, from a financial perspective, **none** of the proposed Hospice Service Area 9B co-batched projects will have a material impact on price-based competition to promote quality and cost-effectiveness.

f. Are the proposed costs and methods of construction reasonable? Do they comply with statutory and rule requirements? ss. 408.035 (1)(h), Florida Statutes; Ch. 59A-4, Florida Administrative Code

Each of the co-batched applicants is seeking to establish a new hospice program. There are no construction costs and methods associated with any of the co-batched 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.

Chapters Health Hospice – 9B, Inc. (CON application #10559) maintains that no person is, or will be, refused service because of age, race, color, creed, religion, disability, sexual orientation, national origin, or ability to pay. The applicant notes that it does not have a policy that would limit the number of indigent patients it will serve.

The applicant states that while the majority of patient days are projected to be Medicare, Medicaid patient days are expected to represent 6.4 percent of the overall volume. CCH notes that another 0.6 percent of patient days are expected to be self-pay/charity. The reviewer notes that the applicant's narrative, as indicated, is consistent with CON application #10559, Schedule 7A. The reviewer generates the table below from the applicant's Schedule 7A.

Chapters Health Hospice – 9B, Inc.
Year One and Year Two Projected Number of Patient Days by Payer

	Medicare	Medicaid	Commercial Insurance	Self-Pay	Total
Year One 2019	9,997	732	551	71	11,351
Year Two 2020	30,173	2,208	1,664	216	34,261
Percent of Total 2019	88.1%	6.4%	4.9%	0.6%	100.0%
Percent of Total 2020	88.1%	6.4%	4.9%	0.6%	100.0%

Source: CON application #10559, Schedule 7A

The reviewer notes that CON application #10559 offers no Medicaid and/or self-pay/charity care condition in its Schedule C.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) provides the following projected payer mix for the proposed hospice program:

Cornerstone Hospice and Palliative Care, Inc.
Year One and Year Two Projected Number of Patient Days by Payer

	Medicare	Medicaid	3rd Party Insurance	Self-Pay	Total
Year One 2020	20,827	419	488	488	22,222
Year Two 2021	30,762	558	651	651	32,622
Percent of Total 2020	93.7%	1.8%	2.2%	2.2%	100%
Percent of Total 2021	94.3%	1.7%	2.0%	2.0%	100%

Source: CON application #10560, page 147, Exhibit 47

The applicant proposes that self-pay will account for 2.2 percent in year one and 2.0 percent in year two and that Medicaid will account for 1.8 percent in year one and 1.7 percent in year two, total annual patient days.

The applicant offers no Medicaid and/or self-pay condition. However, the applicant's Schedule C Condition #1 reads as follows:

- CHPC commits to provide care to charity care patients at an amount equal to or greater than three percent of total gross revenue

Hospice of Palm Beach County, Inc. (CON application #10561) asserts that HPBC has a strong and proven history of providing services to all patients that require hospice care, regardless of age, sexual preference, race, ethnicity, medical condition, financial resources or the ability to pay. The reviewer generates the table below from the applicant's Schedule 7A.

Hospice of Palm Beach County, Inc.
Year One and Year Two Projected Number of Patient Days by Payer

	Medicare	Medicaid	Commercial Insurance	Self-Pay	Total
Year One	11,301	375	262	61	12,000
Year Two	19,777	657	459	107	21,000
Percent of Total: Year One	94.2%	3.1%	2.2%	0.5%	100.0%
Percent of Total: Year Two	94.2%	3.1%	2.2%	0.5%	100.0%

Source: CON application #10561, Schedule 7A

According to the applicant, the Trustbridge Foundation is budgeted to invest $5.5 million in 2018 into the Palm Beach and Broward County communities. HPBC provides its "Charity Care Policy" in Appendix 5 of CON application #10561. The reviewer notes that this policy reads that Trustbridge and its hospice entities, collectively, shall ensure that all patients shall be provided services regardless of their ability to pay and that no billing will be generated to the patient or family for charity care.

The applicant's Schedule C Condition #12 reads:

- The commitment to provide at least 3.6 percent of hospice program patient days are to Medicaid/self-pay/non-pay/charity patients

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) utilizes the DOEA "Annual Hospice Demographics and Outcome Measure Report "data for 2016 and 2017 to indicate the percent of reimbursement for those two years at its HSA 6A, 10 and 11 operations. See the table below.

Percent of Reimbursement Reported for 2016 and 2017

	Seasons Broward		Seasons So. FL (Miami)		Seasons Tampa	
	2016	2017	2016	2017	2016	2017
Medicare	87	87.2	90	96	N/A	96.4
Medicaid	1	0.5	1	1	N/A	1.7
Third Party	5	7.9	5	1	N/A	1.4
Self- Pay	3	1.5	1	1	N/A	0.3
Uncompensated	3	3.0	1	1	N/A	0.3
Other	1	0.0	2	0	N/A	0.0
Total	**100**	**100**	**100**	**100**	**N/A**	**100**

Source: CON application #10562, page 9-1, Table 9-1

According to SHPCTC, the above information demonstrates its historical contribution to Medicaid and uncompensated care in Florida, with all three of its Florida hospices providing care to individuals with Medicaid as a payer, as well as providing uncompensated care.

Regarding the proposed project, SHPCTC estimates the following patient days and percent of days by payer for years one and two. The applicant asserts that medically indigent days are included as part of the self-pay days and account for one percent, representing a deduction from revenue. See the table below.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC
Patient Days, First Two Years by Payer

Patient Days			
Payer	**Year One**	**Year Two**	**Percent Days**
Medicare	10,498	23,276	92.0%
Medicaid	342	759	3.0%
Insurance	342	759	3.0%
Self-Pay	**228**	**506**	**2.0%**
Total	**11,411**	**25,300**	**100.0%**

Source: CON application #10562, page 9-2, Table 9-2

SHPCTC maintains that the days for charity care in years one and two are 114 and 253, respectively, and are included in the self-pay category. The reviewer confirms that the table (above) is consistent with the applicant's Schedule 7A, with Medicaid accounting for 3.0 percent and self-pay accounting for 2.0 percent in both year one and year two, total annual patient days.

The applicant reiterates its Schedule C Condition #s 5 and 6, which, respectively, read:

- 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 Area 9B residents.
- Seasons establishes a Homeless Program in HSA 9B. Seasons commits to ongoing funding of a minimum $5,000 annually for homeless hospice patients to offer shelter and comfort in their final days. 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 contribution, the balance is provided to the Treasure Coast Homeless Services Council, Inc. (serving Martin and St. Lucie) and the Heartland Coalition for the Homeless (serving Okeechobee) to assist in ending homelessness.

Visiting Nurse Association of Florida, Inc. (CON application #10563) states already being a key community provider of health care to Medicaid patients and the medically indigent. The applicant notes that it provides the Florence Nightingale Express – a 38-foot mobile unit that provides free health services to patients at various locations in HSA 9B to maximize outreach. According to the applicant, the Florence Nightingale Express has:

- Visited community outreach centers monthly to provide free health care
- Managed patients' chronic illnesses
- Conducted back-to-school and sports physicals for school-aged children
- Provided free memory screenings for those experiencing early signs of Alzheimer's or dementia
- Traveled across the state to participate in blanket and clothing drives
- Teamed up with Habitat for Humanity to build shelter for homeless
- Driven over 110,000 miles
- Provided care to over 3,000 patients and counting

The applicant contends, as an organization, having provided free care to the community totaling $453,710 in 2017.

VNAF provides the following projected payer mix for the proposed hospice program:

Visiting Nurse Association of Florida, Inc.
Year One and Year Two Projected Number of Patient Days by Payer

	Medicare	Medicaid	Commercial Insurance	Self-Pay	Total
Year One (Date Not Stated)	13,330	1,550	310	310	15,550
Year Two (Date Not Stated)	21,715	2,525	505	505	25,250
Percent of Total Year One	86%	10%	2%	2%	100%
Percent of Total Year Two	86%	10%	2%	2%	100%

Source: CON application #10563, Schedule 7A

The applicant proposes that self-pay will account for two percent in year one and in year two and that Medicaid will account for 10 percent in year one and in year two, total annual patient days.

The applicant's Schedule C Condition #s 1, 2 and 3, respectively, read:

- Commitment to Serve the Medicaid Population
  VNA Hospice commits to making at least 10 percent of its projected patient volume available for Medicaid and Charity Care patients. This is a higher figure than historically seen in statewide, but reflects the high Medicaid population reported to the DOEA by the current service area providers. VNA Hospice is committed to delivering care that reflects the needs and patients in our community. This is a

commitment to provide 10 percent of our annual care to Medicaid and Charity Care patients, although the actual percentage of volume will be dictated by patient demand. However, we are committing to ensuring the patient mix will be served if the demand is present

- Commitment to Serve the Homeless
  VNA Hospice commits to provide free care of at least $10,000 in year one and $20,000 in year two of operation to the homeless population of Okeechobee, Martin and St. Lucie Counties
- Commitment to Service Patients without Primary Caregivers
- VNA Hospice commits to provide free care of at least $100,000 over the first 24 months of operations to patients identified as lacking a primary caregiver during their hospice treatment. With three assisted living facilities under operation through its Grand Oaks subsidiary, VNA of Florida can easily access assisted living facility space for these patients

The reviewer notes that the applicant states, "We are also committed to providing free care of at least $10,000 to the homeless and $10,000 to patients without primary caregivers over our first two years of operation" (page 84 of the application). The reviewer confirms that the first part of this sentence (a commitment to provide free care of at least $10,000 to the homeless) is consistent with the applicant's Schedule C Condition #2. However, the reviewer notes that the second part of this sentence ($10,000 to patients without primary caregivers) is inconsistent with the applicant's Schedule C Condition #3 – this is a $90,000 discrepancy.

VITAS Healthcare Corporation of Florida (CON application #10564) describes having a long history of providing services to Medicaid patients and proposes to provide services to Medicaid patients in HSA 9B. VITAS comments on 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 its forecasted patient days in HSA 1 during its first year of operations (8.3 percent actual Medicaid, 4.7 percent forecasted Medicaid) and in HSA 4A (7.0 percent actual Medicaid, 4.9 percent Medicaid forecasted). VITAS notes that it has provided over six million in charity care for hospice patients at its Florida programs, YTD November 2018.

The reviewer generates the following table from the applicant's Schedule 7A, to account for patient days and the percentage of patient days for year one (ending 3/31/2020) and for year two (ending 3/31/2021) of operations.

VITAS Healthcare Corporation of Florida
Year One and Year Two Projected Number of Patient Days by Payer

	Self-Pay	Medicaid	Medicare	Commercial Insurance	Charity Care	Total
Year One (3/31/2020)	1	2,194	11,024	247	233	13,699
Year Two (3/31/2021)	3	6,745	34,096	764	562	42,170
Percent of Total Year One	0.0%	16.0%	80.5%	1.8%	1.7%	100.0%
Percent of Total Year Two	0.0%	16.0%	80.9%	1.8%	1.3%	100.0%

Source: CON application #10564, Schedule 7A

As shown in the above table, VITAS projects, total annual patient days, as follows:

- 0.0 percent self-pay (year one and year two)
- 16.0 percent Medicaid (year one and year two)
- 1.7 percent charity care (year one)
- 1.8 percent charity care (year two)

The applicant proposed no Medicaid and/or self-pay/charity care condition. However, the applicant's Schedule C Condition #s 3.b thru 3.e, 6.b and 13, respectively, are grants and each indicate being provided by VITAS or an affiliated entity. These six conditions read, in part:

- Grant to Provide Housing Assistance: VITAS will partner with a community organization to provide housing vouchers and improve access to shelter for area residents experiencing homelessness. VITAS conditions this application on making a grant of up to $100,000 to be distributed across two years to a qualified agency assisting individuals experiencing homelessness in HSA 9B.
- Partnership with Food Assistance Program: VITAS conditions this application on providing a grant of $90,000 to be distributed during the first two years of operations to The Treasure Coast Food Bank and other qualified area organizations assisting residents with food insecurity.
- Partnership with HANDS: HANDS of St. Lucie County (Health Action Network of St. Lucie County) provides access to health care for qualified low-income, uninsured residents of St. Lucie County. VITAS conditions this application on funding a partnership with HANDS to provide disease specific and end-of-life education and outreach, and to provide opportunities for HANDS to further its mission of providing a continuum of care to area residents in need. VITAS will provide a grant of $25,000 per year for the first two years of operations.
- Grant for Stuart Volunteers in Medicine: The Stuart Volunteers in Medicine Clinic provides comprehensive medical care to the working uninsured in Martin County. VITAS conditions this application on making a grant of $25,000 per year for the first two years of operations to provide funding for prescriptions for area residents and

further Stuart Volunteers in Medicine's mission of serving the health and wellness needs of the medically indigent in Martin County.

- Clinical Research and Support for Caregivers of Patients with Alzheimer's and Dementia: VITAS conditions this application on providing a grant to the local Alzheimer's and Parkinson'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.
- Education Grant: VITAS conditions this application on providing a grant of $100,000 over the two years to an area college, university or training facility to provide scholarships, fellowships or other education to medical students, nurses, nursing aides, or other health care workers focused on hospice and end-of-life care.

F. SUMMARY

Chapters Health Hospice – 9B, Inc. (CON application #10559), a not-for-profit newly formed/development stage entity, proposes to establish a new hospice program in HSA 9B. CHH is an affiliate of CHS an existing provider of hospice services in HSAs: 3C, 3D, 5A, 6A and 6B.

The applicant proposes $320,641 in total project costs.

Pursuant to project approval, the applicant offers 15 Schedule C conditions.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560), a not-for-profit, existing entity, proposes to establish a new hospice program in HSA 9B. CHPC currently provides hospice services in HSAs: 3E, 6B and 7B.

The applicant proposes $206,710 in total project costs.

Pursuant to project approval, the applicant offers nine Schedule C conditions.

Hospice of Palm Beach County, Inc. (CON application #10561), a not-for-profit, existing entity, proposes to establish a new hospice program in HSA 9B. HPBC is an affiliate of Trustbridge an existing provider of hospice services in HSAs: 9C and 10.

The applicant proposes $685,389 in total project costs.

Pursuant to project approval, the applicant offers 12 Schedule C conditions.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562), a for-profit newly formed/development stage entity, proposes to establish a new hospice program in HSA 9B. SHPCTC is an affiliate of Seasons Hospice and Palliative Care, Inc., an existing provider of hospice services in HSAs: 5B, 6A, 10 and 11. On August 17, 2018, the Agency initially approved CON application #10537 for Seasons Hospice and Palliative Care of Pasco County, LLC to provide hospice services in HSA 5A. Currently, ultimate approval of CON application #10537 is pending litigation.

The applicant proposes $781,552 in total project costs.

Pursuant to project approval, the applicant offers nine Schedule C conditions.

Visiting Nurse Association of Florida, Inc. (CON application #10563), a not-for-profit home health agency and an existing owner/operator of hospice services, as well as ALFs, proposes to establish a new hospice program in HSA 9B. VNAF is an existing provider of hospice services in HSA 9A.

The applicant proposes $539,602.64 in total project costs.

Pursuant to project approval, the applicant offers seven Schedule C conditions.

VITAS Healthcare Corporation of Florida (CON application #10564), a for-profit entity, proposes to establish a new hospice program in HSA 9B. VITAS is a Comfort Care Holdings subsidiary of Roto-Rooter, Inc., and an affiliate of ChemMed Corporation and Subsidiary Companies. VITAS provides hospice services in HSAs: 1, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9C, 10 and 11.

The applicant proposes $1,023,640 in total project costs.

Pursuant to project approval, the applicant offers 17 Schedule C conditions.

Need/Access:

The co-batched applicants' proposed projects are in response to the fixed need pool for a new hospice in HSA 9B. **Each** applicant's arguments in support of need for their respective proposal is briefly summarized below.

Chapters Health Hospice – 9B, Inc. (CON application #10559) maintains that there is need for a new hospice provider with a commitment to serving all of HSA 9B—including, but not limited to patients with life-limiting illnesses who wish to receive curative treatments, persons with end-stage heart disease and/or end-stage respiratory disease, lower-income patients and the African-American and Hispanic communities. CHH presents the following reasons why it is ideally suited to meet the published hospice program need identified for HSA 9B:

- CHS has 35 years of successful operations and currently operates as a licensed hospice provider in HSAs 3C, 3D, 5A, 6A and 6B.
- Between January 2018 and January 2020, the population of HSA 9B is projected to increase by over 17,000 persons—a growth rate of 3.4 percent.
- Projected growth among both the African American and Hispanic populations of HSA 9B are expected to exceed statewide averages over the 2017-2020 time period.
- Both African-American and Hispanic residents of HSA 9B are underutilizing hospice services. CHH intends to address these apparent gaps in service by hiring an individual that will focus on outreach to minority communities (as well as Veterans' groups) and will maintain this position for the first three years of operation.
- CHH will include bilingual (English-Spanish) language capacity in HSA 9B.
- An analysis of comparative penetration rates reveals that HSA 9B is underserved relative to hospice care, especially in Okeechobee County. This underservice or lack of access is most pronounced among persons with non-cancer diagnoses. Heart disease and "not cancer" is the leading cause of death among Service Area 9B residents. CHH is very experienced in caring for seriously ill non-cancer patients, many of whom are dealing with medically-complex chronic conditions such as CHF, COPD and/or end-stage renal disease.
- CHH identifies many special needs of the residents of HSA 9B, including needs for more "Open Access" and other forms of concurrent care.
- The applicant is currently an active provider of end-of-life care to the Veterans' population.

The applicant forecasts 199 admissions in year one and 534 admissions in year two of operation, based on payer type but forecasts 139 admissions in year one and 416 admissions in year two of operation, based on terminal illness type (cancer vs. non-cancer) and based on age group (under 65 vs. 65 and older).

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) presents the following reasons for which Cornerstone will best meet the published hospice program need identified for the area:

- As an existing Joint Commission accredited hospice agency serving adjacent hospice service areas, CHPC proposes to expand its existing license to serve HSA 9B.
- CHPC 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.
- Through its existing hospice offices in neighboring Polk and Highlands Counties, CHPC already has relationships with hospitals, physicians, ALFs, SNFs and other health care providers in HSA 9B that will lend itself to natural referral relationships upon approval to serve this region and has developed new relationships in preparation of CON application #10560.
- CHPC's staff has already spent a tremendous amount of time in HSA 9B, meeting with health care providers, referral sources, community leaders, and other individuals to learn about the hospice needs in the service area and how to quickly and efficiently begin addressing these needs. Staff has met and/or talked with 147 individuals and organizations and received 67 letters of support for its proposed expansion into Service Area 9B.
- CHPC has identified both clinical and programmatic needs within HSA 9B including enhanced outreach and access to Veterans, Hispanic, African American, LGBTQ, and Jewish patients.
- CHPC will establish an office presence in St. Lucie County and has already identified a proposed location.
- CHPC is well known for its exceptional level which provides among the highest level of skilled care in the industry.
- CHPC is also known for its compassion in going above and beyond with exceptional and unique services.
- CHPC's "Chaplain Services/Spiritual Care" program exceeds most hospice providers with 50 hours of training per chaplain.
- CHPC has identified nine 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 HSA 9B patients and families.
- CHPC will benefit from operating in an adjacent service area and will, additionally, begin recruitment efforts, community education and the building of new infrastructure immediately upon approval.

The applicant forecasts 365 admissions in year one and 481 admissions in year two of operation.

Hospice of Palm Beach County, Inc. (CON application #10561) contends that in addition to the Agency's published need for an additional hospice program in HSA 9B, analysis indicates that additional service area factors support the need for the proposed project. The applicant contends that the following service area factors are stated to justify approval of the proposed project:

- Population growth and aging of the population in the service area driving increased hospice volume
- Underserved population groups which will have enhanced access to care
  - Hospice penetration rates within the African American and Hispanic populations lower than observed within others populations in HSA 9B
  - A high percent of Hispanic population and overall economic weakness in Okeechobee County
  - A high percent of African American population in St. Lucie County
- Underutilization of hospice service by residents dying of non-cancer conditions
- Letters of support

The applicant forecasts 200 admissions in year one and 350 admissions in year two of operation.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) offers the following justifications to warrant project approval:

- Unmet hospice need was identified for and hospice services will be particularly targeted toward:
  - Residents age 65+ with a non-cancer terminal diagnosis
- Other gaps in hospice care to be targeted include:
  - Lack of a palliative care program
  - Lack of 24/7 on call nursing availability during a crisis
  - Lack of staffing
    - A federally-approved HPSA designation for each of the three counties in HSA 9B
  - Need for patient choice and innovative programs
  - Underservice to rural and minority populations
    - Okeechobee County residents
    - African-American population
    - Hispanic population
  - Vulnerable subpopulations to receive targeted services
    - Homeless population
    - Veteran population

  - Special programming for disease prevalence for area hospice patients with the following terminal diagnosis:
    - Alzheimer's
    - HIV/AIDS
    - Heart disease
  - Sensitivity and programming for a wide range of religious groups
- Commitment, quality and experience set it apart from its competitors
- Compared to other co-batched applicants, SHPCTC would fill the widest range of needs, fulfilling numerical need, service and quality gaps and attracting and educating health care professionals
- Extensive knowledge and reach into the service area
- Establishing a Center for the Advancement of Palliative Medicine in the Treasure Coast, including continuing education, internship programs and minority advisory boards (an African American Advisory Board and a Hispanic Advisory Board) will change community misconceptions about hospice care – engaging the community and its residents

The applicant forecasts 208 admissions in year one and 422 admissions in year two of operation.

Visiting Nurse Association of Florida, Inc. (CON application #10563) asserts that it is the best candidate and for HSA 9B because it is an established non-profit health care provider that can improve the patient care continuum locally and across county lines with a commitment to best practices. The applicant maintains that it possesses unique characteristics which support a first-class operation on an accelerated timeline for the following reasons:

- VNAF is an established service area provider.
- VNAF will benefit from its history, background and sterling reputation in the service area.
- VNAF will quickly develop office locations at existing office sites in the City of Stuart and within the city/county of Okeechobee. VNAF will also develop a new office location in St. Lucie County.
- VNAF's home health agency drives hundreds of direct and indirect admissions to hospice care on an annual basis.
- Leading trust VNAF to provide quality, best-in-class care and will be strong partners in ensuring patients will have access to hospice services.
- VNAF already operates a free mobile clinic serving over 3,000 indigent patients that provides care, education and outreach to HSA 9B.
- VNAF has a strong connection to the Veteran community—providing care to over 860 veteran patients in 2017 alone.
- VNAF has a large, skilled workforce to quickly meet labor demands.
  - Over 700 active RNs, LPNs and HHAs on staff statewide

  - Nearly 80 therapy staff and medical social workers on staff statewide
  - Physicians and APRNs on staff, including those with hospice care experience
  - Administrative leadership with hospice experience
- VNAF will receive hospice program development and operational support and guidance from its sister organization in Indian River County, VNA Hospice of the Treasure Coast. Benefits of their support will include:
  - Support on best practices
  - Educational materials
  - Key program care design decisions
- VNAF is dedicated to a seamless care continuum for hospice services for patients crossing county borders.
- VNAF will connect its established home health, home care, advanced illness management program and primary care program to the proposed hospice care program. With the approval of the proposed service, VNAF will be able to offer a more complete continuum of care for patients in HSA 9B--benefitting patients, families and the area providers by improving patient experiences, patient outcomes, and reducing provider burden.
- VNAF will meet or exceed the performance standards and service offerings of the other applicants. VNAF will operate a program in keeping with the highest standards of excellence, including:
  - The Joint Commission
  - NHCPO
  - Alternative Therapies: VNAF is committed to providing a full range of alternative therapies including:
    - Aromatherapy
    - Pet therapy
    - Massage therapy
    - Music therapy
  - Specialized Outreach Programs: VNAF will operate programs to serve:
    - African-American patients
    - Latino/Hispanic patients
    - Jewish patients
    - Veterans patients
    - HIV/AIDS patients
    - SNF patients
    - ALF patients
- VNAF has the mission and resources of a well-funded non-profit organization and a for-profit focus on operational efficiencies.

The applicant forecasts 310 admissions in year one and 505 admissions in year two of operation.

VITAS Healthcare Corporation of Florida (CON application #10564) presents arguments as to why it is the right choice for HSA 9B. Per the applicant, to succeed in a market with three well-established providers, the hospice approved by the Agency to enter HSA 9B must not only provide high quality care but also quickly establish itself as a trustworthy provider. According to VITAS, doing so requires experienced staff, developing relationships with physicians and community organizations, and negotiating contracts with hospitals, SNFs and ALFs. The applicant contends that it has the resources, the Florida experience and the national credibility to achieve success as a hospice provider in HSA 9B.

The applicant notes that it will quickly start the proposed program and has repeatedly shown the Agency that it can quickly establish a hospice program, increase an HSA use rate, meet all the conditions of its application and not adversely affect existing hospice providers . VITAS comments that it is the applicant that the Agency can count on to meet the specific needs in HSA 9B.

VITAS offers the proposed programs that target the following populations as being in need of new/enhanced hospice services:

- Residents with chronic lower respiratory disease diagnosis
- Residents with cardiac disease diagnosis
- An overall substantially lower hospice service average ALOS
- Homeless residents
- Food-insecure residents
- Okeechobee County residents
  - Lower education attainment
  - Higher percentage of residents with household incomes under $35,000
- African American residents and particularly the age 65+ African American population in St. Lucie County
- Veterans
- VITAS/hospice representation in the Treasure Coast Health Coalition
- ALF outreach
- Education grants for area colleges/universities/training facilities for future health care workers focused on end-of-life and hospice care

The applicant forecasts 265 admissions in year one and 518 admissions in year two of operation

CON #10564 (VITAS), on balance, best satisfied the statutory and rule criteria for a new hospice provider in HSA 9B pursuant to published need—this included identifying the proposed populations that are being underserved for hospice, services proposed to make hospice accessible and available to underserved populations and a history of establishing licensure quickly in new HSAs which will enhance access to hospice services to residents of HSA 9B.

Quality of Care:

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

Chapters Health Hospice – 9B, Inc. (CON application #10559): Agency records indicate that, in its five HSAs, as of the three-year period ending December 17, 2018, Chapters hospice affiliates had a total of five substantiated complaints.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560): Agency records indicate that, in its three HSAs, as of the three-year period ending December 17, 2018, CHPC had a total of one substantiated complaint.

Hospice of Palm Beach County, Inc. (CON application #10561): Agency records indicate that, in its four HSAs, as of the three-year period ending December 17, 2018, Trustbridge hospice affiliates had a total of four substantiated complaints.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562): Agency records indicate that, in its four HSAs, as of the three-year period ending December 17, 2018, Seasons hospice affiliates had a total of zero substantiated complaints.

Visiting Nurse Association of Florida, Inc. (CON application #10563): Agency records indicate that, in its one HSA, as of the three-year period ending December 17, 2018, VNAF hospice affiliates had a total of zero substantiated complaints.

VITAS Healthcare Corporation of Florida (CON application #10564): Agency records indicate that, in its 13 HSAs, as of the three-year period ending December 17, 2018, VITAS hospice affiliates had a total of 22 substantiated complaints.

Financial Feasibility/Availability of Funds:

Strictly, from a financial perspective, **none** of the proposed HSA 9B co-batched projects will have a material impact on price-based competition to promote quality and cost-effectiveness.

Chapters Health Hospice – 9B, Inc. (CON application #10559)
- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible, although patient days, and thus revenue, may be overstated

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560)
- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible

Hospice of Palm Beach County, Inc. (CON application #10561)
- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible, although patient days, and thus revenue, may be overstated

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562)
- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible

Visiting Nurse Association of Florida, Inc. (CON application #10563)
- Funding for this project and the entire capital budget may be in question
- This project appears to be financially feasible

VITAS Healthcare Corporation of Florida (CON application #10564)
- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible, although patient days, and thus revenue, may be overstated

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.

Chapters Health Hospice – 9B, Inc. (CON application #10559) proposes that self-pay will account for 0.6 percent in years one and two and also proposes that Medicaid will account for 6.4 percent in years one and two, total annual patient days.

The applicant offers no Medicaid and/or self-pay/charity condition.

Cornerstone Hospice and Palliative Care, Inc. (CON application #10560) proposes that self-pay will account for 2.2 percent in year one and 2.0 percent in year two and that Medicaid will account for 1.8 percent in year one and 1.7 percent in year two, total annual patient days.

The applicant offers no Medicaid and/or self-pay condition. However, the applicant's Schedule C Condition #1 reads as follows:

- CHPC commits to provide care to charity care patients at an amount equal to or greater than three percent of total gross revenue

Hospice of Palm Beach County, Inc. (CON application #10561) proposes that self-pay will account for 0.5 percent in both year one and year two and that Medicaid will account for 3.1 percent in both year one and year two, total annual patient days.

The applicant's Schedule C Condition #12 reads as follows:

- The commitment to provide at least 3.6 percent of hospice program patient days are to Medicaid/self-pay/non-pay/charity patients.

Seasons Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10562) proposes that self-pay will account for 2.0 percent in both year one and year two and that Medicaid will account for 3.0 percent in both year one and year two, total annual patient days. Charity care is stated to be included in the self-pay category.

The applicant offers no Medicaid and/or self-pay/charity care condition. However, the applicant's Schedule C Condition #s 5 and 6, respectively, read as follows:

- 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 HSA 9B residents.

- Seasons establishes a Homeless Program in HSA 9B. Seasons commits to ongoing funding of a minimum $5,000 annually for homeless hospice patients to offer shelter and comfort in their final days. 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 contribution, the balance is provided to the Treasure Coast Homeless Services Council, Inc. (serving Martin and St. Lucie) and the Heartland Coalition for the Homeless (serving Okeechobee) to assist in ending homelessness.

Visiting Nurse Association of Florida, Inc. (CON application #10563) proposes that self-pay will account for two percent in year one and in year two and also proposes that Medicaid will account for 10 percent in year one and in year two, total annual patient days.

The applicant's Schedule C Condition #s 1, 2 and 3, respectively, read:

- Commitment to Serve the Medicaid Population
  VNA Hospice commits to making at least 10 percent (10%) of its projected patient volume available for Medicaid and Charity Care patients. This is a higher figure than historically seen in statewide, but reflects the high Medicaid population reported to the DOEA by the current service area providers. VNA Hospice is committed to delivering care that reflects the needs and patients in our community. This is a commitment to provide 10 percent of our annual care to Medicaid and Charity Care patients, although the actual percentage of volume will be dictated by patient demand. However, we are committing to ensuring the patient mix will be served if the demand is present
- Commitment to Serve the Homeless
  VNA Hospice commits to provide free care of at least $10,000 in year one and $20,000 in year two of operation to the homeless population of Okeechobee, Martin and St. Lucie Counties
- Commitment to Service Patients without Primary Caregivers
- VNA Hospice commits to provide free care of at least $100,000 over the first 24 months of operations to patients identified as lacking a primary caregiver during their hospice treatment. With three assisted living facilities under operation through its Grand Oaks subsidiary, VNA of Florida can easily access assisted living facility space for these patients

VITAS Healthcare Corporation of Florida (CON application #10564) proposes, total annual patient days, as follows:

- 0.0 percent self-pay (year one and year two)
- 16.0 percent Medicaid (year one and year two)

- 1.7 percent charity care (year one)
- 1.8 percent charity care (year two)

The applicant offers no Medicaid and/or self-pay/charity care condition. However, the applicant's Schedule C Condition #s 3.b thru 3.e, 6.b and 13, respectively, are grants and each indicate being provided by VITAS or an affiliated entity. These six conditions read, in part:

- Grant to Provide Housing Assistance: VITAS will partner with a community organization to provide housing vouchers and improve access to shelter for area residents experiencing homelessness. VITAS conditions this application on making a grant of up to $100,000 to be distributed across two years to a qualified agency assisting individuals experiencing homelessness in HSA 9B.
- Partnership with Food Assistance Program: VITAS conditions this application on providing a grant of $90,000 to be distributed during the first two years of operations to The Treasure Coast Food Bank and other qualified area organizations assisting residents with food insecurity.
- Partnership with HANDS: HANDS of St. Lucie County (Health Action Network of St. Lucie County) provides access to health care for qualified low-income, uninsured residents of St. Lucie County. VITAS conditions this application on funding a partnership with HANDS to provide disease specific and end-of-life education and outreach, and to provide opportunities for HANDS to further its mission of providing a continuum of care to area residents in need. VITAS will provide a grant of $25,000 per year for the first two years of operations.
- Grant for Stuart Volunteers in Medicine: The Stuart Volunteers in Medicine Clinic provides comprehensive medical care to the working uninsured in Martin County. VITAS conditions this application on making a grant of $25,000 per year for the first two years of operations to provide funding for prescriptions for area residents and further Stuart Volunteers in Medicine's mission of serving the health and wellness needs of the medically indigent in Martin County.
- Clinical Research and Support for Caregivers of Patients with Alzheimer's and Dementia: VITAS conditions this application on providing a grant to the local Alzheimer's and Parkinson'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.
- Education Grant: VITAS conditions this application on providing a grant of $100,000 over the two years to an area college, university or training facility to provide scholarships, fellowships or other education to medical students, nurses, nursing aides, or other health care workers focused on hospice and end-of-life care.

G. RECOMMENDATION

Approve CON #10564 to VITAS Healthcare Corporation of Florida to establish a hospice program in Hospice Service Area 9B. The total project cost is $1,023,640.

CONDITIONS:

1. VITAS Pulmonary Care Program

The program has three primary aims: 1)improving end-of-life care for patients with pulmonary diagnoses 2)increasing area health care providers' awareness of hospice care for patients with respiratory diagnoses and 3)increasing area residents' awareness of hospice care for patients' with respiratory diagnoses. The program will include the following elements:

a. Staff Training: All nurses, physicians, social workers and chaplains will complete training on care for patients with pulmonary diagnoses and their families within the first three months of their start date. Training will include at least three elements: 1) Education on Chronic Obstructive Pulmonary Disease 2) Education on End Stage Pulmonary Disease and 3) Training on removal from mechanical ventilation.

b. Respiratory Therapist: VITAS will employ a respiratory therapist in Subdistrict 9B who will be hired before the hospice begins operations. The therapist will provide patient care and serve as an educational resource to other hospice staff. The respiratory therapist will also educate health care providers and the community.

c. Provider Input: VITAS will publicize and hold semi-annual meetings open to area pulmonologists, their support staff and other physician stakeholders. These meetings will be a forum to discuss VITAS' Pulmonary Care program and obtain feedback from physicians and other clinicians on patients' needs and how the program can best address them.

d. Health Care Provider Education: VITAS will offer COPD-related continuing education presentations to area health care providers. These presentations will focus on end-of-life and palliative care. VITAS will offer two programs to area providers each year, for at least the first three years of operations. The two programs will be *Palliative Care for End-Stage COPD Patients* and *COPD: The Disease*.

e. Community Education: VITAS will publicize and hold semi-annual Ask the Doctor events open to the public. These events will be a forum for area residents to ask hospice physician and other VITAS clinicians about hospice care, end-stage pulmonary disease, and caregiving and support for individuals with respiratory disease.

2. VITAS Cardiac Care Program

The program improves end-of-life care for patients with cardiac diagnoses, by using the following elements:

a. Staff Training: All nurses, social workers and chaplains will complete the training modules in the VITAS Cardiac Program Resource Manual (or its successor) within three months of their start date.

b. Provider Input: VITAS will publicize and hold semi-annual meetings open to area cardiologists and their support staff. These meetings will be a forum to discuss VITAS' cardiac program and obtain feedback from physicians and other clinicians on how VITAS can address their patients' needs.

c. Health Care Provider Education: VITAS will offer an annual cardiac-related continuing education presentation to area health care providers for at least the first three years of operations.

d. Community Education: VITAS will publicize and hold semi-annual Ask the Doctor events open to the public. These events will be a forum for area residents to ask hospice physician and other VITAS clinicians about hospice care, cardiac disease, and caregiving and support for individuals with cardiac disease.

3. Outreach and End-of-life Education for 9B Residents Experiencing Homelessness, Food Insecurity and Limited Access to Health Care

VITAS is committed to caring for all patients, regardless of where they call home. VITAS is also committed to providing resources that will improve quality of life and tools that will prove useful at the end-of-life whether or not an individual becomes a VITAS patient. To that end, VITAS conditions this application on a program to serve individuals experiencing homelessness, limited access to health care and food insecurity in Subdistrict 9B. The program will include the following elements:

- Advanced Care Planning for Area Homeless Shelter Residents: VITAS will offer at least three advanced care planning education programs to area homeless shelters to residents and staff. The programs will guide individuals through filling out advanced directives, give them wallet cards noting where the advance directive is filed, and give copies of the advance directive to their health care and social service providers, when the person requests VITAS to do so.
- Grant to Provide Housing Assistance: VITAS will partner with a community organization to provide housing vouchers and improve access to shelter for area residents experiencing homelessness. VITAS conditions this application on making a grant of up to $100,000 to be distributed across two years to a qualified agency assisting individuals experiencing homelessness in Subdistrict 9B. This grant will be provided by VITAS or an affiliated entity.
- Partnership with Food Assistance Program: VITAS conditions this application on providing a grant of $90,000 to be distributed during the first two years of operations to The Treasure Coast Food Bank and other qualified area organizations assisting residents with food insecurity. The Treasure Coast Food Bank provides meals and assistance, health education, and health screenings to area residents on governmental assistance programs.
- Partnership with HANDS: HANDS of St. Lucie County (Health Action Network of St. Lucie County) provides access to health care for qualified low-income, uninsured residents of St. Lucie County. VITAS conditions this application on funding a partnership with HANDS to provide disease specific and end-of-life education and outreach, and to provide opportunities for HANDS to further its mission of providing a continuum of care to area residents in need. VITAS will provide a grant of $25,000 per year for the first two years of operations.
- Grant for Stuart Volunteers in Medicine: The Stuart Volunteers in Medicine Clinic provides comprehensive medical care to the working uninsured in Martin County. VITAS conditions this application on making a grant of $25,000 per year for the first two years of operations to provide funding for prescriptions for area residents and further Stuart Volunteers in Medicine's mission of serving the health and wellness needs of the medically indigent in Martin County. The grant will be provided by VITAS or an affiliated entity.

4. Outreach Program for Okeechobee Residents

VITAS is committed to increasing hospice utilization and meeting the needs of Okeechobee County residents. VITAS conditions this application on having a full-time hospice representative, dedicated to outreach in Okeechobee during at least the first two years of operations. The representative and the core services team will be hired when the Okeechobee office opens. The representative will coordinate community education programs and outreach and education to area clinicians. Compliance will be demonstrated by providing the hospice representative's hire date in the annual condition compliance report.

VITAS will implement its Hospice Education and Low Literacy Outreach (HELLO) program in Okeechobee County. VITAS conditions this application on offering two outreach events during the first two years of operations in conjunction with area social agencies, religious communities, or employers. VITAS staff will provide information on end-of-life care and easy to digest documents on advance care planning to improve the health care literacy of the community.

5. Palliative Care Resources

To ensure area patients who would benefit from palliative care receive the services they need, VITAS conditions this application on:

a. Engaging area residents with serious illness in advance care planning and goals of the care conversations: VITAS conditions this application on using easy to understand documents and aides to facilitate decisions on care for serious illness. VITAS will use the Five Wishes document and a wishes and values guide during advanced care planning and goals of care conversations.

b. Brining Palliative Medical Associates into 9B: To provide palliative care to patients who are no ready or eligible to receive hospice care, VITAS Palliative Care Medical Associates, a VITAS-affiliated physician lead consultative practice will provide services to palliative care patients in Subdistrict 9B within the first two years of operations.

c. Providing palliative chemotherapy, inotrope drips and radiation to optimize pain and symptom management, as appropriate.

6. Clinical Research and Support for Caregivers of Patients with Alzheimer's and Dementia

VITAS is committed to bringing the latest innovations in end-of-life care to its patients and their caregivers. VITAS is also committed to providing patients' caregivers with support. VITAS conditions this application on two elements related to improving care and support for patients with Alzheimer's and their families.

a. VITAS conditions this application on making Subdistrict 9B one of the geographic study areas for the NH-funded The Hospice Advanced Dementia Symptom Management and Quality of Life Trail (HAS-QOL). This trial will test the effectiveness of the Dementia Symptom at Home Program. The program covers care needs across both patients with advanced dementia and those admitted to hospice for other terminal diagnoses with concomitant dementia, and aims to reduce unnecessary antipsychotic drug use, reduce the need for inpatient and continuous hospice care and increase caregiver satisfaction with hospice care.

b. VITAS conditions this application on providing a grant to the local Alzheimer's and Parkinson'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. The grant will be provided by VITAS or an affiliated entity.

7. Participation in Treasure Coast Health Coalition

VITAS conditions this application on having a VITAS employee who is a local resident apply to join the Treasure Coast Health Coalition to represent hospice and palliative care issues. In this capacity, VITAS will serve as a resource for questions from area providers and social services organizations on end-of-life care. Compliance with this condition will be documented by providing AHCA with a copy of the application and of the Treasure Coast Health Coalition meeting dates and who is in attendance.

8. Quality and Patient Satisfaction Program

VITAS conditions this application on hiring a full-time Performance Improvement Specialist in Subdistrict 9B within the first six months of operations. This position is dedicated to supporting quality and performance improvement programs for the hospice program in 9B. The person will perform ongoing quality assessment and monitoring and will collaborate with senior management to identify priorities for improvement. The person will ensure hospice staff have the required training and in-service education.

VITAS conditions this application on implementing the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Ambassador Program in Subdistrict 9B upon opening. This program will generate interest, awareness, and encourage ownership by team members of their team's performance on the CAHPS survey results. The toolkit will include guidance and resources which programs can use to tailor the CAHPS Ambassador Program to Subdistrict 9B.

9. VITAS Staff Qualifications

VITAS is committed to ensuring its staff in Subdistrict 9B are well-trained to provide the best possible care. VITAS conditions this application on:

a. The Medical Director covering Subdistrict 9B will be Board-Certified in Hospice and Palliative Care medicine.
b. VITAS will award a salary increase and will reimburse any testing fees for LPNs, home health aides, and social workers who become certified in Hospice and Palliative Care.
c. All employed Chaplains covering Subdistrict 9B will have a Master of Divinity or equivalent graduate degree from an accredited seminary or theological school required for chaplains.
d. All social workers will be Master's level or Licensed Clinical Social Workers.

10. Veterans Program

VITAS conditions this application on providing virtual reality "flightless" visits for veterans who cannot participate in the Honor Flight Network trips to Washington, D.C., but are interested in the program.

VITAS conditions this application on offering to install a Veterans Wall in at least three area assisted living facilities within the first two years of operations. The wall showcases a VITAS-provided photo plaque for each veteran resident, engraved with name and branch of service. The wall serves as a resource for the community and a location for veteran-specific events.

VITAS conditions this application on the Subdistrict 9B program entering the We Honors Venter program and achieving Level 4 commitment to the program within the first year of operations. VITAS regularly participates in the We Honor Veterans Program.

11. Bridging the Gap Program and Medical/Spiritual Toolkit

VITAS has created a *Bridging the Gap* training and panel discussion for health care professionals and spiritual leaders on the needs of African-Americans at the end-of-life, and how to engage families in end-of-life discussions. VITAS conditions this application on offering the Bridging the Gap program in Subdistrict 9B during the first year of operations.

VITAS is working with the National Medical Association to create a Bridge the Gap Medical/Spiritual toolkit which will provide physicians with resources to improve communications on end-of-life discussions. The toolkit will also be offered to spiritual leaders to review evidence about preferences on end-of-life care, and provide resources for end-of-life conversations including how to address a patient's faith and how to engage a terminally ill

patient's family to provide support. This program is expected to be available in 2019. VITAS conditions this application on providing the toolkit to health care providers and pastors in Subdistrict 9B the first year it is available.

12. **Assisted Living Facility (ALF) Outreach Program**
    VITAS conditions this application on having its Team Manager, social worker and hospice representative complete ALF CORE Training within the first year of operations.
    VITAS also conditions this application on sponsoring a CORE training program for area ALF staff during the first two years of operations.
13. **Education Grant**
    VITAS conditions this application on providing a grant of $100,000 over the two years to an area college, university or training facility to provide scholarships, fellowships or other education to medical students, nurses, nursing aides, or other health care workers focused on hospice and end-of-life care. The grant will be provided by VITAS or an affiliated entity.
14. **VITAS is committed to increasing hospice awareness and utilization in Subdistrict 9B.**
    VITAS conditions this application on having three hospice offices, one each county. VITAS conditions this application on having the office in Okeechobee County open during the first year of operations.
15. **VITAS does not want to affect donations to the existing hospices.**
    VITAS will not solicit charitable contributions from patients, family or friends relating to its services in Subdistrict 9B, 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.
16. **Inpatient Hospice House that Provides Shelter During Hurricanes**
    To meet the needs of emergency shelter in Subdistrict 9B, VITAS will develop an inpatient hospice house with a community room designed to serve as a storm shelter for VITAS special needs residents who need to evacuate, staffed by VITAS, to reduce the burden in community shelters.
17. **VITAS conditions this application on providing the following services, which are routinely provided by all VITAS hospice programs in Florida:**

- Offering a 24-hour call system called Telecare to provide caregivers with assurance and guidance, and dispatch hospice staff when necessary.
- Providing internships to area social workers, chaplains and MBA and MHA (Master of Healthcare Administration) students.
- Education for area health care providers, including long-term care facility staff. VITAS conditions this application on offering monthly webinars that provide continuing education units to area health care providers. These are offered free of charge and advertised by hospice representatives, e-mail blasts, and flyers.
- Providing a free prognostication tool through the VITAS app for all area physicians.
- Providing hospice staff with dashboard reports that summarize quality indicators from the Hospice Item Set (HIS) and CAHPS data to provide insight into performance at the hospice. Providing hospice staff with Discharge Scorecards that allow for benchmarking against the HIS measures.
- VITAS will provide comprehensive bereavement services, including individual and group counseling beyond one year, upon identified need or request.
- 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:
  a. Life Bio
  b. We Honor Veterans Program
  c. Lavender Touch Experience
  d. Musical Memories
  e. Paw Pals
  f. Music therapy
  g. Massage therapy
  h. Specialty children's bereavement services
- VITAS's comprehensive, open-formulary pharmacy program will be available to all VITAS hospice patients.

Deny CON #'s 10559, 10560, 10561, 10562 and 10563.

AUTHORIZATION FOR AGENCY ACTION

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

DATE: _____

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Marisol Fitch
Health Administration Services Manager
Certificate of Need